

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

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? No

FILE NUMBER

TOTAL PAGES IN ENTIRE CFA-4
REPORT

COMMITTEE INFORMATION

1. Full Name of Committee (as on Statement of Organization) Check if this is a new name
Brendan Kearns for Vigo Commissioner
2. Acronym or Abbreviated Name (if any)
3. Committee Telephone Number
(812-236-3048)
4. Mailing Address (address where all campaign finance correspondence is received) Check if this is a new address
3870 N Dogwood Street
5. City, State, ZIP Code
Terre Haute, IN 47803
6. Party Affiliation (if applicable)
Democrat

CANDIDATE INFORMATION (For Candidate's Committees Only)

7. Full Name of Candidate (include any nickname)
Brendan Raymond Kearns
8. Party Affiliation or If Independent Candidate
Democrat
9. Office Sought (Include district number, if any. **Not required for exploratory committee.**)
Vigo County Commissioner District 1
10. County of Residence
Vigo

TYPE OF REPORT

CONVENTION CANDIDATES ONLY

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: January 1, 2018 Through: April 13, 2018

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

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

COLUMN A This Period	COLUMN B Year to Date
0	
	0

CONTRIBUTIONS AND RECEIPTS

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

15a. Itemized (use Schedule A)

15b. Unitemized

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

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

1245.35	1245.35
1811.39	1811.39
3056.74	3056.74
3056.74	3056.74

EXPENDITURES

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

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

1100.00	1100.00
---------	---------

17b. Unitemized	1497.95	1497.95
17c. Add lines 17a and 17b in both columns SUBTOTAL	2597.95	2597.95
18. Cash on hand and investments at close of this reporting period (subtract 17c from 16 in both columns) TOTAL	458.79	458.79
19. Debts OWED BY the committee (use Schedule D)	0	
20. Debts OWED TO the committee (use Schedule E)	1220.17	

CERTIFICATION

FOR OFFICE USE ONLY

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

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)

FILED
VIGO COUNTY SUPERIOR COURT
APR 20 2018

B. Brady
CLERK

INSTRUCTIONS FOR COMPLETING THIS FORM

This form consists of a summary sheet together with five schedules for itemized reporting. The form is to be used by treasurers of all committees to report receipts and expenditures in compliance with IC 3-9-5.

The spaces on this form have been numbered for your convenience and for easy reference to these instructions. The preparer should type or print legibly **IN BLACK INK** all information required. All previous versions of State Form 4606 are obsolete and cannot be used. (IC 3-5-4-8) **TO AVOID PENALTIES THIS FORM MUST BE FULLY COMPLETED.** You must complete each item on this form, including ALL SPACES in Column B, Calendar Year-to-Date.

SPECIAL INSTRUCTIONS FOR STATEWIDE CANDIDATES AND CERTAIN POLITICAL ACTION COMMITTEES

This instruction applies to all statewide candidates as well as any political action committee that (1) is required to file with the Election Division and (2) which received more than \$50,000 in contributions since the close of the previous reporting period. This form must be filed **electronically** with the Election Division. Contact the Division at 1-800-622-4941 for more information.

FILE NUMBER: Enter the previously assigned Election Division or County Election Board file number.

TOTAL PAGES: Enter the total number of pages of the entire CFA-4 report, including any attached schedule.

IS THIS AN AMENDMENT? Check "Yes" if this report is to correct or change information submitted in a previous report; otherwise check "No."

ITEM 1: Enter the full name of the committee as it appears on its Statement of Organization (Form CFA-1, CFA-2, or CFA-3). Check box if this is a new name.

ITEM 2: Enter the acronym or abbreviated name. For example: W-PAC.

ITEM 3: Enter the committee telephone number, including area code. (This will typically be the committee's daytime telephone number.)

ITEM 4: Enter the mailing address of the committee. All correspondence with the committee relative to filing under the Campaign Finance Act will be mailed to this address, unless specified otherwise. Check box if this is a new address.

ITEM 5: Enter the committee's city, state and ZIP code. If known, include ZIP plus four.

ITEM 6: If the committee supports the philosophy and ideals of a particular political party, enter the party affiliation.

ITEM 7: Enter the full name of the candidate and include any nickname, particularly if the candidate's nickname may appear on the ballot.

ITEM 8: If the candidate supports the philosophy and ideals of a particular political party, enter the party affiliation. If the candidate is not affiliated with a political party enter "independent candidate." A committee to retain an incumbent (such as a justice or judge) should also enter "independent candidate." A write-in candidate should follow the same procedure and enter either a political party or "independent candidate." DO NOT ENTER "write-in."

