

State Form 4606 (R14 / 10-17) 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 No

(CFA-4) Summary Sheet

FILE NUMBER

TOTAL PAGES IN ENTIRE CFA-4 REPORT

	3				
COMMITTEE INFORMATI	ON	9 53 H) 88" T	Carlotte I		
1. Full Name of Committee (as en Statement of Organization) Check if this is a		THE RESERVE OF THE PARTY OF THE	-100 14 0	41, 21, 12	
COMMITTO DE STAVED W	1/1	LLUDS			
2. Acronym or Abbreviated Name (if any)	3. Co	mmittee Telepho	ne Number		
	18	12 24	3-24	677	
4. Mailing Address (Address where all campaign finance correspondence is received.)	Check if	this is a new add	ress.		
5. City, State, ZIP Code					
LENIS IN 47858	6. Pa	rty Affiliation (if a	oplicable)		
3 2 3		SE	and the same		
7. Full Name of Candidate (Include any nickname.)			arithan L		
DAVID W. BLOWH	8. Pa	rty Affiliation or If	Independent	Candidate	
9. Office Sought (Include district number, if any Not required for exploratory committee.)	10. C	until of Residen	Ce C		
TYPE OF REPORT	U S OX LINE		DNVENTION	CANDIDATES	S OME Y
11, Check one:			eck one:	OANDIDA: E	ONET
Pre-Primary Pre-Election Annual Nominalion Other			Pre-Conve	ntion	
Final / Disbands Committee (Lines 18, 19, and 20 must be 10.); Outgoing Treasurer (Within ten (10) days amen	od Statement of O	rganization)	Post-Conve	ention	1
12. Reporting Period (mm/sld/yy):		COLUM	NΔ	COLUMN	
Front 14N 1 2019 Through: UEC 31 20	019	This Per		Year to D	
13. Cash on hand and investments at the beginning of this reporting period.					20-7
14. Cash on hand and investments January 1, current year.		[[]][][][][][][][][][][][][][][][][][]	15,53		
CONTRIBUTIONS AND RECEIPTS (Note: these amounts include in-kind contributions and loans, as well as cash contributions.)	Sandy	Million State			19 14
15a. Itemized (Use Schedule A.)					
15b. Unitemized					
15g Add lines 15g and 15th in the t	UBTOTAL		0.00		- 0.00
16. Add fines 13 and 15c in Column A and lines 14 and 15c in Column B.	TOTAL				-0.00
EXPENDITURES	TOTAL		0.00	in the least	0.00
Note: These amounts include in-kind expenditures and loan repayments.)					
7a. Itemized (Use Schedule B.) (Public Question: use Schedule C.)				HOLL TO STATE	
7b, Unitemized					
17c. Add fines 17a and 17b in both columns.	UBTOTAL		0.00		0.00
8. Cash on hand and investments at close of this reporting period (Subtract 17c from 18 in both columns.)	TOTAL	\Box	0.00	0	0.00
9. Debts OWED BY the committee (Use Schedule D.)		- A		All Carry	1911
0 Debts OWED TO the committee (Use Schedule E.)		Õ			
				DECIDE US	011111
CERTIFY THAT I HAVE EXAMINED THIS STATEMENT, TO THE BEST OF MY KNOWLEDGE AND BELIEF IT	IS TRUE COR	RECT AND COMPLE	TE I	OFFICE USE	10
Ignature of Tycylsurer))	0	Date (mm/d‡/yy)	VICE COLL	NTY SUPERIO	OR COURT
todal fle yen IRERSURE	5	1/3/20	2000	4110011111	00
Ignature of Parididate (If applicable)	E	ate (myliodlyy)	J/	AN 08 20	20

MARNING: An internation contained in this report may not be copied for sale or used for any commercial purpose. (IC 3-9-45) A person who knowingly files a freudulen: report commits a Level 6 felory. (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 3-5-4-16, IC 3-9-4-17, IC 3-9-4-18)

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State Form 4606 (R14 / 10-17) 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 (NK 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 TEM 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 (mm/dd/yy) RECEIVED BY
1.	Contributions: Direct In-Kind (describe)		TEAR TO-DATE	12021120 01
	Other Receipts: Interest Loan Miscellaneous (specify)			
Contributor's Occupation (if required)				
2.	Contributions: Direct In-Kind (describe)			
L.	Other Receipts: Interest Loan Miscellaneous (specify)			
Contributor's Occupation (if required)				
3,	Contr butions: Direct In-Kind (describe)			
	Other Receipts: Interest Loan Miscellaneous (specify)		-	
Contributor's Occupation (il required)				
4.	Contributions: Direct In-Kind (describe)		i	
	Other Receipts: Interest Loan Miscellaneous (specify)			
Contributor's Occupation (if required)				
5.	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest Loan Misce Janeous (specify)			,
ontributor's Occupation (if required)		# I		
TOTAL OF ALL PAGES OF SCHEDULE A	HIS PAGE OF SCHEDULE A SON THE LAST PAGE ONLY			
(Enter total on ITEM 1	(5a of the Summary Sheet.)			



