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# REPORT OF RECEIPTS AND EXPENDITURES OF A POLITICAL COMMITTEE

State Form 4606 (R13/11-05)
Indiana Election Commission (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
Friends for Brad J. Amos

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

3. Committee Telephone Number
(502) 262-1640

4. Mailing Address *(address where all campaign finance correspondence is received)* ☐ Check if this is a new address
1812 Twinbrook Drive

5. City, State, ZIP Code
Sellersburg, IN 47172

6. Party Affiliation *(if applicable)*
Dem

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

7. Full Name of Candidate *(include any nickname)*
Brad James Amos

8. Party Affiliation or If Independent Candidate
Dem

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

10. County of Residence
Clark

## TYPE OF REPORT

11. Check one:
☐ Pre-Primary ☐ Pre-Election ☐ Annual ☐ Nomination ☐ Other _____
☒ Final Dissolution Committee *(lines 18, 19, and 20 must be "0")* ☐ Outgoing Treasurer *(within 10 days amend Statement of Organization)*

**CONVENTION CANDIDATES ONLY**
Check one:
☐ Pre-Convention
☐ Post-Convention

12. Reporting Period:
From: 10-12-2019 Through: 12-31-2019

| | COLUMN A This Period | COLUMN B Year to Date |
|---|---|---|
| 13. Cash on hand and investments at the beginning of this reporting period. | 1393.00 | |
| 14. Cash on hand and investments January 1, current year. | | 1393.00 |
| **CONTRIBUTIONS AND RECEIPTS** | | |
| *(Note: these amounts include in-kind contributions and loans, as well as cash contributions.)* | | |
| 15a. Itemized *(use Schedule A)* | 0 | |
| 15b. Unitemized | 0 | |
| 15c. Add lines 15a and 15b in both columns **SUBTOTAL** | 0 | |
| 16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B **TOTAL** | 1393.— | |
| **EXPENDITURES** | | |
| *(Note: These amounts include in-kind expenditures and loan repayments.)* | | |
| 17a. Itemized *(use Schedule B) (Public Question: use Schedule C)* | 0 | |
| 17b. Unitemized | 0 | |
| 17c. Add lines 17a and 17b in both columns **SUBTOTAL** | 0 | |
| 18. Cash on hand and investments at close of this reporting period *(subtract 17c from 16 in both columns)* **TOTAL** | 1393.— | |
| 19. Debts OWED BY the committee *(use Schedule D)* | | |
| 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 |
|---|---|---|
| Karen Nuber | Treasurer | 1-30-2020 |
| **Signature of Candidate** *(if applicable)* | | **Date** |
| Brad Amos | | 1-30-2020 |

**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 Class D 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**

FILED
JAN 30 2020
Susan Popp
CLERK CLARK CIRCUIT COURTS

# SUPPLEMENTAL "LARGE CONTRIBUTION" REPORT BY A CANDIDATE'S COMMITTEE ($1,000 CONTRIBUTIONS OR MORE)

(CFA-11)

State Form 48492 (R4/11-05)
Indiana Election Commission (IC 3-9-5-20.1; 3-9-5-22)

**INSTRUCTIONS:** Only candidates receiving a "large contribution" are required to file this report. 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.

**FILE NUMBER**

**TOTAL PAGES IN ENTIRE CFA-11 REPORT**

## COMMITTEE INFORMATION

1. Full Name of Candidate *(include any nickname)* ☐ Check if this is a new name: Brad James Amos

2. Committee Telephone Number: ( )

3. Mailing Address *(address where all campaign finance correspondence is received)* ☐ Check if this is a new address: 1812 Twinbrook Drive

4. City: Sellersburg | State: IN | ZIP Code: 47172

5. Party Affiliation or If Independent Candidate: DEM

6. Office Sought *(include district number, if any. Not required for exploratory committee.)*: Town Sellersburg Town Council Dist 3

7. County of Residence: Clark

8. Reporting Period: From: 10-12-2019 Through: 12-31-2019

For classification, enter INDV for individual; PAC for political action committee: CORP for corporation; LAB for labor organization; NONE for all entries which are not one of the above categories.

| CONTRIBUTOR'S FULL NAME AND OCCUPATION FULL MAILING ADDRESS *(street, number, city, state, ZIP code)* | TYPE OF CONTRIBUTION OR OTHER RECEIPT | COLUMN A AMOUNT OF CONTRIBUTION | DATE RECEIVED / RECEIVED BY |
|---|---|---|---|
| Classification: 1. Brad J. Amos<br>1812 Twinbrook Dr.<br>Sellersburg, IN 47172<br>Contributor's Occupation *(if applicable)* | Contributions: ☑ Direct ☐ In-Kind *(describe)*<br>Other Receipts: ☐ Interest ☐ Loan ☐ Misc *(specify)* | $1500.— | Candidate |
| Classification: 2.<br>Contributor's Occupation *(if applicable)* | Contributions: ☐ Direct ☐ In-Kind *(describe)*<br>Other Receipts: ☐ Interest ☐ Loan ☐ Misc *(specify)* | | |
| Classification: 3.<br>Contributor's Occupation *(if applicable)* | Contributions: ☐ Direct ☐ In-Kind *(describe)*<br>Other Receipts: ☐ Interest ☐ Loan ☐ Misc *(specify)* | | |

## 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)* |
|---|---|---|
| Karen Huber | Treasurer | 1-30-2020 |
| **Signature of Candidate *(if applicable)*** | | **Date *(MM-DD-YY)*** |
| Brad Amos | | 1-30-2020 |

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Indiana Election Commission (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 _____ of _____

| 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 / RECEIVED BY |
|---|---|---|---|---|
| 1. Lucky Girl Promotions<br>Contributor's Occupation *(if required)* _____ | Contributions: ☒ Direct ☐ In-Kind *(describe)* A<br>Other Receipts: ☐ Interest ☐ Loan ☐ Misc. *(specify)* | $447.00 | 447.00 | |
| 2.<br>Contributor's Occupation *(if required)* _____ | Contributions: ☐ Direct ☐ In-Kind *(describe)*<br>Other Receipts: ☐ Interest ☐ Loan ☐ Misc. *(specify)* | | | |
| 3.<br>Contributor's Occupation *(if required)* _____ | Contributions: ☐ Direct ☐ In-Kind *(describe)*<br>Other Receipts: ☐ Interest ☐ Loan ☐ Misc. *(specify)* | | | |
| 4.<br>Contributor's Occupation *(if required)* _____ | Contributions: ☐ Direct ☐ In-Kind *(describe)*<br>Other Receipts: ☐ Interest ☐ Loan ☐ Misc. *(specify)* | | | |
| 5.<br>Contributor's Occupation *(if required)* _____ | Contributions: ☐ Direct ☐ In-Kind *(describe)*<br>Other Receipts: ☐ Interest ☐ Loan ☐ Misc. *(specify)* | | | |
| | **SUBTOTAL THIS PAGE OF SCHEDULE A** | $ 447.00 | | |
| | **TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY** *(Enter total on ITEM 15a of the Summary Sheet)* | $ 447.00 | | |