

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

VSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this form. For ssistance in completing this form, see instructions on the reverse side.

S THIS AN AMENDMENT?

(CFA-4) **Summary Sheet**

FILE NUMBER

TOTAL PAGES IN ENTIRE CFA-4 REPORT

Full Name of Committee (as on Statement of Organization) Committee Commit	COMMITTEE INFORMATION	11 15		A Table 1 PM
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City, State, ZIP Code Terre Haute IN 4783 Candidate (Include any nickname) Candidate (Include district number, if any, Not required for exploratory committee) Type OF REPORT Check one: Pre-Pimay Pre-Electica Annual Nemination Other Pre-Convention	Acronym of Abbreviated Name (ii any)	3. Committee Telephone Number		
City, State, ZIP Code Terre Haute IN 4783 Candidate (Include any nickname) Candidate (Include district number, if any, Not required for exploratory committee) Type OF REPORT Check one: Pre-Pimay Pre-Electica Annual Nemination Other Pre-Convention				
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TYPE OF REPORT Check ane: Pre-Primary Pre-Election Annual Nomination Other Final/Disbands Committee (lines 18, 19, and 20 must be "0") Outgoing Treasurer (within 10 days emend Statement of Organization) Reporting Period: Pre-Election Prost-Convention Prost-Convention Prost-Convention Collumn A This Period Through: 9-/2-/8 Cash on hand and investments at the beginning of this reporting period. Cash on hand and investments January 1, current year. COINTRIBUTIONS AND RECEIPTS Ote: these amounts include in-kind contributions and loans, as well as cash contributions.) a. Itemized (use Schedule A) b. Unitemized C. Add lines 13 and 15b in both columns Add lines 13 and 15c in Column A and lines 14 and 15c in Column B EXPENDITURES Ote: These amounts include in-kind expenditures and loan repayments.) a. Itemized (use Schedule B) (Public Question: use Schedule C) b. Unitemized C. Add lines 17a and 17b in both columns Cash on hand and investments at close of this reporting period (subtract 17c from 16 in both columns) Cash on hand and investments at close of this reporting period (subtract 17c from 16 in both columns) CERTIFICATION FOR OIT ICE USE CNLY. Title Date Title Date	Full Name of Candidate (include any nickname)	8. Party	Affiliation or It Independer	nt Candidate
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mature of Treasurer Title	FRTIFY THAT I HAVE EXAMINED THIS STATEMENT. TO THE BEST OF MY KNOWLEDGE AND BELIEF IT IS	TRUE, COR	RECT AND COMPLETE. VIG	O COUNTY SHEET
	onature of Treasurer Title	1 1	Date	

'ARNING: 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 es 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 establishment of the commercial purpose. (IC 3-9-4-16, IC 3-9-4-17, IC 3-9-4-18)

OURT

OCT 19 2018



State Form 4606 (R13/11-05) Indiana Election Commission (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	of	

CONTRIBUTOR'S FULL NAME AND OCCUPATION FULL MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED RECEIVED BY
	Contributions:	PERIOD	TEAK-TO-BATE	
1.7	Direct			
	☐ In-Kind (describe)			
			3	
	Other Receipts: Interest Loan			i
	Misc. (specify)	3		
Contributor's Occupation (if required)				
2.	Contributions:			
	Direct			
	In-Kind (describe)			10
	Other Receipts:			
	Interest Loan			
	Misc. (specify)			
Contributor's Occupation (if required)				
3.	Contributions:			
	Direct			
	In-Kind (describe)		1	
	Other Receipts:			
	Interest Loan			
	Misc. (specify)			
Contributor's Occupation (if required)	·		7	
4.	Contributions:			
	Direct			
	☐ In-Kind (describe)			
	Other Receipts:			
	Interest Loan			
	Misc. (specify)			
Contributor's Occupation (if required)				
5.	Contributions:			
	Direct	8	1	1
	☐ In-Kind (describe)			
	Other Receipts:			
<i>y</i> ;	Interest Loan	12		
	Misc. (specify)			
Contributor's Occupation (if required)				
SUBTOTAL 1	THIS PAGE OF SCHEDULE A	\$		
TOTAL OF ALL PAGES OF SCHEDULE A	ON THE LAST PAGE ONLY 115a of the Summary Sheet)	\$		



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

(CFA-4 SCHEDULE A-2) CONTRIBUTIONS BY CORPORATIONS

Itemized Contributions and Other Receipts

NSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY CORPORATIONS ON THIS SCHEDULE. Please type or print legibly IN 3LACK 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 rom 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 rom sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee).

