



**REPORT OF RECEIPTS AND EXPENDITURES
A POLITICAL COMMITTEE**

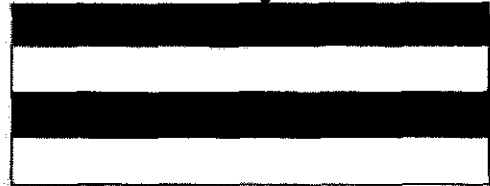
State Form 4806 (R14 / 10-17)
Indiana Election Division (IC 3-9-5-14)

OF

(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



1. Full Name of Committee (as on Statement of Organization) <input type="checkbox"/> Check if this is a new name. CITIZENS FOR TARIA SLACK	
2. Acronym or Abbreviated Name (if any)	3. Committee Telephone Number (317) 629-9150
4. Mailing Address (Address where all campaign finance correspondence is received.) <input type="checkbox"/> Check if this is a new address. 2844 MEDFORD AVE	
5. City, State, ZIP Code INDIANAPOLIS, IN 46222	6. Party Affiliation (if applicable) N/A
7. Full Name of Candidate (Include any nickname.) TARIA L. SLACK	8. Party Affiliation or If Independent Candidate NON-PARTISAN
9. Office Sought (Include district number, if any. Not required for exploratory committee.) IPS SCHOOL BOARD - DISTRICT 5	10. County of Residence MARION
11. Check one: <input type="checkbox"/> Pre-Primary <input checked="" type="checkbox"/> Pre-Election <input type="checkbox"/> Annual <input type="checkbox"/> Nomination <input type="checkbox"/> Other _____ <input type="checkbox"/> Final / Disbands Committee (Lines 18, 19, and 20 must be "0") <input type="checkbox"/> Outgoing Treasurer (Within ten (10) days amend Statement of Organization.)	
Check one: <input type="checkbox"/> Pre-Convention <input type="checkbox"/> Post-Convention	
12. Reporting Period (mm/dd/yy): From: 08/01/2018 Through: 10/19/2018	
13. Cash on hand and investments at the beginning of this reporting period.	
14. Cash on hand and investments January 1, current year.	
(Note: these amounts include in-kind contributions and loans, as well as cash contributions.)	
15a. Itemized (Use Schedule A.)	928,950
15b. Unitemized	
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	\$ 28,950
(Note: These amounts include in-kind expenditures and loan repayments.)	
17a. Itemized (Use Schedule B.) (Public Question: use Schedule C.)	\$ 4313.24
17b. Unitemized	
17c. Add lines 17a and 17b in both columns. SUBTOTAL	\$ 4313.24
18. Cash on hand and investments at close of this reporting period (Subtract 17c from 16 in both columns.) TOTAL	\$ 24,636.76
19. Debts OWED BY the committee (Use Schedule D.)	
20. Debts OWED TO the committee (Use Schedule E.)	

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 Treasurer	Date (mm/dd/yy) 10/18/18
Signature of Candidate (if applicable)		Date (mm/dd/yy)

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)

FOR OFFICE USE ONLY
852AM08
FILED
OCT 19 2018

John A. Eldridge



**SUPPLEMENTAL "LARGE CONTRIBUTION" REPORT BY
A CANDIDATE'S COMMITTEE
CONTRIBUTIONS OR MORE**

(\$1,000)

(CFA-11)

State Form 48492 (R5 / 10-17)

Indiana Election Division (IC 3-9-5-20.1; 3-9-5-22)

INSTRUCTIONS: Only candidates receiving a "large contribution" are required to file this report. 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.

1. Full Name of Candidate (Include any nicknames.) <input type="checkbox"/> Check if this is a new name. TARIA L. SLACK		2. Committee Telephone Number (317) 629-9150	
3. Mailing Address (Address where all campaign finance correspondence is received.) <input type="checkbox"/> Check if this is a new address. 2844 Medford Ave			
4. City INDPLS	State IN	ZIP Code 46222	5. Party Affiliation or if Independent Candidate N/A
6. Office Sought (Include district number, if any. Not required for exploratory committee.) IPS School Board District 5			7. County of Residence MARION
8. Reporting Period (mm/dd/yy): From: _____ Through: _____			

For classification, enter INDV for individual; PAC for political action committee; CORP for corporation; LAB for labor organization; OTHER for all entries which are not one of the above categories.

