



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

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

OF

(CFA-4)

Summary Sheet

FILE NUMBER

2024-52

TOTAL PAGES IN ENTIRE CFA-4 REPORT

19

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.
FRIENDS OF DAVID HENRY

2. Acronym or Abbreviated Name (if any)

3. Committee Telephone Number
()

4. Mailing Address (Address where all campaign finance correspondence is received.) Check if this is a new address.
8080 S HARMONY RD

5. City, State, ZIP Code
BLOOMINGTON IN 47403

6. Party Affiliation (if applicable)
DEMOCRAT

CANDIDATE INFORMATION (For Candidate's Committees Only)

7. Full Name of Candidate (Include any nickname.)
DAVID GEORGE HENRY

8. Party Affiliation or If Independent Candidate
DEMOCRAT

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

10. County of Residence
MONROE

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 ten (10) days amend Statement of Organization.)

Check one:
 Pre-Convention
 Post-Convention

| 12. Reporting Period (mm/dd/yy): From: 01/01/2024 Through: 04/12/2024 | COLUMN A This Period | COLUMN B Year to Date |
|--|-------------------------|--------------------------|
| 13. Cash on hand and investments at the beginning of this reporting period. | 0.00 | |
| 14. Cash on hand and investments January 1, current year. | | 0.00 |

CONTRIBUTIONS AND RECEIPTS

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

| | | |
|--|---------|---------|
| 15a. Itemized (Use Schedule A.) | 6049.94 | 6049.94 |
| 15b. Unitemized | 0.00 | 0.00 |
| 15c. Add lines 15a and 15b in both columns. SUBTOTAL | 6049.94 | 6049.94 |
| 16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B. TOTAL | 6049.94 | 6049.94 |

EXPENDITURES

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

| | | |
|--|---------|---------|
| 17a. Itemized (Use Schedule B.) (Public Question: use Schedule C.) | 3074.62 | 3074.62 |
| 17b. Unitemized | 0.00 | 0.00 |
| 17c. Add lines 17a and 17b in both columns. SUBTOTAL | 3074.62 | 3074.62 |
| 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.) | | |

APR 22 2024

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: **TREASURER** Date (mm/dd/yy): **04/22/2024**

Signature of Candidate (if applicable): Date (mm/dd/yy): **4/22/2024**

WARNING: Any information contained in this report may not be copied for sale or used for any commercial purpose. (IC 3-9-4-6) 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)

CLERK MONROE CIRCUIT COURT

PH 3-54



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

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 <u>1</u> of <u>18</u> | |

| CONTRIBUTOR'S FULL NAME AND OCCUPATION FULL MAILING ADDRESS <i>(street, number, city, state, ZIP code)</i> | TYPE OF CONTRIBUTION OR OTHER RECEIPT | COLUMN A AMOUNT THIS PERIOD | COLUMN B CUMULATIVE YEAR-TO-DATE | DATE RECEIVED <i>(mm/dd/yy)</i> |
|---|---|-----------------------------------|--|------------------------------------|
| | | | | RECEIVED BY |
| 1. Susan Hingle 8080 S Harmony Rd Bloomington, IN 47403 Contributor's Occupation <i>(if required)</i> _____ | Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <i>(describe)</i> _____ Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous <i>(specify)</i> _____ | 20.00 | 20.00 | 01/05/2024 Susan Hingle |
| 2. Jeanne Smith 47404 112 S College Ave Bloomington IN | Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <i>(describe)</i> _____ Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous <i>(specify)</i> _____ | \$50.00 | \$50.00 | 02/05/2024 Susan Hingle |
| 3. Susan & Matthew Siena 900 E 1st St Bloomington IN 47401 Contributor's Occupation <i>(if required)</i> _____ | Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <i>(describe)</i> _____ Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous <i>(specify)</i> _____ | \$100.00 | \$100.00 | 02/05/2024 Susan Hingle |
| 4. Jeff Richardson 47401 1126 E 1st St. Bloomington IN | Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <i>(describe)</i> _____ Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous <i>(specify)</i> _____ | \$100.00 | \$100.00 | 02/05/2024 Susan Hingle |
| 5. Jack, Davis, 817 S Mitchell St, Bloomington, IN, 47401, United States Contributor's Occupation <i>(if required)</i> _____ | Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <i>(describe)</i> _____ Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous <i>(specify)</i> _____ | \$50.00 | \$50.00 | 01/23/2024 Susan Hingle |
| SUBTOTAL THIS PAGE OF SCHEDULE A | | \$320.00 | | |
| TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY <i>(Enter total on ITEM 15a of the Summary Sheet.)</i> | | \$ | | |



