



REPORT OF RECEIPTS AND EXPENDITURES OF A POLITICAL COMMITTEE

State Form 4606 (R17 / 8-23)

Indiana Election Division (IC 3-9-5-14)

(CFA-4) Summary Sheet

FILE NUMBER

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) Committee to Elect Kandace Hinton | | <input type="checkbox"/> Check if this is a new name. |
| 2. Acronym or Abbreviated Name (if any) | | 3. Committee Telephone Number (812) 320-2273 |
| 4. Mailing Address (Address where all campaign finance correspondence is received.) 1759 Orin Dr | | <input type="checkbox"/> Check if this is a new address. |
| 5. City, State, ZIP Code Terre Haute, IN 47802 | | 6. Party Affiliation (if applicable) Democratic |

CANDIDATE INFORMATION (For Candidate's Committees Only)

| | |
|---|--|
| 7. Full Name of Candidate (Include any nickname.) Kandace G. Hinton | 8. Party Affiliation or If Independent Candidate Democratic |
| 9. Office Sought (Include district number, if any. Not required for exploratory committee.) City Council, District 1 | 10. County of Residence Vigo |

TYPE OF REPORT

11. Check one:
☐ Pre-Primary ☒ Pre-Election ☐ Annual ☐ Nomination ☐ Other _____
☐ Final / Disbands Committee (Lines 18, 19, and 20 must be "0".) ☐ Outgoing Treasurer (Within ten (10) days amend Statement of Organization.)

CONVENTION CANDIDATES ONLY

Check one:
☐ Pre-Convention
☐ Post-Convention

| | | |
|---|-------------------------|--------------------------|
| 12. Reporting Period (mm/dd/yy): From: 04/08/23 Through: 10/13/23 | COLUMN A This Period | COLUMN B Year to Date |
| 13. Cash on hand and investments at the beginning of this reporting period. | 4,266.44 | |
| 14. Cash on hand and investments January 1, current year. | | 0 |

CONTRIBUTIONS AND RECEIPTS

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

| | | |
|--|-----------|-----------|
| 15a. Itemized (Use Schedule A.) | 4,050.00 | 9,200.00 |
| 15b. Unitemized | 2,885.00 | 5,405.00 |
| 15c. Add lines 15a and 15b in both columns. SUBTOTAL | 6,935.00 | 14,605.00 |
| 16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B. TOTAL | 11,201.44 | 14,605.00 |

EXPENDITURES

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

| | | |
|--|----------|-----------|
| 17a. Itemized (Use Schedule B.) (Public Question: use Schedule C.) | 8,431.44 | 12,237.81 |
| 17b. Unitemized | 309.24 | 309.24 |
| 17c. Add lines 17a and 17b in both columns. SUBTOTAL | 8,740.68 | 12,547.05 |
| 18. Cash on hand and investments at close of this reporting period (Subtract 17c from 16 in both columns.) TOTAL | 2,460.76 | 2,057.95 |
| 19. Debts OWED BY the committee (Use Schedule D.) | | |
| 20. Debts OWED TO the committee (Use Schedule E.) | | |

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 | Title Treasurer | Date (mm/dd/yy) 10/17/23 |
| Signature of Candidate (if applicable) | | Date (mm/dd/yy) 10/17/23 |

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)

FOR OFFICE USE ONLY

REC'D ABSENTEE VOTERS
'23 OCT 18 AM 8:00:33
JRH



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

State Form 4606 (R17 / 8-23)
Indiana Election Division (IC 3-9-5-14)

