



# 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

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

TOTAL PAGES IN ENTIRE CFA-4 REPORT

9

## COMMITTEE INFORMATION

1. Full Name of Committee (as on Statement of Organization) ☐ Check if this is a new name.

Committee to Re-Elect Vicki Carmichael

2. Acronym or Abbreviated Name (if any)

3. Committee Telephone Number

(812) 989-0282

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

PO Box 910

5. City, State, ZIP Code

Jeffersonville, IN 47131

6. Party Affiliation (if applicable)

Democrat

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

7. Full Name of Candidate (Include any nickname.)

Vicki Lynne Carmichael

8. Party Affiliation or If Independent Candidate

Democrat

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

Judge, Clark Circuit Court No. 4

10. County of Residence

Clark

## TYPE OF REPORT

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.)

## CONVENTION CANDIDATES ONLY

Check one:

☐ Pre-Convention

☐ Post-Convention

12. Reporting Period (mm/dd/yy):

From: 04/14/18

Through: 10/12/18

COLUMN A  
This Period

COLUMN B  
Year to Date

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

20,290.06

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

14,728.97

## CONTRIBUTIONS AND RECEIPTS

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

15a. Itemized (Use Schedule A.)

4,300.00

13,165.00

15b. Unitemized

6,133.00

11,018.00

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

SUBTOTAL

10,433.00

24,183.00

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

TOTAL

30,723.06

38,911.97

## EXPENDITURES

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

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

12,334.62

19,499.87

17b. Unitemized

947.24

1,970.90

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

SUBTOTAL

13,281.86

21,470.77

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

TOTAL

17,441.20

17,441.20

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

10,817.13

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

Sana Shiloh

Title

Treasurer

Date (mm/dd/yy)

10/9/18

Signature of Candidate (if applicable)

Date (mm/dd/yy)

FOR OFFICE USE ONLY

OCT 19 2018

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)

Susan Papp  
CLERK CLARK CIRCUIT COURTS



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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

Page 1 of 3

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. Cecile Blau 6418 Conservation Drive Jeffersonville, IN 47130  Contributor's Occupation (if required) _____	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) _____	250 <sup>00</sup>	250 <sup>00</sup>	10/8/18 Nicole Yates
2. Rick Shaheen 13271 O'Bannon Station Way Louisville, KY 40223  Contributor's Occupation (if required) _____	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) _____	250 <sup>00</sup>	250 <sup>00</sup>	10/1/18 Lonnie Cooper
3. Gary LaDuke 4472 Erin Drive Floyds Knobs, IN 47119  Contributor's Occupation (if required) _____	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) _____	200 <sup>00</sup>	200 <sup>00</sup>	9/21/18 Lonnie Cooper
4. Phil & Sandy McCauley 1432 Greenbriar Court Jeffersonville, IN 47130  Contributor's Occupation (if required) _____	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) _____	250 <sup>00</sup>	250 <sup>00</sup>	9/23/18 Lonnie Cooper
5. James & Donna Ennis 8304 Indian Caves Ct. Charlestown, IN 47111  Contributor's Occupation (if required) _____	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) _____	150 <sup>00</sup>	150 <sup>00</sup>	10/2/18 Nicole Yates
SUBTOTAL THIS PAGE OF SCHEDULE A		\$ 1,100. <sup>00</sup>		
TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY (Enter total on ITEM 15a of the Summary Sheet.)		\$		



# REPORT OF RECEIPTS AND EXPENDITURES OF A POLITICAL COMMITTEE

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

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Page 2 of 3

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. Joni Grayson Po Box 761 Jeffersonville, IN 47130  Contributor's Occupation (if required) _____	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) _____	250 <sup>00</sup>	600 <sup>00</sup>	10/2/18 Nicole Yates
2. Virginia Moore 710 Higgins Drive Jeffersonville, IN 47130  Contributor's Occupation (if required) _____	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) _____	1500 <sup>00</sup>	5250 <sup>00</sup>	10/2/18 Nicole Yates
3. Jerry Cooper 109 Industrial Way Charles town, IN 47111  Contributor's Occupation (if required) _____	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) _____	250 <sup>00</sup>	250 <sup>00</sup>	10/2/18 Mide Yates
4. Kopp's Lakes 521 Kopp Road Clarks ville, IN 47120  Contributor's Occupation (if required) _____	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) _____	250 <sup>00</sup>	250 <sup>00</sup>	10/2/18 Mide Yates
5. David Nicklies 8803 Limehase Lane Louisville, KY 40220  Contributor's Occupation (if required) _____	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) _____	500 <sup>00</sup>	500 <sup>00</sup>	7/12/18 Lannie Cooper
SUBTOTAL THIS PAGE OF SCHEDULE A		\$1,400 <sup>00</sup>		
TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY (Enter total on ITEM 15a of the Summary Sheet.)		\$		