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OF A POLITICAL COMMITTEE**

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 | 2 of 18 |

| CONTRIBUTOR'S FULL NAME AND OCCUPATION FULL MAILING ADDRESS <i>(street, number, city, state, ZIP code)</i> | TYPE OF CONTRIBUTION OR OTHER RECEIPT | COLUMN A AMOUNT THIS PERIOD | COLUMN B CUMULATIVE YEAR-TO-DATE | DATE RECEIVED <i>(mm/dd/yy)</i> |
|--|---|-----------------------------------|--|------------------------------------|
| | | | | RECEIVED BY |
| 1. Keith, Rossmiller, 4814 Hartland Pkwy, Lexington, KY, 40515, United States Contributor's Occupation <i>(if required)</i> _____ | Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <i>(describe)</i> _____ Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous <i>(specify)</i> _____ | \$96.62 | 96.62 | 01/23/2024 |
| | | | | Susan Hingle |
| 2. Erin, Bentley, 601 N Grandview Dr, Bloomington, IN, 47408, United States Contributor's Occupation <i>(if required)</i> _____ | Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <i>(describe)</i> _____ Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous <i>(specify)</i> _____ | \$50.00 | \$50.00 | 02/01/2024 |
| | | | | Susan Hingle |
| 3. Tara, Deppert, 901 W Countryside Ln, Bloomington, IN, 47403, United States Contributor's Occupation <i>(if required)</i> _____ | Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <i>(describe)</i> _____ Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous <i>(specify)</i> _____ | \$100.00 | \$100.00 | 02/04/2024 |
| | | | | Susan Hingle |
| 4. Dee, Owens, PO Box 1776, Bloomington, IN, 47402, United States Contributor's Occupation <i>(if required)</i> _____ | Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <i>(describe)</i> _____ Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous <i>(specify)</i> _____ | \$96.62 | \$96.62 | 02/06/2024 |
| | | | | Susan Hingle |
| 5. Patsy, Rahn, 1902 W. Wylie St., Bloomington, IN, 47403, United States Contributor's Occupation <i>(if required)</i> _____ | Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <i>(describe)</i> _____ Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous <i>(specify)</i> _____ | \$15.00 | \$15.00 | 02/06/2024 |
| | | | | Susan Hingle |
| SUBTOTAL THIS PAGE OF SCHEDULE A | | \$358.54 | 358.24 | |
| TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY <i>(Enter total on ITEM 15a of the Summary Sheet.)</i> | | \$ | | |



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| Page | <u>3</u> of <u>18</u> |

| CONTRIBUTOR'S FULL NAME AND OCCUPATION FULL MAILING ADDRESS <i>(street, number, city, state, ZIP code)</i> | TYPE OF CONTRIBUTION OR OTHER RECEIPT | COLUMN A AMOUNT THIS PERIOD | COLUMN B CUMULATIVE YEAR-TO-DATE | DATE RECEIVED <i>(mm/dd/yy)</i> |
|---|---|-----------------------------------|--|------------------------------------|
| | | | | RECEIVED BY |
| 1. Regina, Moore, PO Box 822, Bloomington, IN, 47402, United States Contributor's Occupation <i>(if required)</i> _____ | Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <i>(describe)</i> _____ Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous <i>(specify)</i> _____ | \$100.00 | \$100.00 | 01/23/2024qq |
| | | | | Susan Hingle |
| 2. Matthew, Flaherty, 363 S Madison St, Bloomington, IN, 47403, United States Contributor's Occupation <i>(if required)</i> _____ | Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <i>(describe)</i> _____ Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous <i>(specify)</i> _____ | \$48.06 | \$48.06 | 01/23/2024 |
| | | | | Susan Hingle |
| 3. Barbara, McKinney, 522 W. Third Street, Bloomington, IN, 47404, United States Contributor's Occupation <i>(if required)</i> _____ | Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <i>(describe)</i> _____ Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous <i>(specify)</i> _____ | \$25.00 | \$25.00 | 01/25/2024 |
| | | | | Susan Hingle |
| 4. Robert, Deppert, 901 W Countryside lane, Bloomington, IN, 47403, United States Contributor's Occupation <i>(if required)</i> _____ | Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <i>(describe)</i> _____ Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous <i>(specify)</i> _____ | \$28.64 | \$28.64 | 02/05/2024 |
| | | | | Susan Hingle |
| 5. Mark J., Waschak, 716 Sailfish Drive, Fort Walton Beach, FL, 32548, United States Contributor's Occupation <i>(if required)</i> _____ | Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <i>(describe)</i> _____ Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous <i>(specify)</i> _____ | \$50.00 | \$50.00 | 01/30/2024 |
| | | | | Susan Hingle |
| SUBTOTAL THIS PAGE OF SCHEDULE A | | \$251.70 | | |
| TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY <i>(Enter total on ITEM 15a of the Summary Sheet.)</i> | | \$ | | |



