



# REPORT OF RECEIPTS AND EXPENDITURES OF A POLITICAL COMMITTEE

State Form 4606 (R17 / 8-23)  
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

12

### COMMITTEE INFORMATION

1. Full Name of Committee (as on Statement of Organization)  Check If this is a new name.

Friends & Neighbors of Amy Semones

2. Acronym or Abbreviated Name (if any)  N/A 3. Committee Telephone Number  
( 812 ) 288-2323

4. Mailing Address (Address where all campaign finance correspondence is received.)  Check If this is a new address.  
8 Surrey Lane

5. City, State, ZIP Code Jeffersonville, IN 47130 6. Party Affiliation (if applicable)  
Democrat

### CANDIDATE INFORMATION (For Candidate's Committees Only)

7. Full Name of Candidate (Include any nickname.) Amy Michelle Semones 8. Party Affiliation or If Independent Candidate  
Democrat

9. Office Sought (Include district number, if any. Not required for exploratory committee.) Jeffersonville City Council District 3 10. County of Residence  
Clark

### TYPE OF REPORT

11. Check one:

Pre-Primary  Pre-Election  Annual  Nomination  Other \_\_\_\_\_  
 Final / Disbands Committee (Lines 18, 19, and 20 must be "0")  Outgoing Treasurer (Within ten (10) days amend Statement of Organization.)

### CONVENTION CANDIDATES ONLY

Check one:

Pre-Convention  
 Post-Convention

12. Reporting Period (mm/dd/yy):

From: 10/13/23 Through: 12/31/23

COLUMN A  
This Period

COLUMN B  
Year-to-Date

13. Cash on hand and Investments at the beginning of this reporting period.

\$2574.12

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.)	\$700.00	\$10,478.99
15b. Unitemized	\$ 0	\$ 120.00
15c. Add lines 15a and 15b in both columns.	SUBTOTAL	\$700.00
16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B.	TOTAL	\$3274.12

### EXPENDITURES

(Note: These amounts include In-kind expenditures and loan repayments.)

17a. Itemized (Use Schedule B.) (Public Question: use Schedule C.)	\$3166.27	\$10491.14
17b. Unitemized	\$ 0	\$ 0
17c. Add lines 17a and 17b in both columns.	SUBTOTAL	\$3166.27
18. Cash on hand and Investments at close of this reporting period (Subtract 17c from 16 in both columns.)	TOTAL	\$107.85
19. Debts OWED BY the committee (Use Schedule D.)	\$0.00	
20. Debts OWED TO the committee (Use Schedule E.)	\$0.00	

### CERTIFICATION

I CERTIFY THAT I HAVE EXAMINED THIS STATEMENT, TO THE BEST OF MY KNOWLEDGE AND BELIEF, IT IS TRUE, CORRECT AND COMPLETE.

Signature of Treasurer <i>Ch. Kufin</i>	Title: Treasurer	Date (mm/dd/yy) 1/17/24
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Signature of Candidate (if applicable) <i>Amy Semones</i>	Date (mm/dd/yy) 1/17/24
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### FOR OFFICE USE ONLY



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

State Form 4606 (R17 / 8-23)

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

Page 2 of 12

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. Leah Loy 1314 Riddle Road New Albany, IN 47130  Contributor's Occupation (if required) _____	Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe)  Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify)  _____	25.00	100.00	10-29-2023
2. Karen Paul 540 Madeira Avenue Coral Gables, FL 33034  Contributor's Occupation (if required) _____	Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe)  Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify)  _____	25.00	100.00	11-03-2023
3. Leah Loy 1314 Riddle Road New Albany, IN 47130  Contributor's Occupation (if required) _____	Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe)  Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify)  _____	25.00	125.00	11-29-2023
4. Karen Paul 540 Madeira Avenue Coral Gables, FL 33034  Contributor's Occupation (if required) _____	Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe)  Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify)  _____	25.00	125.00	12-03-2023
5. AMY SEMONES 8 Surrey Lane Jeffersonville, IN 47130  Contributor's Occupation (if required) ATTORNEY	Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe)  Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify)  _____	500.00	2500.00	10-16-23
SUBTOTAL THIS PAGE OF SCHEDULE A		\$600.00		
TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY (Enter total on ITEM 15a of the Summary Sheet.)		\$		



