



# 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

84-0707

TOTAL PAGES IN ENTIRE CFA-4 REPORT

7

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 Don Morris

2. Acronym or Abbreviated Name (if any)

3. Committee Telephone Number

( 812 ) 232-8933

4. Mailing Address (address where all campaign finance correspondence is received)

☐ Check if this is a new address

7396 Belfonte Lane

5. City, State, ZIP Code

Terre Haute, IN 47802

6. Party Affiliation (if applicable)

Democrat

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

7. Full Name of Candidate (include any nickname)

Don W. Morris

8. Party Affiliation or If Independent Candidate

Democrat

9. Office Sought (Include district number, if any. Not required for exploratory committee.)

City Council-At-Large

10. County of Residence

Vigo

### 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)

Check one:

☐ Pre-Convention  
☐ Post-Convention

12. Reporting Period:

From: April 11, 2015

Through: October 9, 2015

COLUMN A  
This PeriodCOLUMN B  
Year to Date

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

\$4,310.14

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

\$146.39

### CONTRIBUTIONS AND RECEIPTS

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

15a. Itemized (use Schedule A)

\$1,300.00

\$4,100.00

15b. Unitemized

200.00

1,945.00

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

SUBTOTAL

1,500.00

6,045.00

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

TOTAL

\$5,810.14

\$6,191.39

### EXPENDITURES

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

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

\$5,490.00

\$5,867.50

17b. Unitemized

-0-

3.75

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

SUBTOTAL

\$5,490.00

5,871.25

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

TOTAL

\$320.14

\$320.14

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

-0-

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

-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

Title

Treasurer

Date

10/12/2015

Signature of Candidate (if applicable)

Date

10/12/2015

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

OCT 15 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**

**84-0707**

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| 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. <b>Brad Miller</b><br><b>7396 Belfonte Lane</b><br><b>Terre Haute, IN 47802</b><br><br>Contributor's Occupation (if required) _____          | Contributions:<br><input checked="" 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) _____ | <b>-0-</b>                        | <b>\$150.00</b>                        | <b>3/14/2015</b><br><b>BSM</b>  |
| 2. <b>Candace Duncan</b><br><b>9413 Eagle Ridge Drive</b><br><b>Bethesda, MD 20817</b><br><br>Contributor's Occupation (if required) _____      | Contributions:<br><input checked="" 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) _____ | <b>-0-</b>                        | <b>\$300.00</b>                        | <b>3/15/15</b><br><b>DWM</b>    |
| 3. <b>Charles &amp; Karla Hart</b><br><b>13687 S.W. 70th</b><br><b>Andover, KS 67022</b><br><br>Contributor's Occupation (if required) _____    | Contributions:<br><input checked="" 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) _____ | <b>-0-</b>                        | <b>\$500.00</b>                        | <b>3/17/15</b><br><b>DWM</b>    |
| 4. <b>John Hanley III</b><br><b>9301 E. Rio Grande Ave.</b><br><b>Terre Haute, IN 47805</b><br><br>Contributor's Occupation (if required) _____ | Contributions:<br><input checked="" 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) _____ | <b>-0-</b>                        | <b>\$200.00</b>                        | <b>4/7/15</b><br><b>DWM</b>     |
| 5. <b>Raymond Broshar</b><br><b>2115 N. 9th St.</b><br><b>Terre Haute, IN 47804</b><br><br>Contributor's Occupation (if required) _____         | Contributions:<br><input checked="" 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) _____ | <b>\$150.00</b>                   | <b>\$150.00</b>                        | <b>04/15/15</b><br><b>DWM</b>   |
| <b>SUBTOTAL THIS PAGE OF SCHEDULE A</b>                                                                                                         |                                                                                                                                                                                                                                                               | <b>\$ 150.00</b>                  |                                        |                                 |
| <b>TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY</b><br>(Enter total on ITEM 15a of the Summary Sheet)                                 |                                                                                                                                                                                                                                                               | <b>\$ 150.00</b>                  |                                        |                                 |



**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

84-0707

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| 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. <b>Mary Morris</b><br><b>3049 N. 13 1/2 St.</b><br><b>Terre Haute, IN 47804</b><br><br>Contributor's Occupation (if required) _____ | Contributions:<br><input checked="" 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) _____ | <b>\$200.00</b>                   | <b>\$200.00</b>                        | <b>04/18/15</b><br><b>DWM</b>   |
| 2. <b>Don Morris</b><br><b>2111 N. 9th Street</b><br><b>Terre Haute, IN 47804</b><br><br>Contributor's Occupation (if required) _____  | Contributions:<br><input checked="" 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) _____ | <b>\$700.00</b>                   | <b>\$700.00</b>                        | <b>09/15/15</b><br><b>BSM</b>   |
| 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                                                                                                       |                                                                                                                                                                                                                                                               | <b>\$ 900.00</b>                  |                                        |                                 |
| TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY<br>(Enter total on ITEM 15a of the Summary Sheet)                               |                                                                                                                                                                                                                                                               | <b>\$ 1050.00</b>                 |                                        |                                 |



**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-2)  
CONTRIBUTIONS BY CORPORATIONS  
Itemized Contributions and Other Receipts**

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY CORPORATIONS 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 corporations 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).