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| Page <u>4</u> | of <u>18</u> |

| CONTRIBUTOR'S FULL NAME AND OCCUPATION FULL MAILING ADDRESS <i>(street, number, city, state, ZIP code)</i> | TYPE OF CONTRIBUTION OR OTHER RECEIPT | COLUMN A AMOUNT THIS PERIOD | COLUMN B CUMULATIVE YEAR-TO-DATE | DATE RECEIVED <i>(mm/dd/yy)</i> |
|---|---|-----------------------------------|--|------------------------------------|
| | | | | RECEIVED BY |
| 1. Marsha Bradford PO Box 3158 Bloomington IN 47402 Contributor's Occupation <i>(if required)</i> _____ | Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <i>(describe)</i> _____ Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous <i>(specify)</i> _____ | \$500.00 | \$500.00 | 02/08/2024 |
| | | | | Susan Hingle |
| 2. Cynthia & Samuel Cognasse 3461 State Road Hillsdale MI 49242 Contributor's Occupation <i>(if required)</i> _____ | Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <i>(describe)</i> _____ Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous <i>(specify)</i> _____ | \$50.00 | \$50.00 | 02/08/2024 |
| | | | | Susan Hingle |
| 3. Catherine Smith 3313 W Jordan Ct. Bloomington IN 47403 Contributor's Occupation <i>(if required)</i> _____ | Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <i>(describe)</i> _____ Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous <i>(specify)</i> _____ | \$250.00 | \$250.00 | 02/21/2024 |
| | | | | Susan Hingle |
| 4. Bri Gregory 2911 N Bankers Dr Bloomington IN 47408 Contributor's Occupation <i>(if required)</i> _____ | Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <i>(describe)</i> _____ Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous <i>(specify)</i> _____ | \$50.00 | \$50.00 | 02/21/2024 |
| | | | | Susan Hingle |
| 5. Dana Carpendar and Eric Schmitz 5431 E Kings Road Bloomington IN 47408 Contributor's Occupation <i>(if required)</i> _____ | Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <i>(describe)</i> _____ Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous <i>(specify)</i> _____ | \$40.00 | \$40.00 | 04/10/2024 |
| | | | | Susan Hingle |
| SUBTOTAL THIS PAGE OF SCHEDULE A | | \$890.00 | | |
| TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY <i>(Enter total on ITEM 15a of the Summary Sheet.)</i> | | \$ | | |



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| | |
| Page | 5 of 18 |

| CONTRIBUTOR'S FULL NAME AND OCCUPATION FULL MAILING ADDRESS <i>(street, number, city, state, ZIP code)</i> | TYPE OF CONTRIBUTION OR OTHER RECEIPT | COLUMN A AMOUNT THIS PERIOD | COLUMN B CUMULATIVE YEAR-TO-DATE | DATE RECEIVED <i>(mm/dd/yy)</i> |
|--|---|-----------------------------------|--|------------------------------------|
| | | | | RECEIVED BY |
| 1. David Henry 3011 S Market Pl Bloomington IN 47403 Contributor's Occupation <i>(if required)</i> _____ | Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <i>(describe)</i> _____ Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous <i>(specify)</i> _____ | \$150.00 | \$150.00 | 02/09/2024 Susan Hingle |
| 2. Larime Wilson PO Bix 2301 Bloomington IN 47402 Contributor's Occupation <i>(if required)</i> _____ | Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <i>(describe)</i> _____ Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous <i>(specify)</i> _____ | \$25.00 | \$25.00 | 02/26/2024 Susan Hingle |
| 3. Terry Quigley 905 W Hedgewood Dr Bloomington IN 47403 Contributor's Occupation <i>(if required)</i> _____ | Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <i>(describe)</i> _____ Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous <i>(specify)</i> _____ | \$50.00 | \$50.00 | 03/01/2024 Susan Hingle |
| 4. Geoffrey W McKim 3714 N Bittersweet Dr Bloomington IN 47408 Contributor's Occupation <i>(if required)</i> _____ | Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <i>(describe)</i> _____ Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous <i>(specify)</i> _____ | \$150.00 | \$150.00 | 03/03/2024 Susan Hingle |
| 5. Rosa-lyn Householder 1002 E. Wylie St. Bloomington IN 47401 Contributor's Occupation <i>(if required)</i> _____ | Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <i>(describe)</i> _____ Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous <i>(specify)</i> _____ | \$10.00 | \$10.00 | 03/04/2024 Susan Hingle |
| SUBTOTAL THIS PAGE OF SCHEDULE A | | \$385.00 | | |
| TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY <i>(Enter total on ITEM 15a of the Summary Sheet.)</i> | | \$ | | |



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| |
|----------------------------|
| FILE NUMBER |
| Page <u>6</u> of <u>18</u> |

