



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

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

21-05-18 P12:09 IN

OF

**(CFA-4)
Summary Sheet**

FILE NUMBER

TOTAL PAGES IN ENTIRE CFA-4 REPORT

8

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 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

6. Party Affiliation (if applicable)

Jeffersonville, IN 47131

Democrat

CANDIDATE INFORMATION (For Candidate's Committees Only)

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

8. Party Affiliation or If Independent Candidate

Vicki Lynne Carmichael

Democrat

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

10. County of Residence

Judge, Clark Circuit Court No. 4

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: 01/01/17 Through: 12/31/17

COLUMN A
This Period

0.00

COLUMN B
Year to Date

0.00

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

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

CONTRIBUTIONS AND RECEIPTS

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

15a. Itemized (Use Schedule A.)

14,642.13

14,642.13

15b. Unitemized

7,373.00

7,373.00

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

SUBTOTAL

22,015.13

22,015.13

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

TOTAL

22,015.13

22,015.13

EXPENDITURES

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

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

5,765.53

5,765.53

17b. Unitemized

1,520.63

1,520.63

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

SUBTOTAL

7,286.16

7,286.16

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

TOTAL

14,728.97

14,728.97

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

7,817.13

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

Title

Date (mm/dd/yy)

Vicki Carmichael

Treasurer

05/21/18

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)

FOR OFFICE USE ONLY



REPORT OF RECEIPTS AND EXPENDITURES

OF A POLITICAL COMMITTEE

State Form 4606 (R14 / 10-17)

Indiana Election Division (IC 3-9-5-14)

(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 5

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. Matthew Schad 223 E. Spring Street New Albany, IN 47150 Contributor's Occupation (if required) <u>Attorney</u>	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) _____	250.00	250.00	11/15/17 Tara Shields
2. Jerome Jacobi 320 E. Market St, Apt 1 Jeffersonville, IN 47130 Contributor's Occupation (if required) <u>Attorney</u>	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) _____	200.00	200.00	11/15/17 Tara Shields
3. Nicholas Stein 1234 Main Street Hill Rd New Albany, IN 47150 Contributor's Occupation (if required) <u>Attorney</u>	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) _____	150.00	200.00	11/15/17 Tara Shields
4. Richard & Ellen Coulter 4104 Sylvan 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) _____	200.00	200.00	11/15/17 Tara Shields
5. Amy Stein 1106 Carriage Lane New Albany, IN 47150 Contributor's Occupation (if required) <u>Attorney</u>	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) _____	250.00	250.00	11/15/17 Tara Shields
SUBTOTAL THIS PAGE OF SCHEDULE A		\$1,050.00		
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)

Indiana Election Division (IC 3-9-5-14)

(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 2 of 5

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. James + Julia Fifer PO Box 65 New Albany, IN 47151	<p>Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe)</p> <hr/> <p>Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify)</p> <hr/>	1,000.00	1,000.00	11/15/17 Tara Shields
2. Sarah Stivers PO Box 473 Jeffersonville, IN 47131	<p>Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe)</p> <hr/> <p>Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify)</p> <hr/>	250.00	250.00	11/15/17 Tara Shields
3. Lorch Nanille Ward PO Box 1343 New Albany, IN 47151	<p>Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe)</p> <hr/> <p>Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify)</p> <hr/>	750.00	250.00	11/15/17 Tara Shields
4. Fox Law Office 409 Bank Street New Albany, IN 47150	<p>Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe)</p> <hr/> <p>Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify)</p> <hr/>	250.00	250.00	11/15/17 Tara Shields
5. Glenn Hancock 421 W. 1st Street New Albany, IN 47150	<p>Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe)</p> <hr/> <p>Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify)</p> <hr/>	300.00	300.00	11/15/17 Tara Shields
Contributor's Occupation (if required) <u>Attorneys</u>				
Contributor's Occupation (if required) <u>Attorneys</u>				
Contributor's Occupation (if required) <u>Attorney</u>				
		SUBTOTAL THIS PAGE OF SCHEDULE A		
TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY (Enter total on ITEM 15a of the Summary Sheet.)		\$2,050.00		
		\$		



**REPORT OF RECEIPTS AND EXPENDITURES
OF A POLITICAL COMMITTEE**
State Form 4606 (R14 / 10-17)
Indiana Election Division (IC 3-9-5-14)

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

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FILE NUMBER

Page 3 of 5

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. Irvin & Diane Sonne 201 W. Main Street New Albany, IN 47150	<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>	200.00	200.00	11/15/17	Tara Shields
2. Gordon Ingle 699 Hillview Drive Corydon, IN 47112	<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>	250.00	250.00	8/18/17	Tara Shields
3. Steven Stewart 6304 New Chapel Rd Jeffersonville, IN 47130	<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>	200.00	200.00	8/19/17	Tara Shields
4. Virginia Moore 710 Higgins Drive Jeffersonville, IN 47130	<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>	375.00	375.00	8/19/17	Tara Shields
5. Phil Caldwell do Hoopsters 830 E. 10th Street Jeffersonville, IN 47130	<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>	200.00	200.00	8/19/17	Tara Shields
Contributor's Occupation (if required)					
SUBTOTAL THIS PAGE OF SCHEDULE A		\$1,225.00			
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
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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**