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 decrement contributions and society that the TTT-1 dis schedule, see historicals on the reverse side. This
schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions
ment corporations over \$100 per contributor, within a calendar year MILST be itemized on this schedule force \$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) OVED \$100 as contributes with
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	AMOUNT THIS	COLUMN B CUMULATIVE	DATE RECEIVED (mm/dd/yy)
1.	Contributions:	PERIOD	YEAR-TO-DATE	RECEIVED BY
T.	Direct	1		
	☐ In-Kind (describe)			
	Other Receipts:			
ļ	Interest Loan Miscellaneous (specify;			
	Miscellaneous (specify;	_		
2.	Contributions:			
P	Direct			
	In-Kind (describe)	<u>.</u>		
	Other Receipts:			
16	Interest Loan			
	Miscellaneous (specify)			
3.		•		
<i>.</i>	Contributions:			
	In-Kind (describe)	1		
			-	
	Other Receipts:			
	☐ Interest ☐ Loan ☐ Miscella neous (specify)		(
	This delicate data (apeony)			
4.	Contributions:			
	Direct			Ĩ
	In-Kind (describe)			
	Other Receipts:			
	☐ Interest ☐ Loan			1
	Miscellaneous (specify)		1	ĺ
			1	
5.	Contributions:			
	☐ Direct ☐ In-Kind (describe)			
	an ione (sessine)	1		
	Other Receipts:		_	
	Interest Loan			
	Miscellaneous (specify)	1	Í	
SUBTOTAL T TOTAL OF ALL PAGES OF SCHEDULE A	HIS PAGE OF SCHEDULE A	\$ 0.00		
(Enter total on ITEM	15a of the Summary Sheet.)	S		



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 _	of		

CONTRIBUTOR'S FULL NAME AND FULL MAILING ADDRESS	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS	COLUMN B CUMULATIVE	DATE RECEIVED (mm/dd/yy)
(street, number, city, state, ZIP code)		PERIOD	YEAR-TO-DATE	RECEIVED BY
1.	Contributions:			
	Direct		1	
•	☐ In-Kind (describe)			
1	Other Receipts:	7		
	Interest Loan			
	Miscellaneous (specify)			
2,	Contributions:			
į.	Direct	Ì		
	In-Kind (describe)	=		
	Other Receipts:			
	Interest Loan	1	#1 4	
	Miscellaneous (specify)			
3,	Contributions:			
	Direct	1		
	n-Kind (describe)			
	74	1		
	Other Receipts: Interest Loan		1	
	Miscellaneous (specify)			
	Missellarieous (specify)		*	
4,	Contributions:			
	Direct		1	· ·
	In-Kinc (describe)	1]	
	Other Receipts:		1	
	Interest Loan			
	.Miscellaneous (specify)	1		
5.	Contributions:			
	Direct			
	In-Kind (describe)			
	-		1	
	Other Receipts:			
	Miscellaneous (specify)			
				1
SUBTOTAL	THIS PAGE OF SCHEDULE A	\$ 0.00	i julijani v Vilia	
TOTAL OF ALL PAGES OF SCHEDULE , (Enter total on ITEM	A ON THE LAST PAGE ONLY 1 15a of the Summary Sheet.)	\$ ~		
7-110 1011 CIV	or are summary sneet.)			H1000000000000000000000000000000000000



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(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 TEM 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 \$250 if regular party committee).

FILE NUMBER				
Page	of			

CONTRIBUTOR'S FULL NAME AND FULL MAILING ADDRESS	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS	COLUMN B CUMULATIVE	DATE RECEIVED (mm/dd/yy)
(street, number, city, state, ZIP code)		PERIOD	YEAR-TO-DATE	RECEIVED BY
t.	Contributions:			
	Cirect			
	In-Kind (describe)		1	
		k.		
	Other Receipts:			
	Interest Loan			
	Miscellaneous (specify)			1
2.	Contributions:			
	☐ Direct			
	In-Kind (describe)	9		
	Other Receipts:		, ·	
	Interest Lcan			
	Miscellaneous (specify)		i	
Į.				
3.				,
	Contributions:		f	
	In-Kind (describe)	1		i
	E MI-KING (describe)	1		
		1		
	Other Receipts: Interest Loan	•		
	Miscellaneous (specify)			
*	Wiscellaneous (specify)			
4.	Contributions:			
	Direct	Į.		Į
	In-Kind (describe)	1		1
		1		
	Other Receipts:			
	Interest Loan		l	}
	Miscellaneous (specify)	1		1
5.	Contributions:			
	Direct	1		
	☐ In-Kind (describe)		1	1
		Į.		1
	Other Receipts	n n	-	
	Interest Loan	1		
	☐ Miscellaneous (specify)	ĺ		
	AL THIS PAGE OF SCHEDULE A \$	0.00		Larmon Hill
TOTAL OF ALL PAGES OF SCHEDU	LE A ON THE LAST PAGE ONLY STEM 15a of the Summary Sheet.)			
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Jan 03 20, 06:10p

