

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.

							1	FILE NUMBER	
1. IS THIS AN AMENDMENT?	☐ Ye:	s A No If Yes,	please	enter the file	number ii	n this bo.	x. →	46-18-55	,
SECTION A. CANDIDATE	INFO	RMATION: EIII	in all a	onlicable bo	ves as fi	ıliv and	accura	ately as possible	
2. Last Name		rst Name		ddle Name		kname		3. Type of Committee (Check	k one)
ILI Call		Clo.		\mathcal{T} .				Candidate's Principal Com	mittee
Holitield		340		Jeson			1	Exploratory Committee	
4. Mailing Address (number and street, cit)				5. FAX (O	otional)			Il Address (Optional)	
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7. City	State	ZIP Code	8. County	γ.,	9. Teleph			10. Telephone (Evening)	
Mill Creek	IN	76365	1 Lel	-de	(219	<u>6087</u>	1578	SAMO	
11. Party Affiliation	–	1					er, If any.	Not required for an exploratory comi	mittee.)
Democratic Libertarian Rep	ubilcan L	Other	in all a	Conty		dly and	2004	atoly as possible	
SECTION B. COMMITTE 13. Full Name of Committee (Do not a)	e INFO	Check if this is a	in all aj	ррисавіе во	xes as n	uny and	accur	ately as possible.	
Committee to 8				.					
14. Mailing Address (number and street, of	ty cloto en	1710 miel Check	if this is a n	ew address, 15, I	AX (Ontions	(1)	16. E-m	all Address (Optional)	
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17. City	State		1 7 0) le	1 .	. 08 W	w	(mm/tid/yy)	i
mill Creek	1	46368	1 41.	<i>y</i> +c	11.4.47		00	2 ~20~10	
21. Chairperson's Full Name De	signate C	andidate as Chairperso	n. 🔲 Cl	heck if this is a ner	v chairperso:	n.			[
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22. Mailing Address (number and street, ci	ty, state, and	1 ZIP code) ☐ Check i	f this is a n	ew address. 23. I	AX (Options	11)	24. E-m	ail Address (Optional)	ļ
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25. City	State	ZIP Code	26. Coun	ty	1	hone (Day)	. ,	28. Telephone (Evening)	
29. Bank or Other Depositories (List a	En.	46361	Luly	tc		6 08 WZ		<u> </u>	
SECTION C. APPOINTMI 32. I, as Chairperson of the state o	ENT OF	TREASURER	(IC 3-9-	reimburs		t wages? If	Yes, attac	e committee pay the candidate a sa th a copy of the contract.) Yes	
committee, appoint the following	ng pers	on as				-			ŀ
Treasurer of the Committee.		idata as trassuras.	T Chack If	this is a new treas	· · · · · · · · · · · · · · · · · · ·	J			
33. Treasurer's Full Name 🔲 Desig	nate cano	idate as treasurer.	_ Check is	uiis is a new ueas	uiei.				
34. Mailing Address (number and street, ci	ty, state, en	d ZIP code) 🔲 Check i	f this is a n	ew address. 35. I	AX (Options	11)	36. E-m	all Address (Optional)	
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37. City	State	ZIP Code	38. Coun	ty	39. Telep	hone (Day)		40. Telephone (Evening)	
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SECTION D. ACCEPTAN	CE OF	APPOINTMEN'	T (IC 3-9	9-1-15)					
41. I give notice that I accept	the du	ies and responsib	oilities of	Treasurer of	this Sign	ature of P	erson Ad	ccepting Appointment	
Committee. I am not the chair permitted for a candidate commi	person	of a campaign fin	ance cor	mmittee (excep	tas				
SECTION E. CERTIFICA								FOR OFFICE USE ONL	Y
We certify as the candidate a	nd the	duly appointed Ch	nairperso	n of the Com	nittee and	that we	have	FILE	D
examined this statement. To the	best of o	our knowledge avid	belief it i	s true, correct	and compl	ete.	H	IN CLERKS OFFICE	
12. Typed or Printed Name of Ch	airperso	n Signature of	Chairpers	s pn		te (mm/dd/y)	• 11	V CELNICO OTTICI	-
Stee Holitell	_	1	ムル			2-2076	5		
43. Typed or Printed Name of Ca	ndidate	Signatur of	Candidat	e/	Da	te (mm/dd/y)	, 	FEB 2 1 2018	
Stac Holicer			1/1	l –		1-207	. 11	2 . 2010	
Warning: State law requires that any		this information has a	<u> </u>	hin ton (10) dame					
norson who knowledly files a fraudulen	t report co	ommits a Level 6 D fel	onv (IC 3-1	14-1-13). A persor	who fails to	file a com	olete dri	CLERK OF LA PORTE CIRCUIT C	
accurate report as required by the Indi subject to civil penalties (IC 3-9-4-16, IC	ana Cam	paign Finance Law co	mmits a Ci	ass B misdemear	or (IC 3-14-	1-14), and	may be	CLERK OF LA PORTE CIRCUIT C	OURT
umecz in civii nensules (IC. 3-4-4-76 /C.	J-9-4-1/,	and 10 3-9-4-10).							



