



REPORT OF RECEIPTS AND EXPENDITURES OF A POLITICAL COMMITTEE

State Form 4606 (R13/11-05)
Indiana Election Commission (IC 3-9-5-14)

01-13-14P02

①

(CFA-4)

Summary Sheet

FILE NUMBER

84 10 - 11

TOTAL PAGES IN ENTIRE CFA-4 REPORT

INSTRUCTIONS: Please type or print legibly in BLACK INK all information on this form. For assistance in completing this form, see instructions on the reverse side.

IS THIS AN AMENDMENT? ☐ Yes ☐ No

COMMITTEE INFORMATION

1. Full Name of Committee (as on Statement of Organization) ☐ Check if this is a new name
Committee To Elect Michael A. Ciolli, Commissioner
2. Acronym or Abbreviated Name (if any)
3. Committee Telephone Number
4. Mailing Address (address where all campaign finance correspondence is received) ☐ Check if this is a new address
5470 ALAN COURT
5. City, State, ZIP Code
TERRE HAUTE, INDIANA 47805
6. Party Affiliation (if applicable)
DEMOCRAT

CANDIDATE INFORMATION (For Candidate's Committees Only)

7. Full Name of Candidate (include any nickname)
MICHAEL A. CIOLLI
8. Party Affiliation or If Independent Candidate
DEMOCRAT
9. Office Sought (Include district number, if any. Not required for exploratory committee.)
1ST DISTRICT COUNTY COMMISSIONER VIGO
10. County of Residence

TYPE OF REPORT

11. Check one:
☐ Pre-Primary ☐ Pre-Election ☒ Annual ☐ Nomination ☐ Other
☐ Final/Disbands Committee (lines 18, 19, and 20 must be "0") ☐ Outgoing Treasurer (within 10 days amend Statement of Organization)

CONVENTION CANDIDATES ONLY

Check one:
☐ Pre-Convention
☐ Post-Convention

12. Reporting Period:

From: JANUARY 1, 2013 Through: December 31, 2013

13. Cash on hand and investments at the beginning of this reporting period.

14. Cash on hand and investments January 1, current year.

CONTRIBUTIONS AND RECEIPTS

(Note: these amounts include in-kind contributions and loans, as well as cash contributions.)

15a. Itemized (use Schedule A)

15b. Unitemized

15c. Add lines 15a and 15b in both columns

SUBTOTAL

16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B

TOTAL

EXPENDITURES

(Note: These amounts include in-kind expenditures and loan repayments.)

17a. Itemized (use Schedule B) (Public Question: use Schedule C)

17b. Unitemized

17c. Add lines 17a and 17b in both columns

SUBTOTAL

18. Cash on hand and investments at close of this reporting period (subtract 17c from 16 in both columns)

TOTAL

19. Debts OWED BY the committee (use Schedule D)

20. Debts OWED TO the committee (use Schedule E)

CERTIFICATION

CERTIFY THAT I HAVE EXAMINED THIS STATEMENT, TO THE BEST OF MY KNOWLEDGE AND BELIEF IT IS TRUE, CORRECT AND COMPLETE.

Signature of Treasurer

Timothy M. Sigurdson

Title

Treasurer

Date

1/10/14

Signature of Candidate (if applicable)

Michael A. Ciolli

Date

1/10/14

WARNING: Any information contained in this report may not be copied for sale or used for any commercial purpose. (IC 3-9-4-5) A person who knowingly makes a fraudulent report commits a Class D felony. (IC 3-14-1-13) A person who fails to file a complete or accurate report as required by the Indiana Campaign Finance Law commits a Class B misdemeanor. (IC 3-14-1-14) and may be subject to civil penalties. (IC 3-9-4-16, IC 3-9-4-17, IC 3-9-4-18)

RECEIVED

David R. Crockett

JAN 13 2014

Clerk of the
Vino Circuit Court



**REPORT OF RECEIPTS AND EXPENDITURES
OF A POLITICAL COMMITTEE**
State Form 4606 (R13/11-05)
Indiana Election Commission (IC 3-9-5-14)

**(CFA-4 SCHEDULE A-1)
CONTRIBUTIONS BY INDIVIDUALS
Itemized Contributions and Other Receipts**

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY INDIVIDUALS ON THIS SCHEDULE. Please type or print legibly in **BLACK INK** all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from individuals **OVER \$100** per contributor, within a calendar year **MUST** be itemized on this schedule (over \$200, if regular party committee). All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) **OVER \$100** per contributor, within a calendar year, **MUST** be itemized on this schedule (over \$200 if regular party committee). A contributor's occupation is required if an individual makes at least \$1,000 in contributions during the calendar year. Otherwise, this is optional.

