



# 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

TOTAL PAGES IN ENTIRE CFA-4 REPORT

5

**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  
Citizens to Elect Dr. Jacquelyn Thomas-Miller

2. Acronym or Abbreviated Name (if any)

3. Committee Telephone Number  
(765) 883-7158

4. Mailing Address (address where all campaign finance correspondence is received)  Check if this is a new address  
1602 Fairway Drive

5. City, State, ZIP Code  
KOKOMO, IN 46901

6. Party Affiliation (if applicable)  
Democrat

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

7. Full Name of Candidate (include any nickname)  
JACQUELYN THOMAS-MILLER

8. Party Affiliation or If Independent Candidate  
Democrat

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

10. County of Residence  
Howard

### 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:   | COLUMN A<br>This Period | COLUMN B<br>Year to Date |
|---|-------------------------|--------------------------|
| From: <u>APRIL 9, 2016</u> Through: <u>OCTOBER 14, 2016</u>                 |                         |                          |
| 13. Cash on hand and investments at the beginning of this reporting period. | <u>250.02</u>           |                          |
| 14. Cash on hand and investments January 1, current year.                   |                         | <u>0</u>                 |

### CONTRIBUTIONS AND RECEIPTS

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

|   |                 |                 |
|---|-----------------|-----------------|
| 15a. Itemized (use Schedule A)  | <u>585.00</u>   | <u>845.09</u>   |
| 15b. Unitemized   | <u>430.00</u>   | <u>430.00</u>   |
| 15c. Add lines 15a and 15b in both columns                            | <b>SUBTOTAL</b> | <b>SUBTOTAL</b> |
|   | <u>1015.00</u>  | <u>1275.71</u>  |
| 16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B | <b>TOTAL</b>    | <b>TOTAL</b>    |
|   | <u>1265.02</u>  | <u>1275.71</u>  |

### EXPENDITURES

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

|   |                 |                 |
|---|-----------------|-----------------|
| 17a. Itemized (use Schedule B) (Public Question: use Schedule C)  | <u>1227.16</u>  | <u>1227.16</u>  |
| 17b. Unitemized   | <u>0</u>        | <u>10.69</u>    |
| 17c. Add lines 17a and 17b in both columns  | <b>SUBTOTAL</b> | <b>SUBTOTAL</b> |
|   | <u>1227.16</u>  | <u>1237.85</u>  |
| 18. Cash on hand and investments at close of this reporting period (subtract 17c from 16 in both columns) | <b>TOTAL</b>    | <b>TOTAL</b>    |
|   | <u>37.86</u>    | <u>37.86</u>    |
| 19. Debts OWED BY the committee (use Schedule D)  | <u>0</u>        |                 |
| 20. Debts OWED TO the committee (use Schedule E)  | <u>0</u>        |                 |

### 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><u>Diana Washington</u>                        | Title<br><u>Treasurer</u> | Date<br><u>10/21/16</u> |
| Signature of Candidate (if applicable)<br><u>Jacquelyn Thomas-Miller</u> |                           | Date<br><u>10/21/16</u> |

