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REPORT OF RECEIPTS AND EXPENDITURES OF A POLITICAL COMMITTEE

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

APR 20 2018

(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.

KIM WILSON
Clerk Howard Circuit Court

IS THIS AN AMENDMENT? [ ] Yes [X] No

COMMITTEE INFORMATION

1. Full Name of Committee (as on Statement of Organization) Fatum for Howard County Council
2. Acronym or Abbreviated Name (if any)
3. Committee Telephone Number (765) 438-4866
4. Mailing Address (Address where all campaign finance correspondence is received.) 506 Secretariat Cir
5. City, State, ZIP Code Kokomo IN 46901
6. Party Affiliation (if applicable) Democratic

CANDIDATE INFORMATION (For Candidate's Committees Only)

7. Full Name of Candidate (Include any nickname.) Leslie Gay Fatum
8. Party Affiliation or If Independent Candidate Democrat
9. Office Sought (Include district number, if any. Not required for exploratory committee.) Howard County Council District 3
10. County of Residence Howard

TYPE OF REPORT

CONVENTION CANDIDATES ONLY

11. Check one:
[X] 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: March 12, 2018 Through: April 20, 2018
13. Cash on hand and investments at the beginning of this reporting period. \$50.00
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.) \$3850
15b. Unitemized \$675
15c. Add lines 15a and 15b in both columns. SUBTOTAL \$4525
16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B. TOTAL \$4575.00

EXPENDITURES

(Note: These amounts include in-kind expenditures and loan repayments.)
17a. Itemized (Use Schedule B.) (Public Question: use Schedule C.) \$2167.97
17b. Unitemized \$40.41
17c. Add lines 17a and 17b in both columns. SUBTOTAL 2207.97
18. Cash on hand and investments at close of this reporting period (Subtract 17c from 16 in both columns.) TOTAL 2367.03
19. Debts OWED BY the committee (Use Schedule D.)
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: Julie J. Dale, Title: Treasurer, Date: 4/19/18
Signature of Candidate (if applicable): Leslie Gay Fatum, Date: 4/20/18

FOR OFFICE USE ONLY

APR 20 2018
KIM WILSON
Clerk Howard Circuit Court

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)

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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.

FILE NUMBER	
Page <u>1</u> of <u>3</u>	

CONTRIBUTOR'S FULL NAME AND OCCUPATION FULL MAILING ADDRESS <i>(street, number, city, state, ZIP code)</i>	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED <i>(mm/dd/yy)</i>
				RECEIVED BY
1. John Dale Julie Dale 506 Secretariat Cir Kokomo IN 46901 Contributor's Occupation (if required) <u>Sales</u>	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)	\$ 200	\$ 200	3/20/18 Fatum for Howard Co (Leslie Fatum)
2. Steve & Dorothea Truin 535 W. Walnut St. Kokomo IN 46901 Contributor's Occupation (if required) <u>Education</u>	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)	\$ 100	\$ 100	3/29/18 Fatum for <sup>Act Blue</sup> Howard Co (Leslie Fatum) Solidarity Acct
3. Karen & Dan Fell 2125 Wilshire Rd Indianapolis IN 46228 Contributor's Occupation (if required) <u>Sales</u>	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)	\$ 100	\$ 100	4/11/18 Fatum for Howard Co (Leslie Fatum)
4. T. A. Shula 640 N. LaSalle St. Indianapolis IN 46201 Contributor's Occupation (if required) <u>Retired</u>	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)	\$ 100	\$ 100	4/11/18 Fatum for Howard Co. (Leslie Fatum)
5. Mike McGee 9910 Jolliard Drive Mint Hill, NC 28227 Contributor's Occupation (if required) <u>Retired</u>	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)	\$ 100	\$ 100	3/30/18 Act Blue -Fatum for Howard Co. Council → Solidar FCU
SUBTOTAL THIS PAGE OF SCHEDULE A		\$ 600		
TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY <i>(Enter total on ITEM 15a of the Summary Sheet.)</i>		\$ 3850		



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**(CFA-4 SCHEDULE A-1)  
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Itemized Contributions and Other Receipts

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FILE NUMBER	
Page <u>2</u>	of <u>3</u>

