



REPORT OF RECEIPTS AND EXPENDITURES OF A POLITICAL COMMITTEE

State Form 4606 (R13/11-05)
Indiana Election Commission (IC 3-9-5-14)

18-04-18 P02:07 IN

(CFA-4)

Summary Sheet

FILE NUMBER

TOTAL PAGES IN ENTIRE CFA-4 REPORT

11

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

COMMITTEE INFORMATION

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

FRIENDS FOR BUTCH LOVE

2. Acronym or Abbreviated Name (if any)

NONE

3. Committee Telephone Number

(502) 758-3020

4. Mailing Address (address where all campaign finance correspondence is received) ☐ Check if this is a new address

2212 SUNFLOWER AVENUE

5. City, State, ZIP Code

CHARLESTOWN, IN. 47111

6. Party Affiliation (if applicable)

REPUBLICAN

CANDIDATE INFORMATION (For Candidate's Committees Only)

7. Full Name of Candidate (include any nickname)

LEWIS MCCLELLAN LOVE III "BUTCH"

8. Party Affiliation or If Independent Candidate

REPUBLICAN

9. Office Sought (Include district number, if any. Not required for exploratory committee.)

CLARK COUNTY ASSESSOR

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 10 days amend Statement of Organization)

CONVENTION CANDIDATES ONLY

Check one:

☐ Pre-Convention
☐ Post-Convention

12. Reporting Period:

From: JANUARY 01, 2018 Through: APRIL 13, 2018

COLUMN A
This Period

COLUMN B
Year to Date

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

0.00

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)

0.00

0.00

15b. Unitemized

0.00

0.00

15c. Add lines 15a and 15b in both columns

SUBTOTAL

0.00

0.00

16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B

TOTAL

0.00

0.00

EXPENDITURES

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

17a. Itemized (use Schedule B) (Public Question: use Schedule C)

1,962.50

1,962.50

17b. Unitemized

0.00

0.00

17c. Add lines 17a and 17b in both columns

SUBTOTAL

1,962.50

1,962.50

18. Cash on hand and investments at close of this reporting period (subtract 17c from 16 in both columns)

TOTAL

0.00

0.00

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

Title

TREASURER

Date

4-18-18

Signature of Candidate (if applicable)

Date

4-18-18

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 Class D 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)

FOR OFFICE USE ONLY


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

State Form 4606 (R13/11-05)

Indiana Election Commission (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 totalled 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 1 of 2

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
Code <u>A</u> <u>SAMPAN</u> <u>202 ASH STREET</u> <u>JEFFERSONVILLE, IN.</u> <u>47130</u> <u>47111</u>	<u>PRINTER</u> <u>CLARK COUNTY</u> <u>ASSESSOR</u>	<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: <u>SHIRTS</u>	<u>781.10</u>	<u>781.10</u>	<u>01-16-18</u>
Code <u>A</u> <u>SAMPAN</u> <u>202 ASH STREET</u> <u>JEFFERSONVILLE, IN.</u> <u>47130</u> <u>47111</u>	<u>PRINTER</u> <u>CLARK COUNTY</u> <u>ASSESSOR</u>	<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: <u>HAND OUT</u> <u>MATERIAL</u>	<u>530.72</u>	<u>1,311.82</u>	<u>01-26-18</u>
Code <u>A</u> <u>ST. LUKE</u> <u>UNITED CHURCH OF</u> <u>CHRIST</u> <u>329 WALNUT</u> <u>STREET</u> <u>JEFFERSONVILLE, IN. 47130</u>	<u>CHURCH SAUSAGE</u> <u>DINNER</u> <u>CLARK COUNTY</u> <u>ASSESSOR</u>	<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: <u>FUNDRAISER</u>	<u>100.00</u>	<u>1,411.82</u>	<u>2-21-18</u>
Code <u>A</u> <u>CLARK COUNTY</u> <u>4H</u> <u>HWY 62 CHARLESTOWN</u> <u>IN. 47111</u>	<u>4H FUNDRAISER</u> <u>CLARK COUNTY</u> <u>ASSESSOR</u>	<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: <u>FUNDRAISER</u>	<u>110.00</u>	<u>1,521.82</u>	<u>3-10-18</u>
Code <u>A</u> <u>KSBE</u> <u>MARKETING</u> <u>AND PROMOTIONS</u> <u>1305 VETERANS PARKWAY</u> <u>SUITE 450 CLARKSVILLE, IN.</u> <u>47129</u>	<u>PRINTER</u> <u>CLARK COUNTY</u> <u>ASSESSOR</u>	<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: <u>NAME TAG</u>	<u>25.68</u>	<u>1,547.50</u>	<u>3-13-18</u>
Code <u>A</u> <u>REPUBLICAN</u> <u>LINCOLN DAY DINNER</u> <u>ONLINE WEBSITE PURCHASE</u> <u>WITH GOVERNOR HOLCOMB</u>	<u>PARTY</u> <u>CAMPAIGN</u> <u>DINNER</u> <u>CLARK COUNTY</u> <u>ASSESSOR</u>	<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: <u>PARTY</u> <u>FUNCTION</u>	<u>350.00</u>	<u>1,897.50</u>	<u>MARCH</u> <u>2018</u>
Code <u>A</u> <u>JEFFERSONVILLE</u> <u>NEIGHBORHOOD YOUTH</u> <u>TRIVIA NIGHT</u> <u>300 SPRING STREET</u> <u>JEFFERSONVILLE, IN.</u> <u>47130</u>	<u>TRIVIA FUNDRAISER</u> <u>CLARK COUNTY</u> <u>ASSESSOR</u>	<input checked="" 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: <u>FUNDRAISER</u>	<u>25.00</u>	<u>1,922.50</u>	<u>4-4-18</u>
SUBTOTAL THIS PAGE OF SCHEDULE B			<u>\$1,922.50</u>		
TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY (Enter total on ITEM 17a of the Summary Sheet)			<u>\$1,962.50</u>		


