

REPORT OF RECEIPTS AND EXPENDITURES
A POLITICAL COMMITTEEState Form 4606 (R14 / 10-17)
Indiana Election Division (IC 3-9-5-14)

23-04-19A09:57 REF:

(CFA-4)

Summary Sheet

FILE NUMBER

TOTAL PAGES IN ENTIRE CFA-4 REPORT

IS THIS AN AMENDMENT? Yes No

COMMITTEE INFORMATION

1. Full Name of Committee (as on Statement of Organization)	<input type="checkbox"/> Check if this is a new name.
B.J. Steele for Charlestown City Council District 3	
2. Acronym or Abbreviated Name (if any)	3. Committee Telephone Number
B.J. Steele (812) 697-3535	
4. Mailing Address (Address where all campaign finance correspondence is received.)	<input type="checkbox"/> Check if this is a new address.
6701 Principle Lane	
5. City, State, ZIP Code	6. Party Affiliation (if applicable)
Charlestown IN 47111 R	

CANDIDATE INFORMATION (For Candidate's Committees Only)

7. Full Name of Candidate (Include any nickname.)	8. Party Affiliation or If Independent Candidate
B.J. Steele R	
9. Office Sought (Include district number, if any. Not required for exploratory committee.)	10. County of Residence
Charlestown City Council District 3 Clark	

TYPE OF REPORT

CONVENTION CANDIDATES ONLY

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.)

Check one:

Pre-Convention
 Post-Convention

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

From: 01/01/2019

Through: 04/22/2019

COLUMN A
This PeriodCOLUMN B
Year to Date

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

14. Cash on hand and investments January 1, current year.

CONTRIBUTIONS AND RECEIPTS

(Note: these amounts include in-kind contributions and loans, as well as cash contributions.)

15a. Itemized (Use Schedule A.)	
15b. Unitemized	150
15c. Add lines 15a and 15b in both columns.	SUBTOTAL 150
16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B.	TOTAL 150

EXPENDITURES

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

17a. Itemized (Use Schedule B.) (Public Question: use Schedule C.)	
17b. Unitemized	150
17c. Add lines 17a and 17b in both columns.	SUBTOTAL
18. Cash on hand and investments at close of this reporting period (Subtract 17c from 16 in both columns.)	TOTAL 50
19. Debts OWED BY the committee (Use Schedule D.)	
20. Debts OWED TO the committee (Use Schedule E.)	

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	Title Candidate	Date (mm/dd/yy) 04/22/2019
Signature of Candidate (if applicable)		Date (mm/dd/yy) 04/22/2019

FOR OFFICE USE ONLY
FILE

D

APR 23 2019

Susan Papp
CLERK CLARK CIRCUIT COURTS

WARNING: Any information contained in this report may not be copied for sale or used for any commercial purpose. (IC 3-9-4-6) A person who knowingly files 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 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)


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

 State Form 4806 (R14 / 10-17)
 Election Division (IC 3-8-5-14)

Indiana

**(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 listed 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 _____ 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 (month/day/year) RECEIVED BY
1. Nathan Love	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	100	2/9/19 BJ Steele
2. BJ Steele	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) _____	50	50	3/30/19 BJ Steele
3.	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.	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.	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) _____			
SUBTOTAL THIS PAGE OF SCHEDULE A		\$ 150		
TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY (Enter total on ITEM 15a of the Summary Sheet.)		\$ 150		


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

 Form 4608 (R14 / 10-17)
 Election Division (IC 3-9-5-14)

 State
 Indiana

**(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 _____ 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	COLUMN B	DATE OF EXPENDITURE (month/year)
			AMOUNT THIS PERIOD	CUMULATIVE YEAR-TO-DATE	
Code A Lotus Sign & Design		<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: _____	100	100	4/8/19
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: _____			
SUBTOTAL THIS PAGE OF SCHEDULE B			\$ 100		
TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY <i>(Enter total on ITEM 17a of the Summary Sheet)</i>			\$ 100		