



# REPORT OF RECEIPTS AND EXPENDITURES A POLITICAL COMMITTEE

State Form 4606 (R14 / 10-17)  
Indiana Election Division (IC 3-9-5-14)

OF

(CFA-4)

## Summary Sheet

FILE NUMBER

**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.

TOTAL PAGES IN ENTIRE CFA-4 REPORT

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 DeBaun

2. Acronym or Abbreviated Name (if any)

3. Committee Telephone Number

(812) 223 1456

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

557 Monterey Ave

5. City, State, ZIP Code

Terre Haute, IN 47803

6. Party Affiliation (if applicable)

Dem

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

7. Full Name of Candidate (Include any nickname.)

Curtis A. DeBaun IV

8. Party Affiliation or If Independent Candidate

Dem

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

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 ten (10) days amend Statement of Organization.)

### CONVENTION CANDIDATES ONLY

Check one:

☐ Pre-Convention  
☐ Post-Convention

12. Reporting Period (mm/dd/yy):

From: 1/1/18

Through: 12/31/18

COLUMN A  
This Period

COLUMN B  
Year to Date

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

165.74

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

465.74 / 165.74

### CONTRIBUTIONS AND RECEIPTS

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

15a. Itemized (Use Schedule A.)

300.00

300.00

15b. Unitemized

0

0

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

SUBTOTAL

300.00

300.00

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

TOTAL

465.74

465.74

### EXPENDITURES

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

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

0

0

17b. Unitemized

0

0

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

SUBTOTAL

0

0

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

TOTAL

465.74

465.74

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

Date (mm/dd/yy)

Signature of Candidate (if applicable)

Date (mm/dd/yy)

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 Level 6 felony. (IC 3-14-1-13) A person who fails to file a complete or accurate report as required by the Indiana

FOR OFFICE USE ONLY

**FILED**  
VIGO COUNTY SUPERIOR COURT

JAN 14 2019

*Travis M. DeBaun*


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

 State Form 4606 (R14 / 10-17)  
Indiana Election Division (IC 3-9-5-14)

**(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 \_\_\_\_\_ of \_\_\_\_\_

| 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 RECEIVED<br>(mm/dd/yy)<br>RECEIVED BY |
|------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|----------------------------------------|--------------------------------------------|
| 1.<br>Torre Haute Area Association<br>of Realtors<br>1616 S. 13th st. Torre Haute, IN<br>47802 | 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"/> Miscellaneous (specify)<br>_____ | 300.00                            | 300.00                                 | 2/8/18<br>Curtis D. Bawn                   |
| 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"/> Miscellaneous (specify)<br>_____            |                                   |                                        |                                            |
| 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"/> Miscellaneous (specify)<br>_____            |                                   |                                        |                                            |
| 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"/> Miscellaneous (specify)<br>_____            |                                   |                                        |                                            |
| 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"/> Miscellaneous (specify)<br>_____            |                                   |                                        |                                            |
| SUBTOTAL THIS PAGE OF SCHEDULE A                                                               |                                                                                                                                                                                                                                                                         | \$                                |                                        |                                            |
| TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY                                         |                                                                                                                                                                                                                                                                         | \$                                |                                        |                                            |



# REPORT OF RECEIPTS AND EXPENDITURES A POLITICAL COMMITTEE

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OF

(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.

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 Scott Fisher

2. Acronym or Abbreviated Name (if any)

3. Committee Telephone Number

(812) 894-3123

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

7596 E FENWAY 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.)

SCOTT EUGENE FISHER

8. Party Affiliation or If Independent Candidate

DEMOCRATIC

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

RILEY TOWNSHIP TRUSTEE

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 ten (10) days amend Statement of Organization.)

### CONVENTION CANDIDATES ONLY

Check one:

☐ Pre-Convention ☐ Post-Convention

12. Reporting Period (mm/dd/yy):

From: JAN-01-18 Through: 12-31-18

COLUMN A  
This Period

COLUMN B  
Year to Date

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

0

0.00

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

0

0.00

### CONTRIBUTIONS AND RECEIPTS

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

15a. Itemized (Use Schedule A.)

0.00

0.00

15b. Unitemized

0.00

0.00

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

SUBTOTAL

0.00

0.00

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

TOTAL

0.00

0.00

### EXPENDITURES

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

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

0.00

0.00

17b. Unitemized

0.00

0.00

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

SUBTOTAL

0.00

0.00

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 (mm/dd/yy)

01-14-19

Signature of Candidate (if applicable)

Date (mm/dd/yy)

01-14-19

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 Level 6 felony. (IC 3-14-1-13) A person who fails to file a complete or accurate report as required by the Indiana

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7596 E Fenway 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.)

SCOTT EUGENE FISHER

8. Party Affiliation or If Independent Candidate

DEMOCRATIC

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

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10. County of Residence

Vigo

### TYPE OF REPORT

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This Period

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Year to Date

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

0

0.00

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

0

0.00

### CONTRIBUTIONS AND RECEIPTS

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15a. Itemized (Use Schedule A.)

0.00

0.00

15b. Unitemized

0.00

0.00

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

SUBTOTAL

0.00

0.00

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

TOTAL

0.00

0.00

### EXPENDITURES

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

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

0.00

0.00

17b. Unitemized

0.00

0.00

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SUBTOTAL

0.00

0.00

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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

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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 (mm/dd/yy)

Stephanie Fisher

TREASURER

01-14-19

Signature of Candidate (if applicable)

Date (mm/dd/yy)

Scott E Fisher

01-14-19

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