FILE NUMBER

Page 1 of 1

CONTRIBUTOR'S FULL NAME AND OCCUPATION FULL MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED RECEIVED BY
1. <i>Commissioners GOLF OUTING DEPOSIT</i> Contributor's Occupation (if required) _____	Contributions: ☐ Direct ☐ In-Kind (describe) _____ Other Receipts: ☐ Interest ☐ Loan ☐ Misc. (specify) _____	<i>\$4500.00</i>		<i>7/12/13</i>
2. Contributor's Occupation (if required) _____	Contributions: ☐ Direct ☐ In-Kind (describe) _____ Other Receipts: ☐ Interest ☐ Loan ☐ Misc. (specify) _____			
3. Contributor's Occupation (if required) _____	Contributions: ☐ Direct ☐ In-Kind (describe) _____ Other Receipts: ☐ Interest ☐ Loan ☐ Misc. (specify) _____			
4. Contributor's Occupation (if required) _____	Contributions: ☐ Direct ☐ In-Kind (describe) _____ Other Receipts: ☐ Interest ☐ Loan ☐ Misc. (specify) _____			
5. Contributor's Occupation (if required) _____	Contributions: ☐ Direct ☐ In-Kind (describe) _____ Other Receipts: ☐ Interest ☐ Loan ☐ Misc. (specify) _____			
SUBTOTAL THIS PAGE OF SCHEDULE A		<i>\$4500.00</i>		
TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY (Enter total on ITEM 15a of the Summary Sheet)		<i>\$4500.00</i>		



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Indiana Election Commission (IC 3-9-5-14)

(CFA-4 SCHEDULE B)
ITEMIZED EXPENDITURES

INSTRUCTIONS: Please type or print legibly **IN BLACK INK** all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document expenditures totaled on **ITEM 17a** of the Summary Sheet. All cumulative expenses paid to individuals, businesses, labor organizations and other entities **OVER \$100** per recipient, within a calendar year **MUST** be itemized on this schedule (over \$200, if regular party committee). All cumulative expenses, including in-kind, **regardless of amount** paid to political committees, (such as transfers-out from candidate, legislative caucus, political action, or regular party committees) **MUST** be itemized on this schedule.

FILE NUMBER

Page 1 of 11

RECIPIENT'S NAME AND MAILING ADDRESS (street, number, city, state, ZIP code)	RECIPIENT'S OCCUPATION OFFICE SOUGHT (if applicable)	TYPE OF EXPENDITURE and PURPOSE (be specific)	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE OF EXPENDITURE
Code <u>C</u> DEMING School 1750 SHAW T. H.		☐ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other Purpose: #1280	200 ⁰⁰		1-23-13
Code <u>C</u> UCP		☐ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other Purpose: #1281	835 ⁹⁹		1-30-13
Code <u>C</u> LIONS CLUB		☐ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other Purpose: #1282	100 ⁰⁰		2-2-13
Code <u>C</u> Embroidery Express 601 W. HANBY GREEN LN T. H.		☐ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other Purpose: #1283	420 ⁰⁰		2-8-13
Code <u>C</u> Poplar Flower Shop 18th & Poplar T. H. McMillian Day Care		☐ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other Purpose: #1284	82 ⁰⁰		2-14-13
Code <u>C</u> GIRL SCOUTS 1100 GIRL SCOUT LN T. H.		☐ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other Purpose: #1285	40 ⁰⁰		2-20-13
Code <u>C</u> West Vigo Community CENTER JOHNSON AV. W.T.H.		☐ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other Purpose: #1286	100 ⁰⁰		2-21-13
SUBTOTAL THIS PAGE OF SCHEDULE B			\$ 1777 ⁹⁹		
TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY (Enter total on ITEM 17a of the Summary Sheet)			\$		



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**(CFA-4 SCHEDULE B)
ITEMIZED EXPENDITURES**

