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 11

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.
Committee To Elect Rebecca Vent

2. Acronym or Abbreviated Name *(if any)*

3. Committee Telephone Number
(765) 271-4048

4. Mailing Address *(Address where all campaign finance correspondence is received.)* ☐ Check if this is a new address.
116 North Main Street, Suite 200

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.)*
Rebecca Ruth Vent

8. Party Affiliation or If Independent Candidate

9. Office Sought *(Include district number, if any.* ***Not required for exploratory committee.)***
Judge, Howard Superior Court 4

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 ten (10) days amend Statement of Organization.)*

CONVENTION CANDIDATES ONLY
Check one:
☐ Pre-Convention
☐ Post-Convention

12. Reporting Period *(mm/dd/yy)*:
From: 01/01/18 Through: 04/19/2018

	COLUMN A This Period	COLUMN B Year to Date
13. Cash on hand and investments at the beginning of this reporting period.	Ø	
14. Cash on hand and investments January 1, current year.		Ø
CONTRIBUTIONS AND RECEIPTS		
(Note: these amounts include in-kind contributions and loans, as well as cash contributions.)		
15a. Itemized *(Use Schedule A.)*	$1,600.00	$1,600.00
15b. Unitemized	$1,825.99	$1,825.99
15c. Add lines 15a and 15b in both columns. **SUBTOTAL**	$3,425.99	$3,425.99
16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B. **TOTAL**	$3,425.99	$3,425.99
EXPENDITURES		
(Note: These amounts include in-kind expenditures and loan repayments.)		
17a. Itemized *(Use Schedule B.) (Public Question: use Schedule C.)*	$5,746.46	
17b. Unitemized	Ø	
17c. Add lines 17a and 17b in both columns. **SUBTOTAL**	$5,746.46	
18. Cash on hand and investments at close of this reporting period *(Subtract 17c from 16 in both columns.)* **TOTAL**	−$2,320.47	
19. Debts OWED BY the committee *(Use Schedule D.)*	$3,826.46	
20. Debts OWED TO the committee *(Use Schedule E.)*	Ø	

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 [signature] Title Treasurer Date *(mm/dd/yy)* 04/20/18

Signature of Candidate *(if applicable)* [signature] Date *(mm/dd/yy)* 04-20-18

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
APR 20 2018
KIM WILSON
Clerk Howard Cir. Court

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.

FILE NUMBER

Page 2 of 11

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. Frank D. Lachenmaier 116 N. Main St. Suite 200 Kokomo, IN 46901 Contributor's Occupation *(if required)*	Contributions: ☑ Direct ☐ In-Kind *(describe)* Other Receipts: ☐ Interest ☐ Loan ☐ Miscellaneous *(specify)*	$400.00	$400.00	02/27/18 Nicole J. Cothern
2. Jeanmarie Ferenc 1560 Foxhaven Drive Kokomo IN 46902 Contributor's Occupation *(if required)*	Contributions: ☑ Direct ☐ In-Kind *(describe)* Other Receipts: ☐ Interest ☐ Loan ☐ Miscellaneous *(specify)*	$250.00	$250.00	03/22/18 Nicole J. Cothern
3. Scott A. Pitcher 329 north Main Street Kokomo, IN 46901 Contributor's Occupation *(if required)*	Contributions: ☑ Direct ☐ In-Kind *(describe)* Other Receipts: ☐ Interest ☐ Loan ☐ Miscellaneous *(specify)*	$250.00	$250.00	03/23/18 Nicole J. Cothern
4. Brian L. Oaks 3119 South Carter Kokomo, IN 46901 Contributor's Occupation *(if required)*	Contributions: ☑ Direct ☐ In-Kind *(describe)* Other Receipts: ☐ Interest ☐ Loan ☐ Miscellaneous *(specify)*	$300.00	$300.00	03/23/18 Nicole J. Cothern
5. Teresa Kelley 12739 W. 300 North Flora, IN 46929 Contributor's Occupation *(if required)*	Contributions: ☑ Direct ☐ In-Kind *(describe)* Other Receipts: ☐ Interest ☐ Loan ☐ Miscellaneous *(specify)*	$200.00	$200.00	03/23/18 Nicole J. Cothern
SUBTOTAL THIS PAGE OF SCHEDULE A		$ 1,400.00		
TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY *(Enter total on ITEM 15a of the Summary Sheet.)*		$		

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.

