



REPORT OF RECEIPTS AND EXPENDITURES OF A POLITICAL COMMITTEE

State Form 4606 (R13/11-05)
Indiana Election Commission (IC 3-9-5-14)

16-01-19A11:46 REF:

(CFA-4)

Summary Sheet

FILE NUMBER

TOTAL PAGES IN ENTIRE CFA-4 REPORT

12

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 BUTCH LOVE

2. Acronym or Abbreviated Name (if any)

NONE

3. Committee Telephone Number

(502) 758-3020

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

2212 SUNFLOWER AVENUE

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)

LEWIS McCLELLAN LOVE III "BUTCH"

8. Party Affiliation or If Independent Candidate

REPUBLICAN

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

CLARK COUNTY ASSESSOR

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 10 days amend Statement of Organization)

CONVENTION CANDIDATES ONLY

Check one:

☐ Pre-Convention
☐ Post-Convention

12. Reporting Period:

From: OCTOBER 13, 2018 Through: DECEMBER 31, 2018

COLUMN A
This Period

COLUMN B
Year to Date

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

282.08

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

0.00

CONTRIBUTIONS AND RECEIPTS

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

15a. Itemized (use Schedule A)

15b. Unitemized

SELF MY OWN MONEY

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

SUBTOTAL

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

TOTAL

0.00

516.34

516.34

798.42

0.00

3,462.18

3,462.18

3,462.18

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

19. Debts OWED BY the committee (use Schedule D)

20. Debts OWED TO the committee (use Schedule E)

798.42

0.00

798.42

0.00

0.00

0.00

7,394.64

0.00

7,394.64

0.00

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

Signature of Candidate (if applicable)

Date

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



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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

Page 1 of 2

RECIPIENT'S NAME AND MAILING ADDRESS (street, number, city, state, ZIP code)	RECIPIENT'S OCCUPATION OFFICE SOUGHT (if applicable)	TYPE OF EXPENDITURE and PURPOSE (be specific)	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE OF EXPENDITURE
Code _____ RITE AID 9616 HWY 403 CHARLESTON, IN. 47111	SUPPLIES FOR HANDOUTS CLARK COUNTY ASSESSOR	☒ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other _____ Purpose:	17.10	17.10	10-22-18
Code _____ STAPLES 1250 VETERANS PARKWAY CLARKSVILLE, IN. 47129	SUPPLIES FOR HANDOUTS CLARK COUNTY ASSESSOR	☒ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other _____ Purpose:	48.65	65.75	10-23-18
Code _____ STAPLES 1250 VETERANS PARKWAY CLARKSVILLE, IN. 47129	SUPPLIES FOR HANDOUTS CLARK COUNTY ASSESSOR	☒ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other _____ Purpose:	58.27	124.02	10-24-18
Code _____ STAPLES 1250 VETERANS PARKWAY CLARKSVILLE, IN. 47129	SUPPLIES FOR HANDOUTS CLARK COUNTY ASSESSOR	☒ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other _____ Purpose:	48.65	172.67	10-26-18
Code _____ SAMPAN 202 ASH ST. JEFFERSONVILLE, IN. 47130	PRINTER CLARK COUNTY ASSESSOR	☒ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other _____ Purpose:	59.92	232.59	10-24-18
Code _____ SELLERSBURG PARKS BOARD	HALLOWEEN BOOTH CLARK COUNTY ASSESSOR	☒ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other _____ Purpose:	25.00	257.59	10-13-18
Code _____ SILVER CREEK THEATRE DEPARTMENT SILVER CREEK HIGH SCHOOL	THEATRE PLAY CLARK COUNTY ASSESSOR	☒ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other _____ Purpose:	50.00	307.59	10-19-18
SUBTOTAL THIS PAGE OF SCHEDULE B			\$307.59		
TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY (Enter total on ITEM 17a of the Summary Sheet)			\$798.42		



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(CFA-4 SCHEDULE B)
ITEMIZED EXPENDITURES