Classification	Contributions:	Other Receipts:	Amount	Date
1. I-PALE 150 W MARKET STREET INDPLS, IN 46204	<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe)	<input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify)	\$28,500.00	08/13/18
2.	<input type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe)	<input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify)		
3.	<input type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe)	<input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify)		

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: **Treasurer** Date (mm/dd/yy): **10/18/18**

Signature of Candidate (if applicable): _____ Date (mm/dd/yy): _____

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, and IC 3-9-4-18)

FOR OFFICE USE ONLY

FILED

OCT 19 2018

Myla A. Eldridge



**REPORT OF RECEIPTS AND EXPENDITURES
OF A POLITICAL COMMITTEE**

State Form 4608 (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 listed 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.

Page 1 of 2

<p>1 Gregory Porter 3614 N PENNSYLVANIA ST INDPLS, IN 46205</p> <p>Contributor's Occupation (if required) _____</p>	<p>Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) _____</p> <p>Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify) _____</p>	<p>\$100.00</p>	<p>8/24</p>
<p>2 Christina Smith Geoffrey Baker 63 N Mount St INDPLS, IN 46222</p> <p>Contributor's Occupation (if required) _____</p>	<p>Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) _____</p> <p>Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify) _____</p>	<p>\$50.00</p>	<p>8/26</p>
<p>3 Thomas Burns 6182 Elsberry Dr INDPLS, IN 46236</p> <p>Contributor's Occupation (if required) _____</p>	<p>Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) _____</p> <p>Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify) _____</p>	<p>\$100.00</p>	<p>8/26</p>
<p>4 Kristie Carter 3135 Shady Grove Ct INDPLS, IN 46222</p> <p>Contributor's Occupation (if required) _____</p>	<p>Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) _____</p> <p>Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify) _____</p>	<p>\$100.00</p>	<p>8/22</p>
<p>5 CANDALE HOWARD 2919 GRINNELL LN INDPLS, IN 46268</p> <p>Contributor's Occupation (if required) _____</p>	<p>Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) _____</p> <p>Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify) _____</p>	<p>\$50.00</p>	<p>8/26</p>
<p>SUBTOTAL THIS PAGE OF SCHEDULE A</p>		<p>\$ 400</p>	
<p>TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY (Enter total on ITEM 15a of the Summary Sheet.)</p>		<p>\$</p>	



**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.

Page 2 of 2

1. Julie Osborne Contributor's Occupation (if required) _____	Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) _____ Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify) _____	\$50.00		9/17
2. Contributor's Occupation (if required) _____	Contributions: <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) _____ Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify) _____			
3. Contributor's Occupation (if required) _____	Contributions: <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) _____ Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify) _____			
4. Contributor's Occupation (if required) _____	Contributions: <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) _____ Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify) _____			
5. Contributor's Occupation (if required) _____	Contributions: <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) _____ Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify) _____			
SUBTOTAL THIS PAGE OF SCHEDULE A		\$ 50		
TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY (Enter total on ITEM 15a of the Summary Sheet.)		\$ 450		



**REPORT OF RECEIPTS AND EXPENDITURES
OF A POLITICAL COMMITTEE**

Form 4806 (R14 / 10-17)
Election Division (IC 3-9-5-14)

State
Indiana

**(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.

Page 1 of 5

Code	Description	<input type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input checked="" type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose:	Amount	Date
	DollarTree 5926A Crawfordsville Speedway, IN 46224		\$6.42	8/28
	FEDEX OFFICE 5030 W Pike Plaza INDPLS, IN 46254		\$8.03	9/15
	KING RIBS 3145 W 16th INDPLS, IN 46222		\$108.40	9/21
	WALGREENS 3003 KESSLER BVD NORTH DR INDPLS, IN 46222		\$19.88	9/21
	Dollar Tree 3489 W. 86th St INDPLS, IN 46268		\$11.77	9/21
	WALMART 3921 W 86th St INDPLS, IN 46222		\$175.98	9/21
	RICKERS 3355 W. 16th Street INDPLS, IN 46222		\$25.00	10/5
SUBTOTAL THIS PAGE OF SCHEDULE B			\$255.99	
TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY			\$	
<i>(Enter total on ITEM 17a of the Summary Sheet.)</i>				



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Form 4806 (R14 / 10-17)
Election Division (IC 3-9-5-14)

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**(CFA-4 SCHEDULE B)
ITEMIZED EXPENDITURES**