State Form 4606 (R14 / 10-17) 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.

OF

(CFA-4)

Summary Sheet

FILE NUMBER

TOTAL PAGES IN ENTIRE CFA-4 REPORT

COMMITTEE INFORMATION 1. Full Name of Committee (as on Statement of Organization) Check if this is a new name. Commark Select State Constitute (any) 2. Acronym or Abbreviated Name (if any) 4. Mailing Address (Address Where all campeign finance correspondence is received.) Check if this is a new address. C782 E of Constitute Check Constitute (Include any nickname). 5. City, State, 2IP Code CANDIDATE INFORMATION (For Candidate's Committees Only) 7. Full Name of Candidate (Include any nickname). See Constitute (Include district number, if any, Not required for exploratory committee.) Office Sought (Include district number, if any, Not required for exploratory committee.) Pre-Primary Pre-Election Annual Nonlination Other Final Disbands Committee (Unes 18, 19, and 20 must be 17) Outgoing Treasurer (Whithis ten (19) days amend Statement of Organization) 12. Reporting Period (inmiddly/ly): From: FCb, Olly Through: CONTRIBUTIONS AND RECEIPTS (Note: These amounts include in-kind contributions and loans, as well as cash contributions.) 15. Intermized (Use Schedule A.) 15. Add lines 15a and 15b in both columns. SUBTOTAL SUBTOTAL 17. Lemized (Use Schedule B.) (Public Question: use Schedule C.) 17. Unitemized (Note: These amounts include in-kind expenditures and loan repayments.) 17. Add lines 15a and 17b in both columns. SUBTOTAL SUBTOTAL SUBTOTAL 18. Cash on hard and investments at close of this reporting period (Subtract 17c from 16 in both columns.) TOTAL SUBTOTAL SUBTOTAL Conversion Pro-Convention FUTAL SUBTOTAL SUBTOTAL Conversion FUTAL SUBTOTAL SUBTOTAL SUBTOTAL SUBTOTAL Conversion FUTAL SUBTOTAL SUBTOTAL SUBTOTAL SUBTOTAL SUBTOTAL Conversion FUTAL SUBTOTAL SUBTOTAL Conversion FUTAL SUBTOTAL SUBTOTAL Conversion FUTAL SUBTOTAL SUBTOTAL SUBTOTAL SUBTOTAL SUBTOTAL SUBTOTAL SUBTOTAL SUBTOTAL Conversion FUTAL SUBTOTAL SUBTOT	IS THIS AN AMENDMENT? 🗌 Yes 🕡	No		· · · · · ·	
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Tre. Add times the and the in out occurre.	- · · · · · · · · · · · · · · · · · · ·				
18. Cash on hand and investments at close of this reporting period (Subtract 17c from 16 in both columns.) TOTAL 30	17c. Add lines 17a and 17b in both columns.	SUB	TOTAL		
	18. Cash on hand and investments at close of this reporting period (Sut	btract 17c from 16 in both columns.)	TOTAL	50	
19. Debts OWED BY the committee (Use Schedule D.)					
20. Debts OWED TO the committee (Use Schedule E.)				D	
		ELOA TION			OR OFFICE INF ON
CERTIFICATION I CERTIFY THAT I HAVE EXAMINED THIS STATEMENT. TO THE BEST OF MY KNOWLEDGE AND BELIEF IT IS TRUE, CORRECT AND COMPLETE.	GERTIL	FICATION DE MY KNOWLEDGE AND RELIEF IT IS T	RUE CORRECTAN	D COMPLETE IN C	LERKS OFFICE
Signature of Treasurer Title Date (mm/dt//yy)	Signature of Treasurer	itle &	Date (m)	n/dd/yy)	
ATTI TO COTO		_ . \$		———— A I	R 1 6 2018
Signature of Candidate (ii applicable) Date (mm/db//yy)		•	4-7	5/18	
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 OF LA PORTE CIRCUIT CO	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 perso	n who knowingly	outerfelidal
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 things of the porte circuit 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)	files a fraudulent report commits a Level 6 felony. (IC 3-14-1-13) A pers Campaion Finance I aw commits a Class B misdemeanor. (IC 3-14-1-14) ar	ion who tails to tile a complete or accura nd may be subject to civil penalties. (IC 3-9-	te report as required 4-16, IC 3-9-4-17, IC	3-9-4-18) TERR OF L	& PORTE CIRCUIT COUR



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 seles, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee). A contributor's occupation is required if an individual makes at least \$1,000 in contributions during the calendar year. Otherwise, this is optional.

