



REPORT OF RECEIPTS AND EXPENDITURES OF A POLITICAL COMMITTEE

State Form 4606 (R13/11-05)
Indiana Election Commission (IC 3-9-5-14)

(CFA-4)
Summary Sheet

FILE NUMBER

46-18-37

TOTAL PAGES IN ENTIRE CFA-4 REPORT

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
THOMAS EULER FOR TRUSTEE OF HUDSON TOWNSHIP

2. Acronym or Abbreviated Name (if any) **219 363-3490**

4. Mailing Address (address where all campaign finance correspondence is received) Check if this is a new address
P.O. BOX 102 **46371**

5. City, State, ZIP Code **REPUBLICAN**
ROLLING PRAIRIE, IN

CANDIDATE INFORMATION (For Candidate's Committees Only)

7. Full Name of Candidate (include any nickname)
THOMAS M. EULER

8. Party Affiliation or If Independent Candidate
REPUBLICAN

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

LA PORTE

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 10 days amend Statement of Organization)

Check one:
 Pre-Convention
 Post-Convention

Reporting Period:
From: _____ Through: _____

	COLUMN A This Period	COLUMN B Year to Date
13. Cash on hand and investments at the beginning of this reporting period.	0.0	
14. Cash on hand and investments January 1, current year.		

CONTRIBUTIONS AND RECEIPTS

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

15a. Itemized (use Schedule A)

15b. Unitemized

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

16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B **TOTAL** 0.0

EXPENDITURES

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

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

17b. Unitemized

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

18. Cash on hand and investments at close of this reporting period (subtract 17c from 16 in both columns) **TOTAL** 0.0

19. Debts OWED BY the committee (use Schedule D)

20. Debts OWED TO the committee (use Schedule E)

CERTIFICATION

FILED
CLERK 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
		JAN 10 2019
Signature of Candidate (if applicable)	Title	Date
<i>Thomas M. Euler</i>	TRUSTEE	1/10/2019

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 Class 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, IC 3-9-4-18)



CANDIDATE'S STATEMENT OF ORGANIZATION AND DESIGNATION OF PRINCIPAL COMMITTEE OR EXPLORATORY COMMITTEE
 State Form 4604 (R14 / 10-17)
 Indiana Election Division (IC 3-9-1-3; IC 3-9-1-4; IC 3-9-1-5)

(CFA-1)

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

FILE NUMBER

46-18-37

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

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

2. Last Name EULER		First Name THOMAS		Middle Name MICHAEL	Nickname	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) P.O. BOX 593 ROLLING PRAIRIE IN 46371				5. FAX (Optional)		6. E-mail Address (Optional) TMEULER@FASTMAIL.NET	
7. City ROLLING PRAIRIE	State IN	ZIP Code 46371	8. County LAPORTE		9. Telephone (Day) (219) 229 6183	10. Telephone (Evening) (219) 221 - 2388	
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.) TRUSTEE HUDSON TOWNSHIP			

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. THOMAS EULER FOR TRUSTEE OF HUDSON TOWNSHIP							
14. Mailing Address (number and street, city, state, and ZIP code) <input type="checkbox"/> Check if this is a new address. SAME AS ABOVE				15. FAX (Optional)		16. E-mail Address (Optional)	
17. City	State	ZIP Code	18. County		19. Telephone	20. Committee Organization Date (mm/dd/yy)	
21. Chairperson's Full Name <input type="checkbox"/> Designate Candidate as Chairperson. <input type="checkbox"/> Check if this is a new chairperson. SELF FINANCED THOMAS EULER							
22. Mailing Address (number and street, city, state, and ZIP code) <input type="checkbox"/> Check if this is a new address.				23. FAX (Optional)		24. E-mail Address (Optional)	
25. City	State	ZIP Code	26. County		27. Telephone (Day)	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.)							
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 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. SELF FINANCED				Signature of the Committee Chairperson			
33. Treasurer's Full Name <input type="checkbox"/> Designate candidate as treasurer. <input type="checkbox"/> Check if this is a new treasurer.							
34. Mailing Address (number and street, city, state, and ZIP code) <input type="checkbox"/> Check if this is a new address.				35. FAX (Optional)		36. E-mail Address (Optional)	
37. City	State	ZIP Code	38. County		39. Telephone (Day)	40. Telephone (Evening)	

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.						FOR OFFICE USE ONLY FILED IN CLERKS OFFICE FEB - 7 2018 	
42. Typed or Printed Name of Chairperson		Signature of Chairperson		Date (mm/dd/yy)			
43. Typed or Printed Name of Candidate THOMAS M. EULER		Signature of Candidate 		Date (mm/dd/yy) 2/07/2018			

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 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).



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

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

OF

(CFA-4)

Summary Sheet

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

FILE NUMBER
40-18-37
TOTAL PAGES IN ENTIRE CFA-4 REPORT

COMMITTEE INFORMATION

1. Full Name of Committee (as on Statement of Organization) <input type="checkbox"/> Check if this is a new name. THOMAS EULER FOR TRUSTEE OF HUDSON TOWNSHIP	
2. Acronym or Abbreviated Name (if any)	3. Committee Telephone Number ()
4. Mailing Address (Address where all campaign finance correspondence is received.) <input type="checkbox"/> Check if this is a new address. P.O. Box 593	
5. City, State, ZIP Code Rolling Prairie, IN 46391	6. Party Affiliation (if applicable) REPUBLICAN

CANDIDATE INFORMATION (For Candidate's Committees Only)

7. Full Name of Candidate (Include any nickname.) THOMAS MICHAEL EULER (TOM)	8. Party Affiliation or If Independent Candidate REPUBLICAN
9. Office Sought (Include district number, if any. Not required for exploratory committee.) HUDSON TOWNSHIP TRUSTEE	10. County of Residence LA PORTE

