



**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

6

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.

P.O. 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.)

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

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: 10/13/18 Through: 12/31/18

COLUMN A
This Period

COLUMN B
Year to Date

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

17,441.20

14,728.97

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.)

17,000.00 14,869.00

15b. Unitemized

3,933.00 14,951.00

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

SUBTOTAL 5,633.00 29,816.00

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

TOTAL 23,074.20 44,544.97

EXPENDITURES

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

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

4,942.54 24,442.41

17b. Unitemized

2,867.00 4,837.96

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

SUBTOTAL 7,809.60 29,280.37

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

TOTAL 15,264.60 15,264.60

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

15,264.60

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

FOR OFFICE USE ONLY

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

Jara Shields

Title

Treasurer

Date (mm/dd/yy)

1/18/19

Signature of Candidate (if applicable)

Date (mm/dd/yy)

JAN 31 2019

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) CLERK CLARK CIRCUIT COURTS

Susan Papp



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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 2

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. Gary & Janet Purlee 1715 Utica Pike 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)	300.00	300.00	102418 Nicole Yates
Contributor's Occupation (if required)				
2. Mary Fondrisi 209 E. Chestnut 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)	300.00	300.00	102418 Nicole Yates
Contributor's Occupation (if required)				
3. John Martin 6721 Bull Creek Road Charles town, 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)	500.00	500.00	102418 Nicole Yates
Contributor's Occupation (if required)				
4. Steve Stewart 5304 New Chapel Road 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)	200.00	400.00	102418 Nicole Yates
Contributor's Occupation (if required)				
5. Kevin Vissing 1302 Dogwood Road 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)	150.00	150.00	102418 Nicole Yates
Contributor's Occupation (if required)				
SUBTOTAL THIS PAGE OF SCHEDULE A		\$ 1450.00		
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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**(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 2

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. Jerry & Kathryn Juobi 320 E. Market Street, #1 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>	250 ⁰⁰	450 ⁰⁰	102418 Nicole Yates
2.	<p>Contributions: <input 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>			
3.	<p>Contributions: <input 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>			
4.	<p>Contributions: <input 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>			
5.	<p>Contributions: <input 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>			
Contributor's Occupation (if required)				
SUBTOTAL THIS PAGE OF SCHEDULE A		\$ 250.00		
TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY (Enter total on ITEM 15a of the Summary Sheet)		\$ 1,700.00		



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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.

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 <u>F</u> Kroger	Food	<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>Fundraiser</u>	283.91	283.91	102318
Code <u>F</u> El Nopal	Food	<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>Fundraiser</u>	141.68	141.68	102318
Code <u>A</u> News + Tribune	Newspaper	<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>	695.00	695.00	102518
Code <u>A</u> Blip Billboards	Billboard	<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>	500.00	1,550.00	102918
Code <u>C</u> American Smokehouse Stadium	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>Contribution</u>	250.00	250.00	103018
Code <u>A</u> Pine Tree Communications	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>Advertising</u>	325.00	2,375.00	110118
Code <u>A</u> News + Tribune	Newspaper	<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>	895.00 3,090.59	1,590.00	110118
SUBTOTAL THIS PAGE OF SCHEDULE B			\$ 0.00		
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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**(CFA-4 SCHEDULE B)
ITEMIZED EXPENDITURES**

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FILE NUMBER

Page 2 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>C</u> Clark County Youth Shelter	Child Caring Institution	<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>	500.00	500.00	10/6/18
Code <u>D</u> Little Caesars	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>Celebration</u>	240.75	240.75	11/07/18
Code <u>O</u> Kyle's	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: <u>Celebration</u>	171.20	171.20	11/21/18
Code <u>A</u> St. Luke's	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>	200.00	200.00	11/21/18
Code <u>C</u> Clark County Youth Shelter	Child Caring Institution	<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>	500.00	1,000.00	12/20/18
Code <u>A</u> Clark County Democrat Central Comte	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>	240.00	540.00	12/31/18
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: <u>4942.54</u>	1,851.95 <u>4942.54</u>		
SUBTOTAL THIS PAGE OF SCHEDULE B			\$ 0.00		
TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY (Enter total on ITEM 17a of the Summary Sheet.)			\$ 10,000.00		



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(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	
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of	1

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 PoBox 910 Jeffersonville, IN 47131 LENDER'S OCCUPATION: Judge		4,447.47 Loan to Committee	Nov-Dec 2018	15,264.60	15,264.60
LENDER'S OCCUPATION:					
LENDER'S OCCUPATION:					
LENDER'S OCCUPATION:					
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		SUBTOTAL THIS PAGE OF SCHEDULE D	\$		
		TOTAL OF ALL PAGES OF SCHEDULE D ON THE LAST PAGE ONLY (Enter total on ITEM 19 of the Summary Sheet.)	\$15,264.60		