

REPORT OF RECEIPTS AND EXPENDITURES OF A POLITICAL COMMITTEE

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 form. For assistance in completing this form, see instructions on the reverse side.

(CFA-4) **Summary Sheet**

FILE NUMBER TOTAL PAGES IN ENTIRE CFA-4 REPORT

| | 3 | 3 | | |
|--|------------------|------------------------------|--|--|
| THIS AN AMENDMENT? 🗌 Yes 🔯 No | | | | |
| COMMITTEE INFORMATION | | A THURSDAY | | |
| The Author of the Control of the Con | me | | | |
| all Name of Committee (as on Statement of Organization) Check it has is a new indeed PING Committee to Elect to Covi | $\nu + \gamma$ | COUNCII | | |
| of TIVO- COMMITTEE | | ee Telephone Number | | |
| cronym or Abbreviated Name (if any) | (8/2 | | | |
| Mailing Address (address where all campaign finance correspondence is received) | eck if this is | a new address | | |
| Address (address where an Campany manager of the Address of the Ad | | au II - (iš applicable) | | |
| | 6. Party Af | fillation (if applicable) | | |
| City, State, ZIP Code Terre Haute, IN 47805 Terre Haute, INFORMATION (For Candidate's Co | | | | |
| CANDIDATE INFORMATION (For Candidate's Co | ommittees | ffillation or if Independent | Candidate | |
| Full Name of Candidate (include any nickname) | 8, Paπy A | HINDUOTI OF IT INCOPPORT | * | |
| | | y of Residence | | |
| | 10. Count | 1 GO | | |
| Office Sought (Include district number, if any. Not required to the Large COUNTY COUNCIL at Large | V | CONVENTION | CANDIDATES ONL | |
| TYPE OF REPORT | | Check one: | | |
| I. Check one: | | Pre-Convention | | |
| I A Alemington Ulliki | s oleadon) | - I | | |
| Pre-Primary Pre-Election Annual Normalistics Outgoing Treasurer (within 10 days amend Statement of Primal/Disbands Committee (lines 18, 19, and 20 must be "0") Utgoing Treasurer (within 10 days amend Statement of Primal/Disbands Committee) | of Organization) | | COLUMN B | |
| | | COLUMN A This Period | Year to Date | |
| 01 - 01 - 70 Through: | - | 2000年11 20 00年11日 | | |
| on: 3. Cash on hand and investments at the beginning of this reporting period. | | V L | 0 | |
| and and investments January 1, current year. | | | | |
| CONTRIDITIONS AND RECEIF IO | | | | |
| Note: these amounts include in-kind contributions and loans, as well as cash contributions.) | | 0 | 0 | |
| 5a. itemized (use Schedule A) | | 3800,00 | 3800,00 | |
| 5b. Unitemized | STOTAL | 3800,00 | 3800,00 | |
| 5c. Add lines 15a and 15b in both columns | TOTAL | 3800,00 | 3800,00 | |
| 16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B | | | | |
| EXPENDITURES | 210 | | and the state of t | |
| (Note: These amounts include in-kind expenditures and loan repayments.) | | 37 02-53 | 37/2.5 | |
| 17a. Itemized (use Schedule B) (Public Question: use Schedule C) | | ٥ | 0 | |
| 17b. Unitemized | UBTOTAL | 37/2153 | 3712 | |
| and 17b in both columns | TOTAL | 87,47 | 87. | |
| 18. Cash on hand and investments at close of this reporting period (subtract 17c from 16 in both columns) | | 3800.00 | | |
| 19. Debis OWED BY the committee (use Schedule D) | | 0 | | |
| 20. Debts OWED TO the committee (use Schedule E) | | | FOR OFFICE USE O | |
| 1 | | A AND PAUDICIE | FOR OFFICE OSE O | |
| I CERTIFY THAT I HAVE EXAMINED THIS STATEMENT. TO THE BEST OF MY KNOWLEDGE AND BELIEF IT | IS TRUE, CO | RRECT AND COMPLETE. | | |
| Signature of Treasurer | n | 4-14-20 | FIL | |
| 11) 100 am 2 1/William 1 / www. | 1 | Date | IGO COUNTY SUF | |
| Standard of Candidate (if applicable) | | 4-14-10 | 4 | |
| > 11 1 1/VA1 4 | pose. (IC 3-9- | 4-5) A person who knowingly | APR 14 | |
| | | | | |
| WARNING: Any information contained in this report may not be copied for sale or used for any commercial purfiles a fraudulent report commits a Class D felony. (IC 3-14-1-13) A person who fails to file a complete or a family framework of the commits a Class B misdemeanor, (IC 3-14-1-14) and may be subject to civil penalties. | accurate repoi | C 3-9-4-17, IC 3-9-4-18) | | |



