



# 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

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 of Evan Stoner

2. Acronym or Abbreviated Name (if any)

3. Committee Telephone Number  
( ) 502-909-4976

4. Mailing Address (*Address where all campaign finance correspondence is received.*) ☐ Check if this is a new address.  
3505 Gander Drive

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

6. Party Affiliation (if applicable)  
D

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

7. Full Name of Candidate (*Include any nickname.*)  
Evan Stoner

8. Party Affiliation or If Independent Candidate  
D

9. Office Sought (*Include district number, if any. Not required for exploratory committee.*)  
Jeff City Common Council At-Large

10. County of Residence  
Clark

### TYPE OF REPORT

### CONVENTION CANDIDATES ONLY

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.*)

Check one:  
☐ Pre-Convention  
☐ Post-Convention

| 12. Reporting Period (mm/dd/yy):<br>From: 10/13/23 Through: 12/31/2023      | COLUMN A<br>This Period | COLUMN B<br>Year to Date |
|-----------------------------------------------------------------------------|-------------------------|--------------------------|
| 13. Cash on hand and investments at the beginning of this reporting period. | 4,392.74                |                          |
| 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.)                                              | 3,150    | 10,825 |
| 15b. Unitemized                                                              | 0        | 1,236  |
| 15c. Add lines 15a and 15b in both columns. SUBTOTAL                         | 3,150    | 12,061 |
| 16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B. TOTAL | 7,542.74 | 12,061 |

### EXPENDITURES

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

|                                                                                                                  |          |        |
|------------------------------------------------------------------------------------------------------------------|----------|--------|
| 17a. Itemized (Use Schedule B.) (Public Question: use Schedule C.)                                               | 7,073.95 | 11,082 |
| 17b. Unitemized                                                                                                  | 334.22   | 969.48 |
| 17c. Add lines 17a and 17b in both columns. SUBTOTAL                                                             | 7,408.17 | 12,051 |
| 18. Cash on hand and investments at close of this reporting period (Subtract 17c from 16 in both columns.) TOTAL | 134.57   | 10     |
| 19. Debts OWED BY the committee (Use Schedule D.)                                                                | 0        |        |
| 20. Debts OWED TO the committee (Use Schedule E.)                                                                | 0        |        |

### CERTIFICATION

FOR OFFICE USE ONLY

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)

