



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

State Form 4806 (R18 / 6-25)  
Indiana Election Division (IC 3-9-5-14)

FILED  
CLERK OF THE HENDRICKS COUNTY

**(CFA-4)**

**Summary Sheet**

FILE NUMBER

32-21-0001

TOTAL PAGES IN ENTIRE CFA-4 REPORT

2

IS THIS AN AMENDMENT?  Yes  No **2026 JAN -6 AM 9:22**

**COMMITTEE INFORMATION**

|   |  |
|---|--|
| 1. Full Name of Committee (as on Statement of Organization)<br>Committee to Elect Dave Galloway for Sheriff | <input type="checkbox"/> Check if this is a new name.    |
| 2. Acronym or Abbreviated Name (if any)   | 3. Committee Telephone Number<br>( 317 ) 414-2710        |
| 4. Mailing Address (Address where all campaign finance correspondence is received.)<br>36 Motif Boulevard   | <input type="checkbox"/> Check if this is a new address. |
| 5. City, State, ZIP Code<br>Brownsburg, IN 46112  | 6. Party Affiliation (if applicable)<br>Republican       |

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

|   |  |
|---|--|
| 7. Full Name of Candidate (Include any nickname.)<br>David Daniel Galloway  | 8. Party Affiliation or If Independent Candidate<br>Republican |
| 9. Office Sought (Include district number, if any. <b>Not required for exploratory committee.</b> )<br>Sheriff of Hendricks County (No longer applicable) | 10. County of Residence<br>Hendricks                           |

**TYPE OF REPORT**

|   |  |   |
|---|--|---|
| 11. Check one:<br><input type="checkbox"/> Pre-Primary <input type="checkbox"/> Pre-Election <input checked="" type="checkbox"/> XX Annual <input type="checkbox"/> Nomination <input type="checkbox"/> Other<br><br><input type="checkbox"/> Final / Disbands Committee (Lines 16, 19, and 20 must be "0") <input type="checkbox"/> Outgoing Treasurer (Within ten (10) days amend Statement of Organization.) | 12. Reporting Period (mm/dd/yy):<br><br>From: January 1, 2025 Through: December 31, 2025 | CONVENTION CANDIDATES ONLY<br><br>Check one:<br><input type="checkbox"/> Pre-Convention<br><input type="checkbox"/> Post-Convention |
|---|--|---|

|   |          |                          |
|---|----------|--------------------------|
| 13. Cash on hand and investments at the beginning of this reporting period. | 3,430.24 | COLUMN A<br>This Period  |
| 14. Cash on hand and investments January 1, current year.                   | 3,430.20 | COLUMN B<br>Year to Date |

**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 |                   |
| 16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B.                        | TOTAL    | 3,430.24 3,430.20 |

**EXPENDITURES**

|  |          |                   |
|--|----------|-------------------|
| (Note: These amounts include in-kind expenditures and loan repayments.)                                    |          |                   |
| 17a. Itemized (Use Schedule B.) (Public Question: use Schedule C.)   | 2,175.00 | 2,175.00          |
| 17b. Unitemized  |          |                   |
| 17c. Add lines 17a and 17b in both columns.  | SUBTOTAL | 2,175.00 2,175.00 |
| 18. Cash on hand and investments at close of this reporting period (Subtract 17c from 16 in both columns.) | TOTAL    | 1,255.24 1,255.24 |
| 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.  
If a Treasurer of a PAC: I have not knowingly or willfully received, solicited, or accepted, either directly or indirectly, contributions or expenditures from a foreign national that exceeds \$50,000 within the four (4) years immediately preceding the date of the contribution.  (please check box)

FOR OFFICE USE ONLY

|   |                           |                                    |
|---|---------------------------|------------------------------------|
| Signature of Treasurer<br><i>David A. Clark</i>                 | Title<br><i>Treasurer</i> | Date (mm/dd/yy)<br><i>01-08-25</i> |
| Signature of Candidate (if applicable)<br><i>David A. Clark</i> |                           | Date (mm/dd/yy)<br><i>01/05/26</i> |



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

State Form 4606 (R18 / 6-25)  
Indiana Election Division (IC 3-8-5-14)

**(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

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Page 2 of 2

| RECIPIENT'S NAME AND MAILING ADDRESS<br>(street, number, city, state, ZIP code)                             | RECIPIENT'S OCCUPATION<br>OFFICE SOUGHT (if applicable) | TYPE OF EXPENDITURE<br>and<br>PURPOSE (be specific)   | COLUMN A<br>AMOUNT THIS<br>PERIOD | COLUMN B<br>CUMULATIVE<br>YEAR-TO-DATE | DATE OF<br>EXPENDITURE<br>(mm/dd/yy) |
|---|---|---|-----------------------------------|--|--------------------------------------|
| Code <u>C</u><br><br>Linton Lions Club<br>100 Cherry St<br>Linton, IN 46149                                 | Community<br>Organization                               | <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: _____ | 335.00                            | 335.00                                 | 4/11/25                              |
| Code <u>C</u><br><br>Leadership Hendricks County<br>1800 E Main St<br>Danville, IN 46122-0007               | Community<br>Organization                               | <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: _____ | 100.00                            | 100.00                                 | 6/05/25                              |
| Code <u>C</u><br><br>Danville Police<br>Danville, IN 46122  | Community<br>Organization                               | <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: _____ | 400.00                            | 400.00                                 | 6/05/25                              |
| Code <u>C</u><br><br>American Legion<br>636 East Main St<br>Brownsburg, IN 46112                            | Community<br>Organization                               | <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: _____ | 420.00                            | 420.00                                 | 7/10/25                              |
| Code <u>C</u><br><br>Knights of Columbus 12640 St Malachy<br>8833 E County Rd 750 N<br>Brownsburg, IN 46112 | Charitable<br>Organization                              | <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: _____ | 400.00                            | 400.00                                 | 8/07/25                              |
| Code <u>C</u><br><br>Brownaburg Sermons<br>P.O. Box 364<br>Brownsburg, IN 46112                             | Community<br>Organization                               | <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: _____ | 520.00                            | 520.00                                 | 9/04/25                              |
| 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: _____            |                                   |  |                                      |