| CONTRIBUTOR'S FULL NAME AND OCCUPATION FULL MAILING ADDRESS <i>(street, number, city, state, ZIP code)</i> | TYPE OF CONTRIBUTION OR OTHER RECEIPT | COLUMN A AMOUNT THIS PERIOD | COLUMN B CUMULATIVE YEAR-TO-DATE | DATE RECEIVED <i>(mm/dd/yy)</i> |
|--|---|-----------------------------------|--|------------------------------------|
| | | | | RECEIVED BY |
| 3/1. C Dan Combs 4274 E Ramp Creek Rd Bloomington IN 47401 Contributor's Occupation <i>(if required)</i> _____ | Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <i>(describe)</i> _____ Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous <i>(specify)</i> _____ | \$25.00 | \$25.00 | 03/03/2024 |
| | | | | Susan Hingle |
| 2. Pat Williams 3434 Ashwood Dr, Bloomington, IN 47401 Contributor's Occupation <i>(if required)</i> _____ | Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <i>(describe)</i> _____ Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous <i>(specify)</i> _____ | \$100.00 | \$100.00 | 03/11/2024 |
| | | | | Susan Hingle |
| 3. Jim and Doris Sims, 500 S Westwood Dr, Bloomington IN 47403 Contributor's Occupation <i>(if required)</i> _____ | Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <i>(describe)</i> _____ Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous <i>(specify)</i> _____ | \$50.00 | \$50.00 | 04/01/2024 |
| | | | | Susan Hingle |
| 4. Mark Kruzan, 3725 E Devonshire Ln, Bloomington, IN 47408 Contributor's Occupation <i>(if required)</i> _____ | Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <i>(describe)</i> _____ Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous <i>(specify)</i> _____ | \$250.00 | \$250.00 | 03/27/2024 |
| | | | | Susan Hingle |
| 5. Jeff Meese, 406 S Madison, Bloomington, IN 47401 Contributor's Occupation <i>(if required)</i> _____ | Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <i>(describe)</i> _____ Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous <i>(specify)</i> _____ | \$100.00 | \$100.00 | 03/27/2024 |
| | | | | Susan Hingle |
| SUBTOTAL THIS PAGE OF SCHEDULE A | | \$525.00 | | |
| TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY <i>(Enter total on ITEM 15a of the Summary Sheet.)</i> | | \$ | | |



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

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 7 of 18

| CONTRIBUTOR'S FULL NAME AND OCCUPATION FULL MAILING ADDRESS <i>(street, number, city, state, ZIP code)</i> | TYPE OF CONTRIBUTION OR OTHER RECEIPT | COLUMN A AMOUNT THIS PERIOD | COLUMN B CUMULATIVE YEAR-TO-DATE | DATE RECEIVED <i>(mm/dd/yy)</i> |
|--|---|-----------------------------------|--|------------------------------------|
| | | | | RECEIVED BY |
| 1. Dee Owens PO Box 1776 Bloomington IN 47402 Contributor's Occupation <i>(if required)</i> _____ | Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <i>(describe)</i> _____ Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous <i>(specify)</i> _____ | \$50.00 | \$146.62 | 03/27/2024 Susan Hingle |
| 2. Nora Liell 1003 S Rogers St, Bloomington, IN 47403 Contributor's Occupation <i>(if required)</i> _____ | Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <i>(describe)</i> _____ Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous <i>(specify)</i> _____ | \$45.00 | \$45.00 | 03/27/2024 Susan Hingle |
| 3. Shelli Yoder 3516 E Bradley St, Bloomington, IN 47403 Contributor's Occupation <i>(if required)</i> _____ | Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <i>(describe)</i> _____ Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous <i>(specify)</i> _____ | \$100.00 | \$100.00 | 04/03/2024 Susan Hingle |
| 4. Anne Bright 3207 E Kristen Ct Bloomington, IN 47401 Contributor's Occupation <i>(if required)</i> _____ | Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <i>(describe)</i> _____ Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous <i>(specify)</i> _____ | \$100.00 | \$100.00 | 02/05/2024 Susan Hingle |
| 5. Ed Robertson 3502 E Williams Ct Bloomington, IN 47401 Contributor's Occupation <i>(if required)</i> _____ | Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <i>(describe)</i> _____ Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous <i>(specify)</i> _____ | \$100.00 | \$100.00 | 02/05/2024 Susan Hingle |
| SUBTOTAL THIS PAGE OF SCHEDULE A | | \$395.00 | | |
| TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY <i>(Enter total on ITEM 15a of the Summary Sheet.)</i> | | \$ | | |



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

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.

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|----------------------------|
| FILE NUMBER |
| Page <u>8</u> of <u>18</u> |

