



CANDIDATE'S STATEMENT OF ORGANIZATION AND DESIGNATION OF PRINCIPAL COMMITTEE OR EXPLORATORY COMMITTEE

(CFA-1)

State Form 4604 (R14 / 10-17)
Indiana Election Division (IC 3-9-1-3; IC 3-9-1-4; IC 3-9-1-5)

PLEASE TYPE OR PRINT LEGIBLY IN BLACK INK. SEE INSTRUCTIONS ON REVERSE SIDE.

FILE NUMBER

1. IS THIS AN AMENDMENT? Yes No *If Yes, please enter the file number in this box. →*

46-18-21

SECTION A. CANDIDATE INFORMATION: Fill in all applicable boxes as fully and accurately as possible.

| | | | | | | | | | |
|---|--|-----------------------|-------------------|--|--------------------------|--------------------------------------|--|---|--|
| 2. Last Name Vance | | First Name Deborah | | Middle Name Ellen | | Nickname Deb Vance | | 3. Type of Committee (Check one) <input checked="" type="checkbox"/> Candidate's Principal Committee <input type="checkbox"/> Exploratory Committee | |
| 4. Mailing Address (number and street, city, state, and ZIP code) 318 Gardena St. | | | | | 5. FAX (Optional) () | | 6. E-mail Address (Optional) debbyvance@yahoo.com | | |
| 7. City Michigan City | | State IN | ZIP Code 46360 | 8. County LaPorte | | 9. Telephone (Day) (219) 221-5079 | | 10. Telephone (Evening) (219) 221-5079 | |
| 11. Party Affiliation <input type="checkbox"/> Democratic <input type="checkbox"/> Libertarian <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Other | | | | 12. Office Sought (Include district number, if any. Not required for an exploratory committee.) Michigan Township Trustee | | | | | |

SECTION B. COMMITTEE INFORMATION: Fill in all applicable boxes as fully and accurately as possible.

| | | | | | | | | | |
|---|--|-------------|-------------------|-----------------------|---|---------------------------------------|---|--|--|
| 13. Full Name of Committee (Do not abbreviate.) <input type="checkbox"/> Check if this is a new name. Committee to Elect Deborah Vance | | | | | | | | | |
| 14. Mailing Address (number and street, city, state, and ZIP code) <input type="checkbox"/> Check if this is a new address. 318 Gardena St. | | | | | 15. FAX (Optional) () | | 16. E-mail Address (Optional) debbyvance@yahoo.com | | |
| 17. City Michigan City | | State IN | ZIP Code 46360 | 18. County LaPorte | | 19. Telephone (219) 221-5079 | | 20. Committee Organization Date (mm/dd/yy) 01/20/2018 | |
| 21. Chairperson's Full Name <input checked="" type="checkbox"/> Designate Candidate as Chairperson. <input type="checkbox"/> Check if this is a new chairperson. Deborah E. Vance | | | | | | | | | |
| 22. Mailing Address (number and street, city, state, and ZIP code) <input type="checkbox"/> Check if this is a new address. 318 Gardena St. | | | | | 23. FAX (Optional) () | | 24. E-mail Address (Optional) debbyvance@yahoo.com | | |
| 25. City Michigan City | | State IN | ZIP Code 46360 | 26. County LaPorte | | 27. Telephone (Day) (219) 221-5079 | | 28. Telephone (Evening) () | |
| 29. Bank or Other Depositories (List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.) Woodforest National Bank | | | | | | | | | |
| 30. Exploratory Committee (Give brief statement explaining purpose of an exploratory committee only.) | | | | | 31. Salaries and Reimbursements (Will the committee pay the candidate a salary or reimbursement for lost wages? If Yes, attach a copy of the contract.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | | |

SECTION C. APPOINTMENT OF TREASURER (IC 3-9-1-14)

| | | | | | | | | | |
|---|--|-------------|-------------------|--|---------------------------|--|-------------------------------|---|--|
| 32. I, as Chairperson of the foregoing committee, appoint the following person as Treasurer of the Committee. | | | | Person Appointed Treasurer Patrick J. Vance | | Signature of the Committee Chairperson Deborah E. Vance | | | |
| 33. Treasurer's Full Name <input type="checkbox"/> Designate candidate as treasurer. <input type="checkbox"/> Check if this is a new treasurer. Patrick J. Vance | | | | | | | | | |
| 34. Mailing Address (number and street, city, state, and ZIP code) <input type="checkbox"/> Check if this is a new address. 318 Gardena St. | | | | | 35. FAX (Optional) () | | 36. E-mail Address (Optional) | | |
| 37. City Michigan City | | State IN | ZIP Code 46360 | 38. County LaPorte | | 39. Telephone (Day) (219) 221-5080 | | 40. Telephone (Evening) (219) 221-5080 | |