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

State Form 4606 (R17 / 8-23)

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
Page <u>3</u> of <u>12</u>

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. Sarah Stivers P.O. Box 473 Jeffersonville, IN 47130 Contributor's Occupation (if required) _____	Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe)  Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify)  Contributor's Occupation (if required) _____	100.00	100.00	10-13-23
2.  Contributor's Occupation (if required) _____	Contributions: <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe)  Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify)  Contributor's Occupation (if required) _____			
3.  Contributor's Occupation (if required) _____	Contributions: <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe)  Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify)  Contributor's Occupation (if required) _____			
4.  Contributor's Occupation (if required) _____	Contributions: <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe)  Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify)  Contributor's Occupation (if required) _____			
5.  Contributor's Occupation (if required) _____	Contributions: <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe)  Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify)  Contributor's Occupation (if required) _____			
<b>SUBTOTAL THIS PAGE OF SCHEDULE A</b>		<b>\$100.00</b>		
<b>TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY (Enter total on ITEM 15a of the Summary Sheet.)</b>		<b>\$700.00</b>		



## REPORT OF RECEIPTS AND EXPENDITURES

## OF A POLITICAL COMMITTEE

State Form 4606 (R17 / 8-23)

Indiana Election Division (IC 3-9-5-14)

(CFA-4 SCHEDULE A-2)  
CONTRIBUTIONS BY CORPORATIONS  
Itemized Contributions and Other Receipts

		FILE NUMBER	
		4 Page of 12	
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
1. <b>NONE</b>	<p>Contributions:  <input type="checkbox"/> Direct  <input type="checkbox"/> In-Kind (describe)  _____</p> <p>Other Receipts:  <input type="checkbox"/> Interest <input type="checkbox"/> Loan  <input type="checkbox"/> Miscellaneous (specify)  _____</p>		
2.	<p>Contributions:  <input type="checkbox"/> Direct  <input type="checkbox"/> In-Kind (describe)  _____</p> <p>Other Receipts:  <input type="checkbox"/> Interest <input type="checkbox"/> Loan  <input type="checkbox"/> Miscellaneous (specify)  _____</p>		
3.	<p>Contributions:  <input type="checkbox"/> Direct  <input type="checkbox"/> In-Kind (describe)  _____</p> <p>Other Receipts:  <input type="checkbox"/> Interest <input type="checkbox"/> Loan  <input type="checkbox"/> Miscellaneous (specify)  _____</p>		
4.	<p>Contributions:  <input type="checkbox"/> Direct  <input type="checkbox"/> In-Kind (describe)  _____</p> <p>Other Receipts:  <input type="checkbox"/> Interest <input type="checkbox"/> Loan  <input type="checkbox"/> Miscellaneous (specify)  _____</p>		
5.	<p>Contributions:  <input type="checkbox"/> Direct  <input type="checkbox"/> In-Kind (describe)  _____</p> <p>Other Receipts:  <input type="checkbox"/> Interest <input type="checkbox"/> Loan  <input type="checkbox"/> Miscellaneous (specify)  _____</p>		
SUBTOTAL THIS PAGE OF SCHEDULE A		\$0.00	
TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY (Enter total on ITEM 15a of the Summary Sheet.)		\$0.00	



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

State Form 4606 (R17 / 8-23)