REPORT OF RECEIPTS AND EXPENDITURES OF A POLITICAL COMMITTEE

State Form 4506 (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 or the reverse side. This schedule is used to document contributions and receipts totated an ITEM 15s 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 regardlass of amount from cardidate's, legislative caucus, and regular party committees MUST be itemized on this schedule. All cumulative receipts, (such as loan proceeds and repayments, refunds, rebales, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calandar year, MUST be itemized on this schedule (over \$200 if regular

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 (mm/dd/yy) RECEIVED BY
1.	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest Loar Miscellaneous (specify)			
2.	Contributions; Direct In-Kind (describe)		×	
	Other Receipts: Interest Loan Miscellaneous (specify)			
3.	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest Loan Miscellaneous (specify)			
4.	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest Loan Miscellaneous (specify)		-	
A.	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest Loan Miscellaneous (specify)			
SUBTOTAL TH	IS PAGE OF SCHEDULE A	\$ 0.00		
TOTAL OF ALL PAGES OF SCHEDULE A C (Enter total on ITEM 1	ON THE LAST PAGE ONLY 5a of the Summary Sheet.)	\$		



State Form 4606 (R14 / 10-17) 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 lotated on ITEM 17a of the Summary Sheet. All cumulative expenses paid to indiviouals, businesses labor organizations and other entities OVER \$100 per recipient, within a calendar year MUST be illemized 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	33	Direct In-Kind Payment of Debt Returned Contribution Other Purpose:			
Code		Direct Ir-Kind Payment of Debt Returned Contribution Other Purpose:			
Code		Direct In-Kind Payment of Deb: Returned Contribution Other Purpose:			
Code		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:			
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Code		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:			
Code		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:			
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TOTAL OF ALL PAG	ES OF SCHEDULE B ON THE L	AST PAGE ONLY			· 大小岩竹。



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

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

MISTRICTIONS, Disease to the second			1011	abile wae	5110113
INSTRUCTIONS: Please type or print legibly IN completing this schedule, see instructions on the re amount paid to political committees supporting or opp				FILE NUMB	ER
				Page	of
Enter Text of Public Question.	PUBLIC QUESTI	ON INFORMATION			WWW.
Type of Question: Statewide Dosition: Supported Doppos					
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)
Coce		Direc: In-Kond Payment of Dabt Returned Contribution Other Purpose:			(10)
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:			
ode		Direct In-Kind Payment of Debt Refurned Contribution Other Purpose:			
ode		Direct			
	SUBTOTAL THIS PAG	E OF SCHEDULE C	0.00	DATE: A	11271017
TOTAL OF ALL PAGES	OF SCHEDULE C ON THE	LAST PAGE ONLY			

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



State Form 4606 (R * 4 / 10-17) Indiana Election Division (IC 3-9-5-14)

(CFA-4 SCHEDULE D) DEBTS OWED BY THIS COMMITTEE

INSTRUCTIONS: Please type or print leg by 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	
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p.9

CREDITOR'S OR LENDER'S NAME AND MAILING ADDRESS	ENDORSER'S OR VENDOR'S NAME AND MAILING ADDRESS (If any)	AMOUNT	DATE DEBT INCURRED	CUMULATIVE PAID	OUTSTANDING BALANCE THIS
(street, number, city, state, ZIP code)	AND MAILING ADDRESS (if any) (street, number, city, state, ZIP code)	NATURE OF DEBT	(mm/dd/yy)	YEAR-TO-DATE	PERIOD
LENCER'S OCCUPATION					
LENDER'S OCCUPATION					
8					
LEMPER'S OCCUPATION,					
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State Form 460€ (R14 / 10-17) Ir diana Election Division (IC 3-9-5-14)

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

INSTRUCTIONS: Piease	type or print legibly IN BLACK INK all information on this schedule. For assistance	o in
completing this softedule,	see instructions on the reverse side. List all debts and loans, regardless of the area.	erest.
OWED TO the committee	during the reporting period. Include all amounts the committee has loaned to others.	121.75

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AND MAILING ADDRESS (If any) (street, number, city, state, ZIP code) AND MAILING ADDRESS (If any) (street, number, city, state, ZIP code) NATURE OF DEBT AND MAILING ADDRESS (If any) Countries (If any) (street, number, city, state, ZIP code) NATURE OF DEBT OUNTATIVE PAID YEAR-TO-DATE PAID INCURRED (mm/dd/yy) PAID YEAR-TO-DATE OUNTATIVE PAID YEAR-TO-DATE
SUBTOTAL THIS PAGE OF SCHEDULE E \$ 0.00
TOTAL OF ALL PAGES OF SCHEDULE E ON THE LAST PAGE ONLY (Enter total on ITEM 20 of the Summary Sheet.) \$ \tag{Enter total on ITEM 20 of the Summary Sheet.}}