**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

**FILED**

OCT 21 2016

KIM WILSON  
Clerk Howard Cir. Court



**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**

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| CONTRIBUTOR'S FULL NAME AND OCCUPATION<br>FULL MAILING ADDRESS<br><i>(street, number, city, state, ZIP code)</i>             | 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>Scoops Ice Cream<br>1231 W. Jefferson<br>Kokomo, IN 46901<br><br>Contributor's Occupation (if required) _____          | Contributions:<br><input type="checkbox"/> Direct<br><input checked="" type="checkbox"/> In-Kind (describe)<br><u>Ice Cream</u><br><br>Other Receipts:<br><input type="checkbox"/> Interest <input type="checkbox"/> Loan<br><input type="checkbox"/> Misc. (specify) _____ | \$30.00                           | \$30.00                                | 4/14/16<br><br>Jacquelyn<br>Thomas-Miller |
| 2.<br>Jena Hatif<br>3267 Davis Road<br>Kokomo, IN 46901<br><br>Contributor's Occupation (if required) _____                  | Contributions:<br><input type="checkbox"/> Direct<br><input checked="" type="checkbox"/> In-Kind (describe)<br><br>Other Receipts:<br><input type="checkbox"/> Interest <input type="checkbox"/> Loan<br><input type="checkbox"/> Misc. (specify) _____                     | \$35.00                           | \$35.00                                | 4/14/16<br><br>Jacquelyn<br>Thomas-Miller |
| 3.<br>Robin Hainlen<br>520 Elliott Court<br>Greentown, IN 46936<br><br>Contributor's Occupation (if required) _____          | Contributions:<br><input type="checkbox"/> Direct<br><input checked="" type="checkbox"/> In-Kind (describe)<br><br>Other Receipts:<br><input type="checkbox"/> Interest <input type="checkbox"/> Loan<br><input type="checkbox"/> Misc. (specify) _____                     | \$25.00                           | \$25.00                                | 4/14/16<br><br>Jacquelyn<br>Thomas-Miller |
| 4.<br>Dennie Smith<br>P.O. Box 6283<br>Kokomo, IN 46901<br><br>Contributor's Occupation (if required) _____                  | Contributions:<br><input type="checkbox"/> Direct<br><input checked="" type="checkbox"/> In-Kind (describe)<br><br>Other Receipts:<br><input type="checkbox"/> Interest <input type="checkbox"/> Loan<br><input type="checkbox"/> Misc. (specify) _____                     | \$50.00                           | \$50.00                                | 4/14/16<br><br>Jacquelyn<br>Thomas-Miller |
| 5.<br>Celestine Johnson<br>120 Westmoreland<br>Drive<br>Kokomo, IN 46901<br><br>Contributor's Occupation (if required) _____ | Contributions:<br><input type="checkbox"/> Direct<br><input checked="" type="checkbox"/> In-Kind (describe)<br><br>Other Receipts:<br><input type="checkbox"/> Interest <input type="checkbox"/> Loan<br><input type="checkbox"/> Misc. (specify) _____                     | \$50.00                           | \$50.00                                | 4/16/16<br><br>Jacquelyn<br>Thomas-Miller |
| <b>SUBTOTAL THIS PAGE OF SCHEDULE A</b>  |   | \$ 0.00                           |  |   |
| <b>TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY</b><br><i>(Enter total on ITEM 15a of the Summary Sheet)</i>       |   | \$                                |  |   |



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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 **totalled 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**

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| CONTRIBUTOR'S FULL NAME AND OCCUPATION<br>FULL MAILING ADDRESS<br><i>(street, number, city, state, ZIP code)</i>            | 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                           |
|---|--|-----------------------------------|--|--|
|   |  |                                   |  | RECEIVED BY                                |
| 1.<br>Ed Foster<br>3404 Corey Lane<br>Kokomo, IN 46902<br><br>Contributor's Occupation (if required) _____                  | Contributions:<br><input type="checkbox"/> Direct<br><input checked="" type="checkbox"/> In-Kind (describe)<br><br>Other Receipts:<br><input type="checkbox"/> Interest <input type="checkbox"/> Loan<br><input type="checkbox"/> Misc. (specify)            | \$30.00                           | \$30.00                                | 4/14/16<br><br>Jacquelyn<br>Thomas-Miller  |
| 2.<br>Jacquelyn Thomas-Miller<br>1602 Fairway Drive<br>Kokomo, IN 46901<br><br>Contributor's Occupation (if required) _____ | Contributions:<br><input checked="" type="checkbox"/> Direct<br><input checked="" type="checkbox"/> In-Kind (describe)<br><br>Other Receipts:<br><input type="checkbox"/> Interest <input type="checkbox"/> Loan<br><input type="checkbox"/> Misc. (specify) | \$65.00                           | \$65.00                                | 10/13/16<br><br>Jacquelyn<br>Thomas-Miller |
| 3.<br>John T. Miller<br>1602 Fairway Drive<br>Kokomo, IN 46901<br><br>Contributor's Occupation (if required) _____          | Contributions:<br><input checked="" type="checkbox"/> Direct<br><input checked="" type="checkbox"/> In-Kind (describe)<br><br>Other Receipts:<br><input type="checkbox"/> Interest <input type="checkbox"/> Loan<br><input type="checkbox"/> Misc. (specify) | \$50.00                           | \$50.00                                | 10/11/16<br><br>Jacquelyn<br>Thomas-Miller |
| 4.<br>Jacquelyn<br>1602 Fairway Drive<br>Kokomo, IN 46901<br><br>Contributor's Occupation (if required) _____               | Contributions:<br><input checked="" type="checkbox"/> Direct<br><input checked="" type="checkbox"/> In-Kind (describe)<br><br>Other Receipts:<br><input type="checkbox"/> Interest <input type="checkbox"/> Loan<br><input type="checkbox"/> Misc. (specify) | \$50.00                           | \$50.00                                | 10/11/16<br><br>Jacquelyn<br>Thomas-Miller |
| 5.<br><br><br>Contributor's Occupation (if required) _____  | 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)                       |                                   |  |  |
| <b>SUBTOTAL THIS PAGE OF SCHEDULE A</b>   |  | \$ 0.00                           |  |  |
| <b>TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY</b><br><i>(Enter total on ITEM 15a of the Summary Sheet)</i>      |  | \$                                |  |  |



