

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

5	X	١

(CFA-4)

Summary Sheet FILE NUMBER **TOTAL PAGES IN ENTIRE CFA-4 REPORT**

COMMITTEE INFO	RMATION		A STATE OF THE STATE OF
1. Full Name of Committee (as on Statement of Organization) Check if	this is a new name.		•
Citizens to Elect Wormser Por	Coroner		
2. Acronym or Abbreviated Name (if any)	3. Com	mittee Telephone Number	
	(81)	2)298-50	124
4. Mailing Address (Address where all campaign finance correspondence is receive	d.) 🔲 Check if th	ls is a new address,	2
4304 Hidden Way St.			
7 Ot 5 1 70 O. J.	6. Party	Affiliation (if applicable)	
Terre Haute IN 47802		200	
CANDIDATE INFORMATION (For Ca			
7. Full Name of Candidate (Include eny nickname.)		Affiliation or if Independer	nt Candidate
Theresa "Shelly Michele Worm Ser. 9. Office Sought (Include district number, if any, Not required for exploratory com		emocrat	
	mittee.) 10. Cou	inty of Residence	
Vigo County Coroner	I WAR SHIP OF THE SAME	V190	N CANDIDATES ONLY
TYPE OF REPORT	THATE E TRAIN	Check one:	N CANDIDATES CHE!
11. Check one: Pre-Primary Pre-Election Annual Nomination Other		Pre-Conv	/entlon
Final / Disbanda Committee (Unes 18, 19, and 20 must be "0".) Outgoing Treasurer (Within ten (16) days amend Statement of Ora		
A STATE OF THE STA	y day's smand old amont or orgi	The second secon	001111111111111111111111111111111111111
12. Reporting Period (mg/dd/yy): From: 0/ 0/ 20 Through: 04/10/2	.n.	COLUMN A This Period	COLUMN B Year to Date
Through: 09/10/2 13, Cash on hand and investments at the beginning of this reporting period.		Of	
14. Cash on hand and investments at the beginning of the reporting period.			18
CONTRIBUTIONS AND RECEIPTS			Harris Halles
(Note: these amounts include In-kind contributions and loans, as well as cash contrib	nutions.)		
15a. Itemized (Use Schedule A.)		1591.67	1591.67
15b. Unitemized	98 S	60.41	60.41
15c. Add lines 15a and 15b in both columns.	SUBTOTAL	1652.08	1652.08
16, Add lines 13 and 15c in Column A and Ilnes 14 and 15c in Column B.	TOTAL	1652.08	1652.081
EXPENDITURES	The state of the s		
(Note: These amounts include in-kind expenditures and loan repayments.)			
17a, Nemized (Use Schedule B.) (Public Question; use Schedule C.)		1584.40	1384.40
17b. Unitemized		60.41	60.41
17c. Add lines 17a and 17b in both columns.	SUBTOTAL	1644.81	1644.81
18. Cash on hand and Investments at close of this reporting period (Subtract 17c from 16 in both	columns.) TOTAL	7.27	
19. Debts OWED BY the committee (Use Schedule D.)		8_	
20. Debts OWED TO the committee (Use Schedule E.)		Ø	
CERTIFICATION	Name of the last	NUMBER OF	OR OFFICE USE ONLY
CERTIFY THAT I HAVE EXAMINED THIS STATEMENT. TO THE BEST OF MY KNOWLEDGE AND	BELIEF IT IS TRUE, CORR	ECY AND COMPLETE.	FILED

omeass Signature of Candidate (if applicable) Treasurer

Dale (mm/dd/yy)

VIGO COUNTY SUPERIOR COURT

APR 14 2020

Date (mm/dd/yy)

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 flies 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

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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 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, relunds, rebales, 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	NUMB	ER	
		2/		
Page _	2	of	11	