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Indiana

## (CFA-4 SCHEDULE A-1) CONTRIBUTIONS BY INDIVIDUALS Itemized Contributions and Other Receipts

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Page 3 of 3

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. David Lewis Charlestown, IN 47111  Contributor's Occupation (if required) _____	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) _____	500 <sup>00</sup>	500 <sup>00</sup>	8/1/18 Lannie Coopes
2. Teresa Lancaster 3501 Elk Pointe Blvd Jeffersonville, IN 47130  Contributor's Occupation (if required) _____	Contributions: <input type="checkbox"/> Direct <input checked="" type="checkbox"/> In-Kind (describe) <u>Signs</u>  Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify) _____	1,300 <sup>00</sup>	1,300 <sup>00</sup>	5/1/18 Lannie Coopes
3.   Contributor's Occupation (if required) _____	Contributions: <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) _____  Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify) _____			
4.   Contributor's Occupation (if required) _____	Contributions: <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) _____  Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify) _____			
5.   Contributor's Occupation (if required) _____	Contributions: <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) _____  Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify) _____			
SUBTOTAL THIS PAGE OF SCHEDULE A		\$1,800 <sup>00</sup>		
TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY (Enter total on ITEM 15a of the Summary Sheet.)		\$4,300 <sup>00</sup>		



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State  
Indiana

## (CFA-4 SCHEDULE B) ITEMIZED EXPENDITURES

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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 <u>A</u> PineTree Communication PO Box 1636 New Albany, IN 47151	Magazine	<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: <u>Advertisement</u>	1,300. <sup>00</sup>	1,950. <sup>00</sup>	July October 2018
Code <u>A</u> Logo Worx Online Retailer	Online retail	<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: <u>T-shirts</u>	549. <sup>00</sup>	549. <sup>00</sup>	4/18/18
Code <u>A</u> Nancy Eklund, D.D. 34040 Cokewood Blvd. Jeffersonville, IN 47130	Brand Boosters	<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: <u>Advertisement</u>	250. <sup>00</sup>	250. <sup>00</sup>	4/18/18
Code <u>C</u> Breakaway House New Albany, IN 47150	Halfway House	<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: <u>Contribution</u>	100. <sup>00</sup>	100. <sup>00</sup>	5/7/18
Code <u>F</u> Schumpes Spring Street Jeffersonville, IN 47130	Store	<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: <u>Food</u>	250. <sup>00</sup>	250. <sup>00</sup>	5/9/18
Code <u>F</u> Sam's Club pkwy Veterans Clarksville, IN 47299	Store	<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: <u>Candy</u>	<del>1004.82</del> 793.64	793.64	7/26/18- 9/19/18
Code <u>A</u> muf Sports	T-Shirt	<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: <u>T-shirts</u>	1,278. <sup>65</sup>	1,278. <sup>65</sup>	7/13/18
SUBTOTAL THIS PAGE OF SCHEDULE B			\$4,521.29		
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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Page 2 of 4