**(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 1 of 3

| CONTRIBUTOR'S FULL NAME AND OCCUPATION FULL MAILING ADDRESS (street, number, city, state, ZIP code) | TYPE OF CONTRIBUTION OR OTHER RECEIPT | COLUMN A AMOUNT THIS PERIOD | COLUMN B CUMULATIVE YEAR-TO-DATE | DATE RECEIVED (mm/dd/yy) |
|--|---|-----------------------------------|--|-----------------------------|
| | | | | RECEIVED BY |
| 1. Ellen Scott 1226 Raburn Run Ln Tomball, TX 77375 Contributor's Occupation (if required) _____ | Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) _____ Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify) _____ | \$100.00 | \$200.00 | 6/21/23 |
| 2. Valerie Grim 2297 Winding Brook Ct Bloomington, IN 47401 Contributor's Occupation (if required) <u>Professor</u> | Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) _____ Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify) _____ | \$100.00 | \$350.00 | 10/07/23 |
| 3. Denise Collins 407 S. 31st ST Terre Haute, IN 47803 Contributor's Occupation (if required) <u>Retired</u> | Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) _____ Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify) _____ | \$120.00 | \$370.00 | 10/07/23 |
| 4. Mitzi Sherrell 155 Broadwater Dr Fayetteville, GA 30214 Contributor's Occupation (if required) _____ | Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) _____ Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify) _____ | \$50.00 | \$150.00 | 10/04/23 |
| 5. Contributor's Occupation (if required) _____ | 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 | | \$ 370.00 | | |
| TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY (Enter total on ITEM 15a of the Summary Sheet.) | | \$ | | |



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

State Form 4606 (R17 / 8-23)
Indiana Election Division (IC 3-9-5-14)

**(CFA-4 SCHEDULE A-1)
CONTRIBUTIONS BY INDIVIDUALS
Itemized Contributions and Other Receipts**

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY INDIVIDUALS ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from individuals OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee). A contributor's occupation is required if an individual makes at least \$1,000 in contributions during the calendar year. Otherwise, this is optional.

FILE NUMBER

Page 2 of 3

| CONTRIBUTOR'S FULL NAME AND OCCUPATION FULL MAILING ADDRESS (street, number, city, state, ZIP code) | TYPE OF CONTRIBUTION OR OTHER RECEIPT | COLUMN A AMOUNT THIS PERIOD | COLUMN B CUMULATIVE YEAR-TO-DATE | DATE RECEIVED (mm/dd/yy) |
|--|---|-----------------------------------|--|-----------------------------|
| | | | | RECEIVED BY |
| 1. Chris & Bionca Gambil 416 S. 6th St Terre Haute, IN 47807 Contributor's Occupation (if required) _____ | Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) _____ Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify) _____ | \$500.00 | \$1,000.00 | 09/22/23 |
| 2. Asa Young 2133 Cherry Cove Ct. Maryland Heights, MO 63043 Contributor's Occupation (if required) _____ | Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) _____ Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify) _____ | \$1,300.00 | | 05/02/23 09/28/23 |
| 3. Destiny Scott 2014 Alvord St. Indianapolis, IN 46202 Contributor's Occupation (if required) _____ | Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) _____ Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify) _____ | \$300.00 | | 10/10/23 |
| 4. Brandon Sakbun Contributor's Occupation (if required) _____ | Contributions: <input type="checkbox"/> Direct <input checked="" type="checkbox"/> In-Kind (describe) <u>reception food</u> Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify) _____ | \$180.00 | | 10/10/23 |
| 5. Mark Taylor & Connie Wrin 364 S. 22nd St. Terre Haute, IN 47803 Contributor's Occupation (if required) _____ | Contributions: <input checked="" type="checkbox"/> Direct <input checked="" type="checkbox"/> In-Kind (describe) <u>t-shirts</u> Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify) _____ | \$500.00 | \$1,350.00 | 02/26/23 10/10/23 |
| SUBTOTAL THIS PAGE OF SCHEDULE A | | \$ 2780.00 | | |
| TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY (Enter total on ITEM 15a of the Summary Sheet.) | | \$ | | |



REPORT OF RECEIPTS AND EXPENDITURES OF A POLITICAL COMMITTEE

State Form 4606 (R17 / 8-23)
Indiana Election Division (IC 3-9-5-14)

