

JAN 19 2022 AM 11:14



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

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

F  
I L E  
CLERK CLARK CIRCUIT COURTS

JAN 19 2022

D

**(CFA-4)  
Summary Sheet**

FILE NUMBER

TOTAL PAGES IN ENTIRE CFA-4 REPORT

2

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.

COMMITTEE TO ELECT STEPHEN B. DONERTY

2. Acronym or Abbreviated Name (if any)  3. Committee Telephone Number

STEVE DONERTY  (502) 263-3968

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

6601 CLOVER RIDGE DRIVE

5. City, State, ZIP Code  6. Party Affiliation (if applicable)

CHARLESTOWN, IN. 47111 REPUBLICAN

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

7. Full Name of Candidate (Include any nickname.)  8. Party Affiliation or If Independent Candidate

STEPHEN BRYAN DONERTY REPUBLICAN

9. Office Sought (Include district number, if any. Not required for exploratory committee.)  10. County of Residence

CLARK COUNTY COUNCIL DISTRICT 4 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: 01-01-21 Through: 12-31-21

**COLUMN A**  
This Period

**COLUMN B**  
Year to Date

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

923.30

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

923.30

**CONTRIBUTIONS AND RECEIPTS**

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

15a. Itemized (Use Schedule A.)

15b. Unitemized

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

**SUBTOTAL**

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

**TOTAL**

—

—

**EXPENDITURES**

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

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

50.00

50,00

17b. Unitemized

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

**SUBTOTAL**

50.00

50.00

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

**TOTAL**

873.30

873.30

19. Debts OWED BY the committee (Use Schedule D.)

0

20. Debts OWED TO the committee (Use Schedule E.)

0

**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)

01/18/22

Signature of Candidate (if applicable)

Date (mm/dd/yy)

FOR OFFICE USE ONLY

**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)

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 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<br>(Street, number, city, state, ZIP code):                         | RECIPIENT'S OCCUPATION | TYPE OF EXPENDITURE<br>and<br>PURPOSE (be specific)   | COLUMN A<br>AMOUNT THIS<br>PERIOD | COLUMN B<br>CUMULATIVE<br>YEAR-TO-DATE | DATE OF<br>EXPENDITURE |
|--|------------------------|---|-----------------------------------|--|------------------------|
| OFFICE SOUGHT (if applicable)  |                        |   |                                   |  |                        |
| Code <u>C</u><br><br>CLARK COUNTY GOP<br>NO MAIL<br>ADDRESS  | —                      | <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>Purpose: _____ | \$50.00                           | \$50.00                                | 8/11/21                |
| 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>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>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>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>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>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>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>Purpose: _____            |                                   |  |                        |
| SUBTOTAL THIS PAGE OF SCHEDULE B   |                        |   | \$ 50.00                          |  |                        |
| TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY<br>(Enter total on ITEM 17a of the Summary Sheet) |                        |   | \$ 50.00                          |  |                        |