



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

INDY 05

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 RAEANNA MOORE DIV 1 JUDGE

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

5. City, State, ZIP Code
W TERRE HAUTE IN

6. Party Affiliation (if applicable)

CANDIDATE INFORMATION (For Candidate's Committees Only)

7. Full Name of Candidate (include any nickname)
RAEANNA S MOORE

8. Party Affiliation or If Independent Candidate
REPUBLICAN

9. Office Sought (Include district number, if any. Not required for exploratory committee.)
DIVISION 1 JUDGE, VIGO SUPERIOR COURT

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: **10/14/16** 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.

1182.87

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

0

CONTRIBUTIONS AND RECEIPTS

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

15a. Itemized (use Schedule A)

17196.16 **32372.74**

15b. Unitemized

610.00 **922.00**

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

SUBTOTAL

17806.16 **33294.74**

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

TOTAL

18989.03 **33294.74**

EXPENDITURES

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

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

16696.16 **29302.73**

17b. Unitemized

223.00 **1922.14**

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

SUBTOTAL

16919.16 **31224.87**

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

TOTAL

2069.87 **2069.87**

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

13010.00

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

Date

Signature of Candidate (if applicable)

Date

FILED
FOR OFFICE USE ONLY
VIGO COUNTY SUPERIOR COURT

JAN 18 2017



**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

INDY05

Page 1 of 3

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. JON MOORE 8405 N OAKWOOD PL W TERRE HAUTE IN 47885 Contributor's Occupation (if required) MFR REP	Contributions: ☒ Direct ☐ In-Kind (describe) Other Receipts: ☐ Interest ☐ Loan ☐ Misc. (specify)	68 ⁰⁰	12,482 ²²	10/18/16 Jon Moore
2. BILL MOORE 2500 KEATING LANE AUSTIN TX 78703 Contributor's Occupation (if required) ATTY	Contributions: ☒ Direct ☐ In-Kind (describe) Other Receipts: ☐ Interest ☐ Loan ☐ Misc. (specify)	500 ⁰⁰	500 ⁰⁰	10/20/16 Jon Moore
3. JON MOORE 8405 N OAKWOOD PL W TERRE HAUTE, IN 47885 Contributor's Occupation (if required) MFR REP	Contributions: ☒ Direct ☐ In-Kind (describe) Other Receipts: ☐ Interest ☐ Loan ☐ Misc. (specify)	164 ²⁶	12,646 ⁴⁸	10/20/16 Jon Moore
4. JON MOORE 8405 N OAKWOOD PL W TERRE HAUTE, IN 47885 Contributor's Occupation (if required) MFR REP	Contributions: ☒ Direct ☐ In-Kind (describe) Other Receipts: ☐ Interest ☐ Loan ☐ Misc. (specify)	248 ³⁰	12,894 ⁶⁸	10/21/16 Jon Moore
5. JON MOORE 8405 N OAKWOOD PL W TERRE HAUTE, IN 47885 Contributor's Occupation (if required) MFR REP	Contributions: ☐ Direct ☐ In-Kind (describe) Other Receipts: ☐ Interest ☒ Loan ☐ Misc. (specify)	8420 ⁰⁰	21,314 ⁶⁸	10/21/16 Jon Moore

TOTAL THIS PAGE 9400.46



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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. JON MOORE 8405 N OAKWOOD PL W TERRE HAUTE, IN 47885 Contributor's Occupation (if required) MFR REP	Contributions: ☒ Direct ☐ In-Kind (describe) Other Receipts: ☐ Interest ☐ Loan ☐ Misc. (specify)	478 ⁵⁹	21,793 ²¹	10/25/16 JON MOORE
2. JON MOORE 8405 N OAKWOOD PL W TERRE HAUTE, IN 47885 Contributor's Occupation (if required) MFR REP	Contributions: ☒ Direct ☐ In-Kind (describe) Other Receipts: ☐ Interest ☐ Loan ☐ Misc. (specify)	76 ⁰²	21,869 ²⁹	10/24/16 JON MOORE
3. JON MOORE 8405 N OAKWOOD PL W TERRE HAUTE, IN 47885 Contributor's Occupation (if required) MFR REP	Contributions: ☒ Direct ☐ In-Kind (describe) Other Receipts: ☐ Interest ☐ Loan ☐ Misc. (specify)	13 ⁶⁰	21,882 ⁸⁹	10/28/16 JON MOORE
4. JON MOORE 8405 N OAKWOOD PL W TERRE HAUTE, IN 47885 Contributor's Occupation (if required) MFR REP	Contributions: ☒ Direct ☐ In-Kind (describe) Other Receipts: ☐ Interest ☐ Loan ☐ Misc. (specify)	91 ²²	21,974 ¹¹	11/1/16 JON MOORE
5. JON MOORE 8405 N OAKWOOD PL W TERRE HAUTE, IN 47885 Contributor's Occupation (if required) MFR REP	Contributions: ☒ Direct ☐ In-Kind (describe) Other Receipts: ☐ Interest ☐ Loan ☐ Misc. (specify)	36 ²¹	22,010 ³⁸	11/3/16 JON MOORE
TOTAL THIS PAGE		695.10		