(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 3 of 3

| CONTRIBUTOR'S FULL NAME AND OCCUPATION FULL MAILING ADDRESS (street, number, city, state, ZIP code) | TYPE OF CONTRIBUTION OR OTHER RECEIPT | COLUMN A AMOUNT THIS PERIOD | COLUMN B CUMULATIVE YEAR-TO-DATE | DATE RECEIVED (mm/dd/yy) |
|--|---|-----------------------------------|--|-----------------------------|
| | | | | RECEIVED BY |
| 1. Elizabeth Brown & Andreas Kummerow Contributor's Occupation (if required) <u>Professors</u> | Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify) | \$100.00 | \$150.00 | 08/17/23 |
| 2. Patrick & Martha Goodwin 2215 N. 10th St. Terre Haute, IN 47804 Contributor's Occupation (if required) _____ | Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify) | \$250.00 | \$400.00 | 08/17/23 |
| 3. Todd Nation dba Nation Properties 677 Wabash Av #202 Terre Haute, IN 47807 Contributor's Occupation (if required) _____ | Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify) | \$100.00 | \$200.00 | 10/10/23 |
| 4. Todd Boland 2220 S. 19 St. Terre Haute, IN 47802 Contributor's Occupation (if required) _____ | Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify) | \$200.00 | \$350.00 | 10/10/23 |
| 5. Christopher & Tonya Pfaff 2540 N. 9th St Terre Haute, IN 47804 Contributor's Occupation (if required) _____ | Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify) | \$250.00 | | 08/17/23 |
| SUBTOTAL THIS PAGE OF SCHEDULE A | | \$ 900.00 | | |
| TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY (Enter total on ITEM 15a of the Summary Sheet.) | | \$ 4,050.00 | | |

**REPORT OF RECEIPTS AND EXPENDITURES
OF A POLITICAL COMMITTEE**State Form 4606 (R17 / 8-23)
Indiana Election Division (IC 3-9-5-14)**(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 NUMBERPage 1 of 2

| RECIPIENT'S NAME AND MAILING ADDRESS (street, number, city, state, ZIP code) | RECIPIENT'S OCCUPATION | TYPE OF EXPENDITURE and PURPOSE (be specific) | COLUMN A AMOUNT THIS PERIOD | COLUMN B CUMULATIVE YEAR-TO-DATE | DATE OF EXPENDITURE (mm/dd/yy) |
|--|-------------------------------|--|-----------------------------------|--|--------------------------------------|
| | OFFICE SOUGHT (if applicable) | | | | |
| Code <u>A</u> KJB Enterprise 1300 Ohio St Terre Haute, IN 47807 | | <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input checked="" type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: door hangers, m | \$5,883.52 | \$9,059.85 | 09/20/23 |
| Code <u>A</u> Swag T 2950 S. 7th St Terre Haute, IN 47802 | | <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input checked="" type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: t-shirts | \$1,264.74 | | 10/13/23 |
| Code <u>A</u> IBJ Media | | <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input checked="" type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: | \$195.00 | | 06/21/23 |
| Code <u>C</u> 5 Below | | <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input checked="" type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: Back Packs | \$101.65 | | 08/04/23 |
| Code <u>C</u> Walmart | | <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input checked="" type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: Back packs | \$101.04 | | 08/04/23 |
| Code <u>A</u> Minute Man Press | | <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input checked="" type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: campaign button | \$210.00 | | 08/29/23 |
| Code <u>C</u> Sam's Club | | <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input checked="" type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: back to school | \$259.26 | | 08/04/23 |
| SUBTOTAL THIS PAGE OF SCHEDULE B | | | \$ 8015.21 | | |
| TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY (Enter total on ITEM 17a of the Summary Sheet.) | | | \$ | | |



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

State Form 4606 (R17 / 8-23)

Indiana Election Division (IC 3-9-5-14)

**(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 2 of 2

| RECIPIENT'S NAME AND MAILING ADDRESS (street, number, city, state, ZIP code) | RECIPIENT'S OCCUPATION OFFICE SOUGHT (if applicable) | TYPE OF EXPENDITURE and PURPOSE (be specific) | COLUMN A AMOUNT THIS PERIOD | COLUMN B CUMULATIVE YEAR-TO-DATE | DATE OF EXPENDITURE (mm/dd/yy) |
|---|---|---|-----------------------------------|--|--------------------------------------|
| Code <u>A</u> Big Picture | | <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: campaign magnet | \$130.54 | | |
| Code _____ Amazon Prime | | <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input checked="" type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: back packs | \$285.69 | | |
| 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 | | | \$ 416.23 | | |
| TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY (Enter total on ITEM 17a of the Summary Sheet.) | | | \$ 8,431.44 | | |