



# REPORT OF RECEIPTS AND EXPENDITURES OF A POLITICAL COMMITTEE

State Form 4606 (R17 / 8-23)

Indiana Election Division (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.

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.

Diana Winsted-Smith

2. Acronym or Abbreviated Name (if any)

3. Committee Telephone Number

(812) 870.2215

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

135 Dobbs Glen St

5. City, State, ZIP Code

Terre Haute IN 47803

6. Party Affiliation (if applicable)

Rep

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

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

Same

8. Party Affiliation or If Independent Candidate

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

Vigo County Recorder

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-1 2024 Through: 4-12-2024

COLUMN A  
This PeriodCOLUMN B  
Year to Date

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

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

### CONTRIBUTIONS AND RECEIPTS

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

15a. Itemized (Use Schedule A.)

15b. Unitemized

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

SUBTOTAL

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

TOTAL

### EXPENDITURES

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

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

17b. Unitemized

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

SUBTOTAL

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

TOTAL

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

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)

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 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

2024 ABSENTEE VOTERS  
 24 APR 18 AM 10:56:24

## INSTRUCTIONS FOR COMPLETING THIS FORM

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, STATE LEGISLATIVE CANDIDATES, AND CERTAIN POLITICAL ACTION COMMITTEES

This instruction applies to all statewide candidates, state legislative candidates, and 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 full name of the committee as it appears on its Statement of Organization (*Form CFA-1, CFA-2, or CFA-3*). Check box if 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.

**ITEM 13:** Enter the amount of cash on hand and investments (*as described in ITEM 14*) at the beginning of the particular reporting period. If a previous report has been filed using this form, this figure will be the same as that reported on ITEM 18 of the report.

**ITEM 14:** Enter the amount of cash on hand and investments (*including funds in checking and savings account*) on January 1. This amount is NOT the amount on hand at the beginning of any later reporting period.

"Cash on hand" also includes any certificates of deposit or other "cash equivalent" that can be readily converted to cash within ninety (90) days. Include in total investments things such as money market accounts, stocks, bonds, and mutual fund accounts.

If the committee was not in existence on January 1 of the reporting year, the treasurer should report zero on ITEM 14 in Column B.

**ITEM 15a:** Enter all itemized individual contributions from all persons including in-kind and transfer-in. This figure will be the total of all pages of Schedule A. Column A is for reporting total contributions for the current reporting period, Column B is for total contributions calendar year-to-date. Contributions exceeding more than \$100 (\$200 if *regular party committee*) must be itemized. All transfers-in must be itemized on Schedule A regardless of the amount.

**ITEM 15b:** Enter all unitemized individual contributions from all persons (*including in-kind*). This includes contributions not itemized under 15a.

**ITEM 15c:** Enter the sum of ITEMS 15a and 15b in both Column A and B.

**ITEM 16:** Enter the sum of ITEMS 13 and 15c in Column A. Enter the sum of 14 and 15c in Column B.

**ITEM 17a:** Enter all itemized expenditures, transfer-out and in-kind expenses. This figure will be the total of all pages of Schedule B and Schedule C. Use Column A to report total expenditures for the current reporting period. Use Column B to report total itemized expenditures calendar year-to-date. Expenditures exceeding more than \$100 (\$200 if a *regular party committee*) must be itemized. All transfers-out must be itemized on Schedule B regardless of amount.

**ITEM 17b:** Enter all unitemized expenditures and in-kind expenses. This includes expenditures not itemized under 17a.

**ITEM 17c:** Enter the sum of ITEMS 17a and 17b in BOTH Column A and B.

**ITEM 18:** Subtract ITEM 17c from ITEM 16 in both Column A and B.

**ITEM 19:** Enter the total debts and loans OWED BY the committee as itemized on Schedule D. This includes debts such as accounts payable, credit card purchases **IF made with a credit card issued in the name of the committee** and loans from a lending institution or another entity.

**ITEM 20:** Enter the total debts OWED TO the committee as itemized on schedule E. This includes a loan payable to the committee.

**CERTIFICATION:** The treasurer of the committee must sign this report. A person other than the treasurer may sign this report if a copy of the power of attorney signed by the treasurer authorizing the individual to sign is filed with the CFA-4. If a candidate's committee is completing this report and a person other than the candidate serves as treasurer, this report must be signed by both the candidate and treasurer. The committee chairman can file the outgoing treasurer report if the treasurer is deceased or otherwise unable to file. An executor for the committee treasurer or candidate can close a deceased person's candidate committee.