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**

**5 Page of 12**

<b>CONTRIBUTOR'S FULL NAME AND FULL MAILING ADDRESS (street, number, city, state, ZIP code)</b>	<b>TYPE OF CONTRIBUTION OR OTHER RECEIPT</b>	<b>COLUMN A AMOUNT THIS PERIOD</b>	<b>COLUMN B CUMULATIVE YEAR-TO-DATE</b>	<b>DATE RECEIVED (mm/dd/yy)</b>
				<b>RECEIVED BY</b>
1. <b>NONE</b>	<p>Contributions:  <input type="checkbox"/> Direct  <input type="checkbox"/> In-Kind (describe)              Other Receipts:  <input type="checkbox"/> Interest <input type="checkbox"/> Loan  <input type="checkbox"/> Miscellaneous (specify)              _____</p>			
2.	<p>Contributions:  <input type="checkbox"/> Direct  <input type="checkbox"/> In-Kind (describe)              Other Receipts:  <input type="checkbox"/> Interest <input type="checkbox"/> Loan  <input type="checkbox"/> Miscellaneous (specify)              _____</p>			
3.	<p>Contributions:  <input type="checkbox"/> Direct  <input type="checkbox"/> In-Kind (describe)              Other Receipts:  <input type="checkbox"/> Interest <input type="checkbox"/> Loan  <input type="checkbox"/> Miscellaneous (specify)              _____</p>			
4.	<p>Contributions:  <input type="checkbox"/> Direct  <input type="checkbox"/> In-Kind (describe)              Other Receipts:  <input type="checkbox"/> Interest <input type="checkbox"/> Loan  <input type="checkbox"/> Miscellaneous (specify)              _____</p>			
5.	<p>Contributions:  <input type="checkbox"/> Direct  <input type="checkbox"/> In-Kind (describe)              Other Receipts:  <input type="checkbox"/> Interest <input type="checkbox"/> Loan  <input type="checkbox"/> Miscellaneous (specify)              _____</p>			
<b>SUBTOTAL THIS PAGE OF SCHEDULE A</b>		<b>\$0.00</b>		
<b>TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY (Enter total on ITEM 15a of the Summary Sheet.)</b>		<b>\$0.00</b>		



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State Form 4606 (R17 / 8-23)

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 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 \$200 if regular party committee*).

FILE NUMBER

6 Page of 12

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. NONE	<p>Contributions:  <input type="checkbox"/> Direct  <input type="checkbox"/> In-Kind (describe)</p> <hr/> <p>Other Receipts:  <input type="checkbox"/> Interest <input type="checkbox"/> Loan  <input type="checkbox"/> Miscellaneous (specify)</p> <hr/>			
2.	<p>Contributions:  <input type="checkbox"/> Direct  <input type="checkbox"/> In-Kind (describe)</p> <hr/> <p>Other Receipts:  <input type="checkbox"/> Interest <input type="checkbox"/> Loan  <input type="checkbox"/> Miscellaneous (specify)</p> <hr/>			
3.	<p>Contributions:  <input type="checkbox"/> Direct  <input type="checkbox"/> In-Kind (describe)</p> <hr/> <p>Other Receipts:  <input type="checkbox"/> Interest <input type="checkbox"/> Loan  <input type="checkbox"/> Miscellaneous (specify)</p> <hr/>			
4.	<p>Contributions:  <input type="checkbox"/> Direct  <input type="checkbox"/> In-Kind (describe)</p> <hr/> <p>Other Receipts:  <input type="checkbox"/> Interest <input type="checkbox"/> Loan  <input type="checkbox"/> Miscellaneous (specify)</p> <hr/>			
5.	<p>Contributions:  <input type="checkbox"/> Direct  <input type="checkbox"/> In-Kind (describe)</p> <hr/> <p>Other Receipts:  <input type="checkbox"/> Interest <input type="checkbox"/> Loan  <input type="checkbox"/> Miscellaneous (specify)</p> <hr/>			
<b>SUBTOTAL THIS PAGE OF SCHEDULE A</b>		<b>\$0.00</b>		
<b>TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY</b> (Enter total on ITEM 15a of the Summary Sheet.)		<b>\$0.00</b>		



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

State Form 4606 (R17 / 8-23)  
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, legislative 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 party committee).