CONTRIBUTOR'S FULL NAME AND OCCUPATION FULL MAILING ADDRESS	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS	COLUMN B CUMULATIVE	DATE RECEIVED (mm/dd/yy) RECEIVED BY
Theresa Wormser 4304 S. Hidden Way St. Terre Haute. In 47802	Contributions; Direct In-Kind (describe) Other Receipts: Interest Loan Miscellaneous (specify)	PERIOD	YEAR-TO-DATE	2/14/20 Tamra Everharr
Contributor's Occupation (8 required) Medical Lab Scients	Contributions:	*		
Theresa Wormser 4304 5. Hidden Way St. Terre Hawte In 47802 Contributor's Occupation (6 required) Medica Lab Scients	Other Receipts: Interest Loan Miscellaneous (specify)	112.84	222.84	2/28/20 Janua Everhar
Theresa Wormser 4304 S. Hidden Wordst. Terre Hawle In 47802 Contributor's Occupation (Grequired) Medical Lab Schools	Coptributions: Direct In-Kind (describe) Other Receipts: Interest Loan Miscellaneous (specify)	142.85	365169	3/1/20 Famra Everhalt
Theresa Wormser 43045. Holden Way St. Terre Hawte IN 47802 Contributor's Occupation (a required) Medical Lab Scientis	Contributions; Direct In-Kind (describe) Other Receipts: Interest Loan Miscellaneous (specify)	425.00	790.69	3/3/20 Jamra Everhart
Rebecea Steadman 3001 E Hollyhock Ave. Terre Hawte In 47805 Contributor's Occupation (8 required) Renved	Contributions: Direct In-Kind (describe) Other Receipts: Interest Loan Miscellaneous (specify)	100.00	890.69	3/5/20 Tamra Everhalt
SUBTOTALT	HIS PAGE OF SCHEDULE A	\$ 0.00		
TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY (Enler total on ITEM 15a of the Summary Sheet.)		\$		



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 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, rebales, 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				
		25		
Page_	3	of	11	

CONTRIBUTOR'S FULL NAME AND OCCUPATION	TYPE OF CONTRIBUTION	COLUMN A	COLUMN B	DATE RECEIVED
FULL MAILING ADDRESS (street, number, city, state, 2IP code)	OR OTHER RECEIPT	AMOUNT THIS PERIOD	CUMULATIVE YEAR-TO-DATE	(mm/dd/yy) RECEIVED BY
"Theresa Wormser 4304 5. Hidden Way St. Terre Haute EN 47802	Contributions: Direct In-Kind (describe) Other Receipts: Interest Loan Miscellaneous (specify)	202.07	1092.76	3/4/20 Tamra Everhart
Contributor's Occupation (& required) Medical Law Scient				
Meresa Wormser 43045. Hidden Way St.	Contributions: Direct In-Kind (describe)	498.91	1591.67	3127/20
Terre Haule IN 47802	Other Receipts: Interest Lesn Miscellaneous (specify)	4 1017.		Janva Everhart
Contributor's Occupation (8 required) Medical Lap Scient				
3.	Contributions: Direct In-Kind (describe)			ą.
μ ⊛	Other Receipts: Interest Loan Miscellaneous (apacify)	á		
Contributor's Occupation (if required)				
A.	Contributions: Direct In-Kind (describe)			
**	Other Receipts: Interest Loan Miscellaneous (specify)			
Contributor's Occupation (d required)	Contributions:			
	☐ Direct : ☐ In-Kind (describe)			
*	Other Receipts: Interest Loan Miscellaneous (specify)			
Contributor's Occupation (of required)	HIS PAGE OF SCHEDULE A	\$ 0.00	nt Farith	
TOTAL OF ALL PAGES OF SCHEDULE A	ON THE LAST PAGE ONLY	\$ 1591.67		
(Enter total on ITEM	15a of the Summary Sheet.)	* 10/11/0/		



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 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, Inlerest or other Income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over
\$200 if regular party committee).

	FIL	E NUME	ER	V
	,]			
Page _	4	of		=

CONTRIBUTOR'S FULL NAME AND FULL MAILING ADDRESS	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS	COLUMN B CUMULATIVE	DATE RECEIVED
(street, number, city, state, ZIP code)	OK OTHER RECEIFT	PERIOD	YEAR-TO-DATE	RECEIVED BY
1,	Contributions:			
	In-Kind (describe)			
	Other Receipts:			
	☐ Interest ☐ Loan			
	Miscellaneous (specify)			
2.	Contributions:			
	☐ Direct ☐ [n-Kind (describe)			
*	-	21		
	Other Receipts:			
	Miscellaneous (specify)			
	Contributions:			
3.	☐ Olrect			
	In-Kind (describe)			
	Other Receipts:			
	Miscellaneous (specify)			
				[1
4.	Contributions: Direct			
	Π-Kind (describe)	0		
1	Other Receipts:			
	☐ Interest ☐ Loan ☐ Miscellaneous (specify)			
	TVIIs Cella II Bous (Specify)			(I
5.	Contributions:			
	☐ Direct☐ In-Kind (describe)			
	Other Receipts:			
	Miscellaneous (specify)	29		
All and a second	THIS BACK OF COUEDING	\$ 0.00		
TOTAL OF ALL PAGES OF SCHEDULE	THIS PAGE OF SCHEDULE A A ON THE LAST PAGE ONLY	- OK		
(Enter total on ITEN	1 15a of the Summary Sheet.)	\$		