TYPE OF REPORT **CONVENTION CANDIDATES ONLY**

11. Check one: <input checked="" type="checkbox"/> Pre-Primary <input type="checkbox"/> Pre-Elector <input type="checkbox"/> Annual <input type="checkbox"/> Nomination <input type="checkbox"/> Other _____ <input type="checkbox"/> Final / Disbands Committee (Lines 18, 19, and 20 must be "0") <input type="checkbox"/> Outgoing Treasurer (Within ten (10) days amend Statement of Organization.)	Check one: <input type="checkbox"/> Pre-Convention <input type="checkbox"/> Post-Convention	
12. Reporting Period (mm/dd/yy): From: 1/1/2018 Through: 2/7/2018	COLUMN A This Period	COLUMN B Year to Date
13. Cash on hand and investments at the beginning of this reporting period.	0	0
14. Cash on hand and investments January 1, current year.	0	0

CONTRIBUTIONS AND RECEIPTS

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

15a. Itemized (Use Schedule A.)	0	0
15b. Unitemized	0	0
15c. Add lines 15a and 15b in both columns. SUBTOTAL	0	0
16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B. TOTAL	0	0

EXPENDITURES

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

17a. Itemized (Use Schedule B.) (Public Question: use Schedule C.)	0	0
17b. Unitemized	0	0
17c. Add lines 17a and 17b in both columns. SUBTOTAL	0	0
18. Cash on hand and investments at close of this reporting period (Subtract 17c from 16 in both columns.) TOTAL	0	0
19. Debts OWED BY the committee (Use Schedule D.)	0	0
20. Debts OWED TO the committee (Use Schedule E.)	0	0

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.			JUN 15 2018
Signature of Treasurer <i>Thomas Euler</i>	Title	Date (mm/dd/yy) 6/15/2018	
Signature of Candidate (if applicable) <i>Thomas Euler</i>		Date (mm/dd/yy) 6/15/2018	LA PORTE CIRCUIT COURT

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)

INSTRUCTIONS FOR

This form consists of a summary sheet together with five schedules for itemized reporting. The form is to be used by treasurers of all committees to report receipts and expenditures in compliance with IC 3-9-5.

The spaces on this form have been numbered for your convenience and for easy reference to these instructions. The preparer should type or print legibly **IN BLACK INK** all information required. All previous versions of State Form 4606 are obsolete and cannot be used. (IC 3-5-4-8) **TO AVOID PENALTIES THIS FORM MUST BE FULLY COMPLETED.** You must complete each item on this form, including ALL SPACES in Column B, Calendar Year-to-Date.

SPECIAL INSTRUCTIONS FOR STATEWIDE CANDIDATES AND CERTAIN POLITICAL ACTION COMMITTEES

This instruction applies to all statewide candidates as well as any political action committee that (1) is required to file with the Election Division and (2) which received more than \$50,000 in contributions since the close of the previous reporting period. This form must be filed **electronically** with the Election Division. Contact the Division at 1-800-622-4941 for more information.

FILE NUMBER: Enter the previously assigned Election Division or County Election Board file number.

TOTAL PAGES: Enter the total number of pages of the entire CFA-4 report, including any attached schedule.

IS THIS AN AMENDMENT? Check "Yes" if this report is to correct or change information submitted in a previous report; otherwise check "No."

ITEM 1: Enter the full name of the committee as it appears on its Statement of Organization (Form CFA-1, CFA-2, or CFA-3). Check box if this is a new name.

ITEM 2: Enter the acronym or abbreviated name. For example: W-PAC.

ITEM 3: Enter the committee telephone number, including area code. (This will typically be the committee's daytime telephone number.)

ITEM 4: Enter the mailing address of the committee. All correspondence with the committee relative to filing under the Campaign Finance Act will be mailed to this address, unless specified otherwise. Check box if this is a new address.

ITEM 5: Enter the committee's city, state and ZIP code. If known, include ZIP plus four.

ITEM 6: If the committee supports the philosophy and ideals of a particular political party, enter the party affiliation.

ITEM 7: Enter the full name of the candidate and include any nickname, particularly if the candidate's nickname may appear on the ballot.

ITEM 8: If the candidate supports the philosophy and ideals of a particular political party, enter the party affiliation. If the candidate is not affiliated with a political party enter "independent candidate." A committee to retain an incumbent (such as a justice or judge) should also enter "independent candidate." A write-in candidate should follow the same procedure and enter either a political party or "independent candidate." **DO NOT ENTER "write-in."**

ITEM 9: enter the full name of the office being sought by the candidate (include district number, if any). For example, "Indiana State Senator, District _____", "_____ County Sheriff", or "_____ City Council, District _____". Not required to be completed by an exploratory committee.

ITEM 10: Enter the candidate's county of residence.

ITEM 11: Check the appropriate box indicating the type of report. A candidate should check "nomination" report if the candidate was nominated as a minor party or independent candidate by petition; if the candidate was selected by a major party to fill a vacancy on the ballot existing after the primary; or if the candidate is a write-in candidate.

A Libertarian party candidate nominated at a party convention should not check "nomination" report. Instead, that candidate should check either "pre-convention" or "post-convention" report. Statewide candidates filing a quarterly report should check "Other" and indicate "Quarterly."

ITEM 12: Enter the appropriate dates for the type of report checked in ITEM 11. These reporting and filing dates are prescribed by Indiana Code (IC) 3-9-5.

ITEM 13: Enter the amount of cash on hand and investments (as described in ITEM 14) at the beginning of the particular reporting period. If a previous report has been filed using this form, this figure will be the same as that reported on ITEM 18 of the report.

ITEM 14: Enter the amount of cash on hand and investments (including funds in checking and savings account) on January 1. This amount is NOT the amount on hand at the beginning of any later reporting period.

"Cash on hand" also includes any certificates of deposit or other "cash equivalent" that can be readily converted to cash within ninety (90) days. Include in total investments things such as money market accounts, stocks, bonds, and mutual fund accounts.

If the committee was not in existence on January 1 of the reporting year, the treasurer should report zero on ITEM 14 in Column B.

ITEM 15a: Enter all itemized individual contributions from all persons including in-kind and transfer-in. This figure will be the total of all pages of Schedule A. Column A is for reporting total contributions for the current reporting period, Column B is for total contributions calendar year-to-date. Contributions exceeding more than \$100 (\$200 if regular party committee) must be itemized. All transfers-in must be itemized on Schedule A regardless of the amount.