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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 2

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
	OFFICE SOUGHT (if applicable)				
Code <u>A</u> NEW CHAPEL UNITED METHODIST CHURCH 5616 NEW CHAPEL ROAD JEFFERSONVILLE, IN. 47130	CHURCH FUNDRAISER CLARK COUNTY ASSESSOR	<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: <u>FUNDRAISER</u>	40.00	1,962.50	4-5-18
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: _____			
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			\$ 40.00		
TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY (Enter total on ITEM 17a of the Summary Sheet)			\$1,962.50		


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**(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 paid to political committees supporting or opposing a public question, **MUST** be itemized on this schedule.

FILE NUMBER

Page 1 of 1

PUBLIC QUESTION INFORMATION

Enter Text of Public Question

Type of Question: ☐ Statewide ☒ LocalPosition: ☐ 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
Code <u>A</u> <u>SAMPAN</u> <u>202 ASH STREET</u> <u>JEFFERSONVILLE, IN.</u> <u>47130</u>	<u>PRINTER</u>	<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: <u>SHIRTS</u>	<u>781.¹⁰</u>	<u>781.¹⁰</u>	<u>01-16-18</u>
Code <u>A</u> <u>SAMPAN</u> <u>202 ASH STREET</u> <u>JEFFERSONVILLE, IN.</u> <u>47130</u>	<u>PRINTER</u>	<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: <u>HAND OUT MATERIAL</u>	<u>530.⁷²</u>	<u>1,311.⁸²</u>	<u>01-26-18</u>
Code <u>A</u> <u>ST. LUKE</u> <u>UNITED CHURCH OF</u> <u>CHRIST 329 WALNUT</u> <u>STREET</u> <u>JEFFERSONVILLE, IN</u> <u>47130</u>	<u>CHURCH</u> <u>FUNDRAISER</u>	<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: _____	<u>100.⁰⁰</u>	<u>1,411.⁸²</u>	<u>2-21-18</u>
Code <u>A</u> <u>CLARK COUNTY</u> <u>4H</u> <u>HWY 62</u> <u>CHARLESTOWN, IN. 47111</u>	<u>4H</u> <u>FUNDRAISER</u>	<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: _____	<u>110.⁰⁰</u>	<u>1,521.⁸²</u>	<u>3-10-18</u>
Code <u>A</u> <u>REPUBLICAN</u> <u>LINCOLN DAY DINNER</u> <u>WITH GOVERNOR</u> <u>HOLCOMB</u>	<u>PARTY</u> <u>CAMPAIGN</u> <u>DINNER</u>	<input type="checkbox"/> Direct <input checked="" type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: _____	<u>350.⁰⁰</u>	<u>1,871.⁸²</u>	<u>MARCH</u> <u>2018</u>
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 C			<u>\$1,871.⁸²</u>		
TOTAL OF ALL PAGES OF SCHEDULE C ON THE LAST PAGE ONLY (Enter total on ITEM 17a of the Summary Sheet)			<u>\$1,871.⁸²</u>		