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) Summary Sheet

FILE NUMBER

TOTAL PAGES IN ENTIRE CFA-4 REPORT
7

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.
The Committee to Elect Alpa Patel for School Board

2. Acronym or Abbreviated Name *(if any)*
The Committee to Elect Alpa Patel

3. Committee Telephone Number
(812) 299-4557

4. Mailing Address *(Address where all campaign finance correspondence is received.)* ☐ Check if this is a new address.
5563 Ryanne Marie Ln.

5. City, State, ZIP Code
Terre Haute, IN 47802

6. Party Affiliation *(if applicable)*

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

7. Full Name of Candidate *(Include any nickname.)*
ALPA PATEL

8. Party Affiliation or If Independent Candidate

9. Office Sought *(Include district number, if any.* ***Not required for exploratory committee.)***
School Board District 5

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: 01/01/18 Through: 10-12-18

	COLUMN A This Period	COLUMN B Year to Date
13. Cash on hand and investments at the beginning of this reporting period.	0	
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.)*	5995.43	5995.43
15b. Unitemized	1845.00	1845.00
15c. Add lines 15a and 15b in both columns. **SUBTOTAL**	7840.43	7840.43
16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B. **TOTAL**	7840.43	7840.43
EXPENDITURES		
(Note: These amounts include in-kind expenditures and loan repayments.)		
17a. Itemized *(Use Schedule B.) (Public Question: use Schedule C.)*	6397.57	6397.57
17b. Unitemized	166.93	166.93
17c. Add lines 17a and 17b in both columns. **SUBTOTAL**	6564.50	6564.50
18. Cash on hand and investments at close of this reporting period *(Subtract 17c from 16 in both columns.)* **TOTAL**	1275.93	1275.93
19. Debts OWED BY the committee *(Use Schedule D.)*	3000.00	
20. Debts OWED TO the committee *(Use Schedule E.)*		

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)*
	Treasurer	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 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
JAN 15 2019
CLERK

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

Indiana

(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 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 *(mm/dd/yy)* / RECEIVED BY
1. Mary Shepard 5546 Ryanne Marie Ln. Terre Haute, IN 47802 Contributor's Occupation *(if required)*	Contributions: ☑ Direct ☐ In-Kind *(describe)* Other Receipts: ☐ Interest ☐ Loan ☐ Miscellaneous *(specify)*	250.00	250.00	9-24-18 Thomas Yeagley
2. Rita Senseman 4133 Cart Path Terre Haute, IN 47802 Contributor's Occupation *(if required)*	Contributions: ☑ Direct ☐ In-Kind *(describe)* Other Receipts: ☐ Interest ☐ Loan ☐ Miscellaneous *(specify)*	150.00	150.00	9-24-18 Thomas Yeagley
3. Shefali Purohit 3991 Golf Bag Lane Terre Haute, IN 47802 Contributor's Occupation *(if required)*	Contributions: ☑ Direct ☐ In-Kind *(describe)* Other Receipts: ☐ Interest ☐ Loan ☐ Miscellaneous *(specify)*	200.00	200.00	10-3-18 Thomas Yeagley
4. Anand Bhuptani 341 E. Trailwood Dr. Terre Haute, IN 47802 Contributor's Occupation *(if required)*	Contributions: ☑ Direct ☐ In-Kind *(describe)* Other Receipts: ☐ Interest ☐ Loan ☐ Miscellaneous *(specify)*	250.00	250.00	10-3-18 Thomas Yeagley
5. Pulkit Patel 4180 Cart Path Ct. Terre Haute, IN 47802 Contributor's Occupation *(if required)*	Contributions: ☑ Direct ☐ In-Kind *(describe)* Other Receipts: ☐ Interest ☐ Loan ☐ Miscellaneous *(specify)*	200.00	200.00	10-3-18 Thomas Yeagley
	SUBTOTAL THIS PAGE OF SCHEDULE A	$ 1050.00		
	TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY *(Enter total on ITEM 15a of the Summary Sheet.)*	$		

