



# 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

**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

FILE NUMBER

TOTAL PAGES IN ENTIRE CFA-4 REPORT

3

### COMMITTEE INFORMATION

1. Full Name of Committee (as on *Statement of Organization*) ☐ Check if this is a new name.  
COMMITTEE TO RE-ELECT DALE POPP

2. Acronym or Abbreviated Name (if any)  
NA

3. Committee Telephone Number  
( 502 ) 767-2372

4. Mailing Address (Address where all campaign finance correspondence is received.)  
413 MERRYMAN DRIVE

☐ Check if this is a new address.

5. City, State, ZIP Code  
JEFFERSONVILLE, IN 47130

6. Party Affiliation (if applicable)

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

7. Full Name of Candidate (Include any nickname.)  
DALE F. POPP

8. Party Affiliation or If Independent Candidate  
DEMOCRAT

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

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: 01/01/2021

Through: 12/31/2021

COLUMN A  
This Period

COLUMN B  
Year to Date

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

515.00

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

515.00

### CONTRIBUTIONS AND RECEIPTS

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

15a. Itemized (Use Schedule A.)

500.00

500.00

15b. Unitemized

0.00

0.00

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

**SUBTOTAL**

500.00

500.00

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

**TOTAL**

1,015.00

1,015.00

### EXPENDITURES

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

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

500.00

500.00

17b. Unitemized

0.00

0.00

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

**SUBTOTAL**

500.00

500.00

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

**TOTAL**

515.00

515.00

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

*Lara Hammond*

Title  
LARA HAMMOND, TREASURER

Date (mm/dd/yy)  
01/19/2022

Signature of Candidate (if applicable)

*Dale Popp*

Date (mm/dd/yy)  
01/19/2022

### FOR OFFICE USE ONLY

CLERK CLARK CIRCUIT COURTS

NOV 04 2022

*Shawn Popp*

**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)



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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

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| CONTRIBUTOR'S FULL NAME AND OCCUPATION<br>FULL MAILING ADDRESS<br>(street, number, city, state, ZIP code)             | TYPE OF CONTRIBUTION<br>OR OTHER RECEIPT                                                                                                                                                                                                                              | COLUMN A<br>AMOUNT THIS<br>PERIOD | COLUMN B<br>CUMULATIVE<br>YEAR-TO-DATE | DATE RECEIVED<br>(mm/dd/yy)    |
|-----------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|----------------------------------------|--------------------------------|
|                                                                                                                       |                                                                                                                                                                                                                                                                       |                                   |                                        | RECEIVED BY                    |
| 1. DALE F. POPP<br>9 VIRGINIA DRIVE<br>JEFFERSONVILLE, IN 47130<br><br>Contributor's Occupation (if required) _____   | Contributions:<br><input checked="" type="checkbox"/> Direct<br><input type="checkbox"/> In-Kind (describe) _____<br><br>Other Receipts:<br><input type="checkbox"/> Interest <input type="checkbox"/> Loan<br><input type="checkbox"/> Miscellaneous (specify) _____ | \$300.00                          | \$300.00                               | 09/01/2021<br><br>LARA HAMMOND |
| 2. LARA HAMMOND<br>413 MERRYMAN DRIVE<br>JEFFERSONVILLE, IN 47130<br><br>Contributor's Occupation (if required) _____ | Contributions:<br><input checked="" type="checkbox"/> Direct<br><input type="checkbox"/> In-Kind (describe) _____<br><br>Other Receipts:<br><input type="checkbox"/> Interest <input type="checkbox"/> Loan<br><input type="checkbox"/> Miscellaneous (specify) _____ | \$200.00                          | \$500.00                               | 09/17/2021<br><br>LARA HAMMOND |
| 3.<br><br>Contributor's Occupation (if required) _____                                                                | Contributions:<br><input type="checkbox"/> Direct<br><input type="checkbox"/> In-Kind (describe) _____<br><br>Other Receipts:<br><input type="checkbox"/> Interest <input type="checkbox"/> Loan<br><input type="checkbox"/> Miscellaneous (specify) _____            |                                   |                                        |                                |
| 4.<br><br>Contributor's Occupation (if required) _____                                                                | Contributions:<br><input type="checkbox"/> Direct<br><input type="checkbox"/> In-Kind (describe) _____<br><br>Other Receipts:<br><input type="checkbox"/> Interest <input type="checkbox"/> Loan<br><input type="checkbox"/> Miscellaneous (specify) _____            |                                   |                                        |                                |
| 5.<br><br>Contributor's Occupation (if required) _____                                                                | Contributions:<br><input type="checkbox"/> Direct<br><input type="checkbox"/> In-Kind (describe) _____<br><br>Other Receipts:<br><input type="checkbox"/> Interest <input type="checkbox"/> Loan<br><input type="checkbox"/> Miscellaneous (specify) _____            |                                   |                                        |                                |
| SUBTOTAL THIS PAGE OF SCHEDULE A                                                                                      |                                                                                                                                                                                                                                                                       | \$ 500.00                         |                                        |                                |
| TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY<br>(Enter total on ITEM 15a of the Summary Sheet.)             |                                                                                                                                                                                                                                                                       | \$ 500.00                         |                                        |                                |