SECTION D. ACCEPTANCE OF APPOINTMENT (IC 3-9-1-15)

| | | | | | | | | | |
|--|--|--|--|--|---|--|--|--|--|
| 41. I give notice that I accept the duties and responsibilities of Treasurer of this Committee. I am not the chairperson of a campaign finance committee (except as permitted for a candidate committee under IC 3-9-1-7). | | | | | Signature of Person Accepting Appointment | | | | |
|--|--|--|--|--|---|--|--|--|--|

SECTION E. CERTIFICATION OF STATEMENT

We certify as the candidate and the duly appointed Chairperson of the Committee and that we have examined this statement. To the best of our knowledge and belief it is true, correct and complete.

| | | | | | |
|--|--|--|--|-------------------------------|--|
| 42. Typed or Printed Name of Chairperson Deborah E. Vance | | Signature of Chairperson Deborah E. Vance | | Date (mm/dd/yy) 01/20/2018 | |
| 43. Typed or Printed Name of Candidate Deborah E. Vance | | Signature of Candidate Deborah E. Vance | | Date (mm/dd/yy) 01/20/2018 | |

FOR OFFICE USE ONLY

**FILED
IN CLERKS OFFICE**

JAN 22 2018

Warning: State law requires that any change in this information be reported within ten (10) days of the change (IC 3-9-1-10). A person who knowingly files a fraudulent report commits a Level 6 D 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, and IC 3-9-4-18).

CLERK OF LA PORTE CIRCUIT COURT



**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

46-18-21

TOTAL PAGES IN ENTIRE CFA-4 REPORT

10

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.

Committee to Elect Deborah Vance

2. Acronym or Abbreviated Name (if any)

3. Committee Telephone Number

(219) 221-5079

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

318 Gardena Street

5. City, State, ZIP Code

Michigan City, IN 46360

6. Party Affiliation (if applicable)

Republican

CANDIDATE INFORMATION (For Candidate's Committees Only)

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

Deborah E. (Deb) Vance

8. Party Affiliation or If Independent Candidate

Republican

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

Michigan Township Trustee

10. County of Residence - LaPorte

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: 1/1/18 Through: 4/13/18

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.*)

\$0.00

\$0.00

15b. Unitemized

\$0.00

\$0.00

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

SUBTOTAL

\$0.00

\$0.00

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

TOTAL

\$0.00

\$0.00

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.

SUBTOTAL

\$0.00

\$0.00

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

TOTAL

\$0.00

\$0.00

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

\$427.93

20. Debts OWED TO the committee (*Use Schedule E.*)

\$0.00

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

Date (mm/dd/yy)

4/19/18

Signature of Candidate (if applicable)

Deborah Vance

Date (mm/dd/yy)

4/19/2018

APR 20 2018

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)

CLERK OF LA PORTE CIRCUIT COURT



**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 D)
DEBTS OWED BY THIS COMMITTEE**

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. List all debts and loans, regardless of the amount, **OWED BY** the committee during the reporting period. Include all amounts owed for or to lend institutions, individuals, credit purchases, committee credit card accounts, etc. List each vendor paid by credit card issued in the name of the committee in the ENDORSER'S column. A lender's occupation is required if an individual makes loans of at least \$1,000 during the calendar year. Otherwise, this is optional.

| |
|------------------------------------|
| FILE NUMBER |
| |
| Page <u> 9 </u> of <u> 10 </u> |

| CREDITOR'S OR LENDER'S NAME AND MAILING ADDRESS <i>(street, number, city, state, ZIP code)</i> | ENDORSER'S OR VENDOR'S NAME AND MAILING ADDRESS <i>(if any)</i> <i>(street, number, city, state, ZIP code)</i> | AMOUNT | DATE DEBT INCURRED <i>(mm/dd/yy)</i> | CUMULATIVE PAID YEAR-TO-DATE | OUTSTANDING BALANCE THIS PERIOD |
|--|--|----------------|--|------------------------------------|---------------------------------------|
| | | NATURE OF DEBT | | | |
| National Pen Co, Inc. P.O. Box 874203 Dallas, TX 75284 LENDER'S OCCUPATION: <u>Printing Company</u> | Deborah Vance 318 Gardena Street Michigan City, IN 46360 | \$214.94 | 1/22/2018 | \$0 | \$214.94 |
| | | Open account | | | |
| National Pen Co, Inc. P.O. Box 874203 Dallas, TX 75284 LENDER'S OCCUPATION: <u>Printing Company</u> | Deborah Vance 318 Gardena Street Michigan City, IN 46360 | \$212.99 | 2/16/2018 | \$0 | \$212.99 |
| | | | | | |
| LENDER'S OCCUPATION: | | | | | |
| LENDER'S OCCUPATION: | | | | | |
| LENDER'S OCCUPATION: | | | | | |
| LENDER'S OCCUPATION: | | | | | |
| LENDER'S OCCUPATION: | | | | | |
| SUBTOTAL THIS PAGE OF SCHEDULE D | | | | | \$ 427.93 |
| TOTAL OF ALL PAGES OF SCHEDULE D ON THE LAST PAGE ONLY <i>(Enter total on ITEM 19 of the Summary Sheet.)</i> | | | | | \$ 427.93 |