

Signature of Treasure

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 No

(CFA-4) **Summary Sheet**

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 n	ame.			
2. Acronym or Abbreviated Name (if any)	3. Comi	mittee Tele)	phone Number	
4. Mailing Address (Address where all campaign finance correspondence is received.) 5845 Camden Road	heck if th	is is a new	address.	
5. City, State, ZIP Code Terre Haute Indiana 47805	6. Party Demo		(if applicable)	
CANDIDATE INFORMATION (For Candidate's Co	ommitte	es Only)		
7. Full Name of Candidate (Include any nickname.) Suzanne Marie Belzile Theisz	l _ ′	Affiliation o	or If Independer	nt Candidate
Office Sought (Include district number, if any. Not required for exploratory committee.) Vigo County Council At Large	10. Cou Vigo	inty of Resi	dence	
TYPE OF REPORT			CONVENTIO	N CANDIDATES ONLY
11. Check one: Pre-Primary Pre-Election Annual Nomination Other			Check one: Pre-Convention Post-Convention	
Final / Disbands Committee (Lines 18, 19, end 20 must be "0".) Outgoing Treasurer (Within ten (10) days amend State	ement or Orga	-		
12. Reporting Period (mm/dd/yy): From: 4/11/2020 Through: 10/9/2020			LUMN A s Period	COLUMN B Year to Date
13. Cash on hand and investments at the beginning of this reporting period.			1,547.07	
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.) 15a. Itemized (Use Schedule A.)			601.00	3,301.00
15b. Uniternized			625.00	1,670.00
15c. Add lines 15a and 15b in both columns.	OTAL		1,226.00	4,971.00
	TOTAL		2,773.07	4,971.00
EXPENDITURES				
(Note: These amounts include in-kind expenditures and loan repayments.)				
17a. Itemized (Use Schedule B.) (Public Question: use Schedule C.)			1,821.79	3,582.42
17b. Unitemized			137.35	574.65
17c. Add lines 17a and 17b in both columns.	TOTAL		1,959.14	4,157.07
18. Cash on hand and investments at close of this reporting period (Subtract 17c from 16 in both columns.)	TOTAL		813.93	813.93
19. Debts OWED BY the committee (Use Schedule D.)			1,000.00	
20. Debts OWED TO the committee (Use Schedule E.)				

CERTIFICATION I CERTIFY THAT I HAVE EXAMINED THE STATEMENT. TO THE BEST OF MY KNOWLEDGE AND BELIEF IT IS TRUE, CORRECT AND COMPLETE Date (mm/dd/yy) 10/16/20 Title

Treasurer Signature of Candidate (# prolicable) Date (mm/dd/yy) 10/16/20

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 3-14-1-13) A person who falls 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

OCT 1 6 2020

Clerk of the Vigo Circuit Court



State Form 4606 (R15 / 5-19) 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, 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	
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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
Martha Goodwin 2215 N 10th Street Terre Haute, IN 47804	Contributions: Direct In-Kind (describe)			8/13/2020
	Other Receipts: Interest Loan Miscellaneous (specify)	\$101.00	\$101.00	
Contributor's Occupation (if required)				
2.	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest Loan Miscellaneous (specify)			
Contributor's Occupation (if required)				
3.	Contributions: Direct In-Kind (describe)			
Contributor's Occupation (if required)	Other Receipts: Interest Loan Miscellaneous (specify)			
4.	Contributions:			
	☐ Direct ☐ In-Kind (describe)			
	Other Receipts: Interest Loan Miscellaneous (specify)			1
Contributor's Occupation (if required)				
5.	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest Loan Miscellaneous (specify)			
Contributor's Occupation (if required)				
SUBTOTAL T	HIS PAGE OF SCHEDULE A	\$ 101.00		
TOTAL OF ALL PAGES OF SCHEDULE A (Enter total on ITEM)	\$			