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

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FILE NUMBER

Page 2 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 *(mm/dd/yy)* / RECEIVED BY
1. Raj Jeevan 501 Trailwood Dr. Terre Haute, IN 47802 Contributor's Occupation *(if required)* _____	Contributions: ☑ Direct ☐ In-Kind *(describe)* _____ Other Receipts: ☐ Interest ☐ Loan ☐ Miscellaneous *(specify)* _____	200.00	200.00	10-3-18 Thomas Yeagley
2. Lata Ganatra 740 S. Forest. Dr. Terre Haute, IN 47803 Contributor's Occupation *(if required)* _____	Contributions: ☑ Direct ☐ In-Kind *(describe)* _____ Other Receipts: ☐ Interest ☐ Loan ☐ Miscellaneous *(specify)* _____	150.00	150.00	10-3-18 Thomas Yeagley
3. John Roshel Contributor's Occupation *(if required)* _____	Contributions: ☑ Direct ☐ In-Kind *(describe)* _____ Other Receipts: ☐ Interest ☐ Loan ☐ Miscellaneous *(specify)* _____	150.00	150.00	10-18-18 Thomas Yeagley
4. Thomas Yeagley 5563 Ryanne Marie Ln. Terre Haute, IN 47802 Contributor's Occupation *(if required)* Physician	Contributions: ☑ Direct ☐ In-Kind *(describe)* _____ Other Receipts: ☐ Interest ☐ Loan ☐ Miscellaneous *(specify)* _____	1000.00	1000.00	9-4-18 Thomas Yeagley
5. Thomas Yeagley 5563 Ryanne Marie Ln. Terre Haute, IN 47802 Contributor's Occupation *(if required)* Physician	Contributions: ☐ Direct ☐ In-Kind *(describe)* _____ Other Receipts: ☐ Interest ☑ Loan ☐ Miscellaneous *(specify)* _____	3000.00	3000.00	10-12-18 Thomas Yeagley
	SUBTOTAL THIS PAGE OF SCHEDULE A	$ 4500.00		
	TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY *(Enter total on ITEM 15a of the Summary Sheet.)*	$		

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

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Page 3 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 *(mm/dd/yy)* / RECEIVED BY
1. ALPA PATEL 5563 Ryanne Marie Ln. Terre Haute, IN 47802 Contributor's Occupation *(if required)* _____	Contributions: ☐ Direct ☑ In-Kind *(describe)* Copies/Staples Other Receipts: ☐ Interest ☐ Loan ☐ Miscellaneous *(specify)*	58.85	58.85	9-30-18 Thomas Yeagley
2. Alpa Patel 5563 Ryanne Marie Ln. Terre Haute, IN 47802 Contributor's Occupation *(if required)* _____	Contributions: ☐ Direct ☑ In-Kind *(describe)* Copies Staples Other Receipts: ☐ Interest ☐ Loan ☐ Miscellaneous *(specify)*	35.43	94.28	10-3-18 Thomas Yeagley
3. Alpa Patel 5563 Ryanne Marie Ln. Terre Haute, IN 47802 Contributor's Occupation *(if required)* _____	Contributions: ☐ Direct ☑ In-Kind *(describe)* Postage Mailing Other Receipts: ☐ Interest ☐ Loan ☐ Miscellaneous *(specify)*	201.15	295.43	10-3-18 Thomas Yeagley
4. Alpa Patel 5563 Ryanne Marie Ln. Terre Haute, IN 47802 Contributor's Occupation *(if required)* _____	Contributions: ☐ Direct ☑ In-Kind *(describe)* Postage-Mailing Other Receipts: ☐ Interest ☐ Loan ☐ Miscellaneous *(specify)*	50.00	345.43	10-8-18 Thomas Yeagley
5. Alpa Patel 5563 Ryanne Marie Ln. Terre Haute, IN 47802 Contributor's Occupation *(if required)* _____	Contributions: ☐ Direct ☑ In-Kind *(describe)* Postage-Mailing Other Receipts: ☐ Interest ☐ Loan ☐ Miscellaneous *(specify)*	100.00	445.43	10-10-18 Thomas Yeagley
	SUBTOTAL THIS PAGE OF SCHEDULE A	$ 445.43		
	TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY *(Enter total on ITEM 15a of the Summary Sheet.)*	$5995.43		