**FILE NUMBER**

7 Page of 12

<b>CONTRIBUTOR'S FULL NAME AND FULL MAILING ADDRESS. (street, number, city, state, ZIP code)</b>	<b>TYPE OF CONTRIBUTION OR OTHER RECEIPT</b>	<b>COLUMN A AMOUNT THIS PERIOD</b>	<b>COLUMN B CUMULATIVE YEAR-TO-DATE</b>	<b>DATE RECEIVED (mm/dd/yy)</b>
1. None	<p>Contributions:  <input type="checkbox"/> Direct  <input type="checkbox"/> In-Kind (describe)</p> <hr/> <p>Other Receipts:  <input type="checkbox"/> Interest <input type="checkbox"/> Loan  <input type="checkbox"/> Miscellaneous (specify)</p> <hr/>			
2.	<p>Contributions:  <input type="checkbox"/> Direct  <input type="checkbox"/> In-Kind (describe)</p> <hr/> <p>Other Receipts:  <input type="checkbox"/> Interest <input type="checkbox"/> Loan  <input type="checkbox"/> Miscellaneous (specify)</p> <hr/>			
3.	<p>Contributions:  <input type="checkbox"/> Direct  <input type="checkbox"/> In-Kind (describe)</p> <hr/> <p>Other Receipts:  <input type="checkbox"/> Interest <input type="checkbox"/> Loan  <input type="checkbox"/> Miscellaneous (specify)</p> <hr/>			
4.	<p>Contributions:  <input type="checkbox"/> Direct  <input type="checkbox"/> In-Kind (describe)</p> <hr/> <p>Other Receipts:  <input type="checkbox"/> Interest <input type="checkbox"/> Loan  <input type="checkbox"/> Miscellaneous (specify)</p> <hr/>			
5.	<p>Contributions:  <input type="checkbox"/> Direct  <input type="checkbox"/> In-Kind (describe)</p> <hr/> <p>Other Receipts:  <input type="checkbox"/> Interest <input type="checkbox"/> Loan  <input type="checkbox"/> Miscellaneous (specify)</p> <hr/>			
<b>SUBTOTAL THIS PAGE OF SCHEDULE A</b>		<b>\$ 0</b>		
<b>TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY</b> <i>(Enter total on ITEM 15a of the Summary Sheet.)</i>		<b>\$</b>		



**REPORT OF RECEIPTS AND EXPENDITURES**

**OF A POLITICAL COMMITTEE**

State Form 4606 (R17 / 8-23)

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 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 8 of 12

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)
Code A  VistaPrint  275 Wyman St.  Waltham, MA 02451	Retailer  N/A	<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: postcards	\$86.72	\$406.05	10/16/23
Code A  VistaPrint  275 Wyman St.  Waltham, MA 02451	Retailer  N/A	<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: postcards	\$798.25	\$1,204.30	10/19/23
Code O  Ben's Bargain Barn  1710 E. 10 <sup>th</sup> Street  Jeffersonville, IN 47130	Retailer  N/A	<input type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input checked="" type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: equipment/gear/food for Halloween events	\$585.13	\$585.13	10/23/23
Code O  Gordon Food Service  1060 Veteran's Parkway  Clarksville, IN 47130	Retailer  N/A	<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: equipment/gear/food for Halloween events	\$346.66	\$346.66	10/23/23
Code O  Gordon Food Service  1060 Veteran's Parkway  Clarksville, IN 47130	Retailer  N/A	<input type="checkbox"/> Direct <input checked="" type="checkbox"/> In-Kind <input checked="" type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: equipment/gear/food for Halloween events	\$311.49	\$658.15	11/1/23
Code A  News & Tribune  221 Spring Street  Jeffersonville, IN 47130	Newspaper  N/A	<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: Advertising	\$792.00	\$1,137.00	11/1/23
Code O  ActBlue  366 Summer Street  Somerville, MA 02144	Fundraising Management Co.  N/A	<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: Bank fee	\$3.00	\$173.34	11/1/23
<b>SUBTOTAL THIS PAGE OF SCHEDULE B</b>			\$2923.25		
<b>TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY (Enter total on ITEM 17a of the Summary Sheet.)</b>			\$		



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

State Form 4606 (R17 / 8-23)  
Indiana Election Division (IC 3-9-5-14)