State Form 4606 (R14 / 10-17) Indiana Election DiMsion (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 tabor 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).

	FILEN	UMBER	,
Page _	5	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 Loan Miscellaneous (specify)			- 1
2.	Contributions: Direct In-Kind (describs)			
	Other Receipts: Interest Loan Miscellaneous (specify)			12.
3,	Contributions: Direct In-Kind (describe)		v.	
	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 Recelpts: Interest Loan Miscellaneous (specify)			
SUBTOTAL T	HIS PAGE OF SCHEDULE A	\$ 0.00		Ko
TOTAL OF ALL PAGES OF SCHEDULE A	ON THE LAST PAGE ONLY 15a of the Summary Sheet.)	5 8		



State Form 4606 (R14 / 10-17) Indiana Election Division (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 catendar 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_	10	of		

CONTRIBUTOR'S FULL NAME AND FULL MAILING ADDRESS	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS	COLUMN B	DATE RECEIVED (mm/dd/yy)
(street, number, city, state, ZIP code)	11-Y-W M 18-5 10/2 M	PERIOD	YEAR-TO-DATE	RECEIVED BY
1,	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest Loan Miscellaneous (specify)			
2	Contributions: Direct In-Kind (describe)			
TC	Other Receipts: Interest Loan Miscellaneous (specify)			
3	Contributions: Direct In-Kind (describe)			
	Other Recelpts: Interest Loan Miscellaneous (specify)			
4.	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest Loan Miscellaneous (specify)			
5.	Contributions: Direct In-Kind (describe)			
	Other Recoipts: Interest Loan Miscellaneous (specify)			
SUBTOTALT	HIS PAGE OF SCHEDULE A	\$ 0.00		
TOTAL OF ALL PAGES OF SCHEDULE A (Enter total on ITEM	ON THE LAST PAGE ONLY 15a of the Summary Sheet.)	\$ 6		



State Form 4606 (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 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 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 regardless of amount from candidate's, tegislative caucus, and regular party 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
parly committee).

FILE NUMBER					
Page_	7	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			
	In-Kind (describe)			
	Oh B III		ļ.	
	Other Receipts:	i		
	Miscellaneous (specify)			
2,	Contributions:			
	☐ Direct	Î		
	n-Kind (describe)	li li		
	Other Receipts:		ì	******
	☐ Interest ☐ Loan☐ Miscellaneous (specify)			
3.	Contributions:			
	☐ Direct☐ In-Kind (describe)			
		l i		
	Other Receipts:			
	Miscellaneous (specify)			
4. %	Contributions:			
	n-Kind (describe)			
	Other Receipts:		1	
	🔲 Inloresi 🔲 Loan			
	Miscellaneous (specify)			
5.	Contributions:			
·	☐ Olrect		1	
	In-Kind (describe)			k
	Other Receipts:			
	☐ Interest ☐ Loan ☐ Miscollaneous (specify)			
	minocutinopa (abovit)			
SUBTOTAL T	HIS PAGE OF SCHEDULE A	\$ 0.00		
TOTAL OF ALL PAGES OF SCHEDULE A		\$ 0		
(Enter total on ITEM	15a of the Summary Sheet.)	· 😾	1 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	



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 stde. 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 entitles 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	8	of_	//	