	FILE NUMBER
Page	of

CONTRIBUTOR'S FULL NAME AND FULL MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED RECEIVED BY
	Contributions: Direct In-Kind (describe)			,
	Other Receipts: Interest Loan Misc. (specify)			
	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest Loan Misc. (specify)			
	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest Loan Misc. (specify)			
	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest Loan Misc. (specify)			
	Contributions: Direct In-Kind (describe)			
::	Other Receipts: Interest Loan Misc. (specify)			
SUBTOTAL	THIS PAGE OF SCHEDULE A	\$	N 10 (100)	
TOTAL OF ALL PAGES OF SCHEDULE (Enter total on ITE	A ON THE LAST PAGE ONLY M 15a of the Summary Sheet)	\$		



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

(CFA-4 SCHEDULE A-3) CONTRIBUTIONS BY LABOR ORGANIZATIONS

Itemized Contributions and Other Receipts

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

FILE NUMBER					
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Page	of				

CONTRIBUTOR'S FULL NAME AND FULL MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED RECEIVED BY
1.	Contributions: Direct In-Kind (describe) Other Receipts: Interest Loan Misc. (specify)	FEMOS		
2.	Contributions: Direct In-Kind (describe) Other Receipts: Interest Loan Misc. (specify)			
3.	Contributions: Direct In-Kind (describe) Other Receipts: Interest Loan Misc. (specify)			
4.	Contributions: Direct In-Kind (describe) Other Receipts: Interest Loan Misc. (specify)			
5.	Contributions: Direct In-Kind (describe) Other Receipts: Interest Loan Misc. (specify)			
	THIS PAGE OF SCHEDULE A	\$		
TOTAL OF ALL PAGES OF SCHEDULE (Enter total on ITE	M 15a of the Summary Sheet)	\$		



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

(CFA-4 SCHEDULE A-4) CONTRIBUTIONS BY POLITICAL ACTION COMMITTEES Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY POLITICAL ACTION COMMITTEES ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from political action committees OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All transfers-in and in-kind contributions regardless of amount from political action committees MUST be itemized on this schedule. All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee).

FILE NUMBER				
Page _	of			

CONTRIBUTOR'S FULL NAME AND 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	RECEIVED BY
	Contributions: Direct In-Kind (describe) Other Receipts: Interest Loan Misc. (specify)			
2.	Contributions: Direct In-Kind (describe) Other Receipts: Interest Loan Misc. (specify)			
3.	Contributions: Direct In-Kind (describe) Other Receipts: Interest Loan Misc. (specify)			
4.	Contributions: Direct In-Kind (describe) Other Receipts: Interest Loan Misc. (specify)			
5.	Contributions: Direct In-Kind (describe) Other Receipts: Interest Loan Misc. (specify)			
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TOTAL OF ALL PAGES OF SCHEDULE	A ON THE LAST PAGE ONLY	\$		



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

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

Itemized Contributions and Other Receipts

NSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY ORGANIZATIONS OTHER THAN CORPORATIONS, LABOR ORGANIZATIONS,
OLITICAL ACTION COMMITTEES AND INDIVIDUALS ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all
WITHCAL ACTION COMMITTIES AND INDIVIDUALS ON THIS CONTENDED TO
nformation on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to
17 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
locument 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
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and in-kind contributions regardless of amount from candidate's, legislative caucus, and regular party committees MUST be itemized on
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CONTRIBUTOR'S FULL NAME AND	TYPE OF CONTRIBUTION	COLUMN A	COLUMN B	DATE RECEIVED
FULL MAILING ADDRESS (street, number, city, state, ZIP code)	OR OTHER RECEIPT	AMOUNT THIS PERIOD	CUMULATIVE YEAR-TO-DATE	RECEIVED BY
	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest Loan Misc. (specify)			
	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest Loan Misc. (specify)			
	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest Loan Misc. (specify)			
	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest Loan Misc. (specify)			
	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest Loan Misc. (specify)			
SUBTOTAL	THIS PAGE OF SCHEDULE A	\$		
TOTAL OF ALL PAGES OF SCHEDULE A	ON THE LAST PAGE ONLY	\$		
(Enter total on ITEN	1 15a of the Summary Sheet)			



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

(CFA-4 SCHEDULE B) ITEMIZED EXPENDITURES

NSTRUCTIONS: 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.