ITEM 9: enter the full name of the office being sought by the candidate (include district number, if any). For example, "Indiana State Senator, District _____," "_____ County Sheriff," or "_____ City Council, District _____." Not required to be completed by an exploratory committee.

ITEM 10: Enter the candidate's county of residence.

ITEM 11: Check the appropriate box indicating the type of report. A candidate should check "nomination" report if the candidate was nominated as a minor party or independent candidate by petition; if the candidate was selected by a major party to fill a vacancy on the ballot existing after the primary; or if the candidate is a write-in candidate. A Libertarian party candidate nominated at a party convention should not check "nomination" report. Instead, that candidate should check either "pre-convention" or "post-convention" report. Statewide candidates filing a quarterly report should check "Other" and indicate "Quarterly."

ITEM 12: Enter the appropriate dates for the type of report checked in ITEM 11. These reporting and filing dates are prescribed by Indiana Code (IC) 3-9-5.

ITEM 13: Enter the amount of cash on hand and investments (as described in *ITEM 14*) at the beginning of the particular reporting period. If a previous report has been filed using this form, this figure will be the same as that reported on *ITEM 18* of the report.

ITEM 14: Enter the amount of cash on hand and investments (including funds in checking and savings account) on January 1. This amount is NOT the amount on hand at the beginning of any later reporting period.

"Cash on hand" also includes any certificates of deposit or other "cash equivalent" that can be readily converted to cash within 90 days. Include in total investments things such as money market accounts, stocks, bonds, and mutual fund accounts.

If the committee was not in existence on January 1 of the reporting year, the treasurer should report zero on *ITEM 14* in Column B.

ITEM 15a: Enter all itemized individual contributions from all persons including in-kind and transfer-in. This figure will be the total of all pages of Schedule A. Column A is for reporting total contributions for the current reporting period, Column B is for total contributions calendar year-to-date. Contributions exceeding more than \$100 (\$200 if regular party committee) must be itemized. All transfers-in must be itemized on Schedule A regardless of the amount.

ITEM 15b: Enter all unitemized individual contributions from all persons (including in-kind). This includes contributions not itemized under 15a.

ITEM 15c: Enter the sum of *ITEMS 15a* and *15b* in both Column A and B.

ITEM 16: Enter the sum of *ITEMS 13* and *15c* in Column A. Enter the sum of *14* and *15c* in Column B.

ITEM 17a: Enter all itemized expenditures, transfer-out and in-kind expenses. This figure will be the total of all pages of Schedule B and Schedule C. Use Column A to report total expenditures for the current reporting period. Use Column B to report total itemized expenditures calendar year-to-date. Expenditures exceeding more than \$100 (\$200 if a regular party committee) must be itemized. All transfers-out must be itemized on Schedule B regardless of amount.

ITEM 17b: Enter all unitemized expenditures and in-kind expenses. This includes expenditures not itemized under 17a.

ITEM 17c: Enter the sum of *ITEMS 17a* and *17b* in BOTH Column A and B.

ITEM 18: Subtract *ITEM 17c* from *ITEM 16* in both Column A and B.

ITEM 19: Enter the total debts and loans OWED BY the committee as itemized on Schedule D. This includes debts such as accounts payable, credit card purchases **IF made with a credit card issued in the name of the committee** and loans from a lending institution or another entity.

ITEM 20: Enter the total debts OWED TO the committee as itemized on schedule E. This includes a loan payable to the committee.

CERTIFICATION: The treasurer of the committee must sign this report. A person other than the treasurer may sign this report if a copy of the power of attorney signed by the treasurer authorizing the individual to sign is filed with the CFA-4. If a candidate's committee is completing this report and a person other than the candidate serves as treasurer, this report must be signed by both the candidate and treasurer.

WARNING: Using campaign funds for primarily personal purposes is prohibited. (IC 3-9-3-4, IC 3-9-1-12)

NOTICE: Contact the Election Division or your County Election Board if you have any questions.