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)
	OFFICE SOUGHT (if applicable)				
Code <u>A</u> Claysburg Reunion Committee		<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: <u>Advertising</u>	350. <sup>00</sup>	350. <sup>00</sup>	7/30/18
Code <u>B</u> Charlestown Little League		<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: <u>Advertising</u>	200. <sup>00</sup>	200. <sup>00</sup>	7/23/18
Code <u>A</u> Fry Tech. Foundation		<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: <u>Advertising</u>	250. <sup>00</sup>	250. <sup>00</sup>	7/10/18
Code <u>A</u> Fop Lodge #100		<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: <u>Advertising</u>	375. <sup>00</sup>	375. <sup>00</sup>	8/29/18
Code <u>C</u> CLPYKA		<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: <u>Charity</u>	300. <sup>00</sup>	300. <sup>00</sup>	8/3/18
Code <u>A</u> St Augustine's		<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: <u>Advertising</u>	200. <sup>00</sup>	200. <sup>00</sup>	8/8/18
Code <u>A</u> Community Media		<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: <u>Advertising</u>	200. <sup>00</sup>	200. <sup>00</sup>	8/13/18
SUBTOTAL THIS PAGE OF SCHEDULE B			\$ 1,875. <sup>00</sup>		
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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Code <u>A</u> Center for Lay Ministries	Charity	<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: <u>Advertising</u>	250 <sup>00</sup>	250 <sup>00</sup>	8/24/18
Code <u>A</u> Clarksville Little Generals	Little League	<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: <u>Advertising</u>	250 <sup>00</sup>	250 <sup>00</sup>	8/27/18
Code <u>C</u> Family Ark Nashville, TN Jeffersonville, IN	Charity	<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: <u>Charity</u>	400 <sup>00</sup>	400 <sup>00</sup>	8/24/18
Code <u>A</u> New Image Graphics	Sales	<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: <u>Yard Signs</u>	1,049. <sup>40</sup>	1,049. <sup>40</sup>	8/28/18
Code <u>F</u> O'Shea's Spring Street Jeffersonville, IN	Restaurant	<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: <u>Food</u>	103. <sup>74</sup>	103. <sup>74</sup>	8/10/18
Code <u>A</u> Usta Print	Online Retailer	<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: <u>Advertising</u>	660. <sup>46</sup>	1,505. <sup>24</sup>	Aug- Sept 2018
Code <u>A</u> NAACP Jeffersonville, IN	Charity	<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: <u>Advertising</u>	175 <sup>00</sup>	175 <sup>00</sup>	8/17/18
SUBTOTAL THIS PAGE OF SCHEDULE B			\$ 2,888. <sup>60</sup>		
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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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 <u>A</u> East 6th Street Jeffersonville, IN	Community Action	<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: <u>Advertising</u>	240 <sup>00</sup>	240 <sup>00</sup>	8/28/18
Code <u>A</u> SIAR Jeffersonville, IN	Animal Rescue	<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: <u>Advertising</u>	250 <sup>00</sup>	250 <sup>00</sup>	9/27/18
Code <u>A</u> Sacred Heart Jeffersonville, IN	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: <u>Advertising</u>	150 <sup>00</sup>	150 <sup>00</sup>	9/14/18
Code <u>F</u> Home Depot Clarksville, IN	Home Goods	<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: <u>Fence Posts</u>	327 <sup>91</sup>	327 <sup>91</sup>	Aug 04 2018
Code <u>A</u> Blip Billboards	Billboards	<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: <u>Advertising</u>	1,050 <sup>00</sup>	1,050 <sup>00</sup>	Sep 04 2018
Code <u>A</u> Clark County Democrat Central Committee	Political	<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: <u>Advertising</u>	300 <sup>00</sup>	300 <sup>00</sup>	8/31/18
Code <u>A</u> Facebook	Online	<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: <u>Advertising</u>	731 <sup>82</sup>	731 <sup>82</sup>	Sep 04 2018
SUBTOTAL THIS PAGE OF SCHEDULE B			\$ 0 <sup>00</sup>		
TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY (Enter total on ITEM 17a of the Summary Sheet.)			\$12,334.62		



CREDITOR'S OR LENDER'S NAME AND MAILING ADDRESS (street, number, city, state, ZIP code)	ENDORSEER'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			
Vicki Carmichael Po Box 910 Jeffersonville, IN 47134 LENDER'S OCCUPATION: Judge		7,817.13 Loan to Committee	Jul-Dec 2017	0.00	7,817.13
Vicki Carmichael Po Box 910 Jeffersonville, IN 47134 LENDER'S OCCUPATION: Judge		3,000.00 Loan to Committee	April-October 2018	10,817.13	10,817.13
LENDER'S OCCUPATION:					
LENDER'S OCCUPATION:					
LENDER'S OCCUPATION:					
LENDER'S OCCUPATION:					
LENDER'S OCCUPATION:					
SUBTOTAL THIS PAGE OF SCHEDULE D					\$ 0.00
TOTAL OF ALL PAGES OF SCHEDULE D ON THE LAST PAGE ONLY (Enter total on ITEM 19 of the Summary Sheet.)					\$ 10,817.13