| CONTRIBUTOR'S FULL NAME AND OCCUPATION FULL MAILING ADDRESS <i>(street, number, city, state, ZIP code)</i> | TYPE OF CONTRIBUTION OR OTHER RECEIPT | COLUMN A AMOUNT THIS PERIOD | COLUMN B CUMULATIVE YEAR-TO-DATE | DATE RECEIVED <i>(mm/dd/yy)</i> |
|---|---|-----------------------------------|--|------------------------------------|
| | | | | RECEIVED BY |
| 1. Matt Fyfe 2703 N Browncliff Ln BLOOMINGTON IN 47408 Contributor's Occupation <i>(if required)</i> | Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <i>(describe)</i> Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous <i>(specify)</i> | \$50.00 | \$50.00 | 03/06/2024 |
| | | | | Susan Hingle |
| 2. John Whikehart 3027 E Daniel Street Bloomington IN 47401 Contributor's Occupation <i>(if required)</i> | Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <i>(describe)</i> Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous <i>(specify)</i> | \$100.00 | \$100.00 | 03/06/2024 |
| | | | | Susan Hingle |
| 3. Mauricio Pazos 5857 S Old State Road 37 Bloomington IN 47401 Contributor's Occupation <i>(if required)</i> | Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <i>(describe)</i> Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous <i>(specify)</i> | \$175.00 | \$175.00 | 03/06/2024 |
| | | | | Susan Hingle |
| 4. Sydney Zulich 1208 N Dunn Street Apartment One Bloomington IN 47408 Contributor's Occupation <i>(if required)</i> | Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <i>(describe)</i> Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous <i>(specify)</i> | \$25.00 | \$25.00 | 03/12/2024 |
| | | | | Susan Hingle |
| 5. C. Dan Combs 4274 E Ramp Creek Dr Bloomington, IN 47401 Contributor's Occupation <i>(if required)</i> | Contributions: <input type="checkbox"/> Direct <input checked="" type="checkbox"/> In-Kind <i>(describe)</i> Food/Entertainment/Facility Rent Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous <i>(specify)</i> | \$200 | \$225.00 | 03/23/2024 |
| | | | | Susan Hingle |
| SUBTOTAL THIS PAGE OF SCHEDULE A | | \$550.00 | | |
| TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY <i>(Enter total on ITEM 15a of the Summary Sheet.)</i> | | \$ | | |



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

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.

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| FILE NUMBER | |
| Page <u>9</u> of <u>18</u> | |

| CONTRIBUTOR'S FULL NAME AND OCCUPATION FULL MAILING ADDRESS <i>(street, number, city, state, ZIP code)</i> | TYPE OF CONTRIBUTION OR OTHER RECEIPT | COLUMN A AMOUNT THIS PERIOD | COLUMN B CUMULATIVE YEAR-TO-DATE | DATE RECEIVED <i>(mm/dd/yy)</i> |
|--|---|-----------------------------------|--|------------------------------------|
| | | | | RECEIVED BY |
| 1. Daniel Peterson 887 S. Woodscrest Drive Bloomington, IN 47401 Contributor's Occupation <i>(if required)</i> _____ | Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <i>(describe)</i> _____ Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous <i>(specify)</i> _____ | \$100.00 | \$100.00 | 03/16/2024 |
| | | | | Susan Hingle |
| 2. Jeff Richardson 1126 E 1st St Bloomington IN 47401 Contributor's Occupation <i>(if required)</i> _____ | Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <i>(describe)</i> _____ Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous <i>(specify)</i> _____ | \$300.00 | \$300.00 | 04/02/2024 |
| | | | | Susan Hingle |
| 3. Paul Daily 3512 S Tudor Ln Bloomington IN 47401 Contributor's Occupation <i>(if required)</i> _____ | Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <i>(describe)</i> _____ Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous <i>(specify)</i> _____ | \$50.00 | \$50.00 | 03/27/2024 |
| | | | | Susan Hingle |
| 4. Tara Deppert 901 W Countryside Ln Bloomington IN 47403 Contributor's Occupation <i>(if required)</i> _____ | Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <i>(describe)</i> _____ Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous <i>(specify)</i> _____ | \$100.00 | \$200.00 | 03/27/2024 |
| | | | | Susan Hingle |
| 5. Donald Sattler 4415 E Stephens Dr Bloomington IN 47408 Contributor's Occupation <i>(if required)</i> _____ | Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <i>(describe)</i> _____ Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous <i>(specify)</i> _____ | \$25.00 | \$25.00 | 03/12/2024 |
| | | | | Susan Hingle |
| SUBTOTAL THIS PAGE OF SCHEDULE A | | \$575.00 | | |
| TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY <i>(Enter total on ITEM 15a of the Summary Sheet.)</i> | | \$ | | |



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

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.

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|-----------------------------|
| FILE NUMBER |
| |
| Page <u>10</u> of <u>18</u> |

