



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

TOTAL PAGES IN ENTIRE CFA-4 REPORT

### COMMITTEE INFORMATION

1. Full Name of Committee (as on Statement of Organization) ☐ Check if this is a new name **SUGAR CREEK**  
**COMMITTEE TO ELECT JAMES M. JIM CHRISMAN VIGO COUNTY TOWNSHIP TRUSTEE**  
3. Committee Telephone Number  
**(812) 533-2997**  
Acronym or Abbreviated Name (if any)  
5. Mailing Address (address where all campaign finance correspondence is received) ☐ Check if this is a new address  
**1300 N. SMITH PLACE**  
City, State, ZIP Code  
**WEST TERRE HAUTE, IN 47885**  
6. Party Affiliation (if applicable)  
**DEMOCRAT**

### CANDIDATE INFORMATION (For Candidate's Committees Only)

7. Full Name of Candidate (include any nickname)  
**JAMES M. JIM CHRISMAN**  
8. Party Affiliation or If Independent Candidate  
**DEMOCRAT**  
9. Office Sought (Include district number, if any. Not required for exploratory committee.)  
**VIGO COUNTY, SUGAR CREEK TOWNSHIP TRUSTEE**  
10. County of Residence  
**VIGO**

### TYPE OF REPORT

### CONVENTION CANDIDATES ONLY

1. 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

2. Reporting Period:

From: **10-13-18** Through: **12-31-18**

3. Cash on hand and investments at the beginning of this reporting period.

4. Cash on hand and investments January 1, current year.

COLUMN A  
This Period

COLUMN B  
Year to Date

400.16

2000.00

### CONTRIBUTIONS AND RECEIPTS

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

5a. Itemized (use Schedule A)

0.00

2000.00

5b. Unitemized

0.00

0.00

5c. Add lines 15a and 15b in both columns

SUBTOTAL

0.00

0.00

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

TOTAL

400.16

2000.00

### EXPENDITURES

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

6a. Itemized (use Schedule B) (Public Question: use Schedule C)

100.00

1699.84

6b. Unitemized

300.16

2000.00

6c. Add lines 17a and 17b in both columns

SUBTOTAL

400.16

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

TOTAL

0.00

0.00

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

0.00

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

0.00

### CERTIFICATION

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

**James M. Jim Chrisman**

**TREASURER**

**01-16-19**

Signature of Candidate (if applicable)

Date

**James M. Jim Chrisman**

**01-16-19**

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 is 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)

FOR OFFICE USE ONLY

**FILED**  
VIGO COUNTY SUPERIOR COURT

**JAN 16 2019**

*Brady M. [Signature]*  
CLERK

**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 \_\_\_\_\_ 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 (mm/dd/yy)
Code _____ W.T.H. Dem. Club		<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:	100.00		10-31-18
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:			
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			\$		
TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY (Enter total on ITEM 17a of the Summary Sheet.)			\$		