				2.0	
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)
EZ Mailinguc 1801 W.18 St. Indianapolis IN Uproz	Printing Company	Direct In-Kind Payment of Dobt Returned Contribution Other Purpose:	604.75	604.73	3/5/20
3 pringhill Wholesale 14 to E. Springhill Dr. Terre Haut TN	Snirt Printing Co.	Direct In-Kind Payment of Debt Returned Contribution Other Purpose;	383.82	388.55 988.55	3/20/20
National Pen Co. Po OOX 847203 Dallas TX 75204	Pen Printing Co.	Purpose:	142.85	1131.40	3/1/20
E2 Mailing LL C 1801 W. 1870 Dr. Indianapolls EN	Printing Company	Direct In-Klod Payment of Debt Returned Contribution Other Purpose:	453.00	1584.40	3/21/10
Code		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:			
Code		☐ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other Purpose:			
Code		Direct [] [n-Kind] Payment of Debt Returned Contribution Other Purpose:			
	SUBTOTAL THIS PAG		\$ 0.00		
TOTAL OF ALL PAG	GES OF SCHEDULE B ON THE	LAST PAGE ONLY	\$1584.40		STATE OF



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

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

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 amount patd to political committees supporting or opposing a public question, MUST be itemized on this schedule.

FILE	ENUMB	ER	
Page_	9	of	
I dgc	11		

*				Page 4	of
	PUBLIC QUESTIO	N INFORMATION			
Enter Text of Public Question.					
					12
					1
Type of Question: Statewide	Locat				
Position: Supported Oppo					
	RECIPIENT'S OCCUPATION	TYPE OF EXPENDITURE	ÇOLUMN A	COLUMN B	DATE OF
RECIPIENT'S NAME AND MAILING ADDRESS (street, number, city, state, ZIP code)	RECIPIENT S OCCUPATION	and PURPOSE (bs specific)	AMOUNT THIS PERIOD	CUMULATIVE YEAR-TO-DATE	EXPENDITURE (mm/dd/yy)
(2003)		☐ Direct ☐ In-Kind			
Code		Payment of Debt			
		Returned Contribution			
		Other	1		
		Lochose:	0.00		
Code		Direct In-Kind Payment of Debt			}
		Returned Contribution			
		Other			
1		Purpose:			
		☐ Direct ☐ In-Klnd			
Code		Payment of Debt			
		Refurned Contribution			
i		Other			
		Purpose:			
		☐ Direct ☐ In-Kind			
Code		Payment of Debt			
		Retyrned Contribution			
		Other			
Code		□ Direct □ In-Kind			
700.0		Payment of Debt			l l
= =	i	Contribution Other			
		Purpose:			
Code		Direct In-Kind Payment of Debt			
		Returned Contribution			R
		Other			
		Purpose:			
	SUBTOTAL THIS PAG	E OF SCHEDULE C	\$ 0.00		
TOTAL OF ALL PAGE	S OF SCHEDULE C ON THE		-/		2 E
	Enter total on ITEM 172 of th	on Summary Sheet)	\$ <i>(Y)</i>		



State Form 4606 (R14 / 10-17) Indiana Election Division (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.

FILE NUMBER					
Page	10	of	11		

CREDITOR'S OR LENDER'S NAME AND MAILING ADDRESS	ENDORSER'S OR VENDOR'S NAME	AMOUNT	DATE DEST INCURRED	CUMULATIVE PAID	OUTSTANDING BALANCE THIS
AND MAILING ADDRESS (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
		-			
LENDER'S OCCUPATION					·
ACTION OF A STANDARD					
LENDER'S OCCUPATION:				-	
		-			
LENDER'S OCCUPATION					1
LENDER'S OCCUPATION:					
					N
LENDER'S OCCUPATION:					
				=	
ENGERS OF ANALYSTICAL				=2	
ENDER'S OCCUPATION:					
	}				
ENDER'S OCCUPATION:					
	Se -			F SCHEDULE D	\$ 0.00
20	TOTAL OF ALL	PAGES OF SCHEDULE (Enter total on 17	E D ON THE LA EM 19 of the S	ST PAGE ONLY ummary Shee(.)	5 0



State Form 4606 (R14 / 10-17) Indiana Election Division (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.

F is	FILE NUMBER						
Page _	11	of_	11				

BORROWER'S NAME AND MAILING ADDRESS (street, number, city, state, 2IP code)	CO-SIGNER'S NAME AND MAILING ADDRESS (if any) (street, number, city, state, ZIP code)	ORIGINAL AMOUNT	INCURRED	CUMULATIVE PAID YEAR-TO-DATE	OUTSTANDING BALANCE THIS PERIOD
		NATURE OF DEBT			
			- 		
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	-				
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		¥			
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			-		
	}				
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.)					\$ 0