CONTRIBUTOR'S FULL NAME AND OCCUPATION FULL MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED (mm/dd/yy)
				RECEIVED BY
1. Stephen McBee 409 Stealey Ave Clarksburg WVA 26301 Contributor's Occupation (if required) <u>Retired</u>	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)	\$100	\$100	3/29/18 Act Blue Fatum for Howard Co Council → Solidarity Act
2. Marie Warshawer 4270 Knollton Rd Indianapolis IN 46228 Contributor's Occupation (if required) <u>Not employed</u>	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)	\$100	\$100	3/29/18 Act Blue -Fatum for Howard Co → Solidarity FCU
3. Robert Fullerton 16864 Ade Witt Ave Morgran Hill, CA 95037 Contributor's Occupation (if required) <u>Self-consultant</u>	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)	\$100	\$100	3/26/18 Act Blue → Fatum for Howard Co Council → Solidarity Act
4. Mary Findling 4256 Knollton Rd Indianapolis IN 46228 Contributor's Occupation (if required) <u>Attorney</u>	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)	\$150 <sup>00</sup>	\$150 <sup>00</sup>	Act Blue -Fatum for Howard Co → Solidarity FCU
5. Miles Handy 313 N. Leeds St Kokomo IN 46901 Contributor's Occupation (if required) <u>Self</u>	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)	\$250	\$250	April 10, 2018 Act Blue → Fatum for Howard Co → Solidarity FCU
SUBTOTAL THIS PAGE OF SCHEDULE A		\$ \$700		
TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY (Enter total on ITEM 15a of the Summary Sheet.)		\$ 3850		



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**(CFA-4 SCHEDULE A-1)  
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Itemized Contributions and Other Receipts

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Page 3 of 3

CONTRIBUTOR'S FULL NAME AND OCCUPATION FULL MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED (mm/dd/yy)
				RECEIVED BY
1. Donna L. Clark 4480 Manning Rd Indianapolis IN 46228 Contributor's Occupation (if required) <u>Musician</u>	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)	\$100	\$100	4/8/18 Act Blue - Vantiv → Fatum for Howard → Solidarity FCU
2. Nicole Buell 4216 Sogamore Trail Indianapolis IN 46220 Contributor's Occupation (if required) <u>Dir. of Marina Operations</u>	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)	\$100	\$100	4/8/18 Act Blue - Vantiv → Fatum for Howard → Solidarity FCU
3. Caterina Blitzer 6270 Hillcrest Ln Indianapolis IN 46220 Contributor's Occupation (if required) <u>Retired</u>	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)	\$100	\$100	4/6/18 Act Blue - Vantiv → Fatum for Howard → Solidarity FCU
4. Judy Quernsey 434 W. 46th St Indianapolis IN 46208 Contributor's Occupation (if required) <u>Retired</u>	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)	\$250	\$250	4/4/18 Act Blue - Vantiv - Fatum for Howard → Solidarity FCU
5. John L. Fatum 3301 Susan Drive Kokomo IN 46902 Contributor's Occupation (if required) <u>Self</u>	Contributions: <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe)  Other Receipts: <input type="checkbox"/> Interest <input checked="" type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify)	\$2000 <sup>00</sup>	\$2000 <sup>00</sup>	
<b>SUBTOTAL THIS PAGE OF SCHEDULE A</b>		\$2550		
<b>TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY</b> (Enter total on ITEM 15a of the Summary Sheet.)		\$3850		



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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.

**FILE NUMBER**

Page \_\_\_\_\_ of \_\_\_\_\_

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 _____ Horoho Printing 500 N. Phillips Kokomo IN 46901	Printing	<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:	863 <sup>67</sup>	863 <sup>67</sup>	3/26/18
Code _____ Foxes Trail 305 S. Main St Kokomo IN 46901	Food Service	<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:	299 <sup>00</sup>	299 <sup>00</sup>	3/20/18
Code _____ Mike Dukes Photography	Photography	<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:	\$100	\$100	4/6/18
Code _____ Horoho Printing 500 N. Phillips Kokomo IN 46901	PUNION Printing	<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:	\$605	\$605	4/18/18
Code _____ Power 104.9 219 S. Union St Kokomo IN 46901	Radio Ad	<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:	\$300	\$300	4/17/18
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:			
<b>SUBTOTAL THIS PAGE OF SCHEDULE B</b>			\$2167.97		
<b>TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY</b> <i>(Enter total on ITEM 17a of the Summary Sheet.)</i>			\$2167.97		