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State
Indiana

(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

RECIPIENT'S NAME AND MAILING ADDRESS *(street, number, city, state, ZIP code)*	RECIPIENT'S OCCUPATION / OFFICE SOUGHT *(if applicable)*	TYPE OF EXPENDITURE and PURPOSE *(be specific)*	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE OF EXPENDITURE *(mm/dd/yy)*
Code A | LAMAR Advertising 4701 E. Margaret Dr. Terre Haute, IN 47803	Billboard Advertising	☑ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other Purpose: Billboard	600.00	600.00	9-13-18
Code F | Terre Haute Moe's Southwest Grill 2828 S. 3rd St. Terre Haute, IN 47802	Restaurant	☑ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other Purpose: Fundraiser Food	436.96	436.96	9-28-18
Code F | Mr. Moggers Restaurant + Pub 908 Poplar St. Terre Haute, IN 47807	Restaurant	☑ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other Purpose: Fundraiser food	237.10	237.10	9-18-18
Code O | Ann Speedy	Reimbursement for Postage	☑ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other Reimburse Purpose: Postage	501.15	501.15	10-5-18
Code A | Recognition Plus 25 South 6th St. Terre Haute, IN 47807	~~Bill~~ Printing	☑ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other Purpose: buttons/signs	2301.93	2301.93	10-12-18
Code O | U.S. Post office 150 E. Margaret Dr. Terre Haute, IN 47802	Postage - by Credit card by Alpa Patel	☐ Direct ☑ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other Purpose:	201.15	201.15	10-3-18
Code A | LAMAR Advertising 4701 E. Margaret Dr. Terre Haute, IN 47802	Billboard	☑ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other Purpose:	1875.00	2475.00	10-5-18
		SUBTOTAL THIS PAGE OF SCHEDULE B	$6153.29		
		TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY *(Enter total on ITEM 17a of the Summary Sheet.)*	$		

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State: Indiana

(CFA-4 SCHEDULE B) ITEMIZED EXPENDITURES

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FILE NUMBER

RECIPIENT'S NAME AND MAILING ADDRESS *(street, number, city, state, ZIP code)*	RECIPIENT'S OCCUPATION / OFFICE SOUGHT *(if applicable)*	TYPE OF EXPENDITURE and PURPOSE *(be specific)*	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE OF EXPENDITURE *(mm/dd/yy)*
Code O | U.S. Post Office 150 E. Margaret Dr. Terre Haute, IN 47802	Postage - Mailing by Credit Card by AP	☐ Direct ☑ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other Purpose: Mailing Absente	50.00	251.15	10-8-18
Code O | U.S. Postoffice 150 E. Margaret Dr. Terre Haute, IN 47802	Postage - Mailing by CC by AP	☐ Direct ☑ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other Purpose: Absentee Mailing	100.00	351.15	10-10-18
Code A | Staples 125 Davis Ave. Terre Haute, IN 47802	Copying - Mailing by CC by AP	☐ Direct ☑ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other Purpose: Absentee mailing	58.85	58.85	9-30-18
Code A | Staples 125 Davis Ave. Terre Haute, IN 47802	Copying - Mailing by CC by AP	☐ Direct ☑ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other Purpose: Absentee Mailing	35.43	94.18	10-3-18
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:			
		SUBTOTAL THIS PAGE OF SCHEDULE B	$ 244.28		
		TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY *(Enter total on ITEM 17a of the Summary Sheet.)*	$ 6397.57		

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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
Page 1 of 1

CREDITOR'S OR LENDER'S NAME AND MAILING ADDRESS *(street, number, city, state, ZIP code)*	ENDORSER'S OR VENDOR'S NAME AND MAILING ADDRESS *(if any)* *(street, number, city, state, ZIP code)*	AMOUNT / NATURE OF DEBT	DATE DEBT INCURRED *(mm/dd/yy)*	CUMULATIVE PAID YEAR-TO-DATE	OUTSTANDING BALANCE THIS PERIOD
THOMAS YEAGLEY 5563 Ryanne Marie Ln. Terre Haute, IN 47802 LENDER'S OCCUPATION:		3000.00 LOAN	10-12-18	0	3000.00
LENDER'S OCCUPATION:					
LENDER'S OCCUPATION:					
LENDER'S OCCUPATION:					
LENDER'S OCCUPATION:					
LENDER'S OCCUPATION:					
LENDER'S OCCUPATION:					

SUBTOTAL THIS PAGE OF SCHEDULE D	$
TOTAL OF ALL PAGES OF SCHEDULE D ON THE LAST PAGE ONLY *(Enter total on ITEM 19 of the Summary Sheet.)*	$