



**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**

**COMMITTEE INFORMATION**

|   |   |
|---|---|
| 1. Full Name of Committee (as on Statement of Organization)<br><i>Charles Deaton</i>                          | <input type="checkbox"/> Check if this is a new name.     |
| 2. Acronym or Abbreviated Name (if any)<br><i>CHUCK</i>   | 3. Committee Telephone Number<br><i>(502) 773-8917</i>    |
| 4. Mailing Address (Address where all campaign finance correspondence is received.)<br><i>284 Birch Drive</i> | <input type="checkbox"/> Check if this is a new address.  |
| 5. City, State, ZIP Code<br><i>Charlestown, IN 47111</i>  | 6. Party Affiliation (if applicable)<br><i>Republican</i> |

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

|  |  |
|--|--|
| 7. Full Name of Candidate (Include any nickname.)<br><i>Chuck Deaton</i>   | 8. Party Affiliation or If Independent Candidate |
| 9. Office Sought (Include district number, if any. Not required for exploratory committee.)<br><i>Council At Large</i> | 10. County of Residence                          |

**TYPE OF REPORT**

|  |  |
|--|--|
| 11. Check one:<br><input type="checkbox"/> Pre-Primary <input checked="" type="checkbox"/> Pre-Election <input type="checkbox"/> Annual <input type="checkbox"/> Nomination <input type="checkbox"/> Other _____<br><input type="checkbox"/> Final / Disbands Committee (Lines 18, 19, and 20 must be "0") <input type="checkbox"/> Outgoing Treasurer (Within ten (10) days amend Statement of Organization.) | <b>CONVENTION CANDIDATES ONLY</b>  |
|  | <i>Check one:</i><br><input type="checkbox"/> Pre-Convention<br><input type="checkbox"/> Post-Convention |

|   |                                |                                 |
|---|--------------------------------|---------------------------------|
| 12. Reporting Period (mm/dd/yy):<br>From: <i>4-13-23</i> Through: <i>10-13-23</i> | <b>COLUMN A</b><br>This Period | <b>COLUMN B</b><br>Year to Date |
| 13. Cash on hand and investments at the beginning of this reporting period.       | <i>14.36</i>                   |                                 |
| 14. Cash on hand and investments January 1, current year.                         |                                |                                 |

**CONTRIBUTIONS AND RECEIPTS**

|  |                 |  |
|--|-----------------|--|
| <i>(Note: these amounts include in-kind contributions and loans, as well as cash contributions.)</i> |                 |  |
| 15a. Itemized (Use Schedule A.)  | <i>1000.00</i>  |  |
| 15b. Unitemized  |                 |  |
| 15c. Add lines 15a and 15b in both columns.  | <b>SUBTOTAL</b> |  |
| 16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B.                               | <b>TOTAL</b>    |  |

**EXPENDITURES**

|  |                 |             |
|--|-----------------|-------------|
| <i>(Note: These amounts include in-kind expenditures and loan repayments.)</i>                             |                 |             |
| 17a. Itemized (Use Schedule B.) (Public Question: use Schedule C.)   | <i>1006.40</i>  |             |
| 17b. Unitemized  |                 |             |
| 17c. Add lines 17a and 17b in both columns.  | <b>SUBTOTAL</b> | <i>6.40</i> |
| 18. Cash on hand and investments at close of this reporting period (Subtract 17c from 16 in both columns.) | <b>TOTAL</b>    | <i>8.04</i> |
| 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<br><i>Charles Deaton</i>                 | Title | Date (mm/dd/yy)                     |
| Signature of Candidate (if applicable)<br><i>Charles Deaton</i> |       | Date (mm/dd/yy)<br><i>11/8/2023</i> |

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 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**

NOV 07 2023

*Ryan Lynch*  
CLERK CLARK CIRCUIT COURTS

**FILED**



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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 \_\_\_\_\_ of \_\_\_\_\_