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Page 2 of 11

RECIPIENT'S NAME AND MAILING ADDRESS (street, number, city, state, ZIP code)	RECIPIENT'S OCCUPATION OFFICE SOUGHT (if applicable)	TYPE OF EXPENDITURE and PURPOSE (be specific)	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE OF EXPENDITURE
Code <u>C</u> WEST VIGO COMMUNITY CENTER JOHNSON AVE. WITH		☐ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other Purpose: #1287	100 ⁰⁰		2-23-13
Code <u>C</u> SAM'S CLUB US 41 - T.H. FOR SHERIFF AWARD Night		☐ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other Purpose: #1288	187 ⁵²		2-28-13
Code <u>C</u> TAXPAYER'S ASSN. 7 S. MEADOWS SHOPPING CTR. T.H.		☐ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other Purpose: #1289	150 ⁰⁰		2-26-13
Code <u>C</u> BIG BROTHER BIG SISTER 2931 OHIO BLVD T.H.		☐ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other Purpose: #1290	120 ⁰⁰		3-6-13
Code <u>C</u> Noon Optimist		☐ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other Purpose: #1291	45 ⁰⁰		3-15-13
Code <u>C</u> MARCH of DIMES 1345 OHIO T.H.		☐ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other Purpose: #1292	100 ⁰⁰		4-3-13
Code <u>C</u> Hospice 400 8th Av. T.H.		☐ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other Purpose: #1293	100 ⁰⁰		4-8-13
SUBTOTAL THIS PAGE OF SCHEDULE B			5802 ⁵²		
TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY (Enter total on ITEM 17a of the Summary Sheet)			\$		



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Page 3 of 11

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Code <u>C</u> Firefighters Local T.H.		☐ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other Purpose: \$1294	100 ⁰⁰		4-22-13
Code <u>C</u> MIKE'S MARKET 2601 S. 3RD T.H.		☐ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other Purpose: \$1295	75 ⁰⁰		4-22-13
Code <u>C</u> BAESLERS' 2900 POPLAR T.H.		☐ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other Purpose: \$1296	89 ⁸⁵		4-24-13
Code <u>C</u> TERRE HAUTE POLICE HONOR GUARD T.H.		☐ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other Purpose: \$1297	300 ⁰⁰		4-25-13
Code <u>C</u> SAINT John Paul School T.H.		☐ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other Purpose: \$1298	100 ⁰⁰		4-26-13
Code <u>C</u> ST. JUDE HOSPITAL		☐ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other Purpose: \$1299	100 ⁰⁰		4-26-13
Code <u>C</u> HAMILTON CENTER SHERIFF SHOOTOUT		☐ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other Purpose: \$1300	400 ⁰⁰		4-26-13
SUBTOTAL THIS PAGE OF SCHEDULE B			\$1164.85		
TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY (Enter total on ITEM 17a of the Summary Sheet)			\$		



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Code <u>C</u> ZORAN SHRINE S. 7th ST. T.H.		☐ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other Purpose: #1301	100 ⁰⁰		4-29-13
Code <u>C</u> Dillon Racing TEAM		☐ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other Purpose: #1302	200 ⁰⁰		4-30-13
Code <u>C</u> SALVATION ARMY		☐ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other Purpose: #1303	125 ⁰⁰		5-3-13
Code <u>C</u> CLEBEE HURST FUNDRAISER		☐ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other Purpose: #1304	100 ⁰⁰		5-6-13
Code <u>C</u> WOODGATE HOME ASSOCIATION		☐ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other Purpose: #1305	800 ⁰⁰		5-7-13
Code <u>C</u> ST. JOSEPH CHURCH 1155.50 T.H.		☐ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other Purpose: #1306	100 ⁰⁰		5-7-13
Code <u>C</u> FULL GOSPEL ASSEMBLY		☐ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other Purpose: #1307	100 ⁰⁰		5/20/13
SUBTOTAL THIS PAGE OF SCHEDULE B			\$1525 ⁰⁰		
TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY (Enter total on ITEM 17a of the Summary Sheet)			\$		



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Code <u>C</u> WEST VIGO COMMUNITY CENTER		☐ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other Purpose: <u>#1308</u>	100 ⁰⁰		5/21/13
Code <u>C</u> SYCAMORE CLUB		☐ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other Purpose: <u>#1309</u>	200 ⁰⁰		5/24/13
Code <u>C</u> JUMPP ST Joe's MISSION GROUP		☐ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other Purpose: <u>#1310</u>	50 ⁰⁰		5/26/13
Code <u>C</u> LABORER COUNCIL		☐ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other Purpose: <u>#1311</u>	100 ⁰⁰		6/1/13
Code <u>C</u> CATHOLIC CHARITIES		☐ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other Purpose: <u>#1312</u>	50 ⁰⁰		6/8/13
Code <u>C</u> COMMISSIONERS GOLF OUTING		☐ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other Purpose: <u>#1313</u>	200 ⁰⁰		6-10-13
Code <u>C</u> WEST VIGO COMMUNITY CTR. JOHNSON AV. W.T.H.		☐ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other Purpose: <u>#1314</u>	50 ⁰⁰		6-10-13
SUBTOTAL THIS PAGE OF SCHEDULE B			\$750 ⁰⁰		
TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY (Enter total on ITEM 17a of the Summary Sheet)			\$		