ITEM 15b: Enter all unitemized individual contributions from all persons (including in-kind). This includes contributions not itemized under 15a.

ITEM 15c: Enter the sum of ITEMS 15a and 15b in both Column A and B.

ITEM 16: Enter the sum of ITEMS 13 and 15c in Column A. Enter the sum of 14 and 15c in Column B.

ITEM 17a: Enter all itemized expenditures, transfer-out and in-kind expenses. This figure will be the total of all pages of Schedule B and Schedule C. Use Column A to report total expenditures for the current reporting period. Use Column B to report total itemized expenditures calendar year-to-date. Expenditures exceeding more than \$100 (\$200 if a regular party committee) must be itemized. All transfers-out must be itemized on Schedule B regardless of amount.

ITEM 17b: Enter all unitemized expenditures and in-kind expenses. This includes expenditures not itemized under 17a.

ITEM 17c: Enter the sum of ITEMS 17a and 17b in BOTH Column A and B.

ITEM 18: Subtract ITEM 17c from ITEM 16 in both Column A and B.

ITEM 19: Enter the total debts and loans OWED BY the committee as itemized on Schedule D. This includes debts such as accounts payable, credit card purchases IF made with a credit card issued in the name of the committee and loans from a lending institution or another entity.

ITEM 20: Enter the total debts OWED TO the committee as itemized on schedule E. This includes a loan payable to the committee.

CERTIFICATION: The treasurer of the committee must sign this report. A person other than the treasurer may sign this report if a copy of the power of attorney signed by the treasurer authorizing the individual to sign is filed with the CFA-4. If a candidate's committee is completing this report and a person other than the candidate serves as treasurer, this report must be signed by both the candidate and treasurer.

WARNING: Using campaign funds for primarily personal purposes is prohibited. (IC 3-9-3-4, IC 3-9-1-12)

NOTICE: Contact the Election Division or your County Election Board if you have any questions.



**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>1</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. <i>NONE</i>	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> _____	<i>0</i>		
Contributor's Occupation <i>(if required)</i> _____				
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> _____			
Contributor's Occupation <i>(if required)</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> _____			
Contributor's Occupation <i>(if required)</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> _____			
Contributor's Occupation <i>(if required)</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> _____			
Contributor's Occupation <i>(if required)</i> _____				
SUBTOTAL THIS PAGE OF SCHEDULE A		\$ <i>0</i>		
TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY <i>(Enter total on ITEM 15a of the Summary Sheet.)</i>		\$		

INSTRUCTIONS FOR COMPLETING THIS FORM

FILE NUMBER: Enter the file number assigned by the Election Division or County Election Board. Also indicate the number of pages used to complete this schedule. For example, "Page 2 of 2." This means this page is the second page of two pages used for this schedule.

CONTRIBUTOR'S NAME, MAILING ADDRESS AND OCCUPATION:

NOTE: Only list a contributor on this schedule if the contributor is an individual.

Enter the full name and mailing address of each contributor who has made one (1) or more contributions (*including in-kind*) within the calendar year in an aggregate amount exceeding \$100 (*\$200 if regular party committee*).

ALSO

Enter the full name and mailing address of all contributors with cumulative receipts over \$100 within a calendar year (*\$200 if regular party committee*). This includes entities that have paid interest to a committee's account.

IMPORTANT: When entering a contributor's name in this space, it is imperative to list the full name of the contributor.

OCCUPATION: Enter the occupation of any individual who has made aggregate contributions of at least \$1,000 during the calendar year. Occupation information for other contributors is optional. Examples: "Attorney", "Banker", "Engineer", **NOT** "consultant."

TYPE OF CONTRIBUTION OR OTHER RECEIPT: Check the appropriate box. For in-kind contributions describe the general product or service provided (*such as yard signs, bumper stickers, or mailings, etc.*). For "miscellaneous", be as specific as possible.

COLUMN A AMOUNT THIS PERIOD: Enter the amount of each contribution, including in-kind, transfers-in or other receipts for this reporting period.

COLUMN B CUMULATIVE YEAR-TO-DATE: Enter the cumulative contributions, including in-kind, transfers-in, or other receipts calendar year-to-date.

On the first report of each calendar year, the entry in Column B is the same as the entry in Column A.

DATE RECEIVED: Enter the month, day, and year the contribution was received. For checks and money orders indicate the date the committee deposited the check or money order in the committee's account, **NOT** the date it was written or mailed. For cash contributions, the contributions are received when cash is deposited in the committee's account, **NOT** when given or mailed. (IC 3-9-1-24.5)

RECEIVED BY: Enter the committee member who received the contribution for the committee. (IC 3-9-1-25)

SUBTOTAL THIS PAGE OF SCHEDULE A: Enter the subtotal for this page of Schedule A. If there is only one page of this Schedule, the figure is the same as the **TOTAL OF ALL PAGES ON SCHEDULE A.**

TOTAL OF ALL PAGES ON SCHEDULE A ON THE LAST PAGE ONLY: Enter (*ON THE LAST PAGE ONLY*) the total amount of all pages on Schedule A. Also enter this figure on ITEM 15a of the Summary Sheet.



**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-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 <u>1</u> of <u>1</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. <i>NOTE</i>	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> _____	<i>0</i>		
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		\$ <i>0</i>		
TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY <i>(Enter total on ITEM 15a of the Summary Sheet.)</i>		\$		

INSTRUCTIONS FOR COMPLETING THIS FORM

FILE NUMBER: Enter the file number assigned by the Election Division or County Election Board. Also indicate the number of pages used to complete this schedule. For example, "Page 2 of 2." This means this page is the second of two pages used for this schedule.

CONTRIBUTOR'S NAME AND MAILING ADDRESS:

NOTE: Only list a contributor on this schedule if the contributor is a corporation.

Not every business is a corporation! A corporation has articles of incorporation, and is registered with the Indiana Secretary of State (or with the equivalent office in another state). See www.in.gov/sos/business/corps/searches.html for information on Indiana corporations.