| <b>RECIPIENT'S NAME AND MAILING ADDRESS<br/>(street, number, city, state, ZIP code)</b>                                 | <b>RECIPIENT'S OCCUPATION</b><br><br><b>OFFICE SOUGHT (if applicable)</b> | <b>TYPE OF EXPENDITURE<br/>and<br/>PURPOSE (be specific)</b>   | <b>COLUMN A<br/>AMOUNT THIS<br/>PERIOD</b> | <b>COLUMN B<br/>CUMULATIVE<br/>YEAR-TO-DATE</b> | <b>DATE OF<br/>EXPENDITURE<br/>(mm/dd/yy)</b> |
|---|---|--|--|---|---|
|   |   |  |  |   |   |
| Code _____<br><br>Travis Sands  |   | <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind<br><input type="checkbox"/> Payment of Debt<br><input type="checkbox"/> Returned Contribution<br><input type="checkbox"/> Other _____<br><br>Purpose: hats | 556.40                                     | 10-10-23  |   |
| Code _____<br><br>Shirt Lady  |   | <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind<br><input type="checkbox"/> Payment of Debt<br><input type="checkbox"/> Returned Contribution<br><input type="checkbox"/> Other _____<br><br>Purpose: Shirts          | 450 -                                      | 10-10-23  |   |
| Code _____  |   | <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind<br><input type="checkbox"/> Payment of Debt<br><input type="checkbox"/> Returned Contribution<br><input type="checkbox"/> Other _____<br><br>Purpose:                 |  |   |   |
| Code _____  |   | <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind<br><input type="checkbox"/> Payment of Debt<br><input type="checkbox"/> Returned Contribution<br><input type="checkbox"/> Other _____<br><br>Purpose:                 |  |   |   |
| Code _____  |   | <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind<br><input type="checkbox"/> Payment of Debt<br><input type="checkbox"/> Returned Contribution<br><input type="checkbox"/> Other _____<br><br>Purpose:                 |  |   |   |
| Code _____  |   | <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind<br><input type="checkbox"/> Payment of Debt<br><input type="checkbox"/> Returned Contribution<br><input type="checkbox"/> Other _____<br><br>Purpose:                 |  |   |   |
| Code _____  |   | <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind<br><input type="checkbox"/> Payment of Debt<br><input type="checkbox"/> Returned Contribution<br><input type="checkbox"/> Other _____<br><br>Purpose:                 |  |   |   |
| Code _____  |   | <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind<br><input type="checkbox"/> Payment of Debt<br><input type="checkbox"/> Returned Contribution<br><input type="checkbox"/> Other _____<br><br>Purpose:                 |  |   |   |
| <b>SUBTOTAL THIS PAGE OF SCHEDULE B</b>   |   |  | \$ 1,006.40                                |   |   |
| <b>TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY</b><br><i>(Enter total on ITEM 17a of the Summary Sheet.)</i> |   |  | \$   |   |   |



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**(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**

Page \_\_\_\_\_ of \_\_\_\_\_

| <b>CONTRIBUTOR'S FULL NAME AND<br/>FULL MAILING ADDRESS<br/>(street, number, city, state, ZIP code)</b>          | <b>TYPE OF CONTRIBUTION<br/>OR OTHER RECEIPT</b>  | <b>COLUMN A<br/>AMOUNT THIS<br/>PERIOD</b> | <b>COLUMN B<br/>CUMULATIVE<br/>YEAR-TO-DATE</b> | <b>DATE RECEIVED<br/>(mm/dd/yy)</b> |
|--|---|--|---|-------------------------------------|
|  |   |  |   | <b>RECEIVED BY</b>                  |
| 1.<br><br>Indiana Realtors<br>PAC  | <p>Contributions:<br/> <input checked="" type="checkbox"/> Direct<br/> <input type="checkbox"/> In-Kind (describe)<br/> <br/>           Other Receipts:<br/> <input type="checkbox"/> Interest <input type="checkbox"/> Loan<br/> <input type="checkbox"/> Miscellaneous (specify)<br/> <br/>           _____</p> | 1000                                       | 9-23-23   |                                     |
| 2.   | <p>Contributions:<br/> <input type="checkbox"/> Direct<br/> <input type="checkbox"/> In-Kind (describe)<br/> <br/>           Other Receipts:<br/> <input type="checkbox"/> Interest <input type="checkbox"/> Loan<br/> <input type="checkbox"/> Miscellaneous (specify)<br/> <br/>           _____</p>            |  |   |                                     |
| 3.   | <p>Contributions:<br/> <input type="checkbox"/> Direct<br/> <input type="checkbox"/> In-Kind (describe)<br/> <br/>           Other Receipts:<br/> <input type="checkbox"/> Interest <input type="checkbox"/> Loan<br/> <input type="checkbox"/> Miscellaneous (specify)<br/> <br/>           _____</p>            |  |   |                                     |
| 4.   | <p>Contributions:<br/> <input type="checkbox"/> Direct<br/> <input type="checkbox"/> In-Kind (describe)<br/> <br/>           Other Receipts:<br/> <input type="checkbox"/> Interest <input type="checkbox"/> Loan<br/> <input type="checkbox"/> Miscellaneous (specify)<br/> <br/>           _____</p>            |  |   |                                     |
| 5.   | <p>Contributions:<br/> <input type="checkbox"/> Direct<br/> <input type="checkbox"/> In-Kind (describe)<br/> <br/>           Other Receipts:<br/> <input type="checkbox"/> Interest <input type="checkbox"/> Loan<br/> <input type="checkbox"/> Miscellaneous (specify)<br/> <br/>           _____</p>            |  |   |                                     |
| <b>SUBTOTAL THIS PAGE OF SCHEDULE A</b>  |   | \$   |   |                                     |
| <b>TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY</b><br>(Enter total on ITEM 15a of the Summary Sheet.) |   | \$   |   |                                     |