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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 | 2 of 3 | | | | |

| 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 |
|--|--|---|-----------------------------------|--|------------------------|
| 2319 N 25 + 5+, Terre Haute, IN 47805 | PHINTING- SHIRTS | Direct in-Kind Payment of Debt Returned Contribution Other Purpose: | ⁵ 96,58 | 596.58 | 3,17.70 |
| 47805 Code MIDWEST PRINTING- 1925 S. 13th St. Terre Havte, IN 47802 | MISC, PRINTING | | 759,20 | 759.20 | 3/8,50 |
| Code PREMIUM SPECIALTIES 105 N, KINZIE AVE BRADLEY, IL 60915 | MISC. PRINTING | Direct In-Kind Payment of Debt Returned Contribution Other Purpose: | R327.75 | 2327.75 | 4,3,20 |
| POBOX 2122 TERRE Havto IN 47802 | 1 checks | Purpose: | 39.00 | 20,00 | 3,77,2, |
| Code | | ☐ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other Purpose: | | - | |
| Code | 17 | Direct In-Kind Payment of Debt Returned Contribution Other Purpose: | 1 | | |
| Code | | Direct In-Kind Payment of Debt Returned Contribution Other Purpose: | 37121 | 53 | |
| | SUBTOTAL THIS PAG | E OF SCHEDULE B | 3 | A MARIE | |
| TOTAL OF ALL PA | 30 | | | | |

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(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 | NUMBE | ir. | |
|--------|------------|--|-----|--|
| 2200 | CONTRACTOR | - 14 14 14 14 14 14 14 14 14 14 14 14 14 | | |
| Page _ | 3 | of | 3 | |

| CREDITOR'S OR LENDER'S NAME & MAILING ADDRESS (street, number, city, state, ZIP code) | ENDORSER'S OR VENDOR'S NAME & MAILING ADDRESS (if any) (street, number, city, state, ZIP code) | AMOUNT | DATE DEBT INCURRED | CUMULATIVE PAID YEAR-TO-DATE | OUTSTANDING BALANCE THIS PERIOD |
|--|--|-----------------|-----------------------|------------------------------------|---------------------------------------|
| Ed Thomas PING 3739 E. Hall Ave TEPRE Haute, IN 47805 LENDERS DOCUPATION ROTIFED Ed Thomas PING | Ed Thomas PING 3739 E. Hall Ave Terre Haute IN 47805 | 2800,00 Loan | 2 /3 20 | | |
| LENDER'S OCCUPATION: | Ed Thomas Pine | 800,00 | 2/8,20 | | |
| Ed Thomas PINE | Ed Thomas PING | 200,00 | 4,3,70 | | 3800,00 |
| LENDER'S OCCUPATION: | | | | | - |
| LENDER'S OCCUPATION: | | | | | |
| LENDER'S OCCUPATION: | | | is. | | |
| LENDER'S OCCUPATION: | | | | æ | d |
| SUBTOTAL THIS PAGE OF SCHEDULE D | | | | | \$3800,00 |
| TOTAL OF ALL PAGES OF SCHEDULE D ON THE LAST PAGE ONLY (Enter total on ITEM 19 of the Summary Sheet) | | | | | \$ 3800:00 |