



# 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)

## Summary Sheet

FILE NUMBER

84-15-9

TOTAL PAGES IN ENTIRE CFA-4 REPORT

3

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) <input type="checkbox"/> Check if this is a new name<br><u>Committee to Elect DeBaun</u>                  |                                                        |
| 2. Acronym or Abbreviated Name (if any)                                                                                                                               | 3. Committee Telephone Number<br><u>(812) 223 1456</u> |
| 4. Mailing Address (address where all campaign finance correspondence is received) <input type="checkbox"/> Check if this is a new address<br><u>557 Monterey Ave</u> |                                                        |
| 5. City, State, ZIP Code<br><u>Terre Haute, IN 47803</u>                                                                                                              | 6. Party Affiliation (if applicable)                   |

### CANDIDATE INFORMATION (For Candidate's Committees Only)

|                                                                                                                             |                                                                |
|-----------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------|
| 7. Full Name of Candidate (include any nickname)<br><u>Curtis A. DeBaun IV</u>                                              | 8. Party Affiliation or If Independent Candidate<br><u>Dem</u> |
| 9. Office Sought (include district number, if any. Not required for exploratory committee.)<br><u>City Council At-Large</u> | 10. County of Residence<br><u>Vigo</u>                         |

### TYPE OF REPORT

### CONVENTION CANDIDATES ONLY

|                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                   |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------|
| 11. Check one:<br><input checked="" type="checkbox"/> Pre-Primary <input type="checkbox"/> Pre-Election <input type="checkbox"/> Annual <input type="checkbox"/> Nomination <input type="checkbox"/> Other _____<br><input type="checkbox"/> Final/Disbands Committee (lines 18, 19, and 20 must be "0") <input type="checkbox"/> Outgoing Treasurer (within 10 days amend Statement of Organization) | Check one:<br><input type="checkbox"/> Pre-Convention<br><input type="checkbox"/> Post-Convention |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------|

12. Reporting Period:  
From: 1-1-2015 Through: 4-10-2015

COLUMN A  
This PeriodCOLUMN B  
Year to Date

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)                                        | 561.56 | 561.56 |
| 15b. Unitemized                                                       | 0      | 0      |
| 15c. Add lines 15a and 15b in both columns                            | 561.56 | 561.56 |
| 16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B | 561.56 | 561.56 |

### EXPENDITURES

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

|                                                                                                           |        |        |
|-----------------------------------------------------------------------------------------------------------|--------|--------|
| 17a. Itemized (use Schedule B) (Public Question: use Schedule C)                                          | 561.56 | 561.56 |
| 17b. Unitemized                                                                                           | 0      | 0      |
| 17c. Add lines 17a and 17b in both columns                                                                | 561.56 | 561.56 |
| 18. Cash on hand and investments at close of this reporting period (subtract 17c from 16 in both columns) | 0      | 0      |
| 19. Debts OWED BY the committee (use Schedule D)                                                          | 0      | 0      |
| 20. Debts OWED TO the committee (use Schedule E)                                                          | 0      | 0      |

### CERTIFICATION

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

Signature of Treasurer [Signature]

Title

Date

4/16/15

Signature of Candidate (if applicable) [Signature]

Date

4/16/15

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 files 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)

FOR OFFICE USE ONLY

FILED

VIGO COUNTY SUPERIOR COURT

APR 16 2015

David R. Crockett  
CLERK



**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 2 of 3

| CONTRIBUTOR'S FULL NAME AND OCCUPATION<br>FULL MAILING ADDRESS<br>(street, number, city, state, ZIP code) | TYPE OF CONTRIBUTION<br>OR OTHER RECEIPT                                                                                                                                                                                                           | COLUMN A<br>AMOUNT THIS<br>PERIOD | COLUMN B<br>CUMULATIVE<br>YEAR-TO-DATE | DATE<br>RECEIVED<br>RECEIVED BY |
|-----------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|----------------------------------------|---------------------------------|
| 1.<br>Curtis DeBaur IV<br><br>Contributor's Occupation (if required) _____                                | Contributions:<br><input type="checkbox"/> Direct<br><input type="checkbox"/> In-Kind (describe) _____<br><br>Other Receipts:<br><input type="checkbox"/> Interest <input type="checkbox"/> Loan<br><input type="checkbox"/> Misc. (specify) _____ | 561.56                            | 561.56                                 | 2/1/2015                        |
| 2.<br><br>Contributor's Occupation (if required) _____                                                    | Contributions:<br><input type="checkbox"/> Direct<br><input type="checkbox"/> In-Kind (describe) _____<br><br>Other Receipts:<br><input type="checkbox"/> Interest <input type="checkbox"/> Loan<br><input type="checkbox"/> Misc. (specify) _____ |                                   |                                        |                                 |
| 3.<br><br>Contributor's Occupation (if required) _____                                                    | Contributions:<br><input type="checkbox"/> Direct<br><input type="checkbox"/> In-Kind (describe) _____<br><br>Other Receipts:<br><input type="checkbox"/> Interest <input type="checkbox"/> Loan<br><input type="checkbox"/> Misc. (specify) _____ |                                   |                                        |                                 |
| 4.<br><br>Contributor's Occupation (if required) _____                                                    | Contributions:<br><input type="checkbox"/> Direct<br><input type="checkbox"/> In-Kind (describe) _____<br><br>Other Receipts:<br><input type="checkbox"/> Interest <input type="checkbox"/> Loan<br><input type="checkbox"/> Misc. (specify) _____ |                                   |                                        |                                 |
| 5.<br><br>Contributor's Occupation (if required) _____                                                    | Contributions:<br><input type="checkbox"/> Direct<br><input type="checkbox"/> In-Kind (describe) _____<br><br>Other Receipts:<br><input type="checkbox"/> Interest <input type="checkbox"/> Loan<br><input type="checkbox"/> Misc. (specify) _____ |                                   |                                        |                                 |
| SUBTOTAL THIS PAGE OF SCHEDULE A                                                                          |                                                                                                                                                                                                                                                    | \$ 561.56                         |                                        |                                 |
| TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY<br>(Enter total on ITEM 15a of the Summary Sheet)  |                                                                                                                                                                                                                                                    | \$ 561.56                         |                                        |                                 |