FILE NUMBER					
	, .	•			
Page		of			

CONTRIBUTOR'S FULL NAME AND OCCUPATION FULL MAILING ADDRESS	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A	COLUMN B	DATE RECEIVED (mm/dd/yy)
(street, number, city, state, ZIP code)	OR OTHER RECEIPT	PERIOD	YEAR-TO-DATE	RECEIVED BY
1.	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest Loan Miscellaneous (specify)			
Contributor's Occupation (if required)			<u> </u>	
2	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest Loan Miscellaneous (specify)			
Contributor's Occupation (il required)			<u> </u>	
3.	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest Loan Miscellaneous (specify)			
Contributor's Occupation (if required)	Contributions:			
4.	Direct In-Kind (describe)			·
	Other Receipts: Interest Loan Miscellaneous (specify)			
Contributor's Occupation (il required)	Contributions:		<u> </u>	
5.	Direct In-Kind (describe)			
	Other Receipts: Interest Loan Miscellaneous (specify)			, .
Contributor's Occupation (if required)	THIS PAGE OF SCHEDULE A	\$		
TOTAL OF ALL PAGES OF SCHEDULE		\$		



State Form 4606 (R14 / 10-17) 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).

	FILE NUMBER	
Page	of	

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)		•	
	Other Receipts: Interest Loan Miscellaneous (specify)	·	,	
2.	Contributions: Direct In-Kind (describe)			
,	Other Receipts: Interest Loan Miscellaneous (specify)			
3.	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest Loan Miscellaneous (specify)			
4.	Contributions: Direct In-Kind (describe)		,	
	Other Receipts: Interest Loan Miscellaneous (specify)			
5.	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest Loan Miscellaneous (specify)			
SUBTOTAL	THIS PAGE OF SCHEDULE A	\$		
TOTAL OF ALL PAGES OF SCHEDULE		\$		



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					
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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)			
	Other Recelpts: Interest Loan Miscellaneous (specify)			
2.	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest Loan Miscellaneous (specify)	,		And Market Comment
3.	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest Loan Miscellaneous (specify)			
4.	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest Loan Miscellaneous (specify)			
5.	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest Loan Miscellaneous (specify)			Property Control
SUBTOTAL	. THIS PAGE OF SCHEDULE A	\$		
TOTAL OF ALL PAGES OF SCHEDULI	A ON THE LAST PAGE ONLY M 15a of the Summary Sheet.)	\$		4



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	of				

CONTRIBUTOR'S FULL NAME AND	TYPE OF CONTRIBUTION '		. COLUMN B	DATE RECEIVED (mm/dd/yy)
FULL MAILING ADDRESS ; (street, number, city, state, ZIP code)	OR OTHER RECEIPT	AMOUNT THIS :	CUMULATIVE YEAR-TO-DATE	RECEIVED BY
s.	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest Loan Miscellaneous (specify)		. '	
2	Contributions:		,	
	In-Kind (describe) Other Receipts:	,		
·	Interest Loan Miscellaneous (specify)			
3.	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest Loan Miscellaneous (specify)			
4,	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest Loan Miscellaneous (specify)			
5.	Contributions: Direct In-Kind (describe)	•		
	Other Receipts: Interest Loan Miscellaneous (specify)			
SUBTOTAL	THIS PAGE OF SCHEDULE A	\$		
TOTAL OF ALL PAGES OF SCHEDULE A	ON THE LAST PAGE ONLY 1 15a of the Summary Sheet.)	\$		



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

(CFA-4 SCHEDULE A-5) CONTRIBUTIONS BY OTHER ORGANIZATIONS

Itemized Contributions and Other Réceipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY ORGANIZATIONS OTHER THAN CORPORATIONS, LABOR ORGANIZATIONS, POLITICAL ACTION COMMITTEES AND 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 other entities 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 repaidless of amount from candidate's, legislative caucus, and regular party 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 _	of				

