State Form 4606 (R13/11-05) Indiana Election commission (IC 3-9-5-14) 2018 OCT 18 AM 10: 19

(CFA-4) Summary Sheet

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.

5531
TOTAL PAGES IN ENTIRE CFA-4 REPORT

10/07/2018

reverse side.	actions on the	A start of the		13	
IS THIS AN AMENDMENT? Yes X No					
	COMMITTEE INFORMATION				
Full name of committee (as on Statement of Organization) Hendricks Co. Professional Firefighters PAC	Check if this is a new name				
Acronym or abbreviated name, if any		3. Committee te	lephone num	ber	
HCPFFP		(317) 272-	-1061		
 Mailing address (address where all campaign finance corresponden 6319 E. US HWY 36, STE. 2 	nce is received	ck if this is a new ac	idress		
5. City, state, ZIP code		6. Party affiliatio	n (<i>if applicab</i>	ile)	
AVON IN 46123					
CANDIDATE	INFORMATION (For Candidate's C	ommittee Only)	18 S. F. C. S.		
7. Full name of candidate (include any nickname)		8. Party affiliatio	n or if indepe	endent	
9. Office sought (include district number, if any. Not required for explo	oratory committee.	10. County of re	sidence		
TYPE OF REPC	ORT		C	DNVENTION CANDID	ATES ONLY
11.				12. Check one:	
PreElect				Pre-Conv	
			13/1	Post-Con	
12. Reporting period: From: 04/20/2018 Throu	igh: 10/12/2018			COLUMN A This Period	COLUMN B Year to Date
	9111		-		rear to bate
 Cash on hand and investments at the beginning of this reporting pe Cash on hand and investments January 1, current year. 	eriod.		100	49,871.56	48,433.0
CONTRIBUTIONS A	ND RECEIPTS	4.2		A S I She in the	40,455.00
(Note: These amounts include in-kind contributions and loans, as well	l as cash contributions.)				
15a. Itemized (use Schedule A)				325.00	500.0
15b. Unitemized				2,174.80	3,447.6
15c. Add lines 15a, and 15b in both columns		SUI	BTOTAL	2,499.80	3,947.6
16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column	В		TOTAL	52,371.36	52,380.6
EXPENDIT	URES	2			
(Note: These amounts include in-kind expenditures and loan repayments)	ents.)			1,549.36	1,549.3
17a. Itemized (use Schedule B) (Public Question: use Schedule C)			-	0.00	0.0
17b. Unitemized		eu i	STOTAL -	1,549.36	1,549.30
17c. Add lines 17a and 17b in both columns	h	501			
18. Cash on hand and investments at close of this reporting period(sub	btract 1/c from 16 in both columns)		TOTAL	50,822.00	50,831.3
19. Debts OWED BY the committee (use Schedule D)				0.00	
20. Debts OWED TO the committee (use Schedule E)				0.00	
CERTIF	FICATION			EOR OFF	ICE USE ONLY
I CERTIFY THAT I HAVE EXAMINED THIS STATEMENT, TO THE BE	ST OF MY KNOWLEDGE AND BEL	IEF IT IS			
TRUE, CORRECT AND COMPLETE.				Filed: Onl	
Signature of Treasurer	Title	Date		10/7/18	7:15 pm
Signature Included Alch	Treasurer	10/0	7/2018		
Signature of Candidate (if applicable)		Date			

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, 3-9-4-17, 3-9-4-18.)

