



# 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

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

### COMMITTEE INFORMATION

|                                                                                                                                                                            |                                                           |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------|
| 1. Full Name of Committee (as on Statement of Organization) <input type="checkbox"/> Check if this is a new name<br><b>FRIENDS FOR BUTCH LOVE</b>                          |                                                           |
| 2. Acronym or Abbreviated Name (if any)<br><b>NONE</b>                                                                                                                     | 3. Committee Telephone Number<br><b>(502) 758-3020</b>    |
| 4. Mailing Address (address where all campaign finance correspondence is received) <input type="checkbox"/> Check if this is a new address<br><b>2212 SUNFLOWER AVENUE</b> |                                                           |
| 5. City, State, ZIP Code<br><b>CHARLESTOWN, IN. 47111</b>                                                                                                                  | 6. Party Affiliation (if applicable)<br><b>REPUBLICAN</b> |

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

|                                                                                                                             |                                                                       |
|-----------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------|
| 7. Full Name of Candidate (include any nickname)<br><b>LEWIS MCCLELLAN LOVE III "BUTCH"</b>                                 | 8. Party Affiliation or If Independent Candidate<br><b>REPUBLICAN</b> |
| 9. Office Sought (Include district number, if any. Not required for exploratory committee.)<br><b>CLARK COUNTY ASSESSOR</b> | 10. County of Residence<br><b>CLARK</b>                               |

### TYPE OF REPORT

|                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                 |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------|
| 11. Check one:<br><input type="checkbox"/> Pre-Primary <input checked="" type="checkbox"/> Pre-Election <input type="checkbox"/> Annual <input type="checkbox"/> Nomination <input type="checkbox"/> Other<br><input type="checkbox"/> Final/Disbands Committee (lines 18, 19, and 20 must be "0") <input type="checkbox"/> Outgoing Treasurer (within 10 days amend Statement of Organization) | CONVENTION CANDIDATES ONLY<br>Check one:<br><input type="checkbox"/> Pre-Convention<br><input type="checkbox"/> Post-Convention |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------|

|                                                                                       |                                          |                                         |
|---------------------------------------------------------------------------------------|------------------------------------------|-----------------------------------------|
| 12. Reporting Period:<br>From: <b>APRIL 14, 2018</b> Through: <b>OCTOBER 12, 2018</b> | COLUMN A<br>This Period<br><b>605.00</b> | COLUMN B<br>Year to Date<br><b>0.00</b> |
| 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)                                                                | <b>800.00</b>  |
| 15b. Unitemized <b>(SELF) MY OWN MONEY</b>                                                    | <b>2945.84</b> |
| 15c. Add lines 15a and 15b in both columns                                                    | <b>3745.84</b> |
| 16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B                         | <b>4351.64</b> |
| SUBTOTAL                                                                                      | <b>3745.84</b> |
| TOTAL                                                                                         | <b>4351.64</b> |

### EXPENDITURES

|                                                                                                           |                |
|-----------------------------------------------------------------------------------------------------------|----------------|
| (Note: These amounts include in-kind expenditures and loan repayments.)                                   |                |
| 17a. Itemized (use Schedule B) (Public Question: use Schedule C)                                          | <b>4633.72</b> |
| 17b. Unitemized                                                                                           | <b>0.00</b>    |
| 17c. Add lines 17a and 17b in both columns                                                                | <b>4633.72</b> |
| 18. Cash on hand and investments at close of this reporting period (subtract 17c from 16 in both columns) | <b>282.08</b>  |
| 19. Debts OWED BY the committee (use Schedule D)                                                          | <b>0.00</b>    |
| 20. Debts OWED TO the committee (use Schedule E)                                                          | <b>0.00</b>    |
| SUBTOTAL                                                                                                  | <b>4633.72</b> |
| TOTAL                                                                                                     | <b>282.08</b>  |

### 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<br><b>[Signature]</b>                                                                            | Title<br><b>TREASURER</b> | Date<br><b>10-18-18</b> |
| Signature of Candidate (if applicable)<br><b>[Signature]</b>                                                            |                           | Date<br><b>10-18-18</b> |