**(CFA-4 SCHEDULE B)  
ITEMIZED EXPENDITURES**

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**FILE NUMBER**

Page 9 of 12

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)
Code O ActBlue 366 Summer Street Somerville, MA 02144	Fundraising Management Co.  N/A	<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____  Purpose: Mgmt. fee	\$12.00	\$185.34	12/21/23
Code O U Artify  No. 30 Longfu Electrical and Mechanical Wholesale Market, No. 15 Lianjiang South Road, Cangshan Fuzhou Fujian China	Retailer  N/A	<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____  Purpose:christmas ornaments/thank you gift	\$219.79	\$219.79	12/6/23
Code O Amazon 410 Terry Avenue N. Seattle, WA 98109	Retailer  N/A	<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____  Purpose:velvet bags for thank you gifts	\$6.59	\$274.45	12/6/23
Code O ActBlue 366 Summer Street Somerville, MA 02144	Fundraising Management Co.  N/A	<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____  Purpose: Mgmt. fee	\$1.16	\$186.50	11/1/23
Code O ActBlue 366 Summer Street Somerville, MA 02144	Fundraising Management Co.  N/A	<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____  Purpose: Mgmt. fee	\$1.16	\$187.66	12/01/23
Code O ActBlue 366 Summer Street Somerville, MA 02144	Fundraising Management Co.  N/A	<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____  Purpose: Mgmt. fee	\$1.16	\$188.82	12/01/23
Code O ActBlue 366 Summer Street Somerville, MA 02144	Fundraising Management Co.  N/A	<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____  Purpose: Mgmt. fee	\$1.16	\$189.98	12/06/23
<b>SUBTOTAL THIS PAGE OF SCHEDULE B</b>			\$243.02		
<b>TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY (Enter total on ITEM 17a of the Summary Sheet.)</b>			\$3166.27		



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

State Form 4606 (R17 / 8-23)

Indiana Election Division (IC 3-9-5-14)

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

FILE NUMBER

10 Page of 12

**PUBLIC QUESTION INFORMATION**

Enter Text of Public Question.

**NONE**

Type of Question:  Statewide  Local

Position:  Supported  Opposed

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)
Code _____  _____		<input type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: _____			
Code _____  _____		<input type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: _____			
Code _____  _____		<input type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: _____			
Code _____  _____		<input type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: _____			
Code _____  _____		<input type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: _____			
Code _____  _____		<input type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: _____			
<b>SUBTOTAL THIS PAGE OF SCHEDULE C</b>			<b>\$0.00</b>		
<b>TOTAL OF ALL PAGES OF SCHEDULE C ON THE LAST PAGE ONLY (Enter total on ITEM 17a of the Summary Sheet.)</b>			<b>\$0.00</b>		



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

State Form 4606 (R17 / 8-23)

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

11 Page of 12

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	DATE DEBT INCURRED (mm/dd/yy)	CUMULATIVE PAID YEAR-TO-DATE	OUTSTANDING BALANCE THIS PERIOD
		NATURE OF DEBT			
NONE					
LENDER'S OCCUPATION:					
LENDER'S OCCUPATION:					
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SUBTOTAL THIS PAGE OF SCHEDULE D				\$0.00	
TOTAL OF ALL PAGES OF SCHEDULE D ON THE LAST PAGE ONLY (Enter total on ITEM 19 of the Summary Sheet.)				\$0.00	



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

State Form 4606 (R17 / 8-23)

Indiana Election Division (IC 3-9-5-14)

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

FILE NUMBER

**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.

12 Page of 12

BORROWER'S NAME AND MAILING ADDRESS (street, number, city, state, ZIP code)	CO-SIGNER'S NAME AND MAILING ADDRESS (if any) (street, number, city, state, ZIP code)	ORIGINAL AMOUNT	DATE DEBT INCURRED (mm/dd/yy)	CUMULATIVE PAID YEAR-TO-DATE	OUTSTANDING BALANCE THIS PERIOD
		NATURE OF DEBT			
NONE					
<b>SUBTOTAL THIS PAGE OF SCHEDULE E</b>				<b>\$0.00</b>	
<b>TOTAL OF ALL PAGES OF SCHEDULE E ON THE LAST PAGE ONLY</b> <i>(Enter total on ITEM 20 of the Summary Sheet.)</i>				<b>\$0.00</b>	