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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

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| RECIPIENT'S NAME AND MAILING ADDRESS<br>(street, number, city, state, ZIP code)                                    | RECIPIENT'S OCCUPATION             | TYPE OF EXPENDITURE<br>and<br>PURPOSE (be specific)                                                                                                                                                                                                     | COLUMN A<br>AMOUNT THIS<br>PERIOD | COLUMN B<br>CUMULATIVE<br>YEAR-TO-DATE | DATE OF<br>EXPENDITURE<br>(mm/dd/yy) |
|--------------------------------------------------------------------------------------------------------------------|------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|----------------------------------------|--------------------------------------|
|                                                                                                                    | OFFICE SOUGHT (if applicable)      |                                                                                                                                                                                                                                                         |                                   |                                        |                                      |
| Code <u>C/A</u><br>I'M FOR MIKE MOORE<br>P.O. BOX 823<br>JEFFERSONVILLE, IN 47131                                  | CAMPAIGN COMMITTEE<br><br>MAYOR    | <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind<br><input type="checkbox"/> Payment of Debt<br><input type="checkbox"/> Returned Contribution<br><input type="checkbox"/> Other _____<br>Purpose:<br>SponsorForGolfScramble | \$200.00                          | \$200.00                               | 09/16/2021                           |
| Code <u>A</u><br>CLARKSVILLE HIGH SCHOOL<br>ALUMNI ASSOCIATION<br>502 LITTLE LEAGUE BLVD.<br>CLARKSVILLE, IN 47129 | HIGH SCHOOL ASSOCIATION<br><br>N/A | <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind<br><input type="checkbox"/> Payment of Debt<br><input type="checkbox"/> Returned Contribution<br><input type="checkbox"/> Other _____<br>Purpose:<br>SponsorForGolfScramble | \$100.00                          | \$300.00                               | 09/22/2021                           |
| Code <u>A</u><br>CCDCC<br>P.O. BOX 71<br>SELLERSBURG, IN 47172-0071                                                | CENTRAL COMMITTEE<br><br>N/A       | <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind<br><input type="checkbox"/> Payment of Debt<br><input type="checkbox"/> Returned Contribution<br><input type="checkbox"/> Other _____<br>Purpose:<br>PeriodicalAdvert.      | \$100.00                          | \$400.00                               | 09/27/2021                           |
| Code <u>C/A</u><br>CLARK COUNTY<br>DEMOCRAT PARTY<br>925 E. 7TH ST. #107<br>JEFFERSONVILLE, IN 47130               | POLITICAL COMMITTEE<br><br>N/A     | <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind<br><input type="checkbox"/> Payment of Debt<br><input type="checkbox"/> Returned Contribution<br><input type="checkbox"/> Other _____<br>Purpose:<br>HoleSponsorForGolf     | \$100.00                          | \$500.00                               | 10/01/2021                           |
| Code _____                                                                                                         |                                    | <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind<br><input type="checkbox"/> Payment of Debt<br><input type="checkbox"/> Returned Contribution<br><input type="checkbox"/> Other _____<br>Purpose:                                      |                                   |                                        |                                      |
| Code _____                                                                                                         |                                    | <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind<br><input type="checkbox"/> Payment of Debt<br><input type="checkbox"/> Returned Contribution<br><input type="checkbox"/> Other _____<br>Purpose:                                      |                                   |                                        |                                      |
| Code _____                                                                                                         |                                    | <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind<br><input type="checkbox"/> Payment of Debt<br><input type="checkbox"/> Returned Contribution<br><input type="checkbox"/> Other _____<br>Purpose:                                      |                                   |                                        |                                      |
| SUBTOTAL THIS PAGE OF SCHEDULE B                                                                                   |                                    |                                                                                                                                                                                                                                                         | \$ 500.00                         |                                        |                                      |
| TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY<br>(Enter total on ITEM 17a of the Summary Sheet.)          |                                    |                                                                                                                                                                                                                                                         | \$ 500.00                         |                                        |                                      |