A limited liability company (LLC), limited liability partnership (LLP), partnership, or a sole proprietorship is **NOT** a corporation. The federal income tax status of a corporation (as a professional corporation or Subchapter S corporation, for example) has no effect on the reporting of the corporation's contributions. If you are uncertain whether a contribution is from a corporation, contact the contributor for clarification regarding the status of the contributor.

Enter the full name and mailing address of each contributor who has made one (1) or more contributions (including in-kind) within the calendar year in an aggregate amount exceeding \$100 (\$200 if regular party committee).

ALSO

Enter the full name and mailing address of all contributors with cumulative receipts over \$100 within a calendar year (\$200 if regular party committee). This includes entities that have paid interest to a committee's account.

IMPORTANT: When entering a contributor's name in this space, it is imperative to list the full name of the contributor.

TYPE OF CONTRIBUTION OR OTHER RECEIPT: Check the appropriate box. For in-kind contributions describe the general product or service provided (such as yard signs, bumper stickers or mailings, etc.). For "miscellaneous", be as specific as possible.

COLUMN A AMOUNT THIS PERIOD: Enter the amount of each contribution, including in-kind, transfers-in or other receipts for this reporting period.

COLUMN B CUMULATIVE YEAR-TO-DATE: Enter the cumulative contributions, including in-kind, transfers-in or other receipts calendar year-to-date.

On the first report of each calendar year, the entry in column B is the same as the entry in Column A.

DATE RECEIVED: Enter the month, day, and year the contribution was received. For checks and money orders indicate the date the committee deposited the check or money order in the committee's account, **NOT** the date it was written or mailed. For cash contributions, the contributions are received when cash is deposited in the committee's account, **NOT** when given or mailed. (IC 3-9-1-24.5)

RECEIVED BY: Enter the committee member who received the contribution for the committee. (IC 3-9-1-25)

SUBTOTAL THIS PAGE OF SCHEDULE A: Enter the subtotal for this page of Schedule A. If there is only one page of this Schedule, the figure is the same as the **TOTAL OF ALL PAGES ON SCHEDULE A.**

TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY: Enter (ON THE LAST PAGE ONLY) the total amount of all pages on Schedule A. Also enter this figure on ITEM 15a of the Summary Sheet.



**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 1 of 1

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. <i>NONE</i>	Contributions: <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) _____ Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify) _____	<i>0</i>		
2.	Contributions: <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) _____ Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify) _____			
3.	Contributions: <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) _____ Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify) _____			
4.	Contributions: <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) _____ Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify) _____			
5.	Contributions: <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) _____ Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify) _____			
SUBTOTAL THIS PAGE OF SCHEDULE A		\$ <i>0</i>		
TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY (Enter total on ITEM 15a of the Summary Sheet.)		\$		

INSTRUCTIONS FOR COMPLETING THIS FORM

FILE NUMBER: Enter the file number assigned by the Election Division or County Election Board. Also indicate the number of pages used to complete this schedule. For example, "Page 2 of 2." This means this page is the second of two pages used for this schedule.

CONTRIBUTOR'S NAME AND MAILING ADDRESS:

NOTE: Only list a contributor on this schedule if the contributor is a labor organization.

Enter the full name and mailing address of each contributor who has made one (1) or more contributions (*including in-kind*) within the calendar year in an aggregate amount exceeding \$100 (*\$200 if regular party committee*).

ALSO

Enter the full name and mailing address of all contributors with cumulative receipts over \$100 within a calendar year (*\$200 if regular party committee*). This includes entities that have paid interest to a committee's account.

IMPORTANT: When entering a contributor's name in this space, it is imperative to list the full name of the contributor.

TYPE OF CONTRIBUTION OR OTHER RECEIPT: Check the appropriate box. For in-kind contributions describe the general product or service provided (*such as yard signs, bumper stickers or mailings, etc.*). For "miscellaneous", be as specific as possible.

COLUMN A AMOUNT THIS PERIOD: Enter the amount of each contribution, including in-kind, transfers-in or other receipts for this reporting period.

COLUMN B CUMULATIVE YEAR-TO-DATE: Enter the cumulative contributions, including in-kind, transfers-in or other receipts calendar year-to-date.

On the first report of each calendar year, the entry in column B is the same as the entry in Column A.

DATE RECEIVED: Enter the month, day, and year the contribution was received. For checks and money orders indicate the date the committee deposited the check or money order in the committee's account, **NOT** the date it was written or mailed. For cash contributions, the contributions are received when cash is deposited in the committee's account, **NOT** when given or mailed. (IC 3-9-1-24.5)

RECEIVED BY: Enter the committee member who received the contribution for the committee. (IC 3-9-1-25)

SUBTOTAL THIS PAGE OF SCHEDULE A: Enter the subtotal for this page of Schedule A. If there is only one page of this Schedule, the figure is the same as the **TOTAL OF ALL PAGES ON SCHEDULE A.**

TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY: Enter (**ON THE LAST PAGE ONLY**) the total amount of all pages on Schedule A. Also enter this figure on ITEM 15a of the Summary Sheet.



**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>1</u> of <u>1</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. <i>NONE</i>	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> _____	<i>0</i>		
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		\$ <i>0</i>		
TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY <i>(Enter total on ITEM 15a of the Summary Sheet.)</i>		\$		

INSTRUCTIONS FOR COMPLETING THIS FORM

FILE NUMBER: Enter the file number assigned by the Election Division or County Election Board. Also indicate the number of pages used to complete this schedule. For example, "Page 2 of 2." This means this page is the second of two pages used for this schedule.

CONTRIBUTOR'S NAME AND MAILING ADDRESS:

NOTE: Only list a contributor on this schedule if the contributor is a political action committee.

Enter the full name and mailing address of each contributor who has made one (1) or more contributions (*including in-kind*) within the calendar year in an aggregate amount exceeding \$100 (\$200 if regular party committee).

ALSO

Enter the full name and mailing address of each political committee from which the political action committee received a transfer-in. All transfers-in from a political committee (*candidate's committee, legislative caucus committee, political action committee, or regular party committee*) must be itemized regardless of amount.

ALSO

Enter the full name and mailing address of all contributors with cumulative receipts over \$100 within a calendar year (\$200 if regular party committee). This includes entities that have paid interest to a committee's account.

