



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

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.

THIS AN AMENDMENT? ☐ Yes ☐ No

COMMITTEE INFORMATION

Full Name of Committee (as on Statement of Organization) ☐ Check if this is a new name

COMMITTEE TO ELECT BRUCE W. ALLEN JR.

Acronym or Abbreviated Name (if any)

3. Committee Telephone Number

(812) 239-1841

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

5263 N. 13 1/2 STREET

City, State, ZIP Code

TERRE HAUTE, IN 47805

6. Party Affiliation (if applicable)

DEMOCRAT

CANDIDATE INFORMATION (For Candidate's Committees Only)

Full Name of Candidate (include any nickname)

BRUCE W. ALLEN JR.

8. Party Affiliation or If Independent Candidate

DEMOCRAT

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

VIGO COUNTY SURVEYOR

10. County of Residence

Vigo

TYPE OF REPORT

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

Reporting Period:

From: 04/14/18

Through: 10/12/18

COLUMN A
This Period

COLUMN B
Year to Date

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

370.02

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.)

a. Itemized (use Schedule A)

300.00

1402.28

b. Unitemized

0

0.02

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

SUBTOTAL

300.00

1402.30

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

TOTAL

670.02

1402.30

EXPENDITURES

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

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

0

544.15

b. Unitemized

544.73

932.86

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

SUBTOTAL

544.73

1477.01

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

125.29

125.29

Debts OWED BY the committee (use Schedule D)

734.86

Debts OWED TO the committee (use Schedule E)

0

CERTIFICATION

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

10/17/18

Signature of Candidate (if applicable)

Date

10/17/18

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 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 17 2018

Brady M. Jones



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(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 _____ of _____

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. Committee to Elect Jon Marvel 1259 WATERTREE RD. TERRE HAUTE, IN 47803 Contributor's Occupation (if required) _____	Contributions: ☒ Direct ☐ In-Kind (describe) _____ Other Receipts: ☐ Interest ☐ Loan ☐ Misc. (specify) _____	\$ 300.00	\$ 1050.00	05/07/18 BWA
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		\$		
TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY (Enter total on ITEM 15a of the Summary Sheet)		\$		