



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

State Form 4606 (R15 / 5-19)  
Indiana Election Division (IC 3-9-5-14)

**(CFA-4)**

**Summary Sheet**

**FILE NUMBER**

**TOTAL PAGES IN ENTIRE CFA-4 REPORT**

**3**

**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
<i>Committee to Elect Judge Joseph P. Weber</i>	
2. Acronym or Abbreviated Name (if any)	3. Committee Telephone Number
<i>Joseph "Joe P." Weber</i> (812) 944-2107	
4. Mailing Address (Address where all campaign finance correspondence is received.)	<input type="checkbox"/> Check if this is a new address
<i>203 Maplewood Dr.</i>	
5. City, State, ZIP Code	6. Party Affiliation (if applicable)
<i>Clarksville, IN 47129</i>	<i>Democrat</i>

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

7. Full Name of Candidate (Include any nickname.)	8. Party Affiliation or If Independent Candidate
<i>JOSEPH "JOE P." WEBER</i>	<i>Democrat</i>
9. Office Sought (Include district number, if any. Not required for exploratory committee.)	10. County of Residence
<i>JUDGE CLARK Circuit Court #3</i> CLARK	

**TYPE OF REPORT**

**CONVENTION CANDIDATES ONLY**

11. Check one:	Check one:
<input checked="" type="checkbox"/> Pre-Primary <input type="checkbox"/> Pre-Election <input type="checkbox"/> Annual <input type="checkbox"/> Nomination <input type="checkbox"/> Other	<input type="checkbox"/> Pre-Convention <input type="checkbox"/> Post-Convention
<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.)	

12. Reporting Period (mm/dd/yy): From: <i>JAN 1, 2020</i> Through: <i>MAY 10, 2020</i>	<b>COLUMN A</b> This Period	<b>COLUMN B</b> Year to Date
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13. Cash on hand and investments at the beginning of this reporting period.	<i>- 0 -</i>	
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14. Cash on hand and investments January 1, current year.		<i>- 0 -</i>
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**CONTRIBUTIONS AND RECEIPTS**

(Note: these amounts include in-kind contributions and loans, as well as cash contributions.)		
15a. Itemized (Use Schedule A.)	<i>1,100</i>	<i>1,100</i>
15b. Unitemized	<i>1,911</i>	<i>1,911</i>
15c. Add lines 15a and 15b in both columns.	<b>SUBTOTAL</b> <i>3,011</i>	<i>3,011</i>
16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B.	<b>TOTAL</b> <i>3,011</i>	<i>3,011</i>

**EXPENDITURES**

(Note: These amounts include in-kind expenditures and loan repayments.)		
17a. Itemized (Use Schedule B.) (Public Question: use Schedule C.)	<i>1,916</i>	<i>1,916</i>
17b. Unitemized		
17c. Add lines 17a and 17b in both columns.	<b>SUBTOTAL</b> <i>1,916</i>	<i>1,916</i>
18. Cash on hand and investments at close of this reporting period (Subtract 17c from 16 in both columns.)	<b>TOTAL</b> <i>3,011</i>	<i>3,011</i>
19. Debts OWED BY the committee (Use Schedule D.)	<i>1,916</i>	<i>1,916</i>
20. Debts OWED TO the committee (Use Schedule E.)		<i>- 0 -</i>

**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	Date (mm/dd/yy)
<i>Joseph P. Weber</i>		<i>May 21, 2020</i>
Signature of Candidate (if applicable)		Date (mm/dd/yy)
<i>Joseph P. Weber</i>		<i>May 21, 2020</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 3-9-4-16, IC 3-9-4-17, IC 3-9-4-18)

**FOR OFFICE USE ONLY**

*May 21, 2020*



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State Form 4606 (R14 / 10-17)  
Election Division (IC 3-9-5-14)

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 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
1. <i>LOGAN SIMS 600 W. MAIN ST SUIT 300 Louisville, KY 40202</i>	<p>Contributions:  <input checked="" 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>	<i>500-</i>	<i>500-</i>	<i>3/18/20</i>
2. <i>R.TA Fleming Jeffersonville, IN</i>	<p>Contributions:  <input checked="" 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>	<i>100-</i>	<i>100-</i>	<i>3/13</i>
3. <i>Clay Jennifer Colotta 815 Market St. New Albany, IN 47150</i>	<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>	<i>500</i>	<i>500</i>	<i>3/20</i>
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>			
<b>Contributor's Occupation (if required)</b>				
<b>SUBTOTAL THIS PAGE OF SCHEDULE A</b>		<b>\$ 1,100</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>\$ 1,100</b>		



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**(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

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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	DATE DEBT INCURRED (mm/dd/yy)	CUMULATIVE PAID YEAR-TO-DATE	OUTSTANDING BALANCE THIS PERIOD
		NATURE OF DEBT			
STEWART GRAPHICS 550 UpperTuck St Louisville, Ky 40203 LENDER'S OCCUPATION:		SIGNE Graphics	A16-	3/31/20	1,916-
LENDER'S OCCUPATION:					
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<b>SUBTOTAL THIS PAGE OF SCHEDULE D</b>				<b>\$ 1,916</b>	
<b>TOTAL OF ALL PAGES OF SCHEDULE D ON THE LAST PAGE ONLY</b> (Enter total on ITEM 19 of the Summary Sheet.)				<b>\$ 1,916</b>	