14.4	FILE NUMBER	
Page _	of	

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
LE Frazier	landlord	Direct In-Kind Payment of Debt Returned Contribution Other Purpose:	500 ^{eg}	1000.00	5/18 2018
LE Frazier	landlord	Direct In-Kind Payment of Debt Returned Contribution Other Purpose:	500 -0	1500 00	4-8
IN Democrat party		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:	1505 00	1505	5/17 2018
L E Frazier	landlord	Direct In-Kind Payment of Debt Returned Contribution Other Purpose:	50000	200000	7/18
LE Frazier	landlord	Direct In-Kind Payment of Debt Returned Contribution Other Purpose:	100000	300000	8-14 2018
LE frazier	landlord	Direct In-Kind Payment of Debt Returned Contribution Other Purpose:	500 00		9-3 2018
Code		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:			
TOTAL OF ALL PA	SUBTOTAL THIS PAGES OF SCHEDULE B ON TH		\$4505		Programmes

(Enter total on ITEM 17a of the Summary Sheet)



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

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

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

FILE NUMBER

nount paid to political committees supporting or opp	osing a public question, MUST be itemize	ed on this schedule.			
				Page	of
Enter Text of Public Question	PUBLIC QUESTIC	ON INFORMATION		# the to	1 145
rype of Question: Statewide Doposition: Supported Dopos					
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
Code		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:			
Code		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:			
Code		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:		×	
Code	H	Direct In-Kind Payment of Debt Returned Contribution Other Purpose:			
code		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:			
code		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:			
	SUBTOTAL THIS PA		\$		
TOTAL OF ALL PAG	ES OF SCHEDULE C ON TH	E LAST PAGE ONLY	\$		



State Form 4606 (R13/11-05) Indiana Election Commission (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.

VIII O	ILE NUMBER	
Page	of	_

CREDITOR'S OR LENDER'S NAME & MAILING ADDRESS (street, number, city, state, ZIP code)	ENDORSER'S OR VENDOR'S	AMOUNT	DATE DEBT	CUMULATIVE PAID	OUTSTANDING BALANCE THIS
	NAME & MAILING ADDRESS (if any) (street, number, city, state, ZIP code)	NATURE OF DEBT	INCURRED	YEAR-TO-DATE	PERIOD
NOER'S OCCUPATION:					
NDER'S OCCUPATION:					
ENDER'S OCCUPATION.					
ENDER'S OCCUPATION					
NUER'S OCCUPATION:					
NDER'S OCCUPATION:					
					6
ENDER'S OCCUPATION		SUBTOTA	AL THIS PAGE	OF SCHEDULE D	\$
	TOTAL OF ALI	PAGES OF SCHEDUL	F D ON THE L	AST PAGE ONLY	
	TOTAL OF ALI	(Enter total on	ITEM 19 of the	Summary Sheet)	1



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

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

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. List all debts and loans, regardless of the amount, OWED TO the committee during the reporting period. Include all amounts the committee has loaned to others.

	FILE NUMBER	
Page _	of	-

BORROWER'S NAME & MAILING ADDRESS (street, number, city, state, ZIP code)	CO-SIGNER'S NAME	DATE DEBT PAIL		CUMULATIVE PAID	BALANCETHIS	
	& MAILING ADDRESS (if any) (street, number, city, state, ZiP code)	NATURE OF DEBT	INCURRED	YEAR-TO-DATE	PERIOD	
w.						
					-	
		SUBTOTA	AL THIS PAGE	OF SCHEDULE E	\$	
	TOTAL OF	ALL PAGES OF SCHEDU	LE E ON THE L	AST PAGE ONLY	, s	
		(Enter total on	ITEM 20 of the	Summary Sheet		