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

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1. BARRY BOSTROM 7700 N 37TH ST TERRE HAUTE IN 47805 Contributor's Occupation (if required) ATTORNEY	Contributions: ☐ Direct ☒ In-Kind (describe) LEGAL SERVICES Other Receipts: ☐ Interest ☐ Loan ☐ Misc. (specify)	7100 ⁰⁰	7100 ⁰⁰	12/19/16 JON MOORE
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		\$ 7100.00		
TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY (Enter total on ITEM 15a of the Summary Sheet)		\$17196.16		



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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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INDY 05

Page 1 of 3

RECIPIENT'S NAME AND MAILING ADDRESS (street, number, city, state, ZIP code)	RECIPIENT'S OCCUPATION	TYPE OF EXPENDITURE and PURPOSE (be specific)	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE OF EXPENDITURE
	OFFICE SOUGHT (if applicable)				
Code <u>0</u> US POST OFFICE 150 W MARGARET TERRE HAUTE IN 47802	POSTAGE	☒ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other _____ Purpose:	68 ⁰⁰	641 ⁹⁰	10/18/16
Code <u>A</u> STAPLES 125 DAVIS TERRE HAUTE, IN 47802	BUSINESS SUPPLIES	☒ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other _____ Purpose:	96 ²⁶	800 ³⁹	10/20/16
Code <u>0</u> US POST OFFICE 150 W MARGARET TERRE HAUTE IN 47802	POSTAGE	☒ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other _____ Purpose:	68 ⁰⁰	709 ⁹⁰	10/20/16
Code <u>A</u> STAPLES 125 DAVIS TERRE HAUTE IN 47802	BUSINESS SUPPLIES	☒ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other _____ Purpose:	248 ²⁰	1048 ⁵⁹	10/21/16
Code <u>A</u> TARGET MARKETING 6680 S US HWY 41 TERRE HAUTE IN 47802	RADIO + TV ADVERTISING	☒ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other _____ Purpose:	8420 ⁰⁰	8420 ⁰⁰	10/21/16
Code <u>A</u> STAPLES 125 DAVIS TERRE HAUTE IN 47802	BUSINESS SUPPLIES	☒ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other _____ Purpose:	376 ⁵⁹	1425 ¹⁸	10/25/16
Code <u>0</u> US POST OFFICE 150 W MARGARET TERRE HAUTE IN 47802	POSTAGE	☒ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other _____ Purpose:	102 ⁰⁰	811 ⁹⁰	10/25/16

TOTAL THIS PAGE 9379.05



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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	TYPE OF EXPENDITURE and PURPOSE (be specific)	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE OF EXPENDITURE
	OFFICE SOUGHT (if applicable)				
Code <u>A</u> STAPLES 125 DAVIS TERRE HAUTE, IN 47802	BUSINESS SUPPLIES	☒ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other _____ Purpose:	55 ⁶²	1480 ⁸⁰	10/27/16
Code <u>0</u> US POST OFFICE 150 W MARGARET TERRE HAUTE IN 47802	POSTAGE	☒ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other _____ Purpose:	20 ⁴⁰	832 ³⁰	10/27/16
Code <u>0</u> US POST OFFICE 150 W MARGARET TERRE HAUTE IN 47802	POSTAGE	☒ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other _____ Purpose:	13 ⁶⁰	845 ⁹⁰	10/28/16
Code <u>A</u> STAPLES 125 DAVIS TERRE HAUTE IN 47802	BUSINESS SUPPLIES	☒ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other _____ Purpose:	34 ²²	1515 ⁰²	11/1/16
Code <u>0</u> US POST OFFICE 150 W MARGARET TERRE HAUTE IN 47802	POSTAGE	☒ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other _____ Purpose:	57 ⁰⁰	902 ⁹⁰	11/1/16
Code <u>A</u> STAPLES 125 DAVIS TERRE HAUTE IN 47802	BUSINESS SUPPLIES	☒ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other _____ Purpose:	23 ¹¹	1538 ¹³	11/3/16
Code <u>0</u> US POST OFFICE 150 W MARGARET TERRE HAUTE IN 47802	POSTAGE	☒ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other _____ Purpose:	13 ¹⁶	916 ⁰⁶	11/3/16