IMPORTANT: When entering a contributor's name in this space, it is imperative to list the full name of the contributor.

TYPE OF CONTRIBUTION OR OTHER RECEIPT: Check the appropriate box. For in-kind contributions describe the general product or service provided (*such as yard signs, bumper stickers or mailings, etc.*). For "miscellaneous", be as specific as possible.

COLUMN A AMOUNT THIS PERIOD: Enter the amount of each contribution, including in-kind, transfers-in or other receipts for this reporting period.

COLUMN B CUMULATIVE YEAR-TO-DATE: Enter the cumulative contributions, including in-kind, transfers-in or other receipts calendar year-to-date.

On the first report of each calendar year, the entry in column B is the same as the entry in Column A.

DATE RECEIVED: Enter the month, day, and year the contribution was received. For checks and money orders indicate the date the committee deposited the check or money order in the committee's account, **NOT** the date it was written or mailed. For cash contributions, the contributions are received when cash is deposited in the committee's account, **NOT** when given or mailed. (IC 3-9-1-24.5)

RECEIVED BY: Enter the committee member who received the contribution for the committee. (IC 3-9-1-25)

SUBTOTAL THIS PAGE OF SCHEDULE A: Enter the subtotal for this page of Schedule A. If there is only one page of this Schedule, the figure is the same as the **TOTAL OF ALL PAGES ON SCHEDULE A.**

TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY: Enter (*ON THE LAST PAGE ONLY*) the total amount of all pages on Schedule A. Also enter this figure on ITEM 15a of the Summary Sheet.



**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-5)
CONTRIBUTIONS BY
OTHER ORGANIZATIONS**

Itemized Contributions and Other Receipts

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 regardless 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 <u>1</u> of <u>1</u>	

1. 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
NONE	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> _____	0		
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		\$ 0		
TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY <i>(Enter total on ITEM 15a of the Summary Sheet.)</i>		\$		

INSTRUCTIONS FOR COMPLETING THIS FORM

FILE NUMBER: Enter the file number assigned by the Election Division or County Election Board. Also indicate the number of pages used to complete this schedule. For example, "Page 2 of 2." This means this page is the second of two pages used for this schedule.

CONTRIBUTOR'S NAME AND MAILING ADDRESS:

NOTE: Only list a contributor on this schedule if the contributor is **NOT** an individual, a political action committee, a corporation, or a labor organization. A contribution from a limited liability company (LLC), limited liability partnership (LLP), partnership, or sole proprietorship, for example, should be listed on this schedule.

Enter the full name and mailing address of each contributor who has made one (1) or more contributions (including in-kind) within the calendar year in an aggregate amount exceeding \$100 (\$200 if regular party committee).

ALSO

Enter the full name and mailing address of each political committee from which the reporting committee received a transfer-in. All transfers-in from a political committee (*candidate's committee, legislative caucus committee, political action committee, or regular party committee*) must be itemized regardless of amount.

ALSO

Enter the full name and mailing address of all contributors with cumulative receipts over \$100 within a calendar year (\$200 if regular party committee). This includes entities that have paid interest to a committee's account.

IMPORTANT: When entering a contributor's name in this space, it is imperative to list the full name of the contributor.

TYPE OF CONTRIBUTION OR OTHER RECEIPT: Check the appropriate box. For in-kind contributions describe the general product or service provided (*such as yard signs, bumper stickers or mailings, etc.*). For "miscellaneous", be as specific as possible.

COLUMN A AMOUNT THIS PERIOD: Enter the amount of each contribution, including in-kind, transfers-in or other receipts for this reporting period.

COLUMN B CUMULATIVE YEAR-TO-DATE: Enter the cumulative contributions, including in-kind, transfers-in or other receipts calendar year-to-date.

On the first report of each calendar year, the entry in column B is the same as the entry in Column A.

DATE RECEIVED: Enter the month, day, and year the contribution was received. For checks and money orders indicate the date the committee deposited the check or money order in the committee's account, **NOT** the date it was written or mailed. For cash contributions, the contributions are received when cash is deposited in the committee's account, **NOT** when given or mailed. (IC 3-9-1-24.5)

RECEIVED BY: Enter the committee member who received the contribution for the committee. (IC 3-9-1-25)

SUBTOTAL THIS PAGE OF SCHEDULE A: Enter the subtotal for this page of Schedule A. If there is only one page of this Schedule, the figure is the same as the **TOTAL OF ALL PAGES ON SCHEDULE A.**

TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY: Enter (*ON THE LAST PAGE ONLY*) the total amount of all pages on Schedule A. Also enter this figure on ITEM 15a 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

Page 1 of 1

RECIPIENT'S NAME AND MAILING ADDRESS <i>(street, number, city, state, ZIP code)</i>	RECIPIENT'S OCCUPATION	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>
	OFFICE SOUGHT <i>(if applicable)</i>				
Code _____ <i>NDME</i>		<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:	<i>0</i>		
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 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			\$ <i>0</i>		
TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY <i>(Enter total on ITEM 17a of the Summary Sheet.)</i>			\$		

INSTRUCTIONS FOR COMPLETING THIS FORM

FILE NUMBER: Enter the file number assigned by the Election Division or County Election Board. Also indicate the number of pages used to complete this schedule. For example, "Page 2 of 2." This means that this page is second page of two pages used for this schedule.

RECIPIENT'S NAME AND MAILING ADDRESS: Enter the full name and mailing address of each person or vendor to whom one (1) or more disbursements in an aggregate amount exceeding \$100 (\$200 if regular party committee) have been made.

ALSO

Enter the full name and mailing address of each political committee that has received a transfer-out from the reporting committee. The reporting requirement of a transfer-out from a political committee is different from the reporting requirement of an expenditure to a person. Each transfer-out, regardless of amount, must be itemized.

NOTE: Under normal circumstances, you should not list a credit card issuer as a recipient. If making a payment on a credit card, list vendor, NOT the credit card company. Also note that any unpaid credit obligation should be listed on Schedule D, "Debts Owed By This Committee."