**WARNING:** Using campaign funds for primarily personal purposes is prohibited. (IC 3-9-3-4, IC 3-9-1-12)

**NOTICE:** Contact the Election Division or your County Election Board if you have any questions.

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

State Form 4606 (R17 / 8-23)

Indiana Election Division (IC 3-9-5-14)

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

| RECIPIENT'S NAME AND MAILING ADDRESS<br>(street, number, city, state, ZIP code)                           | RECIPIENT'S OCCUPATION<br>OFFICE SOUGHT (if applicable) | TYPE OF EXPENDITURE<br>and<br>PURPOSE (be specific)                                                                                                                                                                           | COLUMN A<br>AMOUNT THIS<br>PERIOD | COLUMN B<br>CUMULATIVE<br>YEAR-TO-DATE | DATE OF<br>EXPENDITURE<br>(mm/dd/yy) |
|-----------------------------------------------------------------------------------------------------------|---------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|----------------------------------------|--------------------------------------|
|                                                                                                           |                                                         |                                                                                                                                                                                                                               |                                   |                                        |                                      |
| Code _____<br>Diana Smith                                                                                 | Vigo County Recorder<br>Vigo County Recorder            | <input type="checkbox"/> Direct <input checked="" type="checkbox"/> In-Kind<br><input type="checkbox"/> Payment of Debt<br><input type="checkbox"/> Returned Contribution<br><input type="checkbox"/> Other _____<br>Purpose: | 2,000.00                          | 2,000.00                               | 3,30,2024                            |
| Code _____                                                                                                |                                                         | <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind<br><input type="checkbox"/> Payment of Debt<br><input type="checkbox"/> Returned Contribution<br><input type="checkbox"/> Other _____<br>Purpose:            |                                   |                                        |                                      |
| Code _____                                                                                                |                                                         | <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind<br><input type="checkbox"/> Payment of Debt<br><input type="checkbox"/> Returned Contribution<br><input type="checkbox"/> Other _____<br>Purpose:            |                                   |                                        |                                      |
| Code _____                                                                                                |                                                         | <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind<br><input type="checkbox"/> Payment of Debt<br><input type="checkbox"/> Returned Contribution<br><input type="checkbox"/> Other _____<br>Purpose:            |                                   |                                        |                                      |
| Code _____                                                                                                |                                                         | <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind<br><input type="checkbox"/> Payment of Debt<br><input type="checkbox"/> Returned Contribution<br><input type="checkbox"/> Other _____<br>Purpose:            |                                   |                                        |                                      |
| Code _____                                                                                                |                                                         | <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind<br><input type="checkbox"/> Payment of Debt<br><input type="checkbox"/> Returned Contribution<br><input type="checkbox"/> Other _____<br>Purpose:            |                                   |                                        |                                      |
| Code _____                                                                                                |                                                         | <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind<br><input type="checkbox"/> Payment of Debt<br><input type="checkbox"/> Returned Contribution<br><input type="checkbox"/> Other _____<br>Purpose:            |                                   |                                        |                                      |
| Code _____                                                                                                |                                                         | <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind<br><input type="checkbox"/> Payment of Debt<br><input type="checkbox"/> Returned Contribution<br><input type="checkbox"/> Other _____<br>Purpose:            |                                   |                                        |                                      |
| SUBTOTAL THIS PAGE OF SCHEDULE B                                                                          |                                                         |                                                                                                                                                                                                                               | \$ 2,000.00                       |                                        |                                      |
| TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY<br>(Enter total on ITEM 17a of the Summary Sheet.) |                                                         |                                                                                                                                                                                                                               | \$ 2,000.00                       |                                        |                                      |

# INSTRUCTIONS FOR COMPLETING THIS FORM

**FILE NUMBER:** Enter the file number assigned by the Election Division or County Election Board. Also indicate the number of pages used to complete this schedule. For example, "Page 2 of 2." This means that this page is second page of two pages used for this schedule.

**RECIPIENT'S NAME AND MAILING ADDRESS:** Enter the full name and mailing address of each person or vendor to whom one (1) or more disbursements in an aggregate amount exceeding \$100 (\$200 if regular party committee) have been made.

## ALSO

Enter the full name and mailing address of each political committee that has received a transfer-out from the reporting committee. The reporting requirement of a transfer-out from a political committee is different from the reporting requirement of an expenditure to a person. Each transfer-out, regardless of amount, must be itemized.

**NOTE:** Under normal circumstances, you should not list a credit card issuer as a recipient. If making a payment on a credit card, list vendor, NOT the credit card company. Also note that any unpaid credit obligation should be listed on Schedule D, "Debts Owed By This Committee."

**EXPENDITURE CODES:** In the box at the upper left corner of the "Recipient's Name and Mailing Address" section, enter the expenditure code for each entry from the following list of codes:

**Code: C**  
**Expenditure Type: Contributions**

**Expenditure Definition:** Direct and in-kind contributions the campaign can legally make to other campaigns, political action committees, community and charitable organizations. In the description column, the filer is directed to specify who benefited and, if in-kind, what was purchased.

