REPORT OF RECEIPTS AND EXPENDITURES OF POLITICAL COMMITTEE

23-04-19A10:41 REF:

te Form 4606 (R14 / 10-17)
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 X No

COMMITTEE INFORMATION

1. Full Name of Committee (as on *Statement of Organization*) ☐ Check if this is a new name.
FRIENDS OF LISA GILL

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

3. Committee Telephone Number
(812)989-2055

4. Mailing Address *(Address where all campaign finance correspondence is received.)* ☐ Check if this is a new address.
2048 CARDINAL LANE

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

6. Party Affiliation *(if applicable)*
REPUBLICAN

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

7. Full Name of Candidate *(Include any nickname.)*
LISA GILL

8. Party Affiliation or If Independent Candidate
REPUBLICAN

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

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: 2-8-19 Through: 4-12-19	COLUMN A This Period	COLUMN B Year to Date
13. Cash on hand and investments at the beginning of this reporting period.	0	
14. Cash on hand and investments January 1, current year.		0
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	0
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	500.00	500.00
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	/	/
18. Cash on hand and investments at close of this reporting period *(Subtract 17c from 16 in both columns.)* TOTAL	500.00	500.00
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 *(mm/dd/yy)*
Lisa Gill	Treasurer	4-22-19
Signature of Candidate *(if applicable)*		Date *(mm/dd/yy)*
Lisa Gill		4-22-19

FOR OFFICE USE ONLY

APR 23 2019

Susan Popp
CLERK CLARK CIRCUIT COURTS

REPORT OF RECEIPTS AND EXPENDITURES OF A POLITICAL COMMITTEE
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 1

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. Vicki Conlin 110 Cherkee Pr. Jeffersonville Ind 47130 Contributor's Occupation *(if required)* Clerk	Contributions: ☒ Direct ☐ In-Kind *(describe)* Other Receipts: ☐ Interest ☐ Loan ☐ Miscellaneous *(specify)*	500.00		3/2019
2. Contributor's Occupation *(if required)*	Contributions: ☐ Direct ☐ In-Kind *(describe)* Other Receipts: ☐ Interest ☐ Loan ☐ Miscellaneous *(specify)*			
3. Contributor's Occupation *(if required)*	Contributions: ☐ Direct ☐ In-Kind *(describe)* Other Receipts: ☐ Interest ☐ Loan ☐ Miscellaneous *(specify)*			
4. Contributor's Occupation *(if required)*	Contributions: ☐ Direct ☐ In-Kind *(describe)* Other Receipts: ☐ Interest ☐ Loan ☐ Miscellaneous *(specify)*			
5. Contributor's Occupation *(if required)*	Contributions: ☐ Direct ☐ In-Kind *(describe)* Other Receipts: ☐ Interest ☐ Loan ☐ Miscellaneous *(specify)*			
	SUBTOTAL THIS PAGE OF SCHEDULE A	$ 500.00		
	TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY *(Enter total on ITEM 15a of the Summary Sheet.)*	$ 500.00		