EXPENDITURE CODES: In the box at the upper left corner of the "Recipient's Name and Mailing Address" section, enter the expenditure code for each entry from the following list of codes:

Code: **C**
Expenditure Type: Contributions

Expenditure Definition: Direct and in-kind contributions the campaign can legally make to other campaigns, political action committees, community and charitable organizations. In the description column, the filer is directed to specify who benefited and, if in-kind, what was purchased.

Code: **F**
Expenditure Type: Fundraising

Expenditure Definition: Expenditures, direct or in-kind, associated with holding a fundraiser, including payments to restaurants, hotels and caterers, other food and refreshment vendors, entertainers, and speakers.

**Filers are directed to use an "A" for expenditures for printed matter produced in connection with fundraising events.*

Code: **A**
Expenditure Type: Advertising

Expenditure Definition: Expenditures associated with the production, design, photography, copy, layout, printing, reproduction and purchase of advertising and campaign communications including:

- Radio and television advertising
- Advertising in newspapers, periodicals, and other publications
- Advertising on billboards and yard signs
- Campaign paraphernalia such as buttons, bumper stickers, T-shirts, hats, etc.
- Websites
- Campaign literature
- Printed solicitations
- Fundraising letters
- Mailing lists

Code: **O**
Expenditure Type: Operations

Expenditure Definition: General campaign operating expenses and overhead including:

- Wages, salaries and benefits associated with hiring campaign employees and other paid workers who provide miscellaneous services
- Contracts, fees, and commissions paid to campaign management companies and contract consultants including law firms
- Headquarters purchase or rental
- Utilities
- Purchase or rental of office equipment and furniture for the campaign
- Surveys and Polls – Including expenditures associated with the design and production of polls, election trend reports, voter surveys, telemarketing, telephone banks, Get out the Vote drives, etc.
- Postage – including stamps, or metered postage, direct mail services and delivery services like United Parcel Services and Federal Express
- Travel – including fares, accommodations, and meals from campaign trips

RECIPIENT'S OCCUPATION/OFFICE SOUGHT: Enter the recipient's occupation, and if applicable, the office sought. For example, "printer" or "candidate, State Representative District 5."

TYPE OF EXPENDITURE: Check the type of expenditure. For "other", describe the type of expenditure.

PURPOSE OF EXPENDITURE: Enter the purpose of the expenditure or transfer-out. Be specific. Indicate any reimbursement.

COLUMN A AMOUNT THIS PERIOD: Enter the amount of each expenditure and transfer-out, including in-kind for this reporting period.

COLUMN B CUMULATIVE YEAR-TO-DATE: Enter the cumulative expenditure and transfer-out, including in-kind for calendar year-to-date.

On the first report of each calendar year, the entry in Column B is the same as the entry in Column A.

DATE OF EXPENDITURE: Enter the month, day, and year of the expenditure or transfer-out. Use the following guidelines to determine the proper date to use:

FOR	USE
Payment of bill	The date the bill was actually paid (by placing a check in the mail or tendering cash in person).
Transfer-out	The date the check was written to a candidate's, legislative caucus, political action, or regular party committee.
In-kind	The date the material was given or service provided.

SUBTOTAL OF THIS PAGE OF SCHEDULE B: Enter the subtotal for this page of Schedule B. If there is only one page of this schedule, the figure is the same as the TOTAL OF ALL PAGES ON SCHEDULE B.

TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY: Enter (ON THE LAST PAGE ONLY) the total amount of all pages on Schedule B. Also enter this figure 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 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 NUMBER

Page 1 of 1

PUBLIC QUESTION INFORMATION

Enter Text of Public Question.

Type of Question: Statewide Local

Position: Supported Opposed

RECIPIENT'S NAME AND MAILING ADDRESS <i>(street, number, city, state, ZIP code)</i>	RECIPIENT'S OCCUPATION	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 _____ NDHE		<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:	0	0	
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 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 C			\$	0	
TOTAL OF ALL PAGES OF SCHEDULE C ON THE LAST PAGE ONLY <i>(Enter total on ITEM 17a of the Summary Sheet.)</i>			\$		

INSTRUCTIONS FOR COMPLETING THIS FORM

FILE NUMBER: Enter the file number assigned by the Election Division or County Election Board. Also indicate the number of pages used to complete this schedule. For example, "Page 2 of 2." This means that this page is second page of two pages used for this schedule.

PUBLIC QUESTION INFORMATION: Enter the text of the public question as it appears on the ballot, or the general subject of the question if exact language has not been determined.

Check the appropriate box indicating whether the public question is statewide or local.

Check the appropriate box indicating whether the committee supports or opposes approval of the public question.

RECIPIENT'S NAME AND MAILING ADDRESS: Enter the full name and mailing address of each person or political committee to whom one (1) or more disbursements have been made.

ALSO

EXPENDITURE CODES: In the box at the upper left corner of the "Recipient's Name and Mailing Address" section, enter the expenditure code for each entry from the following list of codes:

Code: C
Expenditure Type: Contributions

Expenditure Definition: Direct and in-kind contributions the campaign can legally make to other campaigns, political action committees, community and charitable organizations. In the description column, the filer is directed to specify who benefited and, if in-kind, what was purchased.

Code: F
Expenditure Type: Fundraising

Expenditure Definition: Expenditures, direct or in-kind, associated with holding a fundraiser, including payments to restaurants, hotels and caterers, other food and refreshment vendors, entertainers, and speakers.

**Filers are directed to use an "A" for expenditures for printed matter produced in connection with fundraising events.*

Code: A
Expenditure Type: Advertising

Expenditure Definition: Expenditures associated with the production, design, photography, copy, layout, printing, reproduction and purchase of advertising and campaign communications including:

- Radio and television advertising
- Advertising in newspapers, periodicals, and other publications
- Advertising on billboards and yard signs
- Campaign paraphernalia such as buttons, bumper stickers, T-shirts, hats, etc.
- Websites
- Campaign literature
- Printed solicitations
- Fundraising letters
- Mailing lists

Code: O
Expenditure Type: Operations

Expenditure Definition: General campaign operating expenses and overhead including:

- Wages, salaries and benefits associated with hiring campaign employees and other paid workers who provide miscellaneous services
- Contracts, fees, and commissions paid to campaign management companies and contract consultants including law firms
- Headquarters purchase or rental
- Utilities
- Purchase or rental of office equipment and furniture for the campaign
- Surveys and Polls – Including expenditures associated with the design and production of polls, election trend reports, voter surveys, telemarketing, telephone banks, Get out the Vote drives, etc.
- Postage – including stamps, or metered postage, direct mail services and delivery services like United Parcel Services and Federal Express
- Travel – including fares, accommodations, and meals from campaign trips

RECIPIENT'S OCCUPATION: Enter the recipient's occupation. For example, "printer."