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| CONTRIBUTOR'S FULL NAME AND<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. <b>Newman Co., Inc.</b><br><b>P.O. Box 1006</b><br><b>Riley, IN 47871</b>                             | Contributions:<br><input checked="" 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) | <b>-0-</b>                        | <b>\$150.00</b>                        | <b>4/7/15</b><br><b>DWM</b>     |
| 2. <b>Thompson Thrift Development</b><br><b>901 Wabash Ave.</b><br><b>Terre Haute, IN 47807</b>          | Contributions:<br><input checked="" 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) | <b>\$250.00</b>                   | <b>\$250.00</b>                        | <b>04/18/15</b><br><b>BSM</b>   |
| 3.                                                                                                       | 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.                                                                                                       | 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.                                                                                                       | 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                                                                         |                                                                                                                                                                                                                                                   | <b>\$ 250.00</b>                  |                                        |                                 |
| TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY<br>(Enter total on ITEM 15a of the Summary Sheet) |                                                                                                                                                                                                                                                   | <b>\$ 250.00</b>                  |                                        |                                 |



**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-3)  
CONTRIBUTIONS BY  
LABOR ORGANIZATIONS**

**Itemized Contributions and Other Receipts**

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY LABOR ORGANIZATIONS 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 labor organizations 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).

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| CONTRIBUTOR'S FULL NAME AND<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. <b>Terre Haute Firefighters<br/>758 PAC<br/>P.O. Box 7011<br/>Terre Haute, IN 47808</b>               | Contributions:<br><input checked="" 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) | <b>-0-</b>                        | <b>\$1,500.00</b>                      | <b>3/21/15<br/>DWM</b>          |
| 2.                                                                                                       | 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.                                                                                                       | 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.                                                                                                       | 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.                                                                                                       | 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                                                                         |                                                                                                                                                                                                                                                   | \$ <b>-0-</b>                     |                                        |                                 |
| TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY<br>(Enter total on ITEM 15a of the Summary Sheet) |                                                                                                                                                                                                                                                   | \$ <b>-0-</b>                     |                                        |                                 |



**REPORT OF RECEIPTS AND EXPENDITURES  
OF A POLITICAL COMMITTEE**

State Form 4603 (R13/11-05)

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.

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| 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 <u>A</u><br><b>TABCO</b><br><b>P.O. Box 3400</b><br><b>Terre Haute, IN 47803</b>                           | <b>Printer</b>                                          | <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind<br><input checked="" type="checkbox"/> Payment of Debt<br><input type="checkbox"/> Returned Contribution<br><input type="checkbox"/> Other _____<br>Purpose: | <b>-0-</b>                        | <b>\$377.50</b>                        | <b>4/4/2015</b>        |
| 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:            |                                   |                                        |                        |
| 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:            |                                   |                                        |                        |
| <b>SUBTOTAL THIS PAGE OF SCHEDULE B</b>                                                                         |                                                         |                                                                                                                                                                                                                               | <b>\$ -0-</b>                     |                                        |                        |
| <b>TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY</b><br>(Enter total on ITEM 17a of the Summary Sheet) |                                                         |                                                                                                                                                                                                                               | <b>\$ -0-</b>                     |                                        |                        |



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

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.

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| 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 <u>A</u><br>Viamedia<br>220 Lexington Circle<br>Lexington, KY 40503                                 | Cable Advertising                                       | <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind<br><input checked="" type="checkbox"/> Payment of Debt<br><input type="checkbox"/> Returned Contribution<br><input type="checkbox"/> Other _____<br>Purpose: | \$3,150.00                        | \$3,150.00                             | 4/16/15                |
| Code <u>A</u><br>Lamar Advertising<br>4701 Margaret Ave.<br>Terre Haute, IN 47803                        | Billboard Advertising                                   | <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind<br><input checked="" type="checkbox"/> Payment of Debt<br><input type="checkbox"/> Returned Contribution<br><input type="checkbox"/> Other _____<br>Purpose: | 585.00                            | 585.00                                 | 8/24/15                |
| Code <u>A</u><br>Lamar Advertising<br>4701 Margaret Ave.<br>Terre Haute, IN 47803                        | Billboard Advertising                                   | <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind<br><input checked="" type="checkbox"/> Payment of Debt<br><input type="checkbox"/> Returned Contribution<br><input type="checkbox"/> Other _____<br>Purpose: | 1,755.00                          | 1,755.00                               | 9/16/15                |
| 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                                                                         |                                                         |                                                                                                                                                                                                                               | \$ 5,490.00                       |                                        |                        |
| TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY<br>(Enter total on ITEM 17a of the Summary Sheet) |                                                         |                                                                                                                                                                                                                               | \$ 5,490.00                       |                                        |                        |