FOR OFFICE USE ONLY

OCT 19 2018

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)

**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 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<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<br>RECEIVED<br>RECEIVED BY |
|--------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|----------------------------------------|---------------------------------|
| 1. NATHAN MASINGO<br>3003 PERIMETER DR.<br>JEFFERSONVILLE, IN. 47130<br>103118<br>Contributor's Occupation (if required) _____ | Contributions:<br><input checked="" type="checkbox"/> Direct<br><input type="checkbox"/> In-Kind (describe) _____<br>Other Receipts:<br><input type="checkbox"/> Interest <input type="checkbox"/> Loan<br><input type="checkbox"/> Misc. (specify) _____ | 150. <sup>00</sup>                | 150. <sup>00</sup>                     | 6-1-18<br>BUTCH LOVE            |
| 2. _____<br>Contributor's Occupation (if required) _____                                                                       | Contributions:<br><input type="checkbox"/> Direct<br><input type="checkbox"/> In-Kind (describe) _____<br>Other Receipts:<br><input type="checkbox"/> Interest <input type="checkbox"/> Loan<br><input type="checkbox"/> Misc. (specify) _____            |                                   |                                        |                                 |
| 3. _____<br>Contributor's Occupation (if required) _____                                                                       | Contributions:<br><input type="checkbox"/> Direct<br><input type="checkbox"/> In-Kind (describe) _____<br>Other Receipts:<br><input type="checkbox"/> Interest <input type="checkbox"/> Loan<br><input type="checkbox"/> Misc. (specify) _____            |                                   |                                        |                                 |
| 4. _____<br>Contributor's Occupation (if required) _____                                                                       | Contributions:<br><input type="checkbox"/> Direct<br><input type="checkbox"/> In-Kind (describe) _____<br>Other Receipts:<br><input type="checkbox"/> Interest <input type="checkbox"/> Loan<br><input type="checkbox"/> Misc. (specify) _____            |                                   |                                        |                                 |
| 5. _____<br>Contributor's Occupation (if required) _____                                                                       | Contributions:<br><input type="checkbox"/> Direct<br><input type="checkbox"/> In-Kind (describe) _____<br>Other Receipts:<br><input type="checkbox"/> Interest <input type="checkbox"/> Loan<br><input type="checkbox"/> Misc. (specify) _____            |                                   |                                        |                                 |
| SUBTOTAL THIS PAGE OF SCHEDULE A                                                                                               |                                                                                                                                                                                                                                                           | \$150. <sup>00</sup>              |                                        |                                 |
| TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY<br>(Enter total on ITEM 15a of the Summary Sheet)                       |                                                                                                                                                                                                                                                           | \$150. <sup>00</sup>              |                                        |                                 |

**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 SCHEDULE A-2)  
CONTRIBUTIONS BY CORPORATIONS  
Itemized Contributions and Other Receipts**

**INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY CORPORATIONS 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 corporations 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).

FILE NUMBER

Page \_\_\_\_\_ of \_\_\_\_\_

| CONTRIBUTOR'S FULL NAME AND<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<br>RECEIVED<br>RECEIVED BY |
|-------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|----------------------------------------|---------------------------------|
| 1.<br><i>INDIANA LAND COMPANY</i><br><i>1046 WEST KNABLE ROAD</i><br><i>GEORGETOWN, IN. 47122</i>                             | 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"/> Misc. (specify) | <i>\$250.00</i>                   | <i>\$250.00</i>                        | <i>BUTCH LOVE</i>               |
| 2.<br><i>SOUTHERN INDIANA REALTORS</i><br><i>ASSOCIATION</i><br><br><i>20 LAKEVIEW DRIVE</i><br><i>CLARKSVILLE, IN, 47129</i> | 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"/> Misc. (specify) | <i>\$400.00</i>                   | <i>\$650.00</i>                        | <i>BUTCH LOVE</i>               |
| 3.                                                                                                                            | 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"/> Misc. (specify)            |                                   |                                        |                                 |
| 4.                                                                                                                            | 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"/> Misc. (specify)            |                                   |                                        |                                 |
| 5.                                                                                                                            | 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"/> Misc. (specify)            |                                   |                                        |                                 |
| SUBTOTAL THIS PAGE OF SCHEDULE A                                                                                              |                                                                                                                                                                                                                                                   | <i>\$ 650.00</i>                  |                                        |                                 |
| TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY<br>(Enter total on ITEM 15a of the Summary Sheet)                      |                                                                                                                                                                                                                                                   | \$                                |                                        |                                 |