State Form 4606 (R15 / 5-19) 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	
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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
Plumbers and Steamfitters Local 157 8801 E Milner Driver Terre Haute, IN 47803	Contributions: Direct In-Kind (describe) Other Receipts: Interest Loan Miscellaneous (specify)	\$500.00	\$500.00	9/23/20
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)			
5.	Contributions: Direct In-Kind (describe) Other Receipts: Interest Loan Miscellaneous (specify)			
TOTAL OF ALL PAGES OF SCHEDULE A		\$ 500.00 \$		
(Enter total on ITEM	*			



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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	
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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 A Facebook 1 Hacker Way Menlo Park, CA 94025	Social Media	Direct In-Kind Payment of Debt Returned Contribution Other Purpose:	\$10.00	\$39.91	4/17/20
Code A Facebook 1 Hacker Way Menlo Park, CA 94025	Social Media	Direct In-Kind Payment of Debt Returned Contribution Other Purpose:	\$10.00	\$49.91	4/20/20
USPS 4900 N Lafayette Terre Haute, IN 47805	Postmaster	Direct In-Kind Payment of Debt Returned Contribution Other Purpose:	\$70.00	\$446.31	4/22/20
USPS 4900 N Lafayette Terre Haute, IN 47805	Postmaster	Direct In-Kind Payment of Debt Returned Contribution Other Purpose:	\$70.00	\$516.31	4/27/20
Vistaprint 275 Waltham St Waltham, MA 02451	Printer	Direct In-Kind Payment of Debt Returned Contribution Other Purpose:	\$125.18	\$212.15	4/28/20
USPS 4900 N Lafayette Terre Haute, IN 47805	Postmaster	Direct In-Kind Payment of Debt Returned Contribution Other Purpose:	\$105.00	\$621.31	4/29/20
Code A Facebook 1 Hacker Way Menlo Park, CA 94025	Social Media	Direct In-Kind Payment of Debt Returned Contribution Other Purpose:	\$5.00	\$54.91	5/1/20
TOTAL OF ALL PA	SUBTOTAL THIS PAG GES OF SCHEDULE B ON THE (Enter total on ITEM 17a of the	LAST PAGE ONLY	\$ 395.18		



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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)
USPS 4900 N Lafayette Terre Haute, IN 47805	Postmaster	Direct In-Kind Payment of Debt Returned Contribution Other Purpose:	\$44.00	\$665.31	5/1/2020
Signrocket.com 340 Broadway Avenue St. Paul Park, MN 550571	Printer	Direct In-Kind Payment of Debt Returned Contribution Other Purpose:	\$37.29	\$1,210.77	5/8/2020
USPS 4900 N Lafayette Terre Haute, IN 47805	Postmaster	Direct In-Kind Payment of Debt Returned Contribution Other Purpose:	\$140.00	\$805.31	5/9/2020
USPS 4900 N Lafayette Terre Haute, IN 47805	Postmaster	Direct In-Kind Payment of Debt Returned Contribution Other Purpose:	\$70.00	\$875.31	5/13/2020
Code A Facebook 1 Hacker Way Menlo Park, CA 94025	Social Media	Direct In-Kind Payment of Debt Returned Contribution Other Purpose:	\$15.00	\$69.91	5/26/2020
Code A Facebook 1 Hacker Way Menlo Park, CA 94025	Social Media	Direct In-Kind Payment of Debt Returned Contribution Other Purpose:	\$15.00	\$84.91	5/27/2020
Facebook 1 Hacker Way Menlo Park, CA 94025	Social Media	Direct In-Kind Payment of Debt Returned Contribution Other Purpose:	\$15.00	\$99.91	6/1/20
	SUBTOTAL THIS PAG	E OF SCHEDULE B	\$ 336.29		
TOTAL OF ALL PA	GES OF SCHEDULE B ON THE (Enter total on ITEM 17a of the		\$		



