

Signature of Treasurer

Signature of Candidate (if applicable)

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

State Form 4606 (R15 / 5-19) Indiana Election Division (IC 3-9-5-14)

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

IS THIS AN AMENDMENT? Yes

(CFA-4) **Summary Sheet** 

| -III F | NHM | RFR |
|--------|-----|-----|

**TOTAL PAGES IN ENTIRE CFA-4 REPORT** 

| COMMITTEE INFORMATION   | _                            |                               |                                       |  |  |
|---|------------------------------|-------------------------------|---------------------------------------|--|--|
|   |                              |                               |                                       |  |  |
| 1. Full Name of Committee (as on Statement of Organization)   |                              |                               |                                       |  |  |
| 2. Acronym or Abbreviated Name (if any)   |                              | 3. Committee Telephone Number |                                       |  |  |
|   | (                            | )                             |                                       |  |  |
| 4. Mailing Address (Address where all campaign finance correspondence is received.) 5146 Laytonstone Ct.                  | Check if thi                 | s is a new address.           |                                       |  |  |
| 5. City, State, ZIP Code  | Affiliation (if applicable)  |                               |                                       |  |  |
| Terre Haute, IN 47803   | Demo                         |                               |                                       |  |  |
| CANDIDATE INFORMATION (For Candidate's C  | _                            |                               | الوطاعات                              |  |  |
| 7. Full Name of Candidate (Include any nickname.)   | 8. Party<br>Demo             | ·                             | filiation or If Independent Candidate |  |  |
| Matthew Anthony Sheehan   | _                            |                               |                                       |  |  |
| Office Sought (Include district number, if any. Not required for exploratory committee.)     Terre Haute City Court Judge | 10. County of Residence Vigo |                               |                                       |  |  |
| TYPE OF REPORT  |                              | CONVENTION                    | CANDIDATES ONLY                       |  |  |
| 11. Check one:  |                              | Check one:                    |                                       |  |  |
| Pre-Primary Pre-Election Annual Nomination Other  |                              | L Pre-Conve                   |                                       |  |  |
| Final / Disbands Committee (Lines 18, 19, and 20 must be "0".) Outgoing Treasurer (Within ten (10) days amend State       | ement of Orga                | nization.) Dost-Conv          | ention                                |  |  |
| 12. Reporting Period (mm/dd/yy):  |                              | COLUMN A                      | COLUMN B                              |  |  |
| From: 04/13/2019 Through: 10/11/19  |                              | This Period                   | Year to Date                          |  |  |
| 13. Cash on hand and investments at the beginning of this reporting period.   |                              | 2,041.39                      |                                       |  |  |
| 14. Cash on hand and investments January 1, current year.   |                              |                               | 0.00                                  |  |  |
| CONTRIBUTIONS AND RECEIPTS  |                              |                               |                                       |  |  |
| (Note: these amounts include in-kind contributions and loans, as well as cash contributions.)                             |                              | 250.00                        | 2,650.00                              |  |  |
| 15a. Itemized (Use Schedule A.)   |                              | 663.96                        | 2,013.69                              |  |  |
| 15b. Unitemized  15c. Add lines 15a and 15b in both columns.  SUBTOTAL  |                              | 913.96 4,66                   |                                       |  |  |
|   |                              | 2,955.35                      | 4,663.69                              |  |  |
|   | TOTAL                        | 2,955.55                      | 4,003.09                              |  |  |
| EXPENDITURES  |                              |                               |                                       |  |  |
| (Note: These amounts include in-kind expenditures and loan repayments.)   |                              | 1,900.00                      | 4,187.00                              |  |  |
| 17a. Itemized (Use Schedule B.) (Public Question: use Schedule C.)  17b. Unitemized                                       |                              | 0.00                          | 0.00                                  |  |  |
|   | TOTAL                        | 1,900.00                      | 4,187.00                              |  |  |
|   |                              | 1,055.35                      | 476.69                                |  |  |
| 18. Cash on hand and investments at close of this reporting period (Subtract 17c from 16 in both columns.)                | TOTAL                        | 1,000.30                      | 470.09                                |  |  |
| 19. Debts OWED BY the committee (Use Schedule D.)   |                              |                               |                                       |  |  |
| 20. Debts OWED TO the committee (Use Schedule E.)   |                              |                               |                                       |  |  |
| CERTIFICATION   |                              | FO                            | R 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.