# 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 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 total 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 1

| RECIPIENT'S NAME AND MAILING ADDRESS<br>(street, number, city, state, ZIP code)                          | RECIPIENT'S OCCUPATION<br>OFFICE SOUGHT (if applicable) | 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 |
|----------------------------------------------------------------------------------------------------------|---------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|----------------------------------------|------------------------|
| Code <u>SAMPAN</u><br>202 ASH ST.<br>JEFFERSONVILLE, IN.<br>47130                                        | PRINTER<br>CLARK COUNTY<br>ASSESSOR                     | <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: | 519.49                            | 519.49                                 | 5-30-18                |
| Code <u>SAMPAN</u><br>202 ASH ST.<br>JEFFERSONVILLE, IN.<br>47130                                        | PRINTER<br>CLARK COUNTY<br>ASSESSOR                     | <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: | 2,086.50                          | 2,605.99                               | 8-13-18                |
| Code <u>SAMPAN</u><br>202 ASH ST.<br>JEFFERSONVILLE, IN.<br>47130                                        | PRINTER<br>CLARK COUNTY<br>ASSESSOR                     | <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: | 51.36                             | 2,657.35                               | 8-17-18                |
| Code <u>SAMPAN</u><br>202 ASH ST.<br>JEFFERSONVILLE, IN.<br>47130                                        | PRINTER<br>CLARK COUNTY<br>ASSESSOR                     | <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: | 946.95                            | 3,604.30                               | 8-29-18                |
| Code <u>SAM'S CLUB</u><br>1301 VETERANS PKWY<br>CLARKSVILLE, IN. 47129                                   | RETAIL<br>CLARK COUNTY<br>ASSESSOR                      | <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: | 119.50                            | 3,723.80                               | 10-05-18               |
| Code <u>SAMPAN</u><br>202 ASH ST.<br>JEFFERSONVILLE, IN.<br>47130                                        | PRINTER<br>CLARK COUNTY<br>ASSESSOR                     | <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: | 59.92                             | 3,783.72                               | 10-10-18               |
| Code <u>OUTFRONT MEDIA</u><br>1501 LEXINGTON RD.<br>LOUISVILLE, KY.<br>40206                             | BILLBOARD<br>ADVERTISING<br>CLARK COUNTY<br>ASSESSOR    | <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: | 850.00                            | 4,633.72                               | 7-24-18                |
| SUBTOTAL THIS PAGE OF SCHEDULE B                                                                         |                                                         |                                                                                                                                                                                                                         | \$4633.72                         |                                        |                        |
| TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY<br>(Enter total on ITEM 17a of the Summary Sheet) |                                                         |                                                                                                                                                                                                                         | \$4633.72                         |                                        |                        |



# REPORT OF RECEIPTS AND EXPENDITURES OF A POLITICAL COMMITTEE

State Form 4806 (R13/11-05)  
Indiana Election Commission (IC 3-9-5-14)

## (CFA-4 SCHEDULE C) ITEMIZED EXPENDITURES For Public Questions

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. All cumulative expenses or transfers-out, regardless of amount paid to political committees supporting or opposing a public question, MUST be itemized on this schedule.