FILE NUMBER

Page 3 of 11

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. Verlin E. Ortman, Jr. 742 North, 750 West Kokomo, In 46901 Contributor's Occupation *(if required)*	Contributions: ☑ Direct ☐ In-Kind *(describe)* Other Receipts: ☐ Interest ☐ Loan ☐ Miscellaneous *(specify)*	$200.00	$200.00	03/28/18 Nicole J. Cothern
2. Contributor's Occupation *(if required)*	Contributions: ☐ Direct ☐ In-Kind *(describe)* Other Receipts: ☐ Interest ☐ Loan ☐ Miscellaneous *(specify)*			
3. Contributor's Occupation *(if required)*	Contributions: ☐ Direct ☐ In-Kind *(describe)* Other Receipts: ☐ Interest ☐ Loan ☐ Miscellaneous *(specify)*			
4. Contributor's Occupation *(if required)*	Contributions: ☐ Direct ☐ In-Kind *(describe)* Other Receipts: ☐ Interest ☐ Loan ☐ Miscellaneous *(specify)*			
5. Contributor's Occupation *(if required)*	Contributions: ☐ Direct ☐ In-Kind *(describe)* Other Receipts: ☐ Interest ☐ Loan ☐ Miscellaneous *(specify)*			
SUBTOTAL THIS PAGE OF SCHEDULE A		$ 200.00		
TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY *(Enter total on ITEM 15a of the Summary Sheet.)*		$ 1,600.00		

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 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 4 of 11

CONTRIBUTOR'S FULL NAME AND 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. N/A	Contributions: ☐ Direct ☐ In-Kind *(describe)* _____ Other Receipts: ☐ Interest ☐ Loan ☐ Miscellaneous *(specify)* _____			
2.	Contributions: ☐ Direct ☐ In-Kind *(describe)* _____ Other Receipts: ☐ Interest ☐ Loan ☐ Miscellaneous *(specify)* _____			
3.	Contributions: ☐ Direct ☐ In-Kind *(describe)* _____ Other Receipts: ☐ Interest ☐ Loan ☐ Miscellaneous *(specify)* _____			
4.	Contributions: ☐ Direct ☐ In-Kind *(describe)* _____ Other Receipts: ☐ Interest ☐ Loan ☐ Miscellaneous *(specify)* _____			
5.	Contributions: ☐ Direct ☐ In-Kind *(describe)* _____ Other Receipts: ☐ Interest ☐ Loan ☐ Miscellaneous *(specify)* _____			
	SUBTOTAL THIS PAGE OF SCHEDULE A	$		
	TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY *(Enter total on ITEM 15a of the Summary Sheet.)*	$		

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 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 5 of 11

CONTRIBUTOR'S FULL NAME AND 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. N/A	Contributions: ☐ Direct ☐ In-Kind *(describe)* _____ Other Receipts: ☐ Interest ☐ Loan ☐ Miscellaneous *(specify)* _____			
2.	Contributions: ☐ Direct ☐ In-Kind *(describe)* _____ Other Receipts: ☐ Interest ☐ Loan ☐ Miscellaneous *(specify)* _____			
3.	Contributions: ☐ Direct ☐ In-Kind *(describe)* _____ Other Receipts: ☐ Interest ☐ Loan ☐ Miscellaneous *(specify)* _____			
4.	Contributions: ☐ Direct ☐ In-Kind *(describe)* _____ Other Receipts: ☐ Interest ☐ Loan ☐ Miscellaneous *(specify)* _____			
5.	Contributions: ☐ Direct ☐ In-Kind *(describe)* _____ Other Receipts: ☐ Interest ☐ Loan ☐ Miscellaneous *(specify)* _____			
	SUBTOTAL THIS PAGE OF SCHEDULE A	$		
	TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY *(Enter total on ITEM 15a of the Summary Sheet.)*	$		

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 SCHEDULE A-4) CONTRIBUTIONS BY POLITICAL ACTION COMMITTEES

Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY POLITICAL ACTION COMMITTEES 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 political action committees **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 political action 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 6 of 11