| CONTRIBUTOR'S FULL NAME AND OCCUPATION FULL MAILING ADDRESS <i>(street, number, city, state, ZIP code)</i> | TYPE OF CONTRIBUTION OR OTHER RECEIPT | COLUMN A AMOUNT THIS PERIOD | COLUMN B CUMULATIVE YEAR-TO-DATE | DATE RECEIVED <i>(mm/dd/yy)</i> |
|--|---|-----------------------------------|--|------------------------------------|
| | | | | RECEIVED BY |
| 1. Brian O'Neill 7480 W. Gifford Rd. Bloomington IN 47403 Contributor's Occupation <i>(if required)</i> _____ | Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <i>(describe)</i> _____ Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous <i>(specify)</i> _____ | \$100.00 | \$100.00 | 03/16/2024 |
| | | | | Susan Hingle |
| 2. Dennis Davoren 4634 East Falls Creek Drive Bloomington IN 47401 Contributor's Occupation <i>(if required)</i> _____ | Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <i>(describe)</i> _____ Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous <i>(specify)</i> _____ | \$100.00 | \$100.00 | 03/19/2024 |
| | | | | Susan Hingle |
| 3. Christopher Pierce 1637 W Hennessey Street Bloomington IN 47403 Contributor's Occupation <i>(if required)</i> _____ | Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <i>(describe)</i> _____ Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous <i>(specify)</i> _____ | \$50.00 | \$50.00 | 03/22/2024 |
| | | | | Susan Hingle |
| 4. Geoffrey W McKim 3714 N Bittersweet Dr Bloomington IN 47408 Contributor's Occupation <i>(if required)</i> _____ | Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <i>(describe)</i> _____ Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous <i>(specify)</i> _____ | \$100.00 | \$250.00 | 03/23/2024 |
| | | | | Susan Hingle |
| 5. John Richardson 1126 East First Street Bloomington IN 47401 Contributor's Occupation <i>(if required)</i> _____ | Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <i>(describe)</i> _____ Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous <i>(specify)</i> _____ | \$100.00 | \$100.00 | 03/25/2024 |
| | | | | Susan Hingle |
| SUBTOTAL THIS PAGE OF SCHEDULE A | | \$450.00 | | |
| TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY <i>(Enter total on ITEM 15a of the Summary Sheet.)</i> | | \$ | | |



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

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 | |
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| Page | 11 of 18 |

| CONTRIBUTOR'S FULL NAME AND OCCUPATION FULL MAILING ADDRESS <i>(street, number, city, state, ZIP code)</i> | TYPE OF CONTRIBUTION OR OTHER RECEIPT | COLUMN A AMOUNT THIS PERIOD | COLUMN B CUMULATIVE YEAR-TO-DATE | DATE RECEIVED <i>(mm/dd/yy)</i> |
|--|---|-----------------------------------|--|------------------------------------|
| | | | | RECEIVED BY |
| 1. Susan Luther 4992 E. Bald Eagle Lane Bloomington IN 47401 US Contributor's Occupation <i>(if required)</i> _____ | Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <i>(describe)</i> _____ Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous <i>(specify)</i> _____ | \$150.00 | \$150.00 | 03/31/2024 Susan Hingle |
| 2. Kurt Seiffert 3637 S Kingsbury Ave Bloomington IN 47401 Contributor's Occupation <i>(if required)</i> _____ | Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <i>(describe)</i> _____ Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous <i>(specify)</i> _____ | \$100.00 | \$100.00 | 04/01/2024 Susan Hingle |
| 3. Sally Errico 184 Degraw St Apt 1 Brooklyn NY 11231 Contributor's Occupation <i>(if required)</i> _____ | Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <i>(describe)</i> _____ Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous <i>(specify)</i> _____ | \$50.00 | \$50.00 | 04/03/2024 Susan Hingle |
| 4. Patrick Murphy 1113 E Berkshire Ct Bloomington IN 47401 Contributor's Occupation <i>(if required)</i> _____ | Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <i>(describe)</i> _____ Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous <i>(specify)</i> _____ | \$150.00 | \$150.00 | 04/05/2024 Susan Hingle |
| 5. John Fernandez 3404 S Ashwood Drive Bloomington IN 47401 Contributor's Occupation <i>(if required)</i> _____ | Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <i>(describe)</i> _____ Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous <i>(specify)</i> _____ | \$100.00 | \$100.00 | 04/10/2024 Susan Hingle |
| SUBTOTAL THIS PAGE OF SCHEDULE A | | \$550.00 | | |
| TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY <i>(Enter total on ITEM 15a of the Summary Sheet.)</i> | | \$ | | |



**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 SCHEDULE A-4)
CONTRIBUTIONS BY
POLITICAL ACTION COMMITTEES
Itemized Contributions and Other Receipts**

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY POLITICAL ACTION COMMITTEES 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 political action committees **OVER \$100** per contributor, within a calendar year **MUST** be itemized on this schedule (*over \$200, if regular party committee*). All transfers-in and in-kind contributions regardless of amount from political action committees **MUST** be itemized on this schedule. 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 <u>12</u> of <u>18</u> |

| CONTRIBUTOR'S FULL NAME AND FULL MAILING ADDRESS <i>(street, number, city, state, ZIP code)</i> | TYPE OF CONTRIBUTION OR OTHER RECEIPT | COLUMN A AMOUNT THIS PERIOD | COLUMN B CUMULATIVE YEAR-TO-DATE | DATE RECEIVED <i>(mm/dd/yy)</i> |
|---|---|--------------------------------|-------------------------------------|------------------------------------|
| | | | | RECEIVED BY |
| 1. Beam Longest and Neff 8126 Castleton Road Castleton IN 46250 | Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <i>(describe)</i> _____ Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous <i>(specify)</i> _____ | \$500.00 | \$500.00 | 04/11/2024 |
| 2. | Contributions: <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind <i>(describe)</i> _____ Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous <i>(specify)</i> _____ | | | |
| 3. | Contributions: <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind <i>(describe)</i> _____ Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous <i>(specify)</i> _____ | | | |
| 4. | Contributions: <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind <i>(describe)</i> _____ Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous <i>(specify)</i> _____ | | | |
| 5. | Contributions: <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind <i>(describe)</i> _____ Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous <i>(specify)</i> _____ | | | |
| SUBTOTAL THIS PAGE OF SCHEDULE A | | \$500.00 | | |
| TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY <i>(Enter total on ITEM 15a of the Summary Sheet.)</i> | | \$500.00 | | |