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 3-44-42) A person who follows: 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)

Date (mm/dd/yy)

Date (mm/dd/yy)

te (mm/dd/yy)
10 - 18 - 19 VIGO COUNTY SUPERIOR COURT

OCT 18 2019



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State Form 4606 (R15 / 5-19) Indiana Election Division (IC 3-9-5-14)

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

**Itemized Contributions and Other Receipts** 

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

|      | FILE NUMBER |  |  |  |
|------|-------------|--|--|--|
|      |             |  |  |  |
| Page | of          |  |  |  |

| CONTRIBUTOR'S FULL NAME AND   | TYPE OF CONTRIBUTION                                    | COLUMN A           | COLUMN B<br>CUMULATIVE | DATE RECEIVED (mm/dd/yy) |
|---|---|--------------------|------------------------|--------------------------|
| FULL MAILING ADDRESS (street, number, city, state, ZIP code)              | OR OTHER RECEIPT  | AMOUNT THIS PERIOD | YEAR-TO-DATE           | RECEIVED BY              |
| Wright, Shagley & Lowery, P.C.     500 Ohio Street, Terre Haute, IN 47807 | Contributions:  Direct In-Kind (describe)               |                    | ¢250.00                | 04/15/2019               |
|   | Other Receipts: Interest Loan Miscellaneous (specify)   | \$250.00           | \$250.00               | Mike Ciolli              |
| 2.  | Contributions:  Direct In-Kind (describe)               |                    |                        |                          |
|   | Other Receipts:  Interest Loan  Miscellaneous (specify) |                    | 11                     |                          |
| 3.  | Contributions:  Direct In-Kind (describe)               |                    |                        |                          |
|   | Other Receipts: Interest Loan Miscellaneous (specify)   |                    |                        |                          |
| 4.  | Contributions:  Direct In-Kind (describe)               |                    |                        |                          |
|   | Other Receipts: Interest Loan Miscellaneous (specify)   |                    |                        |                          |
| 5.  | Contributions:  Direct In-Kind (describe)               |                    |                        |                          |
|   | Other Receipts:  Interest Loan  Miscellaneous (specify) |                    |                        |                          |
|   | THIS PAGE OF SCHEDULE A                                 | \$ 250.00          |                        |                          |
| TOTAL OF ALL PAGES OF SCHEDULE<br>(Enter total on ITE                     | A ON THE LAST PAGE ONLY<br>M 15a of the Summary Sheet.) | \$                 |                        |                          |



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

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# (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<br>(street, number, city, state, ZIP code)                        | RECIPIENT'S OCCUPATION  OFFICE SOUGHT (if applicable) | TYPE OF EXPENDITURE<br>and<br>PURPOSE (be specific)                           | COLUMN A<br>AMOUNT THIS<br>PERIOD | COLUMN B<br>CUMULATIVE<br>YEAR-TO-DATE | DATE OF<br>EXPENDITURE<br>(mm/dd/yy) |
|--|---|---|-----------------------------------|--|--------------------------------------|
| Lamar Advertising<br>4701 E. Margaret Drive<br>Terre Haute, IN 47803                                   | Advertising Co.                                       | ☑ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other Purpose: | \$1,900.00                        | \$1,900.00                             | 10/01/2019                           |
| Code   |   | ☐ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other Purpose: |                                   |  |                                      |
| Code   |   | Direct In-Kind Payment of Debt Returned Contribution Other Purpose:           |                                   |  | S.                                   |
| Code   |   | Direct In-Kind Payment of Debt Returned Contribution Other Purpose:           |                                   |  |                                      |
| Code   |   | Direct In-Kind Payment of Debt Returned Contribution Other Purpose:           |                                   |  |                                      |
| Code   |   | Direct In-Kind Payment of Debt Returned Contribution Other Purpose:           |                                   |  |                                      |
| Code   |   | Direct In-Kind Payment of Debt Returned Contribution Other Purpose:           |                                   |  |                                      |
| SUBTOTAL THIS PAGE OF SCHEDULE B   |   |   | \$ 1,900.00                       |  |                                      |
| TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY (Enter total on ITEM 17a of the Summary Sheet.) |   |   | \$                                |  |                                      |