**Code: F**  
**Expenditure Type: Fundraising**

**Expenditure Definition:** Expenditures, direct or in-kind, associated with holding a fundraiser, including payments to restaurants, hotels and caterers, other food and refreshment vendors, entertainers, and speakers.

*\*Filers are directed to use an "A" for expenditures for printed matter produced in connection with fundraising events.*

**Code: A**  
**Expenditure Type: Advertising**

**Expenditure Definition:** Expenditures associated with the production, design, photography, copy, layout, printing, reproduction and purchase of advertising and campaign communications including:

- Radio and television advertising
- Advertising in newspapers, periodicals, and other publications
- Advertising on billboards and yard signs
- Campaign paraphernalia such as buttons, bumper stickers, T-shirts, hats, etc.
- Websites
- Campaign literature
- Printed solicitations
- Fundraising letters
- Mailing lists

**Code: O**  
**Expenditure Type: Operations**

**Expenditure Definition:** General campaign operating expenses and overhead including:

- Wages, salaries and benefits associated with hiring campaign employees and other paid workers who provide miscellaneous services
- Contracts, fees, and commissions paid to campaign management companies and contract consultants including law firms
- Headquarters purchase or rental
- Utilities
- Purchase or rental of office equipment and furniture for the campaign
- Surveys and Polls – Including expenditures associated with the design and production of polls, election trend reports, voter surveys, telemarketing, telephone banks, Get out the Vote drives, etc.
- Postage – including stamps, or metered postage, direct mail services and delivery services like United Parcel Services and Federal Express
- Travel – including fares, accommodations, and meals from campaign trips

**RECIPIENT'S OCCUPATION/OFFICE SOUGHT:** Enter the recipient's occupation, and if applicable, the office sought. For example, "printer" or "candidate, State Representative District 5."

**TYPE OF EXPENDITURE:** Check the type of expenditure. For "other", describe the type of expenditure.

**PURPOSE OF EXPENDITURE:** Enter the purpose of the expenditure or transfer-out. Be specific. Indicate any reimbursement.

**COLUMN A AMOUNT THIS PERIOD:** Enter the amount of each expenditure and transfer-out, including in-kind for this reporting period.

**COLUMN B CUMULATIVE YEAR-TO-DATE:** Enter the cumulative expenditure and transfer-out, including in-kind for calendar year-to-date.

**On the first report of each calendar year, the entry in Column B is the same as the entry in Column A.**

**DATE OF EXPENDITURE:** Enter the month, day, and year of the expenditure or transfer-out. Use the following guidelines to determine the proper date to use:

| FOR             | USE                                                                                                                |
|-----------------|--------------------------------------------------------------------------------------------------------------------|
| Payment of bill | The date the bill was actually paid (by placing a check in the mail or tendering cash in person).                  |
| Transfer-out    | The date the check was written to a candidate's, legislative caucus, political action, or regular party committee. |
| In-kind         | The date the material was given or service provided.                                                               |

**SUBTOTAL OF THIS PAGE OF SCHEDULE B:** Enter the subtotal for this page of Schedule B. If there is only one page of this schedule, the figure is the same as the TOTAL OF ALL PAGES ON SCHEDULE B.

**TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY:** Enter (ON THE LAST PAGE ONLY) the total amount of all pages on Schedule B. Also enter this figure on ITEM 17a of the Summary Sheet.

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

State Form 4606 (R17 / 8-23)

Indiana Election Division (IC 3-9-5-14)