**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 SCHEDULE A-3)
CONTRIBUTIONS BY
LABOR ORGANIZATIONS**

Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY LABOR ORGANIZATIONS 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 labor organizations **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 <u>13</u> of <u>18</u> | |

| CONTRIBUTOR'S FULL NAME AND FULL MAILING ADDRESS <i>(street, number, city, state, ZIP code)</i> | TYPE OF CONTRIBUTION OR OTHER RECEIPT | COLUMN A AMOUNT THIS PERIOD | COLUMN B CUMULATIVE YEAR-TO-DATE | DATE RECEIVED <i>(mm/dd/yy)</i> |
|---|---|--------------------------------|-------------------------------------|------------------------------------|
| | | | | RECEIVED BY |
| 1. Plumbers and Steamfitters Local 136 2300 St. Joseph Ind. Pk. Dr. Evansville, IN 47720 | Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <i>(describe)</i> _____ Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous <i>(specify)</i> _____ | \$300.00 | \$300.00 | 03/18/2024 |
| | | | | DH |
| 2. | Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <i>(describe)</i> _____ Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous <i>(specify)</i> _____ | | | |
| 3. | Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <i>(describe)</i> _____ Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous <i>(specify)</i> _____ | | | |
| 4. | Contributions: <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind <i>(describe)</i> _____ Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous <i>(specify)</i> _____ | | | |
| 5. | Contributions: <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind <i>(describe)</i> _____ Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous <i>(specify)</i> _____ | | | |
| SUBTOTAL THIS PAGE OF SCHEDULE A | | \$ 300.00 | | |
| TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY <i>(Enter total on ITEM 15a of the Summary Sheet.)</i> | | \$300.00 | | |



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

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

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

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| 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 <u>F</u> Classic Lanes 1421 N Willis Drive Bloomington, IN 47404 | Recreation | <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: | 133.25 | 133.25 | 03/03/20 24 |
| Code <u>A</u> My Sports Locker, 106 N Rogers St, Bloomington, IN 47404 | Merchandise/apparel | <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: | 223.53 | 223.53 | 04/12/20 24 |
| 255Code <u>A</u> Go Union Printing 2600 9th Street North Suite 501 St. Petersburg, Florida 33704 | Printer | <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: | 255.45 | 255.45 | 04/09/20 24 |
| Code <u>C</u> Stonewall Democrats | Nonprofit | <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: | 110.30 | 110.30 | 02/11/20 24 |
| Code _____ L2, INC. 8008221984 WA | | <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: | 415.78 | 415.78 | 04/04/20 24 |
| Code <u>A</u> Just Yard Signs, San Jose CA | Printer | <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: | 311.51 | 311.51 | 02/2/20 4 |
| Code <u>O</u> ACTBLUE* INDIANA.DEMS SOMERVILLE MA | Vendor | <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: | 257.25 | 257.25 | 01/26/20 24 |
| SUBTOTAL THIS PAGE OF SCHEDULE B | | | \$1707.07 | | |
| TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY (Enter total on ITEM 17a of the Summary Sheet.) | | | \$ | | |



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

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

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

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| RECIPIENT'S NAME AND MAILING ADDRESS <i>(street, number, city, state, ZIP code)</i> | RECIPIENT'S OCCUPATION OFFICE SOUGHT <i>(if applicable)</i> | TYPE OF EXPENDITURE and PURPOSE <i>(be specific)</i> | COLUMN A AMOUNT THIS PERIOD | COLUMN B CUMULATIVE YEAR-TO-DATE | DATE OF EXPENDITURE <i>(mm/dd/yy)</i> |
|---|--|---|-----------------------------------|--|---|
| Code <u>F</u> ACTBLUE* INDIANA.DEMS SOMERVILLE MA | Software vendor | <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: | 68.58 | 325.83 | 03/15/20 24 |
| Code <u>A</u> Cobb, INC | | <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: | 145.50 | 145.50 | 02/29/20 24 |
| 255Code <u>F</u> Sam's Club Bloomington, IN 47401 | Wholesale Distributor | <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: | 138.78 | 138.78 | 03/23/20 24 |
| Code <u>O</u> USPS, Ellettsville, IN | Postal Service | <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: | 136.00 | 136.00 | 03/10/20 24 |
| Code <u>A</u> Go Union Printing 2600 9th Street North Suite 501 St. Petersburg, Florida 33704 | Printer | <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: | 125.50 | 2564.38 | 02/28/20 24 |
| Code <u>O</u> CAMPAIGN VERIFY VIENNA VA | Software | <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: | 95.00 | 95.00 | 04/07/20 24 |
| Code <u>A</u> My Sports Locker, 106 N Rogers St, Bloomington, IN 47404 | Printer | <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: | 111.76 | 335.29 | 04/04/20 24 |
| SUBTOTAL THIS PAGE OF SCHEDULE B | | | \$821.12 | | |
| TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY <i>(Enter total on ITEM 17a of the Summary Sheet.)</i> | | | \$ | | |



