

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, 2019 Through: December 31, 2019

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

168.56

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

148.56

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

0.00

0.00

SUBTOTAL

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

168.56

148.56

TOTAL

EXPENDITURES

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

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

20.00

17b. Unitemized

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

20.00 20.00

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

148.56 148.56

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

0

20. Debts OWED TO the committee (use Schedule E)

1929.56

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

Brenda Keen
Signature of Candidate (if applicable)

Date

01/14/2020
01/04/2020

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

JAN 14 2020

INSTRUCTIONS FOR COMPLETING THIS FORM

Brenda Keen
CLERK

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.

**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

Page 1 of 1

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)				
First Financial Bank NA PO Box 2122 Terre Haute, IN 47802		Account fees	\$20.00	\$20.00	1/1/19- 12/31/19
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			\$20.00		
TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY (Enter total on ITEM 17a of the Summary Sheet)			\$20.00		

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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 (street, number, city, state, ZIP code)	CO-SIGNER'S NAME & MAILING ADDRESS (if any) (street, number, city, state, ZIP code)	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.	01/01/19	0	1,929.56
		Carryover from 2018 race			
SUBTOTAL THIS PAGE OF SCHEDULE E					1929.56
TOTAL OF ALL PAGES OF SCHEDULE E ON THE LAST PAGE ONLY (Enter total on ITEM 20 of the Summary Sheet)					\$1929.56