# REPORT OF RECEIPTS AND EXPENDITURES OF A POLITICAL COMMITTEE

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

## (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 Bryan Glover

2. Acronym or Abbreviated Name *(if any)*

3. Committee Telephone Number
( 502 ) 523-7013

4. Mailing Address *(Address where all campaign finance correspondence is received.)* ☐ Check if this is a new address.
6512Deerfield Dr

5. City, State, ZIP Code
Charlestown, IN 47111

6. Party Affiliation *(if applicable)*
Republican

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

7. Full Name of Candidate *(Include any nickname.)*
Bryan Duane Glover

8. Party Affiliation or If Independent Candidate
Republican

9. Office Sought *(Include district number, if any.* ***Not required for exploratory committee.)***
County Commissioner District 3

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: 04/09/2022 Through: 10/19/2022

| | COLUMN A This Period | COLUMN B Year to Date |
|---|---|---|
| 13. Cash on hand and investments at the beginning of this reporting period. | 17.23 | |
| 14. Cash on hand and investments January 1, current year. | | 17.23 |
| **CONTRIBUTIONS AND RECEIPTS** | | |
| *(Note: these amounts include in-kind contributions and loans, as well as cash contributions.)* | | |
| 15a. Itemized *(Use Schedule A.)* | 1,000.00 | 1,000.00 |
| 15b. Unitemized | | |
| 15c. Add lines 15a and 15b in both columns. **SUBTOTAL** | 1,000.00 | 1,000.00 |
| 16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B. **TOTAL** | 1,017.23 | 1,017.23 |
| **EXPENDITURES** | | |
| *(Note: These amounts include in-kind expenditures and loan repayments.)* | | |
| 17a. Itemized *(Use Schedule B.) (Public Question: use Schedule C.)* | | |
| 17b. Unitemized | | |
| 17c. Add lines 17a and 17b in both columns. **SUBTOTAL** | 0.00 | 0.00 |
| 18. Cash on hand and investments at close of this reporting period *(Subtract 17c from 16 in both columns.)* **TOTAL** | 1,017.23 | 1,017.23 |
| 19. Debts OWED BY the committee *(Use Schedule D.)* | 0.00 | |
| 20. Debts OWED TO the committee *(Use Schedule E.)* | 0.00 | |

## 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)* |
|---|---|---|
| Denise A Glover | Treasurer | 10/21/2022 |
| Signature of Candidate *(if applicable)* | | Date *(mm/dd/yy)* |
| Bryan Glover | | 10/21/2022 |

**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**

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CLERK CLARK CIRCUIT COURTS
OCT 21 2022

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# (CFA-4 SCHEDULE A-5) CONTRIBUTIONS BY OTHER ORGANIZATIONS

## Itemized Contributions and Other Receipts

**INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY ORGANIZATIONS OTHER THAN CORPORATIONS, LABOR ORGANIZATIONS, POLITICAL ACTION COMMITTEES AND 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 other entities **OVER $100** per contributor, within a calendar year **MUST** be itemized on this schedule *(over $200, if regular party committee).* All transfers-in and in-kind contributions regardless of amount from candidate's, legislative caucus, and regular party committees **MUST** be itemized on this schedule. 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).*

**FILE NUMBER**

Page _____ of _____

| CONTRIBUTOR'S FULL NAME AND 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. BDASI<br>4100 Charlestown Rd<br>New Albany, In 47150 | Contributions:<br>☑ Direct<br>☐ In-Kind *(describe)*<br>Other Receipts:<br>☐ Interest ☐ Loan<br>☐ Miscellaneous *(specify)* | $1,000.00 | $1,000.00 | 7/26/2022<br>Bryan Glover |
| 2. | Contributions:<br>☐ Direct<br>☐ In-Kind *(describe)*<br>Other Receipts:<br>☐ Interest ☐ Loan<br>☐ Miscellaneous *(specify)* | | | |
| 3. | Contributions:<br>☐ Direct<br>☐ In-Kind *(describe)*<br>Other Receipts:<br>☐ Interest ☐ Loan<br>☐ Miscellaneous *(specify)* | | | |
| 4. | Contributions:<br>☐ Direct<br>☐ In-Kind *(describe)*<br>Other Receipts:<br>☐ Interest ☐ Loan<br>☐ Miscellaneous *(specify)* | | | |
| 5. | Contributions:<br>☐ Direct<br>☐ In-Kind *(describe)*<br>Other Receipts:<br>☐ Interest ☐ Loan<br>☐ Miscellaneous *(specify)* | | | |
| **SUBTOTAL THIS PAGE OF SCHEDULE A** | | $ 1,000.00 | | |
| **TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY** *(Enter total on ITEM 15a of the Summary Sheet.)* | | $ 1,000.00 | | |