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

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

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

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| 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 <u>C</u> BCT Box Office | Nonprofit | <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: | 37.00 | 37.00 | 03/12/20 24 |
| Code <u>A</u> My Sports Locker, 106 N Rogers St, Bloomington, IN 47404 | Merchandise/apparel | <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: | 56.71 | 503.76 | 02/29/20 24 |
| 255Code <u>A</u> My Sports Locker, 106 N Rogers St, Bloomington, IN 47404 | Merchandise/apparel | <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: | 56.71 | 560.47 | 02/22/20 24 |
| Code <u>A</u> SAM'S Club BLOOMINGTON IN | Grocer | <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: | 54.51 | 193.29 | 03/23/20 24 |
| Code <u>F</u> STAPLES 00104299 BLOOMINGTON IN | Office supply store | <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: | 41.18 | 41.18 | 03/10/20 24 |
| Code <u>A</u> QR.IO GENERATOR NEWARK DE | Software | <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: | 35.00 | 35.00 | 02/18/20 24 |
| Code <u>A</u> QR.IO GENERATOR NEWARK DE | Software | <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: | 35.00 | 70.00 | 03/17/20 24 |
| SUBTOTAL THIS PAGE OF SCHEDULE B | | | \$316.11 | | |
| TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY (Enter total on ITEM 17a of the Summary Sheet.) | | | \$ | | |



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

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

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

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| RECIPIENT'S NAME AND MAILING ADDRESS <i>(street, number, city, state, ZIP code)</i> | RECIPIENT'S OCCUPATION <i>OFFICE SOUGHT (if applicable)</i> | TYPE OF EXPENDITURE and PURPOSE <i>(be specific)</i> | COLUMN A AMOUNT THIS PERIOD | COLUMN B CUMULATIVE YEAR-TO-DATE | DATE OF EXPENDITURE <i>(mm/dd/yy)</i> |
|---|--|---|-----------------------------------|--|---|
| Code <u>C</u> BCT Box office | Non profit | <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: | 60.00 | 60.00 | 02/18/20 24 |
| Code <u>O</u> SQUARESPACE INC. NEW YORK NY | Software | <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: | 33.00 | 33.00 | 02/19/20 24 |
| Code <u>O</u> SQUARESPACE INC. NEW YORK NY | Software | <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: | 33.00 | 66.00 | 03/19/20 24 |
| Code <u>O</u> CANVA* I04105-43777212 CAMDEN DE | Software | <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: | 29.99 | 29.99 | 03/01/20 24 |
| Code <u>O</u> CANVA* I04105-43777212 CAMDEN DE | Software | <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: | 29.99 | 59.98 | 03/31/20 24 |
| Code <u>A</u> VISTAPRINT 8662074955 MA | Printer | <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: | 29.94 | 29.94 | 02/16/20 24 |
| Code <u>A</u> SQUARESPACE 120916306 NEW YORK NY | Software | <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: | 7.20 | 73.20 | 03/27/20 27 |
| SUBTOTAL THIS PAGE OF SCHEDULE B | | | \$223.12 | | |
| TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY <i>(Enter total on ITEM 17a of the Summary Sheet.)</i> | | | \$ | | |



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

Form 4806 (R14 / 10-17)
Election Division (IC 3-9-5-14)

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

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| RECIPIENT'S NAME AND MAILING ADDRESS <i>(street, number, city, state, ZIP code)</i> | RECIPIENT'S OCCUPATION OFFICE SOUGHT <i>(if applicable)</i> | TYPE OF EXPENDITURE and PURPOSE <i>(be specific)</i> | COLUMN A AMOUNT THIS PERIOD | COLUMN B CUMULATIVE YEAR-TO-DATE | DATE OF EXPENDITURE <i>(mm/dd/yy)</i> |
|---|--|---|-----------------------------------|--|---|
| Code <u>0</u> SQUARESPACE 120916306 NEW YORK NY | Software | <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: | 7.20 | 80.40 | 02/27/20 24 |
| Code _____ | | <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: | | | |
| Code _____ | | <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: | | | |
| Code _____ | | <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: | | | |
| Code _____ | | <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: | | | |
| Code _____ | | <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: | | | |
| Code _____ | | <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: | | | |
| SUBTOTAL THIS PAGE OF SCHEDULE B | | | \$7.20 | | |
| TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY <i>(Enter total on ITEM 17a of the Summary Sheet.)</i> | | | \$3074.62 | | |