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

Form 4606 (R13/11-05)
(IC 3-9-5-14)

State
Indiana Election Commission

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

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

FILE NUMBER

Page 1 of
1

CONTRIBUTOR'S FULL NAME AND OCCUPATION FULL MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED
				RECEIVED BY
1. Scott Lawrence 4000 E Evans Ave Terre Haute, IN 47808 Contributor's Occupation (if required) _____	Contributions: Direct x In-Kind (describe) Other Receipts: Interest Loan Misc. (specify)	500.00	500.00	1/26/18
2. R. Jerome Kearns 5 Woodridge Drive Terre Haute, IN 47803 Contributor's Occupation (if required) _____	Contributions: Direct x In-Kind (describe) Other Receipts: Interest Loan Misc. (specify)	200.00	200.00	1/28/18
3. Chris Pfaff 2540 N 9th Street Terre Haute, IN 47804 Contributor's Occupation (if required) _____	Contributions: Direct x In-Kind (describe) Other Receipts: Interest Loan Misc. (specify)	145.35	145.35	2/16/18
4. Mary Ellen Kearns 5 Woodridge Terre Haute, IN 47803 Contributor's Occupation (if required) _____	Contributions: Direct x In-Kind (describe) Other Receipts: Interest Loan Misc. (specify)	200.00	200.00	4/6/18
5. John Lukens 820 Ridge Road Terre Haute, IN 47803 Contributor's Occupation (if required) _____	Contributions: Direct x In-Kind (describe) Other Receipts: Interest Loan Misc. (specify)	200.00	200.00	4/2/18
SUBTOTAL THIS PAGE OF SCHEDULE A		1245.35		
TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY (Enter total on ITEM 15a of the Summary Sheet)				

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

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

State
Indiana Election

**(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).

FILE NUMBER

Page 1 of 1

CONTRIBUTOR'S FULL NAME AND 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.	Contributions: Direct In-Kind (describe) Other Receipts: Interest Loan Misc. (specify)			0	
2.	Contributions: Direct In-Kind (describe) Other Receipts: Interest Loan Misc. (specify)				
3.	Contributions: Direct In-Kind (describe) Other Receipts: Interest Loan Misc. (specify)				
4.	Contributions: Direct In-Kind (describe) Other Receipts: Interest Loan Misc. (specify)				
5.	Contributions: Direct In-Kind (describe) Other Receipts: Interest Loan Misc. (specify)				
SUBTOTAL THIS PAGE OF SCHEDULE A		\$ 0			
TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY (Enter total on ITEM 15a of the Summary Sheet)					

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

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

State
Indiana Election

**(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).

FILE NUMBER

Page 1 of 1

CONTRIBUTOR'S FULL NAME AND 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.	Contributions: Direct In-Kind (describe) Other Receipts: Interest Loan Misc. (specify)			0	
2.	Contributions: Direct In-Kind (describe) Other Receipts: Interest Loan Misc. (specify)				
3.	Contributions: Direct In-Kind (describe) Other Receipts: Interest Loan Misc. (specify)				
4.	Contributions: Direct In-Kind (describe) Other Receipts: Interest Loan Misc. (specify)				
5.	Contributions: Direct In-Kind (describe) Other Receipts: Interest Loan Misc. (specify)				
SUBTOTAL THIS PAGE OF SCHEDULE A		\$ 0			
TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY (Enter total on ITEM 15a of the Summary Sheet)					

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

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

State
Indiana Election

**(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*).

FILE NUMBER

Page 1 of 1

CONTRIBUTOR'S FULL NAME AND 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
	Contributions: Direct In-Kind (describe)			0
	Other Receipts: Interest Loan Misc. (specify)			
2.	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest Loan Misc. (specify)			
3.	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest Loan Misc. (specify)			
4.	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest Loan Misc. (specify)			
5.	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest Loan Misc. (specify)			
SUBTOTAL THIS PAGE OF SCHEDULE A		\$ 0		
TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY (Enter total on ITEM 15a of the Summary Sheet)				

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

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

Indiana

**(CFA-4 SCHEDULE A-5)
CONTRIBUTIONS BY
OTHER ORGANIZATIONS**

Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY ORGANIZATIONS OTHER THAN CORPORATIONS, LABOR ORGANIZATIONS, POLITICAL ACTION COMMITTEES AND 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 other entities **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 candidate's, legislative caucus, and regular party 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).