CONTRIBUTOR'S FULL NAME AND 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. n/A	Contributions: ☐ Direct ☐ In-Kind *(describe)* _____ Other Receipts: ☐ Interest ☐ Loan ☐ Miscellaneous *(specify)* _____			
2.	Contributions: ☐ Direct ☐ In-Kind *(describe)* _____ Other Receipts: ☐ Interest ☐ Loan ☐ Miscellaneous *(specify)* _____			
3.	Contributions: ☐ Direct ☐ In-Kind *(describe)* _____ Other Receipts: ☐ Interest ☐ Loan ☐ Miscellaneous *(specify)* _____			
4.	Contributions: ☐ Direct ☐ In-Kind *(describe)* _____ Other Receipts: ☐ Interest ☐ Loan ☐ Miscellaneous *(specify)* _____			
5.	Contributions: ☐ Direct ☐ In-Kind *(describe)* _____ Other Receipts: ☐ Interest ☐ Loan ☐ Miscellaneous *(specify)* _____			
	SUBTOTAL THIS PAGE OF SCHEDULE A	$		
	TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY *(Enter total on ITEM 15a of the Summary Sheet.)*	$		

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 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 1 of 11

CONTRIBUTOR'S FULL NAME AND 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. n/A	Contributions: ☐ Direct ☐ In-Kind *(describe)* _____ Other Receipts: ☐ Interest ☐ Loan ☐ Miscellaneous *(specify)* _____			
2.	Contributions: ☐ Direct ☐ In-Kind *(describe)* _____ Other Receipts: ☐ Interest ☐ Loan ☐ Miscellaneous *(specify)* _____			
3.	Contributions: ☐ Direct ☐ In-Kind *(describe)* _____ Other Receipts: ☐ Interest ☐ Loan ☐ Miscellaneous *(specify)* _____			
4.	Contributions: ☐ Direct ☐ In-Kind *(describe)* _____ Other Receipts: ☐ Interest ☐ Loan ☐ Miscellaneous *(specify)* _____			
5.	Contributions: ☐ Direct ☐ In-Kind *(describe)* _____ Other Receipts: ☐ Interest ☐ Loan ☐ Miscellaneous *(specify)* _____			
	SUBTOTAL THIS PAGE OF SCHEDULE A	$		
	TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY ***(Enter total on ITEM 15a 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

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 8 of 11

RECIPIENT'S NAME AND MAILING ADDRESS *(street, number, city, state, ZIP code)*	RECIPIENT'S OCCUPATION / OFFICE SOUGHT *(if applicable)*	TYPE OF EXPENDITURE and PURPOSE *(be specific)*	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE OF EXPENDITURE *(mm/dd/yy)*
Code A Expressions Silk Screen Design 500 north main Street Kokomo IN 46901	T-Shirt Shop	☐ Direct ☐ In-Kind ☑ Payment of Debt ☐ Returned Contribution ☐ Other Purpose:	$884.09	$884.09	03/09/18 03/23/18
Code A Clifford Signs 1115 East Markland Avenue Kokomo IN 46901	Sign Company	☐ Direct ☐ In-Kind ☑ Payment of Debt ☐ Returned Contribution ☐ Other Purpose:	$2,602.60	$2,602.60	03/12/18 03/27/18
Code A Kokomo Perspective 209 north Main Street Kokomo IN 46901	Newspaper	☐ Direct ☐ In-Kind ☑ Payment of Debt ☐ Returned Contribution ☐ Other Purpose:	$1,920.00	$1,920.00	04/17/18
Code A Staples 1807 East Markland Avenue Kokomo IN 46902	Office Supply	☐ Direct ☐ In-Kind ☑ Payment of Debt ☐ Returned Contribution ☐ Other Purpose:	$37.23	$37.23	03/13/18
Code A Sam's Club 1917 E. Markland Ave Kokomo. IN 46901	Shopping Warehouse	☐ Direct ☐ In-Kind ☑ Payment of Debt ☐ Returned Contribution ☐ Other Purpose:	$25.64	$25.64	03/12/18 03/13/18
Code A Gordmans 100 S. Creasy Ln Suite 400 Lafayette IN 47905	Clothing + House Wares Store	☐ Direct ☐ In-Kind ☑ Payment of Debt ☐ Returned Contribution ☐ Other Purpose:	$13.90	$13.90	03/19/18
Code A Oscar's Pizza 515 N. Buckeye St. Kokomo IN 46901	Restaurant	☐ Direct ☐ In-Kind ☑ Payment of Debt ☐ Returned Contribution ☐ Other Purpose:	$263.00	$263.00	03/23/18
		SUBTOTAL THIS PAGE OF SCHEDULE B	$5,746.44		
		TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY *(Enter total on ITEM 17a of the Summary Sheet.)*	$5,746.44		

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 C) ITEMIZED EXPENDITURES For Public Questions

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. All cumulative expenses or transfers-out, regardless of amount paid to political committees supporting or opposing a public question, **MUST** be itemized on this schedule.

