



REPORT OF RECEIPTS AND EXPENDITURES OF A POLITICAL COMMITTEE

State Form 4606 (R15/5-19)

Indiana Election Division (IC3-9-5-14)

(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? ☐ Yes ☒ No

FILE NUMBER

TOTAL PAGES IN ENTIRE CFA-4 REPORT

2

COMMITTEE INFORMATION

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

People Against #2

2. Acronym or Abbreviated Name (if any)

3. Committee Telephone Number

(812) 232-3698

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

3205 Eric Canal Rd

5. City, State, ZIP Code

Terre Haute IN 47802

6. Party Affiliation (if applicable)

NA

CANDIDATE INFORMATION (For Candidate's Committees Only)

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

NA

8. Party Affiliation or If Independent Candidate

NA

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

NA

10. County of Residence

NA

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 1, 2019 Through: Dec 31, 2019

COLUMN A
This PeriodCOLUMN 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.)

231.92

231.92

15b. Unitemized

0

0

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

SUBTOTAL

231.92

231.92

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

TOTAL

231.92

231.92

EXPENDITURES

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

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

231.92

231.92

17b. Unitemized

0

0

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

SUBTOTAL

231.92

231.92

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

TOTAL

0

0

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

Susan M. Morris

Title

Treasurer

Date (mm/dd/yy)

1/9/2020

Signature of Candidate (if applicable)

Date (mm/dd/yy)

1/9/2020

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 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 10 2020

B. Smith
CLERK


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

State Form 4806 (R15/5-19)

Election Division (IC3-8-5-14)

Indiana

**(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 _____ 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 (mm/dd/yy)
				RECEIVED BY
Morris Trucking Corporation 3201 Erie Canal Rd Terre Haute, IN 47802	Contributions: ☐ Direct ☒ In-Kind (describe) <u>signs</u> Other Receipts: ☐ Interest ☐ Loan ☐ Miscellaneous (specify) _____	231.92	231.92	September 9, 2019
2.	Contributions: ☐ Direct ☐ In-Kind (describe) _____ Other Receipts: ☐ Interest ☐ Loan ☐ Miscellaneous (specify) _____			
3.	Contributions: ☐ Direct ☐ In-Kind (describe) _____ Other Receipts: ☐ Interest ☐ Loan ☐ Miscellaneous (specify) _____			
4.	Contributions: ☐ Direct ☐ In-Kind (describe) _____ Other Receipts: ☐ Interest ☐ Loan ☐ Miscellaneous (specify) _____			
5.	Contributions: ☐ Direct ☐ In-Kind (describe) _____ Other Receipts: ☐ Interest ☐ Loan ☐ Miscellaneous (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.)		\$		