TYPE OF EXPENDITURE: Check the type of expenditure. For "other", describe the type of expenditure.

PURPOSE OF EXPENDITURE: Enter the purpose of the expenditure or transfer-out. Be specific. Indicate any reimbursement.

COLUMN A AMOUNT THIS PERIOD: Enter the amount of each expenditure and transfer-out, including in-kind for this reporting period.

COLUMN B CUMULATIVE YEAR-TO-DATE: Enter the cumulative expenditure and transfer-out, including in-kind for calendar year-to-date.

On the first report of each calendar year, the entry in Column B is the same as the entry in Column A.

DATE OF EXPENDITURE: Enter the month, day, and year of the expenditure or transfer-out. Use the following guidelines to determine the proper date to use:

<u>FOR</u>	<u>USE</u>
Payment of bill	The date the bill was actually paid (by placing a check in the mail or tendering cash in person).
Transfers-out	The date the check was written to a political action committee.
In-kind	The date the material was given or service provided.

SUBTOTAL OF THIS PAGE OF SCHEDULE C: Enter the subtotal for this page of Schedule C. If there is only one page of this schedule, the figure is the same as the TOTAL OF ALL PAGES ON SCHEDULE C.

TOTAL OF ALL PAGES OF SCHEDULE C ON THE LAST PAGE ONLY: Enter (ON THE LAST PAGE ONLY) the total amount of all pages on Schedule C. Also enter this figure on ITEM 17a of the Summary Sheet.



**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 1 of 1

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			
NONE		0			
LENDER'S OCCUPATION:					
LENDER'S OCCUPATION:					
LENDER'S OCCUPATION:					
LENDER'S OCCUPATION:					
LENDER'S OCCUPATION:					
LENDER'S OCCUPATION:					
SUBTOTAL THIS PAGE OF SCHEDULE D					\$ 0
TOTAL OF ALL PAGES OF SCHEDULE D ON THE LAST PAGE ONLY <i>(Enter total on ITEM 19 of the Summary Sheet.)</i>					\$

INSTRUCTIONS FOR COMPLETING THIS FORM

This schedule is used to document debts **OWED BY** the committee totaled on ITEM 19 of the Summary Sheet.

In addition to disclosing the loans or debts owed by the committee within the reporting period, you must report all previous loans or debts owed by the committee in every subsequent report **until the debt is extinguished**.

FILE NUMBER: Enter the file number assigned by the Election Division or County Election Board. Also, indicate the number of pages being used to complete this schedule. For example, "Page 2 of 2." This means this page is the second page of two pages used for this schedule.

CREDITOR'S OR LENDER'S NAME AND MAILING ADDRESS: Enter the creditor or lender's full name and mailing address. For the purpose of this reporting requirement, a creditor or lender may be an individual, business, lending institution, or another committee who has advanced money or things of value to the committee with the understanding that the committee will pay back the debt with or without interest. A debt may be evidenced by a promissory note, credit purchase, committee credit card account, or any other document showing an unpaid debt. For a credit card account in the name of the committee, list the name of the credit card issuer.

ENDORSER'S OR VENDOR'S NAME AND MAILING ADDRESS: Enter the full name and mailing address of all co-makers, co-signers, co-endorsers, or endorsers, if the debt owed by the committee was secured by another entity. For committee credit card debts, also list the name and address of the vendor. **If more than one vendor per credit card, list each vendor in this column, but do not re-enter the card issuer in the "creditor's" column.**

AMOUNT: For a loan, enter the actual amount of the loan (principal), not the interest charged for the loan. Interest paid on a loan and other finance charges are treated as expenditures by the committee and must be reported on Schedule B. The amount of the **principal** is treated as a receipt by the committee and must be reported on Schedule A.

For committee credit card purchases, enter the amount of each transaction.

NATURE OF DEBT: Enter the nature of the debt. This requires a short description of the type of debt owed by the committee. Example: "loan", "promissory note", "open account", or "committee credit card account."

DATE DEBT INCURRED: Enter the month, day and year that debt owed by the committee was incurred. For example, if the committee borrowed money from a lending institution and the committee gave a promissory note evidencing the loan, the date the note was **signed** by the committee would be entered in this space.

If the **committee** used an open-end credit card or revolving charge plan, the date of the transaction as shown on the account statement would be entered here.

CUMULATIVE PAID YEAR-TO-DATE: Enter the amount that has been repaid on the principal of any loan received by the committee at the end of this reporting period. The repayment of the principal on a loan is considered an expenditure by the committee and must be reported on Schedule B. **For committee credit card transactions, list the total amount paid to the credit card issuer. Do not enter the amount of each vendor transaction in this column.**

OUTSTANDING BALANCE THIS PERIOD: Enter the outstanding balance of the debt owed by the committee. You must continue to report the outstanding balance of the debt owed by the committee on each report **until the debt is extinguished**. **For committee credit card transactions, list the total outstanding balance to the credit card issuer. Do not enter the amount of each vendor transaction in this column.**

SUBTOTAL THIS PAGE OF SCHEDULE D: Enter the subtotal for this page of Schedule D. If there is only one page of this schedule, the figure is the same as the **TOTAL OF ALL PAGES ON SCHEDULE D**.

TOTAL OF ALL PAGES OF SCHEDULE D ON THE LAST PAGE ONLY: Enter (*ON THE LAST PAGE ONLY*) the total amount of all pages on Schedule D. Also enter this figure on ITEM 19 of the Summary Sheet.



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

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

**(CFA-4 SCHEDULE E)
DEBTS OWED TO THIS COMMITTEE**

FILE NUMBER
Page <u> 1 </u> of <u> 1 </u>

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.

