



# 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

84-16-12

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) ☐ Check if this is a new name

Committee to Elect James R Mann II

2. Acronym or Abbreviated Name (if any)

3. Committee Telephone Number

(812) 299 - 4212

4. Mailing Address (address where all campaign finance correspondence is received) ☐ Check if this is a new address

5 E Gateway Dr.

5. City, State, ZIP Code

Terre Haute, IN 47802

6. Party Affiliation (if applicable) Democratic

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

7. Full Name of Candidate (include any nickname)

James Richard (Jim) Mann II

8. Party Affiliation or If Independent Candidate  
Democratic

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

Vigo County 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)

### CONVENTION CANDIDATES ONLY

Check one:

☐ Pre-Convention

☐ Post-Convention

12. Reporting Period:

From: 10/15/16

Through: 12/31/16

COLUMN A  
This Period

COLUMN B  
Year to Date

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

254.70

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

0.00

### CONTRIBUTIONS AND RECEIPTS

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

15a. Itemized (use Schedule A)

500.00

8627.56

15b. Unitemized

20.00

1310.00

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

SUBTOTAL

520.00

9937.56

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

TOTAL

774.70

9937.56

### EXPENDITURES

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

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

691.76

9364.65

17b. Unitemized

82.94

572.91

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

SUBTOTAL

774.70

9937.56

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

TOTAL

0.00

0.00

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

0.00

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

0.00

### 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 01/07/17

Signature of Candidate (if applicable)

Date 01/07/17

**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 OFFICIAL USE ONLY

**FILED**  
VIGO COUNTY SUPERIOR COURT

JAN 10 2017

*Barbara M. Jones*  
CLERK

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

State Form 4606 (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.

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| RECIPIENT'S NAME AND MAILING ADDRESS<br>(street, number, city, state, ZIP code)                          | RECIPIENT'S OCCUPATION        | 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 |
|----------------------------------------------------------------------------------------------------------|-------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|----------------------------------------|------------------------|
|                                                                                                          | OFFICE SOUGHT (if applicable) |                                                                                                                                                                                                                                   |                                   |                                        |                        |
| Code <u>A</u><br>United States Postal Service<br>150 Margaret Av<br>Terre Haute, IN 47802                | Mail                          | <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:<br>Postage     | 529.76                            | 1676.35                                | 10.31.16               |
| Code <u>A</u><br>West Vigo Times<br>610 Archer Av<br>Marshall, IL 62441                                  | Newspaper                     | <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:<br>Advertising | 162.00                            | 162.00                                 | 10.16.16               |
| 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:                |                                   |                                        |                        |
| SUBTOTAL THIS PAGE OF SCHEDULE B                                                                         |                               |                                                                                                                                                                                                                                   | \$691.76                          |                                        |                        |
| TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY<br>(Enter total on ITEM 17a of the Summary Sheet) |                               |                                                                                                                                                                                                                                   | \$691.76                          |                                        |                        |

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**(CFA-4 SCHEDULE A-4)  
CONTRIBUTIONS BY  
POLITICAL ACTION COMMITTEES**  
Itemized Contributions and Other Receipts

**INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY POLITICAL ACTION COMMITTEES 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 political action committees **OVER \$100** per contributor, within a calendar year **MUST** be itemized on this schedule (over \$200, if regular party committee). All transfers-in and in-kind contributions regardless of amount from political action committees **MUST** be itemized on this schedule. 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 |
|---------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|----------------------------------------|------------------|
|                                                                                                                     |                                                                                                                                                                                                                                        |                                   |                                        | RECEIVED BY      |
| 1.<br><br>Indiana Realtors Political Action Committee<br>320 N. Meridian St.<br>Suite 428<br>Indianapolis, IN 46204 | 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) | 500.00                            | 500.00                                 | 10/31/16         |
|                                                                                                                     |                                                                                                                                                                                                                                        |                                   |                                        | Mrs. Rady        |
| 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                                                                                    |                                                                                                                                                                                                                                        | \$500.00                          |                                        |                  |
| TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY<br>(Enter total on ITEM 15a of the Summary Sheet)            |                                                                                                                                                                                                                                        | \$500.00                          |                                        |                  |