CONTRIBUTOR'S FULL NAME AND	TYPE OF CONTRIBUTION	COLUMN A	COLUMN B	DATE RECEIVED (mm/dd/yy)
FULL MAILING ADDRESS (street, number, city, state, ZIP code)	OR OTHER RECEIPT	AMOUNT THIS PERIOD	YEAR-TO-DATE	RECEIVED BY
street, number, city, state, 2n code)	Contributions:			
	in-Kind (describe)			
	Other Receipts:			
	Miscellaneous (specify)			
	Contributions:			
2	Direct			:
	In-Kind (describe)			
	Other Receipts:	. • •		
	Interest Loan Miscellaneous (specify)			
3.	Contributions:			
	In-Kind (describe)			
	Other Receipts:			
	Interest Loan			
	Miscellaneous (specify)			
4	Contributions:			
	Direct In-Kind (describe)			
	Other Receipts: Interest Loan			
	Miscellaneous (specify)			
5.	Contributions: Direct			
	In-Kind (describe)			
	Other Receipts:			
	interest Loan			
	Miscellaneous (specify)			
SURTOTAL	THIS PAGE OF SCHEDULE A	\$		
TOTAL OF ALL PAGES OF SCHEDULE	A ON THE LAST PAGE ONLY	\$		
(Enter total on ITE)	M 15a of the Summary Sheet.)	•		



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)
Pericula (.u.a. Clubs Duit (com addes)		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:	sv.	· . · · ·	• • • •
Code		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:			
Code		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:			
Code		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:			, As
. Code	-	Direct In-Kind Payment of Debt Returned Contribution Other Purpose:	,		·
Code		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:			
Code		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:			
SUBTOTAL THIS PAGE OF SCHEDULE B TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY					
TOTAL OF ALL P	(Enter total on ITEM 17a of t	the Summary Sheet.)	\$		



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

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

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. All cumulative expenses or transfers-out, regardless of amount paid to political committees supporting or opposing a public question, MUST be itemized on this schedule.

	FILE NU	MBER	
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PUBLIC QUESTION INFORMATION						
Enter Text of Public Question.					-	
		•				
Type of Question: Statewide						
		TYPE OF EXPENDITURE	COLUMN A	COLUMN 8	DATE OF	
RECIPIENT'S NAME AND MAILING ADDRESS (street, number, city, state, ZIP code)	RECIPIENT'S OCCUPATION	and PURPOSE (be specific)	AMOUNT THIS PERIOD	CUMULATIVE YEAR-TO-DATE	EXPENDITURE (mm/dd/yy)	
Code		Direct In-Kind Payment of Debt Returned Contribution		_		
		Other Purpose:			i Carata	
				*	1.74 ** 8 40 **	
Code		Direct In-Kind Payment of Debt Returned Contribution Other				
		Purpose:				
Code		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:				
Code		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:		·		
Code		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:				
Code		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:				
	SUBTOTAL THIS PA	GE OF SCHEDULE C	S			
TOTAL OF ALL PAG	SES OF SCHEDULE C ON TH	E LAST PAGE ONLY	\$			
	(Enter total on ITEM 17a of	the Summary Sheet.)	1			



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, <u>regardless of the amount</u>, OWED BY the committee during the reporting period, include all amounts owed for or to lend institutions, individuals, credit purchases, committee cardit 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	of	

CREDITOR'S OR LENDER'S NAME AND MAILING ADDRESS (street, number, city, state, ZIP code) ENDORSER'S OR VENDOR'S NAME AND MAILING ADDRESS (if any) (street, number, city, state, ZIP code)	AMOUNT	DATE DEBT INCURRED	CUMULATIVE PAID	OUTSTANDING BALANCE THIS	
	NATURE OF DEBT	(mm/dd/yy)	YEAR-TO-DATE	PERIOD	
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LENDER'S OCCUPATION					
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LENDER'S OCCUPATION:			1 THIS BACE O	SCHEDINE D	\$
SUBTOTAL THIS PAGE OF SCHEDULE D TOTAL OF ALL PAGES OF SCHEDULE D ON THE LAST PAGE ONLY					
(Enter total on ITEM 19 of the Summary Sheet.)				\$	



(CFA-4 SCHEDULE E) DEBTS OWED TO 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 TO the committee during the reporting period. Include all amounts the committee has loaned to others.

FILE NUMBER				
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Page	of			

BORROWER'S NAME	CO-SIGNER'S NAME	ORIGINAL AMOUNT	DATE DEBT	CUMULATIVE PAID	OUTSTANDING BALANCE THIS
AND MAILING ADDRESS (street, number, city, state, ZIP code)	AND MAILING ADDRESS (if any) (street, number, city, state, ZIP code)	NATURE OF DEBT	INCURRED (mm/dd/yy)	YEAR-TO-DATE	PERIOD
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SUBTOTAL THIS PAGE OF SCHEDULE E				\$	
TOTAL OF ALL PAGES OF SCHEDULE E ON THE LAST PAGE ONLY (Enter total on ITEM 20 of the Summary Sheet.)				\$	