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Page 2 of 2

RECIPIENT'S NAME AND MAILING ADDRESS (street, number, city, state, ZIP code)	RECIPIENT'S OCCUPATION OFFICE SOUGHT (if applicable)	TYPE OF EXPENDITURE and PURPOSE (be specific)	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE OF EXPENDITURE
Code _____ UTICA ELEMENTARY SCHOOL	FALL FESTIVAL AUCTION FUNDRAISER CLARK COUNTY ASSESSOR	☒ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other _____ Purpose:	280.00	587.59	11-03-18
Code _____ SAMS CLUB CLARKSVILLE, IN 47129	HALLOWEEN RETAIL CLARK COUNTY ASSESSOR	☒ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other _____ Purpose:	95.27	682.86	10-29-18
Code _____ SAMS CLUB BL CLARKSVILLE, IN. 47129	HALLOWEEN BL RETAIL CLARK COUNTY ASSESSOR BL	☒ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other _____ Purpose: BL	115.56		11-05-18
Code _____ SAMPAN 202 ASH ST. JEFFERSONVILLE, IN. 47130	PRINTER CLARK COUNTY ASSESSOR	☐ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other _____ Purpose:	115.56	798.42	11-05-18
Code _____		☐ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other _____ Purpose:			
Code _____		☐ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other _____ Purpose:			
Code _____		☐ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other _____ Purpose:			
SUBTOTAL THIS PAGE OF SCHEDULE B			\$ 490.83		
TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY (Enter total on ITEM 17a of the Summary Sheet)			\$ 798.42		



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**(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 1

PUBLIC QUESTION INFORMATION

Enter Text of Public Question

Type of Question: ☐ Statewide ☒ Local

Position: ☐ Supported ☐ Opposed

RECIPIENT'S NAME AND MAILING ADDRESS (street, number, city, state, ZIP code)	RECIPIENT'S OCCUPATION	TYPE OF EXPENDITURE and PURPOSE (be specific)	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE OF EXPENDITURE
Code _____ RITE AID 9616 HWY 403 CHARLESTOWN, IN. 47111	SUPPLIES	☒ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other _____ Purpose:	17.10	17.10	10-22-18
Code _____ STAPLES 1250 VETERANS PARKWAY CLARKSVILLE, IN. 47129	SUPPLIES	☒ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other _____ Purpose:	48.65	65.75	10-23-18
Code _____ STAPLES 1250 VETERANS PARKWAY CLARKSVILLE, IN. 47129	SUPPLIES	☒ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other _____ Purpose:	58.27	124.02	10-24-18
Code _____ STAPLES 1250 VETERANS PARKWAY CLARKSVILLE, IN. 47129	SUPPLIES	☒ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other _____ Purpose:	48.65	172.67	10-26-18
Code _____ SAMPAN 202 ASH STREET JEFFERSONVILLE IN. 47130	PRINTER	☒ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other _____ Purpose:	59.92	232.59	10-24-18
Code _____ SELLERSBURG PARKS BOARD	TOWN PARK DEPT	☒ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other _____ Purpose:	25.00	257.59	10-13-18
SUBTOTAL THIS PAGE OF SCHEDULE C			\$257.59		
TOTAL OF ALL PAGES OF SCHEDULE C ON THE LAST PAGE ONLY (Enter total on ITEM 17a of the Summary Sheet)			\$798.42		



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Enter Text of Public Question

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Position: ☐ Supported ☐ Opposed

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Code _____ SILVER CREEK THEATRE DEPARTMENT SILVER CREEK HIGH SCHOOL	SILVER CREEK HIGH SCHOOL THEATRE	☒ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other _____ Purpose: _____	50.11	307.59	BL 10-19-18
Code _____ UTICA ELEMENTARY SCHOOL	UTICA ELEMENTARY SCHOOL FUNDRAISER	☒ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other _____ Purpose: _____	280.00	587.59	11-03-18
Code _____ VETERAN'S PARK SAM'S CLUB CLARKVILLE, IN. 47129	RETAIL SUPPLIES	☒ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other _____ Purpose: _____	95.27	682.86	10-29-18
Code _____ SAM'S CLUB VETERAN'S PARK CLARKVILLE, IN. 47129	RETAIL SUPPLIES	☒ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other _____ Purpose: <u>BL</u>	<u>BL</u>	<u>BL</u>	<u>BL</u>
Code _____ SAMPAN 202 ASH ST. JEFFERSONVILLE, IN 47130	PRINTER	☒ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other _____ Purpose: _____	105.56	798.42	11-05-18
Code _____		☐ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other _____ Purpose: _____			
SUBTOTAL THIS PAGE OF SCHEDULE C			\$ 540.83		
TOTAL OF ALL PAGES OF SCHEDULE C ON THE LAST PAGE ONLY (Enter total on ITEM 17a of the Summary Sheet)			\$ 798.42		