TOTAL THIS PAGE 217.11



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

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Page 3 of 3

RECIPIENT'S NAME AND MAILING ADDRESS (street, number, city, state, ZIP code)	RECIPIENT'S OCCUPATION	TYPE OF EXPENDITURE and PURPOSE (be specific)	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE OF EXPENDITURE
	OFFICE SOUGHT (if applicable)				
Code <u>0</u> <i>BARRY BOSTROM</i> <i>7700 N 37TH ST</i> <i>TERRE HAUTE IN</i> <i>47805</i>	<i>ATTORNEY FEES</i>	☐ Direct ☒ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other _____ Purpose:	<i>7100⁰⁰</i>	<i>7100⁰⁰</i>	<i>12/19/16</i>
Code _____		☐ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other _____ Purpose:			
Code _____		☐ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other _____ Purpose:			
Code _____		☐ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other _____ Purpose:			
Code _____		☐ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other _____ Purpose:			
Code _____		☐ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other _____ Purpose:			
Code _____		☐ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other _____ Purpose:			
Code _____		☐ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other _____ Purpose:			
SUBTOTAL THIS PAGE OF SCHEDULE B			<i>\$ 7100.00</i>		
TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY (Enter total on ITEM 17a of the Summary Sheet)			<i>\$1669616</i>		



REPORT OF RECEIPTS AND EXPENDITURES
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State Form 4606 (R13/11-05)
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(CFA-4 SCHEDULE D)
DEBTS OWED BY THIS COMMITTEE

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. List all debts and loans, regardless of the amount, OWED BY the committee during the reporting period. Include all amounts owed for or to lend institutions, individuals, credit purchases, committee credit card accounts, etc. List each vendor paid by credit card issued in the name of the committee in the ENDORSER'S column. A lender's occupation is required if an individual makes loans of at least \$1,000 during the calendar year. Otherwise, this is optional.

FILE NUMBER

INDY05

Page 1 of 1

CREDITOR'S OR LENDER'S NAME & MAILING ADDRESS (street, number, city, state, ZIP code)	ENDORSER'S OR VENDOR'S NAME & MAILING ADDRESS (if any) (street, number, city, state, ZIP code)	AMOUNT	DATE DEBT INCURRED	CUMULATIVE PAID YEAR-TO-DATE	OUTSTANDING BALANCE THIS PERIOD
		NATURE OF DEBT			
JON MOORE 8405 N OAKWOOD PL W TERRE HAUTE, IN 47885 LENDER'S OCCUPATION: MFR REP		956. ²⁵	5/3/16	Ø	956. ²⁵
		PERSONAL LOAN			
JON MOORE 8405 N OAKWOOD PL W TERRE HAUTE IN 47885 LENDER'S OCCUPATION: MFR REP		2868. ⁷⁵	8/26/16	Ø	2868. ⁷⁵
		PERSONAL LOAN			
JON MOORE 8405 N OAKWOOD PL W TERRE HAUTE IN 47885 LENDER'S OCCUPATION: MFR REP		765. ⁰⁰	9/15/16	Ø	765. ⁰⁰
		PERSONAL LOAN			
JON MOORE 8405 N OAKWOOD PL W TERRE HAUTE IN 47885 LENDER'S OCCUPATION: MFR REP		8420. ⁰⁰	10/24/16	Ø	8420. ⁰⁰
		PERSONAL LOAN			
LENDER'S OCCUPATION:					
LENDER'S OCCUPATION:					
LENDER'S OCCUPATION:					

SUBTOTAL THIS PAGE OF SCHEDULE D \$13,010.⁰⁰