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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)
Facebook 1 Hacker Way Menio Park, CA 94025	Social Media	☑ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other ☐ Purpose:	\$4.04	\$103.95	6/2/2020
Facebook 1 Hacker Way Menlo Park, CA 94025	Social Media	Direct In-Kind Payment of Debt Returned Contribution Other Purpose:	\$10.96	\$114.91	7/1/2020
Large Ink 1200 Poplar Street Terre Haute, IN 47807	Printer	Direct In-Kind Payment of Debt Returned Contribution Other Purpose:	\$219.89		7/16/2020
Signrocket.com 340 Broadway Avenue St Paul Park, MN 550571	Printer	Direct In-Kind Payment of Debt Returned Contribution Other Purpose:	\$357.48	\$1,568.25	8/28/20
Signrocket.com 340 Broadway Avenue St Paul Park, MN 550571	Printer	Direct In-Kind Payment of Debt Returned Contribution Other Purpose:	\$200.00	\$1,768.25	8/29/20
USPS 4900 N Lafayette Ave Terre Haute, IN 47805	Postmaster	☑ Direct ☐ In-KInd ☐ Payment of Debt ☐ Returned Contribution ☐ Other Purpose:	\$140.00	\$1,015.31	9/24/20
Code A Facebook 1 Hacker Way Menlo Park, CA 94025	Social Media	Direct In-Kind Payment of Debt Returned Contribution Other Purpose:	\$6.95	\$121.86	10/1/2020
	SUBTOTAL THIS PAG	GE OF SCHEDULE B	\$ 939.32		
TOTAL OF ALL PA	AGES OF SCHEDULE B ON THI	E LAST PAGE ONLY	\$		
(Enter total on ITEM 17a of the Summary Sheet.)					



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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 (nim/dd/yy)
Code O Facebook 1 Hacker Way Menlo Park, CA 94025	Social Media	Direct In-Kind Payment of Debt Returned Contribution Other Purpose:	\$25.00	\$146.86	10/9/2020
Code A West Vigo Times 419 W National Ave West Terre Haute, IN 47885	Newspaper	☑ Direct In-Kind Payment of Debt Returned Contribution Other Purpose:	\$126.00		10/9/2020
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:			
Code		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:			
SUBTOTAL THIS PAGE OF SCHEDULE B		\$ 151.00			
TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY (Enter total on ITEM 17a of the Summary Sheet.)		\$ 1,821.79			



State Form 4606 (R15 / 5-19) 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.

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CREDITOR'S OR LENDER'S NAME AND MAILING ADDRESS (street, number, city, state, ZIP code)	ENDORSER'S OR VENDOR'S NAME AND MAILING ADDRESS (if any) (street, number, city, state, ZIP code)	AMOUNT NATURE OF DEBT	DATE DEBT INCURRED (mm/dd/yy)	CUMULATIVE PAID YEAR-TO-DATE	OUTSTANDING BALANCE THIS PERIOD
Andy & Marie Theisz 5845 Camden Road Terre Haute, IN 47805		\$500.00	2/8/20		\$500.00
LENDER'S OCCUPATION:		Campaign Loan	2,0,20		4000.00
Andy & Marie Theisz 5845 Camden Road Terre Haute, IN 47805		\$250.00	2/13/20		\$250.00
LENDER'S OCCUPATION:		Campaign Loan			
Andy & Marie Theisz 5845 Camden Road Terre Haute, IN 47805		\$250.00	2/18/20		\$250.00
LENDER'S OCCUPATION:		Campaign Loan			
>		0	=		
LENDER'S OCCUPATION:					
LENDER'S OCCUPATION:					
LENDER'S OCCUPATION:					
ENDER'S OCCUPATION: SUBTOTAL THIS PAGE OF SCHEDULE D					
TOTAL OF ALL PAGES OF SCHEDULE D ON THE LAST PAGE ONLY (Enter total on ITEM 19 of the Summary Sheet.)					\$ 1,000.00 \$ 1,000.00