**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-3)  
CONTRIBUTIONS BY  
LABOR ORGANIZATIONS**

**Itemized Contributions and Other Receipts**

**INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY LABOR ORGANIZATIONS 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 labor organizations **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 <u>4</u> of <u>5</u> |  |

| CONTRIBUTOR'S FULL NAME AND FULL MAILING ADDRESS<br><i>(street, number, city, state, ZIP code)</i>                     | TYPE OF CONTRIBUTION OR OTHER RECEIPT   | COLUMN A<br>AMOUNT THIS PERIOD | COLUMN B<br>CUMULATIVE YEAR-TO-DATE | DATE RECEIVED                              |
|--|---|--------------------------------|-------------------------------------|--|
|  |   |                                |                                     | RECEIVED BY                                |
| 1.<br>United Auto Workers<br>Region 2B<br>1690 Woodlands Dr.<br>Maumee, OH<br>43537                                    | 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) | \$200.00                       | \$200.00                            | 10/10/16<br><br>Jacquelyn<br>Thomas-Miller |
| 2.   | 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)            |                                |                                     |  |
| 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)            |                                |                                     |  |
| <b>SUBTOTAL THIS PAGE OF SCHEDULE A</b>  |   | \$ 0.00                        |                                     |  |
| <b>TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY</b><br><i>(Enter total on ITEM 15a of the Summary Sheet)</i> |   | \$ 585.00                      |                                     |  |



**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 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        | 5 of 5 |

| RECIPIENT'S NAME AND MAILING ADDRESS<br><i>(street, number, city, state, ZIP code)</i>                                 | RECIPIENT'S OCCUPATION               | TYPE OF EXPENDITURE<br>and<br>PURPOSE <i>(be specific)</i>  | COLUMN A<br>AMOUNT THIS<br>PERIOD | COLUMN B<br>CUMULATIVE<br>YEAR-TO-DATE | DATE OF<br>EXPENDITURE |
|--|--------------------------------------|---|-----------------------------------|--|------------------------|
|  | OFFICE SOUGHT <i>(if applicable)</i> |   |                                   |  |                        |
| Code <u>A</u><br>Scoops Ice Cream<br>1231 W. Jefferson<br>Kokomo, IN 46901   |                                      | <input type="checkbox"/> Direct <input checked="" type="checkbox"/> In-Kind<br><input type="checkbox"/> Payment of Debt<br><input type="checkbox"/> Returned Contribution<br><input type="checkbox"/> Other _____<br>Purpose: | \$30.00                           | \$30.00                                | 4/14/16                |
| Code <u>A</u><br>Expression S<br>500 N. Main Street<br>Kokomo, IN 46901  |                                      | <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: | \$49.05                           | \$49.05                                | 6/14/16                |
| Code <u>A</u><br>Expression S<br>500 N. Main Street<br>Kokomo, IN 46901  |                                      | <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: | \$205.14                          | \$205.14                               | 6/30/16                |
| Code <u>A</u><br>Humphrey Printing<br>315 N. Main Street<br>Kokomo, IN 46901   |                                      | <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: | \$105.49                          | \$105.49                               | 8/11/16                |
| Code <u>A</u><br>Humphrey Printing<br>315 N. Main Street<br>Kokomo, IN 46901   |                                      | <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: | \$524.48                          | \$524.48                               | 10/5/16                |
| Code <u>C</u><br>Howard County<br>Democratic Party<br>341 N. Main Street<br>Kokomo, IN 46901                           |                                      | <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: | \$313.00                          | \$313.00                               | 10/4/16                |
| 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:            |                                   |  |                        |
| <b>SUBTOTAL THIS PAGE OF SCHEDULE B</b>  |                                      |   | \$ 0.00                           |  |                        |
| <b>TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY</b><br><i>(Enter total on ITEM 17a of the Summary Sheet)</i> |                                      |   | \$ 1227.16                        |  |                        |