Signature Included



3

REPORT OF RECEIPTS AND EXPENDITURES OF A POLITICAL COMMITTEE

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

(CFA-4 SCHEDULE A-1) CONTRIBUTIONS BY INDIVIDUALS Itemized Contributions and Other

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 ITEM15a 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

FILE NUMBER
5531
Page 1 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 BY
1 Jerry Harder 6378 Timber Climb Drive Avon IN 46123	Contribution: Direct	5.00	40.00	04/20/2018
ontributor's Occupation (if required): Firefighters/Paramedics -				Anthony B Cranfill
2 Jerry Harder 6378 Timber Climb Drive Avon IN 46123	Contribution: Direct	5.00	45.00	05/04/2018
ontributor's Occupation (if required): Firefighters/Paramedics -				Anthony B Cranfill
3 Jerry Harder 6378 Timber Climb Drive Avon IN 46123	Contribution: Direct	5.00	50.00	05/18/2018
ontributor's Occupation (if required): Firefighters/Paramedics -				Anthony B Cranfill
4 Jerry Harder 6378 Timber Climb Drive Avon IN 46123	Contribution: Direct	5.00	55.00	06/01/2018
ontributor's Occupation (if required): Firefighters/Paramedics -				Anthony B Cranfill
5 Jerry Harder 6378 Timber Climb Drive Avon IN 46123	Contribution: Direct	5.00	60.00	06/15/2018
ntributor's Occupation (if required): Firefighters/Paramedics -				Anthony B Cranfill
SUB	TOTAL THIS PAGE OF SCHEDULE A	\$ 25.00		de Harris de la companya de la compa
TOTAL OF ALL PAGES OF SCH	EDULE A ON THE LAST PAGE ONLY	\$		



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

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 ITEM15a 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.

(CFA-4 SCHEDULE A-1) CONTRIBUTIONS BY INDIVIDUALS Itemized Contributions and Other

FILE NUMBER	
5531	
Page 2 of 11	

the calendar year. Otherwise, this is optional.				
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 RECEIVED BY
1 Jerry Harder 6378 Timber Climb Drive Avon IN 46123	Contribution: Direct	5.00	65.00	06/29/2018
Contributor's Occupation (if required): Firefighters/Paramedics -				Anthony B Cranfill
2 Jerry Harder 6378 Timber Climb Drive Avon IN 46123	Contribution: Direct	5.00	70.00	07/13/2018
Contributor's Occupation (if required): Firefighters/Paramedics -				Anthony B Cranfill
3 Jerry Harder 6378 Timber Climb Drive Avon IN 46123	Contribution: Direct	5.00	75.00	07/27/2018
. Contributor's Occupation (if required): Firefighters/Paramedics -				Anthony B Cranfill
4 Jerry Harder 6378 Timber Climb Drive Avon IN 46123	Contribution: Direct	5.00	80.00	08/10/2018
Contributor's Occupation (if required): Firefighters/Paramedics -				Anthony B Cranfill
5 Jerry Harder 6378 Timber Climb Drive Avon IN 46123	Contribution: Direct	5.00	85.00	08/24/2018
ontributor's Occupation (if required): Firefighters/Paramedics -				Anthony B Cranfill
SUB TO	TAL THIS PAGE OF SCHEDULE A	\$ 25.00	建筑市场	
TOTAL OF ALL PAGES OF SCHEDU (Enter total on ITEM	JLE A ON THE LAST PAGE ONLY If 15a of the Summary Sheet)	\$		



State Form 4606 (R13/11-05) Indiana Election commission (IC 3-9-5-14) (CFA-4 SCHEDULE A-1)
CONTRIBUTIONS BY INDIVIDUALS
Itemized Contributions and Other

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 ITEM15a. 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
5531
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
1 Jerry Harder 6378 Timber Climb Drive Avon IN 46123	Contribution: Direct	5.00	90.00	09/07/2018
Contributor's Occupation (if required): Firefighters/Paramedics -				Anthony B Cranfill
2 Jerry Harder 6378 Timber Climb Drive Avon IN 46123	Contribution: Direct	5.00	95.00	09/21/2018
Contributor's Occupation (if required): Firefighters/Paramedics -				Anthony B Cranfill
3 Jerry Harder 6378 Timber Climb Drive Avon IN 46123	Contribution: Direct	5.00	100.00	10/05/2018
Contributor's Occupation (if required): Firefighters/Paramedics -				Anthony B Cranfill
4 Kyle Edie 9480 Shady Bend Brownsburg IN 46112	Contribution: Direct	5.00	40.00	04/20/2018
Contributor's Occupation (if required): Firefighters/Paramedics -				Anthony B Cranfill
5 Kyle Edie 9480 Shady Bend Brownsburg IN 46112	Contribution: Direct	5.00	45.00	05/04/2018
Contributor's Occupation (if required): Firefighters/Paramedics -				Anthony B Cranfill
SUB	TOTAL THIS PAGE OF SCHEDULE A	\$ 25.00	25	
	IEDULE A ON THE LAST PAGE ONLY ITEM 15a of the Summary Sheet)	\$		



