

OCT 18 2019



REPORT OF RECEIPTS AND EXPENDITURES A POLITICAL COMMITTEE

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

OF

(CFA-4)

Summary Sheet

FILE NUMBER

TOTAL PAGES IN ENTIRE CFA-4 REPORT

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.
COMMITTEE TO ELECT TIM HAUBER

2. Acronym or Abbreviated Name (if any)

3. Committee Telephone Number
(302) 664 9221

4. Mailing Address (Address where all campaign finance correspondence is received.) ☐ Check if this is a new address.
1008 S. SHERWOOD AVE.

5. City, State, ZIP Code
CLARKSVILLE, IN. 47129

6. Party Affiliation (if applicable)
REPUBLICAN

CANDIDATE INFORMATION (For Candidate's Committees Only)

7. Full Name of Candidate (Include any nickname.)
TIMOTHY RAY HAUBER

8. Party Affiliation or If Independent Candidate

9. Office Sought (Include district number, if any. Not required for exploratory committee.)
CLARKSVILLE TOWN COUNCIL DIST. 1

10. County of Residence
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):	COLUMN A This Period	COLUMN B Year to Date
From: 4-24-19 Through: 10-18-19	2145.05	
13. Cash on hand and investments at the beginning of this reporting period.		
14. Cash on hand and investments January 1, current year.		0
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.)	1826.90	1826.90
17b. Unitemized		
17c. Add lines 17a and 17b in both columns. SUBTOTAL	1826.90	1826.90
18. Cash on hand and investments at close of this reporting period (Subtract 17c from 16 in both columns.) TOTAL	318.10	
19. Debts OWED BY the committee (Use Schedule D.)	0	
20. Debts OWED TO the committee (Use Schedule E.)	0	

CERTIFICATION

FOR OFFICE USE ONLY

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 Tim Hauber	Title Treasurer	Date (mm/dd/yy) 10/16/19
Signature of Candidate (if applicable) Tim Hauber		Date (mm/dd/yy) 10/16/19

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**

Form 4806 (R14 / 10-17)
Election Division (IC 3-9-5-14)

State
Indiana

(CFA-4 SCHEDULE B) C
ITEMIZED EXPENDITURES

SCHEDULE

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 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 (mm/dd/yy)
Code _____ Committee to Elect 'Red' Worrall	Town Council Town Council	<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:	25 ⁰⁰		04/13/19
Code _____ OHIO FAITH UNITED METHODIST	CHURCH	<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:	100 ⁰⁰		5/18/19
Code _____ Signs Now	CARDS PRINTED	<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:	153 ¹⁰		6/18/19
Code _____ Signs Now	Relm CARDS	<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:	593 ⁸⁵		8/30/19
Code _____ 1ST CHURCH OF GOD	Donation	<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:	150 ⁰⁰		5/20/19
Code _____ Drs Shelton	FOOD DRIVE Donation	<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:	50 ⁰⁰		9/17/19
Code _____ Mickey Hutton	FOOD preparation	<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:	105 ⁰⁰		10/6/19
SUBTOTAL THIS PAGE OF SCHEDULE B			\$ 1176 ⁹⁵		
TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY (Enter total on ITEM 17a of the Summary Sheet.)			\$		



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

State
Indiana

**(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

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PUBLIC QUESTION INFORMATION

Enter Text of Public Question.

Type of Question: ☐ Statewide ☒ Local
Position: ☐ 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 (mm/dd/yy)
Code _____ Sampan	printer	<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:	460.10		10/10/19
Code _____ US Postal Ser.	stamps	<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:	110.00		10/11/19
Code _____ Staples	envel	<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:	79.85		10/13/19
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:	649.95		
SUBTOTAL THIS PAGE OF SCHEDULE C			\$ 1179.90		
TOTAL OF ALL PAGES OF SCHEDULE C ON THE LAST PAGE ONLY (Enter total on ITEM 17a of the Summary Sheet.)			\$ 1826.90		