FILE NUMBER

Page 9 of 11

PUBLIC QUESTION INFORMATION

Enter Text of Public Question.

Type of Question: ☐ **Statewide** ☐ **Local**
Position: ☐ **Supported** ☐ **Opposed**

RECIPIENT'S NAME AND MAILING ADDRESS *(street, number, city, state, ZIP code)*	RECIPIENT'S OCCUPATION	TYPE OF EXPENDITURE and PURPOSE *(be specific)*	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE OF EXPENDITURE *(mm/dd/yy)*
Code ____ n/A		☐ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other ____ Purpose:			
Code ____		☐ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other ____ Purpose:			
Code ____		☐ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other ____ Purpose:			
Code ____		☐ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other ____ Purpose:			
Code ____		☐ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other ____ Purpose:			
Code ____		☐ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other ____ Purpose:			
		SUBTOTAL THIS PAGE OF SCHEDULE C	$		
		TOTAL OF ALL PAGES OF SCHEDULE C ON THE LAST PAGE ONLY ***(Enter total on ITEM 17a of the Summary Sheet.)***	$		

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 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 10 of 11

CREDITOR'S OR LENDER'S NAME AND MAILING ADDRESS *(street, number, city, state, ZIP code)*	ENDORSER'S OR VENDOR'S NAME AND MAILING ADDRESS *(if any)* *(street, number, city, state, ZIP code)*	AMOUNT / NATURE OF DEBT	DATE DEBT INCURRED *(mm/dd/yy)*	CUMULATIVE PAID YEAR-TO-DATE	OUTSTANDING BALANCE THIS PERIOD
Rebecca Vent 1744 W. Mulberry Kokomo IN 46901 LENDER'S OCCUPATION:	Expressions Silk Screen Design 500 N. Main St. Kokomo IN 46901	$884.09 t-shirts	03/09/18 03/23/18	$ ∅	$884.09
Rebecca Vent 1744 W. Mulberry Kokomo IN 46901 LENDER'S OCCUPATION:	Clifford Signs 1115 E. Markland Ave Kokomo IN 46901	$2,662.60 Signs	03/12/18 03/27/18	$ ∅	$2,662.60
Rebecca Vent 1744 W. Mulberry Kokomo IN 46901 LENDER'S OCCUPATION:	Staples 1807 E. Markland Ave Kokomo IN 46902	$37.23 copy expense	03/13/18	$ ∅	$37.23
Rebecca Vent 1744 W. Mulberry Kokomo IN 46901 LENDER'S OCCUPATION:	Sams Club 1917 E. Markland Ave Kokomo IN 46901	$25.64 envelopes	03/12/18 03/13/18	$ ∅	$25.64
Rebecca Vent 1744 W. Mulberry Kokomo IN 46901 LENDER'S OCCUPATION:	Gordmans 100 S. Creasy Ln. Suite 1400 Lafayette IN 47905	$13.90 donation jar	03/19/18	$ ∅	$13.90
Rebecca Vent 1744 W. Mulberry Kokomo IN 46901 LENDER'S OCCUPATION:	Oscar's Pizza 515 N. Buckeye St Kokomo IN 46901	$263.00 food	03/23/18	$ ∅	$263.00
LENDER'S OCCUPATION:					
				SUBTOTAL THIS PAGE OF SCHEDULE D	$3,826.40
				TOTAL OF ALL PAGES OF SCHEDULE D ON THE LAST PAGE ONLY *(Enter total on ITEM 19 of the Summary Sheet.)*	$3,826.46

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 SCHEDULE E) DEBTS OWED TO THIS COMMITTEE

FILE NUMBER
Page 11 of 11

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 TO** the committee during the reporting period. Include all amounts the committee has loaned to others.

BORROWER'S NAME AND MAILING ADDRESS *(street, number, city, state, ZIP code)*	CO-SIGNER'S NAME AND MAILING ADDRESS *(if any)* *(street, number, city, state, ZIP code)*	ORIGINAL AMOUNT / NATURE OF DEBT	DATE DEBT INCURRED *(mm/dd/yy)*	CUMULATIVE PAID YEAR-TO-DATE	OUTSTANDING BALANCE THIS PERIOD
n/A					
		SUBTOTAL THIS PAGE OF SCHEDULE E			$
		TOTAL OF ALL PAGES OF SCHEDULE E ON THE LAST PAGE ONLY *(Enter total on ITEM 20 of the Summary Sheet.)*			$