**(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<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)       |
|-----------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|----------------------------------------|-----------------------------------|
|                                                                                                           |                                                                                                                                                                                                                                                                                                                                         |                                   |                                        | RECEIVED BY                       |
| 1. <i>Marty Smith</i><br><br>Contributor's Occupation (if required) _____                                 | Contributions:<br><input type="checkbox"/> Direct<br><input checked="" type="checkbox"/> In-Kind (describe)<br><i>3 cigs</i><br><br>Other Receipts:<br><input type="checkbox"/> Interest <input type="checkbox"/> Loan<br><input type="checkbox"/> Miscellaneous (specify)<br>_____<br><br>Contributor's Occupation (if required) _____ | <i>2,000.00</i>                   | <i>2,000.00</i>                        | <i>3,30,2024</i><br><br><i>MS</i> |
| 2.<br><br>Contributor's Occupation (if required) _____                                                    | Contributions:<br><input type="checkbox"/> Direct<br><input type="checkbox"/> In-Kind (describe)<br>_____<br><br>Other Receipts:<br><input type="checkbox"/> Interest <input type="checkbox"/> Loan<br><input type="checkbox"/> Miscellaneous (specify)<br>_____<br><br>Contributor's Occupation (if required) _____                    |                                   |                                        |                                   |
| 3.<br><br>Contributor's Occupation (if required) _____                                                    | Contributions:<br><input type="checkbox"/> Direct<br><input type="checkbox"/> In-Kind (describe)<br>_____<br><br>Other Receipts:<br><input type="checkbox"/> Interest <input type="checkbox"/> Loan<br><input type="checkbox"/> Miscellaneous (specify)<br>_____<br><br>Contributor's Occupation (if required) _____                    |                                   |                                        |                                   |
| 4.<br><br>Contributor's Occupation (if required) _____                                                    | Contributions:<br><input type="checkbox"/> Direct<br><input type="checkbox"/> In-Kind (describe)<br>_____<br><br>Other Receipts:<br><input type="checkbox"/> Interest <input type="checkbox"/> Loan<br><input type="checkbox"/> Miscellaneous (specify)<br>_____<br><br>Contributor's Occupation (if required) _____                    |                                   |                                        |                                   |
| 5.<br><br>Contributor's Occupation (if required) _____                                                    | Contributions:<br><input type="checkbox"/> Direct<br><input type="checkbox"/> In-Kind (describe)<br>_____<br><br>Other Receipts:<br><input type="checkbox"/> Interest <input type="checkbox"/> Loan<br><input type="checkbox"/> Miscellaneous (specify)<br>_____<br><br>Contributor's Occupation (if required) _____                    |                                   |                                        |                                   |
| SUBTOTAL THIS PAGE OF SCHEDULE A                                                                          |                                                                                                                                                                                                                                                                                                                                         | <i>\$ 2,000.00</i>                |                                        |                                   |
| TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY<br>(Enter total on ITEM 15a of the Summary Sheet.) |                                                                                                                                                                                                                                                                                                                                         | <i>\$ 2,000.00</i>                |                                        |                                   |

## INSTRUCTIONS FOR COMPLETING THIS FORM

**FILE NUMBER:** Enter the file number assigned by the Election Division or County Election Board. Also indicate the number of pages used to complete this schedule. For example, "Page 2 of 2." This means this page is the second page of two pages used for this schedule.

### **CONTRIBUTOR'S NAME, MAILING ADDRESS AND OCCUPATION:**

**NOTE:** Only list a contributor on this schedule if the contributor is an individual.

Enter the full name and mailing address of each contributor who has made one (1) or more contributions (*including in-kind*) within the calendar year in an aggregate amount exceeding \$100 (\$200 if regular party committee).

### **ALSO**

Enter the full name and mailing address of all contributors with cumulative receipts over \$100 within a calendar year (\$200 if regular party committee). This includes entities that have paid interest to a committee's account.

**IMPORTANT:** When entering a contributor's name in this space, it is imperative to list the full name of the contributor.

**OCCUPATION:** Enter the occupation of any individual who has made aggregate contributions of at least \$1,000 during the calendar year. Occupation information for other contributors is optional. Examples: "Attorney", "Banker", "Engineer", **NOT** "consultant."

**TYPE OF CONTRIBUTION OR OTHER RECEIPT:** Check the appropriate box. For in-kind contributions describe the general product or service provided (*such as yard signs, bumper stickers, or mailings, etc.*). For "miscellaneous", be as specific as possible.

**COLUMN A AMOUNT THIS PERIOD:** Enter the amount of each contribution, including in-kind, transfers-in or other receipts for this reporting period.

**COLUMN B CUMULATIVE YEAR-TO-DATE:** Enter the cumulative contributions, including in-kind, transfers-in, or other receipts calendar year-to-date.

**On the first report of each calendar year, the entry in Column B is the same as the entry in Column A.**

**DATE RECEIVED:** Enter the month, day, and year the contribution was received. For checks and money orders indicate the date the committee deposited the check or money order in the committee's account, **NOT** the date it was written or mailed. For cash contributions, the contributions are received when cash is deposited in the committee's account, **NOT** when given or mailed. (IC 3-9-1-24.5)

**RECEIVED BY:** Enter the committee member who received the contribution for the committee. (IC 3-9-1-25)

**SUBTOTAL THIS PAGE OF SCHEDULE A:** Enter the subtotal for this page of Schedule A. If there is only one page of this Schedule, the figure is the same as the **TOTAL OF ALL PAGES ON SCHEDULE A**.

**TOTAL OF ALL PAGES ON SCHEDULE A ON THE LAST PAGE ONLY:** Enter (*ON THE LAST PAGE ONLY*) the total amount of all pages on Schedule A. Also enter this figure on ITEM 15a of the Summary Sheet.