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**(CFA-4 SCHEDULE B)
ITEMIZED EXPENDITURES**

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RECIPIENT'S NAME AND MAILING ADDRESS (street, number, city, state, ZIP code)	RECIPIENT'S OCCUPATION OFFICE SOUGHT (if applicable)	TYPE OF EXPENDITURE and PURPOSE (be specific)	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE OF EXPENDITURE
Code <u>C</u> Commissioners GOLF OUTING GIFT CARDS		☐ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other Purpose: # 1315	148 ²⁵		6-12-13
Code <u>C</u> WABASH VALLEY HONOR GUARD		☐ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other Purpose: # 1316	150 ⁰⁰		6-13-13
Code <u>C</u> Commissioners GOLF OUTING		☐ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other Purpose: # 1317	100 ⁰⁰		6-15-13
Code <u>C</u> SAMS CLUB FOR DEMOCRAT BOOTH		☐ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other Purpose: # 1318	74 ⁰⁰		7-7-13
Code <u>C</u> GREG EWING Golf HOLE SPONSOR		☐ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other Purpose: # 1319	100 ⁰⁰		7/17/13
Code <u>C</u> ISU ALUMNI FOUNDATION		☐ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other Purpose: # 1320	160 ⁰⁰		7/18/13
Code <u>C</u> ISU WOMAN'S BASKETBALL		☐ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other Purpose: # 1321	100 ⁰⁰		7/22/13
SUBTOTAL THIS PAGE OF SCHEDULE B			\$ 832 ²⁵		
TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY (Enter total on ITEM 17a of the Summary Sheet)			\$		



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Code <u>C</u> Colleen WOLFORD'S Retirement Lunch T.H.		☐ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other Purpose: #1322	36 ⁹⁸		7/25/13
Code <u>C</u> MINE'S MARKET Retirement Lunch 2601 S. 3RD. T.H.		☐ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other Purpose: #1323	150 ⁰⁰		7/25/13
Code <u>C</u> RACERS Christmas for kids		☐ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other Purpose: #1324	60 ⁰⁰		8/1/13
Code <u>C</u> Associated Bldgs HALL SPONSOR T.H.		☐ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other Purpose: #1325	125 ⁰⁰		8/7/13
Code <u>C</u> TERRE HAUTE NORTH High School 3434 MAPLE AV. T.H.		☐ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other Purpose: #1326	100 ⁰⁰		8/7/13
Code <u>C</u> WABASH CENTRAL LABOR COUNCIL 31 S 13 1/2 ST. T.H.		☐ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other Purpose: #1327	80 ⁰⁰		8/8/13
Code <u>C</u> KAY Lynn ZELWER BENEFIT		☐ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other Purpose: #1327	100 ⁰⁰		8/8/13
SUBTOTAL THIS PAGE OF SCHEDULE B			\$ 651 ⁹⁸		
TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY (Enter total on ITEM 17a of the Summary Sheet)			\$		



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State Form 4806 (R13/11-05)
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**(CFA-4 SCHEDULE B)
ITEMIZED EXPENDITURES**

INSTRUCTIONS: Please type or print legibly in **BLACK INK** all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document expenditures totaled on **ITEM 17a** of the Summary Sheet. All cumulative expenses paid to individuals, businesses, labor organizations and other entities **OVER \$100** per recipient, within a calendar year **MUST** be itemized on this schedule (over \$200, if regular party committee). All cumulative expenses, including in-kind, **regardless of amount** paid to political committees, (such as transfers-out from candidate, legislative caucus, political action, or regular party committees) **MUST** be itemized on this schedule.