State Form 4606 (R13/11-05) Indiana Election commission (IC 3-9-5-14) (CFA-4 SCHEDULE A-1)
CONTRIBUTIONS BY INDIVIDUALS
Itemized Contributions and Other

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 ITEM15a 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 ontoned.

FILE NUMBER
5531
Page 4 of 11

CONTRIBUTOR'S FULL NAME AND OCCUPATION FULL MAILING ADDRESS	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS	COLUMN B CUMULATIVE	DATE RECEIVED
(street, number, city, state ZIP code)	OR OTHER RECEIFT	PERIOD	YEAR-TO-DATE	RECEIVED BY
1 Kyle Edie 9480 Shady Bend Brownsburg IN 46112	Contribution: Direct	5.00	50.00	05/18/2018
ontributor's Occupation (if required): Firefighters/Paramedics -				Anthony B Cranfill
2 Kyle Edie 9480 Shady Bend Brownsburg IN 46112	Contribution: Direct	5.00	55.00	06/01/2018
ontributor's Occupation (if required): Firefighters/Paramedics -				Anthony B Cranfill
3 Kyle Edie 9480 Shady Bend Brownsburg IN 46112	Contribution: Direct	5.00	60.00	06/15/2018
ontributor's Occupation (if required): Firefighters/Paramedics -				Anthony B Cranfill
4 Kyle Edie 9480 Shady Bend Brownsburg IN 46112	Contribution: Direct	5.00	65.00	06/29/2018
ontributor's Occupation (if required): Firefighters/Paramedics -				Anthony B Cranfill
5 Kyle Edie 9480 Shady Bend Brownsburg IN 46112	Contribution: Direct	5.00	70.00	07/13/2018
ontributor's Occupation (if required): Firefighters/Paramedics -				Anthony B Cranfill
SUB ³	TOTAL THIS PAGE OF SCHEDULE A	\$ 25.00		4
	EDULE A ON THE LAST PAGE ONLY TEM 15a of the Summary Sheet)	\$		



State Form 4606 (R13/11-05) Indiana Election commission (IC 3-9-5-14) (CFA-4 SCHEDULE A-1)
CONTRIBUTIONS BY INDIVIDUALS
Itemized Contributions and Other

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 ITEM15a 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	
5531	
Page 5 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 RECEIVED BY
1	Kyle Edie 9480 Shady Bend Brownsburg IN 46112	Contribution: Direct	5.00	75.00	07/27/2018
ontrib	outor's Occupation (if required): Firefighters/Paramedics -				Anthony B Cranfill
2	Kyle Edie 9480 Shady Bend Brownsburg IN 46112	Contribution: Direct	5.00	80.00	08/10/2018
ontrib	outor's Occupation (if required): Firefighters/Paramedics -				Anthony B Cranfill
3	Kyle Edie 9480 Shady Bend Brownsburg IN 46112	Contribution: Direct	5.00	85.00	08/24/2018
ontrib	outor's Occupation (if required): Firefighters/Paramedics -				Anthony B Cranfill
4	Kyle Edie 9480 Shady Bend Brownsburg IN 46112	Contribution: Direct	5.00	90.00	09/07/2018
ontrib	outor's Occupation (if required): Firefighters/Paramedics -				Anthony B Cranfill
5	Kyle Edie 9480 Shady Bend Brownsburg IN 46112	Contribution: Direct	5.00	95.00	09/21/2018
ontrib	utor's Occupation (if required): Firefighters/Paramedics -				Anthony B Cranfill
	SUB	TOTAL THIS PAGE OF SCHEDULE A	\$ 25.00		
		EDULE A ON THE LAST PAGE ONLY	\$		



