



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

State Form 4606 (R14 / 10-17)
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
10-2002-3
TOTAL PAGES IN ENTIRE CFA-4 REPORT
3

COMMITTEE INFORMATION

1. Full Name of Committee (as on Statement of Organization) LIBERTARIAN PARTY OF CLARK COUNTY	<input type="checkbox"/> Check if this is a new name.
2. Acronym or Abbreviated Name (if any) LPCC	3. Committee Telephone Number (812) 282-6084 CELL: (502)939-4731
4. Mailing Address (Address where all campaign finance correspondence is received.) 120 HILLS DRIVE	<input type="checkbox"/> Check if this is a new address.
5. City, State, ZIP Code CLARKSVILLE, IN 47129	6. Party Affiliation (if applicable) LIBERTARIAN

CANDIDATE INFORMATION (For Candidate's Committees Only)

7. Full Name of Candidate (Include any nickname.)	8. Party Affiliation or If Independent Candidate
9. Office Sought (Include district number, if any. Not required for exploratory committee.)	10. County of Residence

TYPE OF REPORT

11. Check one: <input type="checkbox"/> Pre-Primary <input type="checkbox"/> Pre-Election <input checked="" type="checkbox"/> Annual <input type="checkbox"/> Nomination <input type="checkbox"/> Other _____ <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.)	CONVENTION CANDIDATES ONLY <input type="checkbox"/> Pre-Convention <input type="checkbox"/> Post-Convention
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12. Reporting Period (mm/dd/yy): From: 04/08/2023	COLUMN A This Period	COLUMN B Year to Date
Through: 10/13/2023		

13. Cash on hand and investments at the beginning of this reporting period.	136.40
14. Cash on hand and investments January 1, current year.	66.56

CONTRIBUTIONS AND RECEIPTS

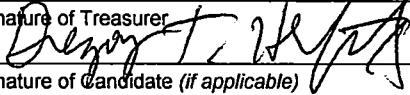
(Note: these amounts include in-kind contributions and loans, as well as cash contributions.)		
15a. Itemized (Use Schedule A.)	998.60	6,103.44
15b. Unitemized	0.00	0.00
15c. Add lines 15a and 15b in both columns.	SUBTOTAL	998.60
16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B.	TOTAL	1,135.00
6,103.44		
6,170.00		

EXPENDITURES

(Note: These amounts include in-kind expenditures and loan repayments.)		
17a. Itemized (Use Schedule B.) (Public Question: use Schedule C.)	1,000.00	6,035.00
17b. Unitemized	0.00	0.00
17c. Add lines 17a and 17b in both columns.	SUBTOTAL	1,000.00
18. Cash on hand and investments at close of this reporting period (Subtract 17c from 16 in both columns.)	TOTAL	135.00
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 (mm/dd/yy) 01/16/24
Signature of Candidate (if applicable)		Date (mm/dd/yy)

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)

FILED

JAN 16 2024


CLERK CLARK CIRCUIT COURTS



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**(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.

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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. MARGIE PHIPPS 320 CLYDE AVE CLARKSVILLE, IN 47129	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) WALMART ASSOCIATE	\$0.00	\$311.84	03/14/23 GREGORY T HERTZSCH
2 RUSSELL BROOKSBANK 320 CLYDE AVE CLARKSVILLE, IN 47129	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) CONSTRUCTION DRIVER	\$183.60	\$1,101.60	12/14/23 GREGORY T HERTZSCH
3. GREG HERTZSCH 120 HILLS DRIVE CLARKSVILLE, IN 47129	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)	\$695.00	\$3,790.00	04/03/23 GREGORY T HERTZSCH
4. MATTHEW DUNCAN 6405 NIGHT SKY DRIVE CHARLESTOWN, IN 47111	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)	\$120.00	\$300.00	12/27/23 GREGORY T HERTZSCH
5. KELLEY CURRAN 305 E MAPLE STREET JEFFERSONVILLE, IN 47130	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)	\$0.00	\$600.00	06/04/23 GREGORY T HERTZSCH
Contributor's Occupation (if required) <u>DEPARTMENT MANAGER</u>				
Contributor's Occupation (if required) <u>BATCH EQUIPMENT OPERATOR</u>				
Contributor's Occupation (if required) <u>SHIPPING ASSISTANT</u>				
Contributor's Occupation (if required) <u>LAWYER</u>				
Contributor's Occupation (if required) <u>REAL ESTATE AGENT</u>				
SUBTOTAL THIS PAGE OF SCHEDULE A		\$ 998.60		
TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY (Enter total on ITEM 15a of the Summary Sheet.)		\$ 998.60		



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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.

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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 (mm/dd/yy)
Code O SOUTHERN REALTY 102 N INDIANA AVE SELLERSBURG, IN 47172		<input type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input checked="" type="checkbox"/> Other <u>OFFICE RENT</u> Purpose: HEADQUARTERS	\$1,000.00	\$6,000.00	12/01/23
Code O SELLERSBURG CELEBRATES P.O. BOX 99 SELLERSBURG, IN 47172		<input type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input checked="" type="checkbox"/> Other <u>BOOTH</u> Purpose: 	\$0.00	\$35.00	07/01/23
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			\$ 1,000.00		
TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY <i>(Enter total on ITEM 17a of the Summary Sheet.)</i>			\$ 1,000.00		