FILE NUMBER

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CONTRIBUTOR'S FULL NAME AND 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.	Contributions: Direct In-Kind (describe) Other Receipts: Interest Loan Misc. (specify)			
2.	Contributions: Direct In-Kind (describe) Other Receipts: Interest Loan Misc. (specify)			
3.	Contributions: Direct In-Kind (describe) Other Receipts: Interest Loan Misc. (specify)			
4.	Contributions: Direct In-Kind (describe) Other Receipts: Interest Loan Misc. (specify)			
5.	Contributions: Direct In-Kind (describe) Other Receipts: Interest Loan Misc. (specify)			
SUBTOTAL THIS PAGE OF SCHEDULE A		\$ 0		
TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY (Enter total on ITEM 15a of the Summary Sheet)		1245.35		

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

4606 (R13/11-05)
(IC 3-9-5-14)

State Form
Indiana Election Commission

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

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

FILE NUMBER

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RECIPIENT'S NAME AND MAILING ADDRESS (street, number, city, state, ZIP code)	RECIPIENT'S OCCUPATION	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> Large Ink 1200 Poplar Street Terre Haute, IN 47803		Direct x In-Kind Payment of Debt Returned Contribution Other _____ Purpose:	\$600.00	\$600.00	3/16/18
Code <u> A </u> Emilys Walk Terre Haute Savings Bank West Terre Haute Branch		Direct x In-Kind Payment of Debt Returned Contribution Other _____ Purpose:	\$200.00	\$200.00	3/27/18
Code <u> A </u> Large Ink 1200 Poplar Street Terre Haute, IN 47803		Direct x In-Kind Payment of Debt Returned Contribution Other _____ Purpose:	\$300	\$900	4/11/18
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			\$ 1100		
TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY (Enter total on ITEM 17a of the Summary Sheet)			\$ 1100		

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

(R13/11-05)
3-9-5-14)

State Form 4606
Indiana Election Commission (IC

**(CFA-4 SCHEDULE C)
ITEMIZED
EXPENDITURES
For Public Questions**

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. All cumulative expenses or transfers-out, regardless of amount paid to political committees supporting or opposing a public question, **MUST** be itemized on this schedule.

FILE NUMBER

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PUBLIC QUESTION INFORMATION

Enter Text of Public Question

Type of Question: **Statewide** **Local**

Position: **Supported** **Opposed**

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
Code _____		Direct In-Kind Payment of Debt Returned Contribution Other _____ Purpose:			0
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 C			\$ 0		
TOTAL OF ALL PAGES OF SCHEDULE C ON THE LAST PAGE ONLY (Enter total on ITEM 17a of the Summary Sheet)			0		

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

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

State
Indiana Election

**(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

Page 1 of 1

CREDITOR'S OR LENDER'S NAME & MAILING ADDRESS <i>(street, number, city, state, ZIP code)</i>	ENDORSER'S OR VENDOR'S NAME & MAILING ADDRESS <i>(if any)</i> <i>(street, number, city, state, ZIP code)</i>	AMOUNT	DATE DEBT INCURRED	CUMULATIVE PAID YEAR-TO-DATE	OUTSTANDING BALANCE THIS PERIOD			
		NATURE OF DEBT						
LENDER'S OCCUPATION:					0			
LENDER'S OCCUPATION:								
LENDER'S OCCUPATION:								
LENDER'S OCCUPATION:								
LENDER'S OCCUPATION:								
LENDER'S OCCUPATION:								
LENDER'S OCCUPATION:								
SUBTOTAL THIS PAGE OF SCHEDULE D					\$ 0			
TOTAL OF ALL PAGES OF SCHEDULE D ON THE LAST PAGE ONLY <i>(Enter total on ITEM 19 of the Summary Sheet)</i>					\$ 0			

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

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

State
Indiana Election

**(CFA-4 SCHEDULE E)
DEBTS OWED TO THIS
COMMITTEE**

FILE NUMBER

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 TO** the committee during the reporting period. Include all amounts the committee has loaned to others.

Page 1 of 1

BORROWER'S NAME & MAILING ADDRESS <i>(street, number, city, state, ZIP code)</i>	CO-SIGNER'S NAME & MAILING ADDRESS <i>(if any)</i> <i>(street, number, city, state, ZIP code)</i>	ORIGINAL AMOUNT	DATE DEBT INCURRED	CUMULATIVE PAID YEAR-TO-DATE	OUTSTANDING BALANCE THIS PERIOD
		NATURE OF DEBT			
Brendan and Sarah Kearns 3870 N Dogwood Street Terre Haute, IN 47803		Loan to Committee for 2016 campaign Balance owed after closing campaign account	12/31/17	0	1,220.17
SUBTOTAL THIS PAGE OF SCHEDULE E					1,220.17
TOTAL OF ALL PAGES OF SCHEDULE E ON THE LAST PAGE ONLY <i>(Enter total on ITEM 20 of the Summary Sheet)</i>					\$1,220.17