BORROWER'S NAME AND MAILING ADDRESS <i>(street, number, city, state, ZIP code)</i>	CO-SIGNER'S NAME AND MAILING ADDRESS <i>(if any)</i> <i>(street, number, city, state, ZIP code)</i>	ORIGINAL AMOUNT	DATE DEBT INCURRED <i>(mm/dd/yy)</i>	CUMULATIVE PAID YEAR-TO-DATE	OUTSTANDING BALANCE THIS PERIOD
		NATURE OF DEBT			
NONE		0		0	0
SUBTOTAL THIS PAGE OF SCHEDULE E					\$ 0
TOTAL OF ALL PAGES OF SCHEDULE E ON THE LAST PAGE ONLY					\$
<i>(Enter total on ITEM 20 of the Summary Sheet.)</i>					

INSTRUCTIONS FOR COMPLETING THIS FORM

This schedule is used to document debts **OWED TO** the committee totaled on ITEM 20 of the Summary Sheet.

In addition to disclosing the loans or debts owed to the committee within the reporting period, you must also report all previous loans or debts owed to the committee in every subsequent report **until the debt is extinguished.**

FILE NUMBER: Enter the file number assigned by the Election Division or County Election Board. Also, indicate the number of pages being used to complete this schedule. For example, "Page 2 of 2." This means this page is the second page of two pages used for this schedule.

BORROWER'S NAME AND MAILING ADDRESS: Enter the full name and mailing address of the person to whom the reporting committee has given a loan within the reporting period.

CO-SIGNER'S NAME AND MAILING ADDRESS: Enter the full name and mailing address of all co-makers, co-signers, co-endorsers, or endorsers, if the loan made by the reporting committee was secured by another entity.

ORIGINAL AMOUNT: Enter the principal amount the reporting committee initially loaned to another person.

NATURE OF DEBT: Enter the nature of the debt to be collected by the reporting committee. This requires a short description of the type of debt owed to the committee, such as a "loan."

DATE OBLIGATION INCURRED: Enter the month, day and year that initial loan of credit was made by the committee.

CUMULATIVE PAID YEAR-TO-DATE: Enter the total amount of principal repaid to the committee on a debt owed to the committee. Principal repaid on a debt owed to the committee is treated as a receipt and reported on Schedule A. If the interest is paid to the reporting committee on a loan, the amount of interest received for each reporting period is also to be treated as a receipt and reported on Schedule A.

OUTSTANDING BALANCE THIS PERIOD: Enter the outstanding balance of the debt to be collected by the committee. You must continue to report the outstanding balance of the debt to be collected by the committee on each report **until the debt is extinguished.**

SUBTOTAL THIS PAGE OF SCHEDULE E: Enter the subtotal for this page of Schedule E. If there is only one page of this schedule, the figure is the same as the **TOTAL OF ALL PAGES ON SCHEDULE E.**

TOTAL OF ALL PAGES OF SCHEDULE E ON THE LAST PAGE ONLY: Enter (*ON THE LAST PAGE ONLY*) the total amount of all pages on Schedule E. Also enter this figure on ITEM 20 of the Summary Sheet.



**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
146-18-37
TOTAL PAGES IN ENTIRE CFA-4 REPORT
1 of 1

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) <input type="checkbox"/> Check if this is a new name. THOMAS EULER FOR TRUSTEE OF HUDSON TOWNSHIP	
2. Acronym or Abbreviated Name (if any)	3. Committee Telephone Number ()
4. Mailing Address (Address where all campaign finance correspondence is received.) <input type="checkbox"/> Check if this is a new address. P.O. BOX 593	
5. City, State, ZIP Code ROLLING PRAIRIE, IN 46371	6. Party Affiliation (if applicable) REPUBLICAN

CANDIDATE INFORMATION (For Candidate's Committees Only)

7. Full Name of Candidate (Include any nickname.) THOMAS MICHAEL EULER	8. Party Affiliation or if Independent Candidate REPUBLICAN
9. Office Sought (Include district number, if any. Not required for exploratory committee.) HUDSON TOWNSHIP TRUSTEE	10. County of Residence LA PORTE

TYPE OF REPORT **CONVENTION CANDIDATES ONLY**

11. Check one: <input type="checkbox"/> Pre-Primary <input checked="" type="checkbox"/> Pre-Election <input type="checkbox"/> Annual <input type="checkbox"/> Nomination <input type="checkbox"/> Other _____ <input type="checkbox"/> Final / Disbands Committee (Lines 18, 19, and 20 must be "0".) <input type="checkbox"/> Outgoing Treasurer (Within ten (10) days amend Statement of Organization.)	Check one: <input type="checkbox"/> Pre-Convention <input type="checkbox"/> Post-Convention
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12. Reporting Period (mm/dd/yy): From: 4/14/2018 Through: 10/12/2018	COLUMN A This Period	COLUMN B Year to Date
13. Cash on hand and investments at the beginning of this reporting period.	0	
14. Cash on hand and investments January 1, current year.		

CONTRIBUTIONS AND RECEIPTS

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

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

EXPENDITURES

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

17a. Itemized (Use Schedule B.) (Public Question: use Schedule C.)		
17b. Unitemized	466.07	
17c. Add lines 17a and 17b in both columns. SUBTOTAL	466.07	
18. Cash on hand and investments at close of this reporting period (Subtract 17c from 16 in both columns.) TOTAL	0	
19. Debts OWED BY the committee (Use Schedule D.)	0	
20. Debts OWED TO the committee (Use Schedule E.)	0	

CERTIFICATION

I CERTIFY THAT I HAVE EXAMINED THIS STATEMENT. TO THE BEST OF MY KNOWLEDGE AND BELIEF IT IS TRUE, CORRECT AND COMPLETE		
Signature of Treasurer <i>Thomas M. Euler</i>	Title	Date (mm/dd/yy) 10/19/2018
Signature of Candidate (if applicable) <i>Thomas M. Euler</i>		Date (mm/dd/yy) 10/19/2018

IN CLERKS OFFICE
FOR OFFICE USE ONLY
OCT 19 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