

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

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

(CFA-4) Summary Sheet

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TOTAL PAGES IN ENTIRE CFA-4 REPORT

IO THO AIT AMENDMENT: 100 100	<u> </u>		· · · ·		
COMMITTEE INFORMATION					
1. Full Name of Committee (as on Statement of Organization) Monroe County Black Democratic Caucus Check if this is a new n					
2. Acronym or Abbreviated Name (if any) MCBDC 3. Committee Telephone Number (812) 318-1260					
4. Mailing Address (Address where all campaign finance correspondence is received.) CPO Box 3506	heck if thi	is is a new a	ddress.		
5. City, State, ZIP Code Bloomington, IN 47402		Affiliation (i	f applicable)		
CANDIDATE INFORMATION (For Candidate's Co	ommitte	es Only)			
7. Full Name of Candidate (Include any nickname.)			r If Independent	Candidate	
9. Office Sought (Include district number, if any. Not required for exploratory committee.)	10. Cou	inty of Resid	ence		
TYPE OF REPORT			CONVENTION	CANDIDATES ONLY	
11. Check one:			Check one:		
☐ Pre-Primary ☐ Pre-Election ☑ Annual ☐ Nomination ☐ Other			☐ Pre-Conve	ntion	
Final / Disbands Committee (Lines 18, 19, and 20 must be *0*.) Utgoing Treasurer (Within ten (10) days amend State	ement of Org	anization.) 🦂	Post-Conv	ention	
12. Reporting Period (mm/dd/yy): From: 01/01/2024 Through: 03/31/2024			UMN A Period	COLUMN B Year to Date	
13. Cash on hand and investments at the beginning of this reporting period.		٠,	14,317.64		
14. Cash on hand and investments January 1, current year.				14,317.64	
CONTRIBUTIONS AND RECEIPTS					
(Note: these amounts include in-kind contributions and loans, as well as cash contributions.)	چەرىدىر. چەرىدىر				
15a. Itemized (Use Schedule A.)			0.00	0.00	
15b. Unitemized	Tradity		0.00	0.00	
15c. Add lines 15a and 15b in both columns.	TOTAL		0.00	0.00	
16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B.	TOTAL		14,317.64	14,317.64	
EXPENDITURES					
(Note: These amounts include in-kind expenditures and loan repayments.)					
17a. Itemized (Use Schedule B.) (Public Question: use Schedule C.)			0.00	0.00	
17b. Unitemized			~ 0.00	0.00	
17c. Add lines 17a and 17b in both columns.	TOTAL		0.00	0.00	
18. Cash on hand and investments at close of this reporting period (Subtract 17c from 16 in both columns.)	TOTAL		14,317.64	14,317.64	
19. Debts OWED BY the committee (Use Schedule D.)			0.00		
20. Debts OWED TO the committee (Use Schedule E.)		James XI	· · · 0.00		
			FC	OR OFFICE USE ONLY	
CERTIFICATION I CERTIFY THAT I HAVE EXAMINED THIS STATEMENT. TO THE BEST OF MY KNOWLEDGE AND BELIEF IT IS T	RUE COR	RECT AND CO			
Signature of Treasurer Title	1	Date [mm/d]			
Oames Sanders Treasurer			R4		
Signature of Candidate (if applicable)	1	Datel mm/do	t/yy)		
!	10 20 47	I.A norsen :-	102	74	
WARNING: Any information contained in this report may not be copied to sale of					
files a fraudulent report commits a Level 6 felony. (IC 3-14-1-13) A person with talls to life a complete of account Campaign Finance Law commits a Class B misdemeanor, (IC 3-14-1-14) and may be subject to civil penalties. (IC 3-9)	1-4-16, IC 3-	3-4-14, 10, 10, 10, 10, 10, 10, 10, 10, 10, 10	4-18) MONROE C IRCI	UIT COURT	
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CONTRIBUTIONS BY INDIVIDUALS Itemized Contributions and Other Receipts

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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	of					

CONTRIBUTOR'S FULL NAME AND OCCUPATION FULL MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED (mm/dd/yy) RECEIVED BY
1.	Contributions: Direct In-Kind (describe)			
} t o* •	Other Receipts: Interest Loan Miscellaneous (specify)			
Contributor's Occupation (if required)	0-43-5			
2.	Contributions:			
r	☐ In-Kind (describe)	the state of		
	Uther Receipts: ☐ Interest ☐ Loan	and setting the	~ ,	
	Miscellaneous (specify)	a. 4		
Contributor's Occupation (if required)	4,	* 3		
3.	Contributions:		in the second	
•	In-Kind (describe)	6 10 2		
	1			
	Other Receipts: Interest Loan Misself and Constitution	*		
	Miscellaneous (specify)			
Contributor's Occupation (if required)	77 2 77	₹ 4,		
4. ,	Contributions: Direct In-Kind (describe)	and the language are an		
	Other Receipts:			
	Miscellaneous (specify)	1 %		
Contributor's Occupation (if required)	O-radio disere	<u>:</u>		
5.	Contributions: Direct In-Kind (describe)	, . ¹		:
	Other Receipts:	#		
	☐ Interest ☐ Loan ☐ Miscellaneous (specify)	\$ 4° 5.	100 c	
Contributor's Occupation (if required)	17] 44	भ ५८		
	THIS PAGE OF SCHEDULE A	\$		
TOTAL OF ALL PAGES OF SCHEDULE	A ON THE LAST PAGE ONLY IT 15a of the Summary Sheet.)	\$		
(Enter total on ITE)	vi ioa di die Summary Sneed.)	p	1	



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

(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).