**REPORT OF RECEIPTS AND EXPENDITURES  
OF A POLITICAL COMMITTEE**  
State Form 4606 (R13/11-06)  
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 3 of 3

| RECIPIENT'S NAME AND MAILING ADDRESS<br>(street, number, city, state, ZIP code)                          | RECIPIENT'S OCCUPATION<br>OFFICE SOUGHT (if applicable) | TYPE OF EXPENDITURE<br>and<br>PURPOSE (be specific)                                                                                                                                                                                                 | COLUMN A<br>AMOUNT THIS<br>PERIOD | COLUMN B<br>CUMULATIVE<br>YEAR-TO-DATE | DATE OF<br>EXPENDITURE |
|----------------------------------------------------------------------------------------------------------|---------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|----------------------------------------|------------------------|
| Code _____<br>Victorystore.com<br>5200 SW 30th St<br>Davenport, Iowa 52802                               |                                                         | <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind<br><input type="checkbox"/> Payment of Debt<br><input type="checkbox"/> Returned Contribution<br><input type="checkbox"/> Other _____<br>Purpose:<br>Signs, stickers    | 400.68                            | 400.68                                 | 2/4/15                 |
| Code _____ Facebook<br>1 Hacker way<br>Menlo Park, CA<br>94025                                           |                                                         | <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind<br><input type="checkbox"/> Payment of Debt<br><input type="checkbox"/> Returned Contribution<br><input type="checkbox"/> Other _____<br>Purpose:<br>Internet Advertise | 160.88                            | 160.88                                 | 2/1 -<br>4/10<br>2015  |
| Code _____                                                                                               |                                                         | <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind<br><input type="checkbox"/> Payment of Debt<br><input type="checkbox"/> Returned Contribution<br><input type="checkbox"/> Other _____<br>Purpose:                                  |                                   |                                        |                        |
| Code _____                                                                                               |                                                         | <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind<br><input type="checkbox"/> Payment of Debt<br><input type="checkbox"/> Returned Contribution<br><input type="checkbox"/> Other _____<br>Purpose:                                  |                                   |                                        |                        |
| Code _____                                                                                               |                                                         | <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind<br><input type="checkbox"/> Payment of Debt<br><input type="checkbox"/> Returned Contribution<br><input type="checkbox"/> Other _____<br>Purpose:                                  |                                   |                                        |                        |
| Code _____                                                                                               |                                                         | <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind<br><input type="checkbox"/> Payment of Debt<br><input type="checkbox"/> Returned Contribution<br><input type="checkbox"/> Other _____<br>Purpose:                                  |                                   |                                        |                        |
| Code _____                                                                                               |                                                         | <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind<br><input type="checkbox"/> Payment of Debt<br><input type="checkbox"/> Returned Contribution<br><input type="checkbox"/> Other _____<br>Purpose:                                  |                                   |                                        |                        |
| Code _____                                                                                               |                                                         | <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind<br><input type="checkbox"/> Payment of Debt<br><input type="checkbox"/> Returned Contribution<br><input type="checkbox"/> Other _____<br>Purpose:                                  |                                   |                                        |                        |
| SUBTOTAL THIS PAGE OF SCHEDULE B                                                                         |                                                         |                                                                                                                                                                                                                                                     | \$561.56                          |                                        |                        |
| TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY<br>(Enter total on ITEM 17a of the Summary Sheet) |                                                         |                                                                                                                                                                                                                                                     | \$561.56                          |                                        |                        |