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FILE NUMBER

Page 4 of 5

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>Rebecca Lockard 411 Watt Street Jeffersonville, IN 47130</i>	<p>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) </p>	<i>700.00</i>	<i>700.00</i>	<i>8/19/17 Tara Shields</i>
Contributor's Occupation (if required) <i>Attorney</i>				
2. <i>Stephen Veltker P O Box 1446 Jeffersonville, IN 47130</i>	<p>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) </p>	<i>500.00</i>	<i>500.00</i>	<i>8/18/17 Tara Shields</i>
Contributor's Occupation (if required) <i>Attorney</i>				
3. <i>James & Julia Fifer P O Box 65 New Albany, IN 47151</i>	<p>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) </p>	<i>250.00</i>	<i>1,250.00</i>	<i>8/19/17 Tara Shields</i>
Contributor's Occupation (if required) <i>Attorneys</i>				
4. <i>Bob Bottorff 705 E. Court Avenue Jeffersonville, IN 47130</i>	<p>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) </p>	<i>200.00</i>	<i>200.00</i>	<i>8/19/17 Tara Shields</i>
Contributor's Occupation (if required) <i>Attorney</i>				
5. <i>Anna Murray 607 Watt Street Jeffersonville, IN 47130</i>	<p>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) </p>	<i>150.00</i>	<i>150.00</i>	<i>8/21/17 Tara Shields</i>
Contributor's Occupation (if required) <i>Attorney</i>				
SUBTOTAL THIS PAGE OF SCHEDULE A		\$ 1,800.00		
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 Election Division (IC 3-9-5-14)

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

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FILE NUMBER
Page 5 of 5

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 701 Jeffersonville, IN 47131 Contributor's Occupation (if required) <u>Magistrate</u>	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)	350.00	350.00	8/1/17 Tara Shields
2. William & Laura Harbison 946 Chestnut Street Jeffersonville, IN 47130 Contributor's Occupation (if required) <u>Attorneys</u>	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)	350.00	350.00	7/27/17 Tara Shields
3. Vicki Carmichael PO Box 910 Jeffersonville, IN 47131 Contributor's Occupation (if required) <u>Judge</u>	Contributions: <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) Other Receipts: <input type="checkbox"/> Interest <input checked="" type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify)	5,000.00	5,000.00	7/21/17 Tara Shields
4. Vicki Carmichael PO Box 910 Jeffersonville, IN 47131 Contributor's Occupation (if required) <u>Judge</u>	Contributions: <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) Other Receipts: <input type="checkbox"/> Interest <input checked="" type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify)	2,817.13	2,817.13	Jul-Dec 2017 Tara Shields
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		\$ 8517.00		
TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY (Enter total on ITEM 15a of the Summary Sheet.)		\$ 14,642.13		


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

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

 State
 Indiana

**(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 <u>1</u> of <u>1</u>

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 <u>A</u> Budget Print 902 E. 10th Street Jeffersonville, IN 47130	Printing Center	<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: Printing	264.35	264.35	Aug - Dec 2017
Code <u>A</u> CD Graffix 632 Providence Way Clarksville, IN 47129	Screenprinting	<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: T-Shirts	1,642.45	1,642.45	July - Dec 2017
Code <u>F</u> Tons of Fun 6802 Shepherdsville Road Louisville, KY	Party Rentals	<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: Golf setup	800.00	800.00	7/26/17
Code <u>A</u> My Lucky Fortune 8000 Washington Blvd. Jessup, MD 20794	Fortune Cookies	<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: fortune cookies	849.70	849.70	10/31/17
Code <u>F</u> Kye's 500 Missouri Avenue Jeffersonville, IN 47130	Event Center	<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: Rental/ Catering	1,364.25	1,364.25	8/19/17
Code <u>A</u> Vista Print Online	Printing	<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: Signs/ banners	844.78	844.78	July - Dec 2017
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			\$ 5,765.53		
TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY (Enter total on ITEM 17a of the Summary Sheet.)			\$ 5,765.53		


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

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

**(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

Page	1	of	1
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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			
Vicki Carmichael Po Box 910 Jeffersonville, IN 47131 Judge		7,817.13 Loan to Committee	Jul- Dec 2017	0.00	7,817.13
LENDER'S OCCUPATION:					
LENDER'S OCCUPATION:					
LENDER'S OCCUPATION:					
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.)					\$ 7,817.13