



# REPORT OF RECEIPTS AND EXPENDITURES OF A POLITICAL COMMITTEE

State Form 4606 (R15 / 5-19)  
Indiana Election Division (IC 3-9-5-14)

## (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.

IS THIS AN AMENDMENT? ☐ Yes ☒ No

TOTAL PAGES IN ENTIRE CFA-4 REPORT

3

### COMMITTEE INFORMATION

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

Duke Bennett for Mayor

2. Acronym or Abbreviated Name (if any)

3. Committee Telephone Number

( 812 ) 870-1717

4. Mailing Address (Address where all campaign finance correspondence is received.)

341 S. 31st Street

☒ Check if this is a new address.

5. City, State, ZIP Code

Terre Haute, IN 47803

6. Party Affiliation (if applicable)

Republican

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

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

Duke A Bennett

8. Party Affiliation or If Independent Candidate

Republican

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

Mayor of Terre Haute

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: 1/1/24

Through: 12/31/24

COLUMN A  
This Period

COLUMN B  
Year to Date

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

32,416.08

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

32,416.08

### CONTRIBUTIONS AND RECEIPTS

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

15a. Itemized (Use Schedule A.)

402.85

402.85

15b. Unitemized

16.01

16.01

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

SUBTOTAL

418.86

418.86

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

TOTAL

32,834.94

32,834.94

### EXPENDITURES

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

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

525.00

525.00

17b. Unitemized

1,443.75

1,443.75

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

SUBTOTAL

1,968.75

1,968.75

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

TOTAL

30,866.19

30,866.19

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)

1/13/25

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

2025 JAN 13 PM 3:00  
VIGOR COUNTY CLERK  
OFFICE OF THE CLERK  
100 N. W. 1st St.  
Terre Haute, IN 47803  
317.234.2200





**REPORT OF RECEIPTS AND EXPENDITURES  
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**(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**

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| 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) |
|-----------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|----------------------------------------|-----------------------------|
|                                                                                                           |                                                                                                                                                                                                                                                                                             |                                   |                                        | RECEIVED BY                 |
| 1.<br>Nexstar Media/WTWO<br>10849 US Hwy 41<br>Farmersburg, IN 47850                                      | 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 checked="" type="checkbox"/> Miscellaneous (specify)<br><u>Advertising Refund</u> | \$402.85                          | \$402.85                               | 4/27/24<br><br>DAB          |
| 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                                                                          |                                                                                                                                                                                                                                                                                             | \$ 402.85                         |                                        |                             |
| TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY<br>(Enter total on ITEM 15a of the Summary Sheet.) |                                                                                                                                                                                                                                                                                             | \$ 402.85                         |                                        |                             |



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**(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

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| 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 <u>C</u><br><br>TH Humane Society<br>1811 S. Fruitridge Ave.<br>Terre Haute, IN 47803                | Animal Shelter                                          | <input checked="" 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:<br>Donation              | \$25.00                           | \$25.00                                | 5/25/24                              |
| Code <u>C</u><br><br>TH Humane Society<br>1811 S. Fruitridge Ave.<br>Terre Haute, IN 47803                | Animal Shelter                                          | <input checked="" 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:<br>Donation              | \$100.00                          | \$125.00                               | 7/29/24                              |
| Code <u>C</u><br><br>Vigo County Pachyderm Club<br>2800 Poplar Street<br>Terre Haute, IN 47803            | Political Organization                                  | <input checked="" 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:<br>Event/Dinner          | \$100.00                          | \$100.00                               | 8/22/24                              |
| Code <u>C</u><br><br>Comm. to Elect Bob Heaton<br>PO Box 9629<br>Terre Haute, IN 47808                    | Political Candidate<br><br>State Representative         | <input checked="" 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:<br>Campaign Contribution | \$100.00                          | \$100.00                               | 9/26/24                              |
| Code <u>C</u><br><br>Vigo County Republican Party<br>4857 S. Lock Street<br>Terre Haute, IN 47802         | Political Organization                                  | <input checked="" 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:<br>Event/Dinner          | \$200.00                          | \$200.00                               | 10/17/24                             |
| Code _____<br><br>                                                                                        |                                                         | <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 _____<br><br>                                                                                        |                                                         | <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                                                                          |                                                         |                                                                                                                                                                                                                                                        | \$ 525.00                         |                                        |                                      |
| TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY<br>(Enter total on ITEM 17a of the Summary Sheet.) |                                                         |                                                                                                                                                                                                                                                        | \$ 525.00                         |                                        |                                      |