FILE NUMBER

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RECIPIENT'S NAME AND MAILING ADDRESS (street, number, city, state, ZIP code)	RECIPIENT'S OCCUPATION OFFICE SOUGHT (if applicable)	TYPE OF EXPENDITURE and PURPOSE (be specific)	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE OF EXPENDITURE
Code <u>C</u> VIGO COUNTY BACK PARK PROGRAM		☐ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other Purpose: #1329	250 ⁰⁰		8/15/13
Code <u>C</u> NOON OPTIMIST		☐ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other Purpose: #1330	20 ⁰⁰		8/18/13
Code <u>C</u> ALZHEIMERS ASSN.		☐ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other Purpose: #1331	100 ⁰⁰		9/10/13
Code <u>C</u> VFA 37 FRG MILITARY		☐ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other Purpose: #1332	200 ⁰⁰		9/10/13
Code <u>C</u> ST. PATRICK'S CHURCH 1900 POPLAR - T.H.		☐ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other Purpose: #1333	100 ⁰⁰		9/27/13
Code <u>C</u> Ducks Unlimited		☐ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other Purpose: #1334	350 ⁰⁰		9/30/13
Code <u>C</u> Cindy Sullivan Fundraiser		☐ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other Purpose: #1335	100 ⁰⁰		10/7/13
SUBTOTAL THIS PAGE OF SCHEDULE B			\$120 ⁰⁰		
TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY (Enter total on ITEM 17a of the Summary Sheet)			\$		



**REPORT OF RECEIPTS AND EXPENDITURES
OF A POLITICAL COMMITTEE**
State Form 4806 (R13/11-05)
Indiana Election Commission (IC 3-9-5-14)

**(CFA-4 SCHEDULE B)
ITEMIZED EXPENDITURES**

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RECIPIENT'S NAME AND MAILING ADDRESS (street, number, city, state, ZIP code)	RECIPIENT'S OCCUPATION OFFICE SOUGHT (if applicable)	TYPE OF EXPENDITURE and PURPOSE (be specific)	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE OF EXPENDITURE
Code <u>C</u> Education DONATION VCS		☐ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other Purpose: #1336	30 ⁰⁰		10-15-13
Code <u>C</u> JUDY ANDERSON HIGHWAY DONATION		☐ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other Purpose: #1337	167 ⁶⁰		10-15-13
Code <u>C</u> VCS Color Run T.H.		☐ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other Purpose: #1338	100 ⁰⁰		10-16-13
Code <u>C</u> WEST VIGO Boys BASKETBALL 4950 SARAH MYERS DR.		☐ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other Purpose: #1339	50 ⁰⁰		10/18/13
Code <u>C</u> Tox Away Supplies		☐ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other Purpose: #1340	32 ⁸⁰		10/18/13
Code <u>C</u> BAESLERS TOX AWAY 2900 POPLAR TH.		☐ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other Purpose: #1341	26 ⁷⁰		10/18/13
Code <u>C</u> NEW FELLOW SHIA TURKEY, BASNET DONATION.		☐ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other Purpose: #1342	100 ⁰⁰		10/23/13
SUBTOTAL THIS PAGE OF SCHEDULE B			\$ 507 ³⁶		
TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY (Enter total on ITEM 17a of the Summary Sheet)			\$		



**REPORT OF RECEIPTS AND EXPENDITURES
OF A POLITICAL COMMITTEE**
State Form 4606 (R13/11-05)
Indiana Election Commission (IC 3-9-5-14)

**(CFA-4 SCHEDULE B)
ITEMIZED EXPENDITURES**

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RECIPIENT'S NAME AND MAILING ADDRESS (street, number, city, state, ZIP code)	RECIPIENT'S OCCUPATION OFFICE SOUGHT (if applicable)	TYPE OF EXPENDITURE and PURPOSE (be specific)	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE OF EXPENDITURE
Code <u>C</u> ANNEY EMPLOYEE Luncheon DONATION		☐ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other Purpose: # 1343	30 ⁴⁷		10/30/13
Code <u>C</u> WEST VIGO HIGH SCHOOL 4590 W. SARAH MYERS MICH.		☐ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other Purpose: # 1344	40 ⁰⁰		11/1/13
Code <u>C</u> SOUTHSIDE DEMOCRAT DINNER		☐ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other Purpose: # 1345	66 ⁹³		11/5/13
Code <u>C</u> ST. JUDE Children HOSPITAL		☐ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other Purpose: # 1346	100 ⁰⁰		11/7/13
Code <u>C</u> GPS		☐ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other Purpose: # 1347	95 ²⁴		11-19-13
Code <u>C</u> CORRECTIONAL WORKERS WEEK		☐ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other Purpose: # 1348	100 ⁰⁰		11/22/13
Code <u>C</u> TOYS FOR TOTS T.H.		☐ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other Purpose: # 1349	100 ⁰⁰		11/23/13
SUBTOTAL THIS PAGE OF SCHEDULE B			\$532 ⁶⁴		
TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY (Enter total on ITEM 17a of the Summary Sheet)			\$		