Signature of Candidate (if applicable) *Evan Stoner* Date (mm/dd/yy)  
06/08/24

**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)

# FILED

JUN 07 2024

*Ryan Lynch*  
CLERK CLARK CIRCUIT COURTS



**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 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 RECEIVED<br>(mm/dd/yy) | RECEIVED BY |
|-----------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|----------------------------------------|-----------------------------|-------------|
|                                                                                                                                                     |                                                                                                                                                                                                                                                                       |                                   |                                        |                             |             |
| 1.<br><br>Lilly and Ryan Massa-McKinley<br>109 Hobbs Station Rd<br>Louisville KY<br><br>Contributor's Occupation (if required) <u>Educators/CTE</u> | 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) _____ | \$100.00                          |                                        | 10/15/23                    | ES          |
| 2.<br><br>Mike Slaton<br>1611 Ehrler Drive<br>Louisville KY 40213<br><br>Contributor's Occupation (if required) <u>Non-Profit Executive</u>         | 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) _____ | \$500.00                          |                                        | 10/17/23                    | ES          |
| 3.<br><br>Jerry Rusk<br>2818 Hoskins Drive<br>Jeff, IN 47130<br><br>Contributor's Occupation (if required) <u>Real Estate</u>                       | 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                          |                                        | 10/30/23                    | ES          |
| 4.<br><br>Stephon Moore<br>1126 Reutlinger Ave Louisville<br>KY, 40204<br><br>Contributor's Occupation (if required) <u>Organizer</u>               | 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) _____ | \$50.00                           | \$500.00                               | 11/09/23                    | ES          |
| 5.<br><br>Eric Hedrick<br>3110 Riverview Drive<br>Jeffersonville, IN 47130<br><br>Contributor's Occupation (if required) <u>Buisness Owner</u>      | 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) _____ | \$1,000                           |                                        | 10/23/23                    | ES          |
| SUBTOTAL THIS PAGE OF SCHEDULE A                                                                                                                    |                                                                                                                                                                                                                                                                       | \$ 1,850                          |                                        |                             |             |
| 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 (R15 / 5-19)  
Indiana Election Division (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 RECEIVED<br>(mm/dd/yy) |
|-----------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|----------------------------------------|-----------------------------|
|                                                                                                           |                                                                                                                                                                                                                                                                             |                                   |                                        | RECEIVED BY                 |
| 1.<br><br>Ramiro's Inc.<br>2350 Frankfort Ave.<br>Louisville, KY 40205                                    | Contributions:<br><input checked="" type="checkbox"/> Direct<br><input type="checkbox"/> In-Kind (describe)<br>_____<br><br>Other Receipts:<br><input type="checkbox"/> Interest <input type="checkbox"/> Loan<br><input type="checkbox"/> Miscellaneous (specify)<br>_____ | \$300                             |                                        | 11/07/23                    |
| 2.                                                                                                        | Contributions:<br><input type="checkbox"/> Direct<br><input type="checkbox"/> In-Kind (describe)<br>_____<br><br>Other Receipts:<br><input type="checkbox"/> Interest <input type="checkbox"/> Loan<br><input type="checkbox"/> Miscellaneous (specify)<br>_____            |                                   |                                        |                             |
| 3.                                                                                                        | Contributions:<br><input type="checkbox"/> Direct<br><input type="checkbox"/> In-Kind (describe)<br>_____<br><br>Other Receipts:<br><input type="checkbox"/> Interest <input type="checkbox"/> Loan<br><input type="checkbox"/> Miscellaneous (specify)<br>_____            |                                   |                                        |                             |
| 4.                                                                                                        | Contributions:<br><input type="checkbox"/> Direct<br><input type="checkbox"/> In-Kind (describe)<br>_____<br><br>Other Receipts:<br><input type="checkbox"/> Interest <input type="checkbox"/> Loan<br><input type="checkbox"/> Miscellaneous (specify)<br>_____            |                                   |                                        |                             |
| 5.                                                                                                        | Contributions:<br><input type="checkbox"/> Direct<br><input type="checkbox"/> In-Kind (describe)<br>_____<br><br>Other Receipts:<br><input type="checkbox"/> Interest <input type="checkbox"/> Loan<br><input type="checkbox"/> Miscellaneous (specify)<br>_____            |                                   |                                        |                             |
| SUBTOTAL THIS PAGE OF SCHEDULE A                                                                          |                                                                                                                                                                                                                                                                             | \$ 300.00                         |                                        |                             |
| 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 (R15 / 5-19)  
Indiana Election Division (IC 3-9-5-14)**(CFA-4 SCHEDULE A-5)  
CONTRIBUTIONS BY  
OTHER ORGANIZATIONS****Itemized Contributions and Other Receipts**

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY ORGANIZATIONS OTHER THAN CORPORATIONS, LABOR ORGANIZATIONS, POLITICAL ACTION COMMITTEES AND 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 other entities OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All transfers-in and in-kind contributions regardless of amount from candidate's, legislative caucus, and regular party committees MUST be itemized on this schedule. 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 RECEIVED<br>(mm/dd/yy) |
|-----------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|----------------------------------------|-----------------------------|
|                                                                                                           |                                                                                                                                                                                                                                                                             |                                   |                                        | RECEIVED BY                 |
| 1.<br><br>Dustin White for City Council<br>224. E Court Ave<br>Jeff, IN 47130                             | Contributions:<br><input checked="" type="checkbox"/> Direct<br><input type="checkbox"/> In-Kind (describe)<br>_____<br><br>Other Receipts:<br><input type="checkbox"/> Interest <input type="checkbox"/> Loan<br><input type="checkbox"/> Miscellaneous (specify)<br>_____ | \$1,000                           | \$1,500                                | 10/26/23<br><br>ES          |
| 2.                                                                                                        | Contributions:<br><input type="checkbox"/> Direct<br><input type="checkbox"/> In-Kind (describe)<br>_____<br><br>Other Receipts:<br><input type="checkbox"/> Interest <input type="checkbox"/> Loan<br><input type="checkbox"/> Miscellaneous (specify)<br>_____            |                                   |                                        |                             |
| 3.                                                                                                        | Contributions:<br><input type="checkbox"/> Direct<br><input type="checkbox"/> In-Kind (describe)<br>_____<br><br>Other Receipts:<br><input type="checkbox"/> Interest <input type="checkbox"/> Loan<br><input type="checkbox"/> Miscellaneous (specify)<br>_____            |                                   |                                        |                             |
| 4.                                                                                                        | Contributions:<br><input type="checkbox"/> Direct<br><input type="checkbox"/> In-Kind (describe)<br>_____<br><br>Other Receipts:<br><input type="checkbox"/> Interest <input type="checkbox"/> Loan<br><input type="checkbox"/> Miscellaneous (specify)<br>_____            |                                   |                                        |                             |
| 5.                                                                                                        | Contributions:<br><input type="checkbox"/> Direct<br><input type="checkbox"/> In-Kind (describe)<br>_____<br><br>Other Receipts:<br><input type="checkbox"/> Interest <input type="checkbox"/> Loan<br><input type="checkbox"/> Miscellaneous (specify)<br>_____            |                                   |                                        |                             |
| SUBTOTAL THIS PAGE OF SCHEDULE A                                                                          |                                                                                                                                                                                                                                                                             | \$ 1,000                          |                                        |                             |
| TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY<br>(Enter total on ITEM 15a of the Summary Sheet.) |                                                                                                                                                                                                                                                                             | \$ 3,150                          |                                        |                             |