FILE NUMBER

Page 1 of 2

### PUBLIC QUESTION INFORMATION

Enter Text of Public Question

Type of Question: ☐ Statewide ☒ Local

Position: ☐ Supported ☐ Opposed

| 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 |
|--------------------------------------------------------------------------------------------------------------|------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|----------------------------------------|------------------------|
| Code <u>      </u> <u>SAMPAN</u><br><u>202 ASH ST.</u><br><u>JEFFERSONVILLE, IN.</u><br><u>47130</u>         | <u>PRINTER</u>         | <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 <u>      </u><br>Purpose: <u>      </u> | <u>519.49</u>                     | <u>519.49</u>                          | <u>5-30-18</u>         |
| Code <u>      </u> <u>SAMPAN</u><br><u>202 ASH ST.</u><br><u>JEFFERSONVILLE, IN.</u><br><u>47130</u>         | <u>PRINTER</u>         | <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 <u>      </u><br>Purpose: <u>      </u> | <u>2,086.50</u>                   | <u>2,605.49</u>                        | <u>8-13-18</u>         |
| Code <u>      </u> <u>SAMPAN</u><br><u>202 ASH ST.</u><br><u>JEFFERSONVILLE, IN.</u><br><u>47130</u>         | <u>PRINTER</u>         | <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 <u>      </u><br>Purpose: <u>      </u> | <u>51.36</u>                      | <u>2,657.35</u>                        | <u>8-17-18</u>         |
| Code <u>      </u> <u>SAMPAN</u><br><u>202 ASH ST.</u><br><u>JEFFERSONVILLE, IN.</u><br><u>47130</u>         | <u>PRINTER</u>         | <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 <u>      </u><br>Purpose: <u>      </u> | <u>946.95</u>                     | <u>3,604.30</u>                        | <u>8-29-18</u>         |
| Code <u>      </u> <u>SAM'S CLUB</u><br><u>1301 VETERANS PKWY</u><br><u>CLARKSVILLE, IN.</u><br><u>47129</u> | <u>RETAIL</u>          | <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 <u>      </u><br>Purpose: <u>      </u> | <u>119.50</u>                     | <u>3,723.80</u>                        | <u>10-05-18</u>        |
| Code <u>      </u> <u>SAMPAN</u><br><u>202 ASH ST.</u><br><u>JEFFERSONVILLE, IN.</u><br><u>47130</u>         | <u>PRINTER</u>         | <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 <u>      </u><br>Purpose: <u>      </u> | <u>59.92</u>                      | <u>3,783.72</u>                        | <u>10-10-18</u>        |
| SUBTOTAL THIS PAGE OF SCHEDULE C                                                                             |                        |                                                                                                                                                                                                                                                     | <u>\$3783.72</u>                  |                                        |                        |
| TOTAL OF ALL PAGES OF SCHEDULE C ON THE LAST PAGE ONLY<br>(Enter total on ITEM 17a of the Summary Sheet)     |                        |                                                                                                                                                                                                                                                     | <u>\$4633.72</u>                  |                                        |                        |



**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 SCHEDULE C)  
ITEMIZED EXPENDITURES  
For Public Questions**

**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. All cumulative expenses or transfers-out, regardless of amount paid to political committees supporting or opposing a public question, **MUST** be itemized on this schedule.

FILE NUMBER

Page 2 of 2

**PUBLIC QUESTION INFORMATION**

Enter Text of Public Question

Type of Question: ☐ Statewide ☒ Local

Position: ☐ Supported ☐ Opposed

| 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 |
|----------------------------------------------------------------------------------------------------------|--------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|----------------------------------------|------------------------|
| Code _____<br>OUTFRONT MEDIA<br>1501 LEXINGTON RD.<br>LOUISVILLE, KY 40206                               | BILLBOARD<br>ADVERTISING | <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: | 850. <sup>00</sup>                | 4,633. <sup>72</sup>                   | 7-24-18                |
| 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:            |                                   |                                        |                        |
| 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 C                                                                         |                          |                                                                                                                                                                                                                               | \$ 850. <sup>00</sup>             |                                        |                        |
| TOTAL OF ALL PAGES OF SCHEDULE C ON THE LAST PAGE ONLY<br>(Enter total on ITEM 17a of the Summary Sheet) |                          |                                                                                                                                                                                                                               | \$ 4633. <sup>72</sup>            |                                        |                        |