Page 2 of 5

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Code	SPEEDWAY 3540 W. 30th Street INDIANA, IN 46222	<input type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input checked="" type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other	\$25.00	10/11
Code	New China King 148 N. Delaware INDPLS, IN	<input type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other	\$44.11	10/11
Code	FEDEX Office 5030 Pike Plaza RD INDPLS, IN 46254	<input type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other	\$11.48	10/11
Code	HSP 1417 W. KEMP Rd MARION, IN 46952	<input type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input checked="" type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other	\$1000 \$1091.40	10/4
Code	HSP	<input type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input checked="" type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other	\$72.23	9/24
Code	HSP	<input type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input checked="" type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other	\$2021.23	9/6
Code	FEDEX Office	<input type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input checked="" type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other	\$50.08	10/16
SUBTOTAL THIS PAGE OF SCHEDULE B			\$2083.53	
TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY (Enter total on ITEM 17a of the Summary Sheet.)			\$	



**REPORT OF RECEIPTS AND EXPENDITURES
OF A POLITICAL COMMITTEE**

Form 4806 (R14 / 10-17)
Election Division (IC 3-9-5-14)

State
Indiana

**(CFA-4 SCHEDULE B)
ITEMIZED EXPENDITURES**

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Code	WALMART 4645 LAFAYETTE RD INDPLS, IN 46254	<input type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input checked="" type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other Purpose:	\$53.32	10/5
Code	Phillips 66 1024 W. 116th St INDPLS, IN 46222	<input type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input checked="" type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other Purpose:	\$10.70	10/6
Code	LONG'S BAKERY	<input type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input checked="" type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other Purpose:	\$29.68	10/6
Code	Denison Parking	<input type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input checked="" type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other Purpose:	\$10.00	10/10
Code	Downtown MARATHON 922 N Delaware INDPLS, IN 46202	<input type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input checked="" type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other Purpose:	\$16.64	10/10
Code	SUBWAY 100 E MARKET ST INDPLS, IN 46204	<input type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input checked="" type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other Purpose:	\$17.28	10/10
Code	Denison Parking	<input type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input checked="" type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other Purpose:	\$10.00	10/11
SUBTOTAL THIS PAGE OF SCHEDULE B			\$ 147.02	
TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY (Enter total on ITEM 17a of the Summary Sheet.)			\$	



**REPORT OF RECEIPTS AND EXPENDITURES
OF A POLITICAL COMMITTEE**

Form 4606 (R14 / 10-17)
Election Division (IC 3-9-5-14)

State
Indiana

**(CFA-4 SCHEDULE B)
ITEMIZED EXPENDITURES**

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Code	MEIJER	<input type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input checked="" type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other	\$24.05	10/1
Code	Fedex Office	<input type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input checked="" type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other	\$24.44	10/4
Code	Jasmine Cunningham	<input type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input checked="" type="checkbox"/> Other	\$168	10/14
Code	Fedex Office	<input type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input checked="" type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other	\$22.28	10/14
Code	Subway	<input type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input checked="" type="checkbox"/> Other	\$37.06	10/15
Code	Safeway	<input type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input checked="" type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other	\$24.19	10/15
Code	MEIJER	<input type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input checked="" type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other	\$47.38	10/18
SUBTOTAL THIS PAGE OF SCHEDULE B			\$ 348	
TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY			\$	
<i>(Enter total on ITEM 17a of the Summary Sheet.)</i>				



**REPORT OF RECEIPTS AND EXPENDITURES
OF A POLITICAL COMMITTEE**

Form 4606 (R14 / 10-17)
Election Division (IC 3-9-5-14)

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Indiana

**(CFA-4 SCHEDULE B)
ITEMIZED EXPENDITURES**

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Code	Pizza Hut	<input type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input checked="" type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose:	\$49.11	10/1
Code	Facebook Ads	<input type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input checked="" type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose:	\$79.38	9/30
Code	Paypal	<input type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input checked="" type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose:	\$18.52	9/26
Code	Jasming Cunningham	<input type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input checked="" type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input checked="" type="checkbox"/> Other <u>Reimbursement</u> Purpose: <u>Poll worker</u>	\$129.54 129.54	10/18
Code	J	<input type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose:		
Code		<input type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose:		
Code		<input type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose:		
SUBTOTAL THIS PAGE OF SCHEDULE B			\$ 276.55	
TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY (Enter total on ITEM 17a of the Summary Sheet.)			\$ 433.24	