**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 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 \_\_\_\_\_ of \_\_\_\_\_

| 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<br>(mm/dd/yy) |
|-------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|----------------------------------------|--------------------------------------|
| Code <u>C</u><br>Community Action of Southern<br>Indiana<br>201 E. 15th Street, Jeff 47130                        |                                                         | <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind<br><input type="checkbox"/> Payment of Debt<br><input type="checkbox"/> Returned Contribution<br><input checked="" type="checkbox"/> Other _____<br>Purpose:<br>Youth Program Donation     | \$200                             |                                        | 10/20/23                             |
| Code <u>A</u><br>Budget Print Center<br>902 E. 10th Street<br>Jeff, IN 47130                                      |                                                         | <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind<br><input type="checkbox"/> Payment of Debt<br><input type="checkbox"/> Returned Contribution<br><input checked="" type="checkbox"/> Other _____<br>Purpose:<br>Campaign Print Material    | \$872.05                          |                                        | 10/31/23                             |
| Code <u>O</u><br>Textedly Text Campaign Service<br>1901 Avenue of the Stars Los<br>Angeles, CA 90067              |                                                         | <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind<br><input type="checkbox"/> Payment of Debt<br><input type="checkbox"/> Returned Contribution<br><input checked="" type="checkbox"/> Other _____<br>Purpose:<br>GOTV Efforts               | \$146                             |                                        | 11/06/23                             |
| Code <u>O</u><br>Party City Clarksville<br>305 E. Lewis and Clark Pkwy<br>Clarksville, IN 47129                   |                                                         | <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind<br><input type="checkbox"/> Payment of Debt<br><input type="checkbox"/> Returned Contribution<br><input checked="" type="checkbox"/> Other _____<br>Purpose:<br>Election Night Watch Party | \$209.72                          |                                        | 11/09/23                             |
| Code <u>O</u><br>Farley Print Center<br>1014 S. Sixth Street<br>Louisville, KY 40203                              |                                                         | <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind<br><input type="checkbox"/> Payment of Debt<br><input type="checkbox"/> Returned Contribution<br><input checked="" type="checkbox"/> Other _____<br>Purpose:<br>Direct Mail Campaign       | \$4,141.18                        |                                        | 11/01/23                             |
| Code <u>O</u><br>Stephon Moore - Moore<br>Strategic Solutions<br>1126 Reutlinger Ave, 332<br>Louisville, KY 40204 | Campaign Manager                                        | <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind<br><input type="checkbox"/> Payment of Debt<br><input type="checkbox"/> Returned Contribution<br><input checked="" type="checkbox"/> Other _____<br>Purpose:<br>Campaign Manager Fee       | \$1,505                           |                                        | 11/07/23                             |
| 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                                                                                  |                                                         |                                                                                                                                                                                                                                                             | \$ 7,073.95                       |                                        |                                      |
| TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY<br>(Enter total on ITEM 17a of the Summary Sheet.)         |                                                         |                                                                                                                                                                                                                                                             | \$ 7,073.95                       |                                        |                                      |