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	CONTRIBUTOR'S FULL NAME AND FULL MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED (mm/dd/yy) RECEIVED BY
1.	•	Contributions: Direct In-Kind (describe)	,		
	, n	Other Receipts: Interest Loan Miscellaneous (specify)	ing and a second	,	
2.		Contributions: Direct In-Kind (describe)	Ship Ship Ship Ship Ship Ship Ship Ship	ANT .	
	r s to display the	Other Receipts: Interest Loan Miscellaneous (specify)	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
3.		Contributions:		· · · · · · · · · · · · · · · · · · ·	
	e e e e e e e e e e e e e e e e e e e	Other Receipts: Interest: Loan Miscellaneous (specify)		and the same	
4.		Contributions: Direct In-Kind (describe)	4		
		Other Receipts: Interest Loan Miscellaneous (specify)	The state of the s	500 - 150	
5.		Contributions: Direct In-Kind (describe)	120 E	4	
	i	Other Receipts: Interest Loan Miscellaneous (specify)	2 18 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		
	TOTAL OF ALL PAGES OF SCHEDULE	THIS PAGE OF SCHEDULE A	\$ 3 4 5		
	(Enter total on ITE	M 15a of the Summary Sheet.)	\$ 15 की कर्नेड		



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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).

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CONTRIBUTOR'S FULL FULL MAILING AD (street, number, city, sta	DRESS	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED (mm/dd/yy) RECEIVED BY
1.		Contributions: Direct In-Kind (describe)			
·	e l	Other Receipts: Interest Loan Miscellaneous (specify)	Grand Constitution of the		
2.	3 -3 	Contributions: Direct In-Kind (describe)	4.00 kg kg	mad popular u	
·	o vyměst ny	Other Receipts: " a a media and Interest Loan Miscellaneous (specify)	or The Control of the	r find tier utwiener	
	E	* **	tun I of an	٥	
3.		Contributions:			
•		In-Kind (describe)		3	
	, · · · a	Other Receipts: Interest Loan Miscellaneous (specify)),	
4.		Contributions: Direct In-Kind (describe)	of the second se	··	
	\$ *** *********************************	Other Receipts: Interest Loan Miscellaneous (specify)		$A_{k_{\underline{1}}}^{i_{\underline{1}}}$	
5.		Contributions: Direct In-Kind (describe)	\		
	A AF	Other Receipts:		;	
	4, *·	Interest Loan Miscellaneous (specify)		ing se	
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TOTAL OF ALL PA	GES OF SCHEDULE A (Enter total on ITEM)	ON THE LAST PAGE ONLY 15a of the Summary Sheet.)	\$		



State Form 4606 (R15 / 5-19) 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).

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CONTRIBUTOR'S FULL NAME AND FULL MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED (mm/dd/yy) RECEIVED BY
1. Act Blue Indiana PO Box 441146 Somerville, MA 02144	Contributions: Direct In-Kind (describe)	3	s	Various
	Other Receipts: Interest Loan Miscellaneous (specify)	\$96.03	\$220.88	Various
2. 2. 2. 3. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4.	Contributions: Direct In-Kind (describe)	and the second of the second o		
	Other Receipts: Interest Loan Miscellaneous (specify)			
3.	Contributions:			
	Contributions: Direct In-Kind (describe)		, J. S.	
	Other Receipts: Interest Loan Miscellaneous (specify)		15.642v 3	
4.	Contributions: Direct in-Kind (describe)	Cr. 's	den	
	Other Receipts: Interest Loan Miscellaneous (specify)		E BOOK	
	Contributions:	100 		
5	Direct In-Kind (describe)		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
	Other Receipts: Interest Loan Miscellaneous (specify)	PAR.		
	THIS PAGE OF SCHEDULE A	\$ 496.03		
TOTAL OF ALL PAGES OF SCHEDULE	A ON THE LAST PAGE ONLY	\$ 96.03		



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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 (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 O USPS	Postal Service	□ Direct □ In-Kind □ Payment of Debt □ Returned Contribution □ Other □ Purpose:	\$171.00	\$171.00	10/19/2023
Code C Committee to Elect Nicole Bolden 2604 E 2nd St, Apt B Bloomington, IN 47401	City Clerk	1	\$600.00	\$ \$600.00	10/27/2023
Code		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:			
Code	and the same and t	Purpose:	7 \$17 1 0Q	5. 1. 1.	
Code	and the second s	Direct In-Kind	3.0 (
Code		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:	The land share neighbores.		
Code	The Manual and wind of the second	Direct In-Kind Payment of Debt Returned Contribution Other Purpose:	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1	
		GE OF SCHEDULE B			
TOTAL OF ALL P	AGES OF SCHEDULE B ON TH (Enter total on ITEM 17a of	the Summary Sheet.)	\$ 771.00	1	



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

(CFA-4 SCHEDULE C) ITEMIZED EXPENDITURES For Public Questions

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INSTRUCTIONS: Please type or print legibly Il completing this schedule, see instructions on the amount paid to political committees supporting or or the second sec	reverse side. All cumul	lative expenses or tr	ansfers-out, regardless of ed on this schedule.	a kur Kara	FILE NUMBE	ĒR
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	PUBL	IC QUESTIO	NINFORMATION	**		
Enter Text of Public Question.			· *	~~``\ ```		
		The state of the s				
Type of Question: Statewide	Local		*S-4	ng, pré		
Position: Supported Opp	osed					
RECIPIENT'S NAME AND MAILING ADDRESS (street, number, city, state, ZIP code)	RECIPIENT'S O	OCCUPATION	TYPE OF EXPENDITURE and PURPOSE (be specific)	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE OF EXPENDITURE (mm/dd/yy)
(excess, manner, ensy, exact)				FERROD TA	TEARTOBATE	(111111 a. a
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TOTAL OF ALL PA	(Enter total or	TIEM 17a of	the Summary Sheet.)	\$		

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