



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

State 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
1 OF 3

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 DAVE DUNCAN

2. Acronym or Abbreviated Name (if any)

3. Committee Telephone Number
(765) 210-3796

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

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

6. Party Affiliation (if applicable)
REPUBLICAN

CANDIDATE INFORMATION (For Candidate's Committees Only)

7. Full Name of Candidate (Include any nickname.)
DAVE ALAN DUNCAN

8. Party Affiliation or If Independent Candidate
REPUBLICAN

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

10. County of Residence
HOWARD

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): From: JANUARY 1, 2017 Through: DECEMBER 31, 2017	COLUMN A This Period	COLUMN B Year to Date
13. Cash on hand and investments at the beginning of this reporting period.	117.02	
14. Cash on hand and investments January 1, current year.		117.02

CONTRIBUTIONS AND RECEIPTS

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

15a. Itemized (Use Schedule A.)		
15b. Unitemized		
15c. Add lines 15a and 15b in both columns. SUBTOTAL	0.00	0.00
16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B. TOTAL	117.02	117.02

EXPENDITURES

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

17a. Itemized (Use Schedule B.) (Public Question: use Schedule C.)	50.00	50.00
17b. Unitemized		
17c. Add lines 17a and 17b in both columns. SUBTOTAL	50.00	50.00
18. Cash on hand and investments at close of this reporting period (Subtract 17c from 16 in both columns.) TOTAL	67.02	67.02
19. Debts OWED BY the committee (Use Schedule D.)	1,390.43	
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 <i>Cheryl</i>	Title TREASURER	Date (mm/dd/yy) 12/31/2017
Signature of Candidate (if applicable) <i>Dave Alan Duncan</i>		Date (mm/dd/yy) 12/31/2017

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
FILED
JAN 04 2018
KIM WILSON
Clerk Howard Cir. Court



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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 <u> 2 </u> of <u> 3 </u>

RECIPIENT'S NAME AND MAILING ADDRESS <i>(street, number, city, state, ZIP code)</i>	RECIPIENT'S OCCUPATION	TYPE OF EXPENDITURE and PURPOSE <i>(be specific)</i>	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE OF EXPENDITURE <i>(mm/dd/yy)</i>
	OFFICE SOUGHT <i>(if applicable)</i>				
Code <u> C </u> HOWARD COUNTY REPUBLICAN PARTY	HOWARD COUNTY REPUBLICAN PARTY N/A	<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: FUNDRAISING	\$50.00	\$50.00	10/26/2017
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:			
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:			
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:			
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			\$ 50.00		
TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY <i>(Enter total on ITEM 17a of the Summary Sheet.)</i>			\$ 50.00		



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**(CFA-4 SCHEDULE D)
DEBTS OWED BY THIS COMMITTEE**

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. List all debts and loans, regardless of the amount, **OWED BY** the committee during the reporting period. Include all amounts owed for or to lend institutions, individuals, credit purchases, committee credit card accounts, etc. List each vendor paid by credit card issued in the name of the committee in the ENDORSER'S column. A lender's occupation is required if an individual makes loans of at least \$1,000 during the calendar year. Otherwise, this is optional.

FILE NUMBER
Page <u> 3 </u> of <u> 3 </u>

CREDITOR'S OR LENDER'S NAME AND MAILING ADDRESS <i>(street, number, city, state, ZIP code)</i>	ENDORSER'S OR VENDOR'S NAME AND MAILING ADDRESS <i>(if any)</i> <i>(street, number, city, state, ZIP code)</i>	AMOUNT	DATE DEBT INCURRED <i>(mm/dd/yy)</i>	CUMULATIVE PAID YEAR-TO-DATE	OUTSTANDING BALANCE THIS PERIOD
		NATURE OF DEBT			
DAVE DUNCAN 407 SUNNYMEAD KOKOMO, IN 46901 LENDER'S OCCUPATION:	DAVE DUNCAN 407 SUNNYMEAD KOKOMO, IN 46901	\$1,390.43	2/29/2013	\$0.00	\$1,390.43
		LOAN			
LENDER'S OCCUPATION:					
LENDER'S OCCUPATION:					
LENDER'S OCCUPATION:					
LENDER'S OCCUPATION:					
LENDER'S OCCUPATION:					
LENDER'S OCCUPATION:					
SUBTOTAL THIS PAGE OF SCHEDULE D					\$ 1,390.43
TOTAL OF ALL PAGES OF SCHEDULE D ON THE LAST PAGE ONLY <i>(Enter total on ITEM 19 of the Summary Sheet.)</i>					\$ 1,390.43