



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

State Form 4606 (R13/11-05)
Indiana Election Commission (IC 3-9-5-14)

FILED

APR 19 2018

(CFA-4)
Summary Sheet

KIM WILSON
Clerk Howard Cir. Court

FILE NUMBER

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.

TOTAL PAGES IN ENTIRE CFA-4 REPORT

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 Robert A. Lee

2. Acronym or Abbreviated Name (if any)

3. Committee Telephone Number
(765) 252-3257

4. Mailing Address (address where all campaign finance correspondence is received) Check if this is a new address
PO Box 562

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)
Robert A Lee

8. Party Affiliation or If Independent Candidate
Democratic

9. Office Sought (Include district number, if any. Not required for exploratory committee.)
Center Township Trustee

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 10 days amend Statement of Organization)

Check one:
 Pre-Convention
 Post-Convention

| 12. Reporting Period: | COLUMN A This Period | COLUMN B Year to Date |
|---|-------------------------|--------------------------|
| From: <i>1-1-18</i> Through: <i>4-18-18</i> | | |
| 13. Cash on hand and investments at the beginning of this reporting period. | <i>177.22</i> | |
| 14. Cash on hand and investments January 1, current year. | | <i>177.22</i> |

CONTRIBUTIONS AND RECEIPTS

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

| | COLUMN A | COLUMN B |
|--|----------------|----------------|
| 15a. Itemized (use Schedule A) | <i>2358.60</i> | <i>2358.60</i> |
| 15b. Unitemized | <i>0</i> | <i>0</i> |
| 15c. Add lines 15a and 15b in both columns SUBTOTAL | <i>2358.60</i> | <i>2358.60</i> |
| 16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B TOTAL | <i>2535.82</i> | <i>2535.82</i> |

EXPENDITURES

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

| | | |
|--|----------------|----------------|
| 17a. Itemized (use Schedule B) (Public Question: use Schedule C) | <i>2648.60</i> | <i>2648.60</i> |
| 17b. Unitemized | <i>0</i> | <i>0</i> |
| 17c. Add lines 17a and 17b in both columns SUBTOTAL | <i>2648.60</i> | <i>2648.60</i> |
| 18. Cash on hand and investments at close of this reporting period (subtract 17c from 16 in both columns) TOTAL | <i>1278.22</i> | <i>1278.22</i> |
| 19. Debts OWED BY the committee (use Schedule D) | <i>1000.00</i> | |
| 20. Debts OWED TO the committee (use Schedule E) | <i>0</i> | |

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>Donald Burnett</i> | Title <i>Campaign Treasurer</i> | Date <i>4-19-18</i> |
| Signature of Candidate (if applicable) <i>Robert A Lee</i> | | Date <i>4-19-18</i> |

FOR OFFICE USE ONLY

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)



**SUPPLEMENTAL "LARGE CONTRIBUTION" REPORT
BY A CANDIDATE'S COMMITTEE
(\$1,000 CONTRIBUTIONS OR MORE)**

State Form 48492 (R5 / 10-17)
Indiana Election Division (IC 3-9-5-20.1; 3-9-5-22)

(CFA-11)

FILE NUMBER

**TOTAL PAGES IN ENTIRE CFA-11
REPORT**

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.

COMMITTEE INFORMATION

| | | | |
|---|--------------------|--|---|
| 1. Full Name of Candidate (Include any nickname.) <input type="checkbox"/> Check if this is a new name. <i>Robert A. Lee</i> | | 2. Committee Telephone Number <i>(765) 252-3257</i> | |
| 3. Mailing Address (Address where all campaign finance correspondence is received.) <input type="checkbox"/> Check if this is a new address. <i>946 E. Richmond St</i> | | | |
| 4. City <i>Kokomo, IN</i> | State <i>IN</i> | ZIP Code <i>46901</i> | 5. Party Affiliation or If Independent Candidate <i>DEMOCRAT</i> |
| 6. Office Sought (Include district number, if any. Not required for exploratory committee.) <i>Center Township Trustee</i> | | 7. County of Residence <i>Howard</i> | |
| 8. Reporting Period (mm/dd/yy): From: <i>1-1-2018</i> Through: <i>4-19-2018</i> | | | |

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.

| CONTRIBUTOR'S FULL NAME AND OCCUPATION FULL MAILING ADDRESS (street, number, city, state, ZIP code) | TYPE OF CONTRIBUTION OR OTHER RECEIPT | COLUMN A AMOUNT OF CONTRIBUTION | DATE RECEIVED (mm/dd/yy) |
|---|---|---------------------------------------|-----------------------------|
| | | | RECEIVED BY |
| Classification 1. <i>Robert A Lee 946 E. Richmond St. Kokomo, IN 46901</i> Contributor's Occupation (if applicable) _____ | 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) _____ | <i>\$1000.⁰⁰</i> | <i>3/5/2018</i> |
| Classification 2. Contributor's Occupation (if applicable) _____ | 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) _____ | | |
| Classification 3. Contributor's Occupation (if applicable) _____ | 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) _____ | | |

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>Donald Burnett</i> | Title <i>Treasurer</i> | Date (mm/dd/yy) <i>4-19-2018</i> |
| Signature of Candidate (if applicable) <i>Robert A. Lee</i> | | Date (mm/dd/yy) <i>4-19-2018</i> |

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