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

(CFA-4 SCHEDULE A-1) CONTRIBUTIONS BY INDIVIDUALS Itemized Contributions and Other

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 ITEM15a 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
5531
Page 6 of 11

	CONTRIBUTOR'S FULL NAME AND OCCUPATION FULL MAILING ADDRESS	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS	COLUMN B CUMULATIVE	DATE RECEIVE
1	(street, number, city, state ZIP code) Kyle Edie 9480 Shady Bend Brownsburg IN 46112	Contribution: Direct	PERIOD 5.00	YEAR-TO-DATE 100.00	10/05/2018
Contri	ibutor's Occupation (if required): Firefighters/Paramedics -				Anthony B Cranfill
2	Kevin Whitt 201 Wakefield Dr E Greenwood IN 46142	Contribution: Direct	5.00	5.00	04/20/2018
ontri	ibutor's Occupation (if required): Firefighters/Paramedics -			5.00 10.00 10.00	Anthony B Cranfill
3	Kevin Whitt 201 Wakefield Dr E Greenwood IN 46142	Contribution: Direct	5.00	10.00	05/04/2018
ontri	ibutor's Occupation (if required): Firefighters/Paramedics -				Anthony B Cranfill
4	Kevin Whitt 201 Wakefield Dr E Greenwood IN 46142	Contribution: Direct	5.00	15.00	05/18/2018
ontri	ibutor's Occupation (if required): Firefighters/Paramedics -				Anthony B Cranfill
5	Kevin Whitt 201 Wakefield Dr E Greenwood IN 46142	Contribution: Direct	5.00	20.00	06/01/2018
ontril	butor's Occupation (if required): Firefighters/Paramedics -				Anthony B Cranfill
		OTAL THIS PAGE OF SCHEDULE A	\$ 25.00		
		DULE A ON THE LAST PAGE ONLY EM 15a of the Summary Sheet)	\$		



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

(CFA-4 SCHEDULE A-1)
CONTRIBUTIONS BY INDIVIDUALS
Itemized Contributions and Other

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 ITEM15a, 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
5531
Page 7 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 RECEIVE RECEIVED BY
1 Kevin Whitt 201 Wakefield Dr E Greenwood IN 46142	Contribution: Direct	5.00	25.00	06/15/2018
Contributor's Occupation (if required): Firefighters/Paramedics -				Anthony B Cranfill
2 Kevin Whitt 201 Wakefield Dr E Greenwood IN 46142	Contribution: Direct	5.00	30.00	06/29/2018
ontributor's Occupation (if required): Firefighters/Paramedics -				Anthony B Cranfill
3 Kevin Whitt 201 Wakefield Dr E Greenwood IN 46142	Contribution: Direct	5.00	35.00	07/13/2018
contributor's Occupation (if required): Firefighters/Paramedics -				Anthony B Cranfill
4 Kevin Whitt 201 Wakefield Dr E Greenwood IN 46142	Contribution: Direct	5.00	40.00	07/27/2018
ontributor's Occupation (if required): Firefighters/Paramedics -				Anthony B Cranfill
5 Kevin Whitt 201 Wakefield Dr E Greenwood IN 46142	Contribution: Direct	5.00	45.00	08/10/2018
ontributor's Occupation (if required): Firefighters/Paramedics -				Anthony B Cranfill
su	B TOTAL THIS PAGE OF SCHEDULE A	\$ 25.00		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	HEDULE A ON THE LAST PAGE ONLY I ITEM 15a of the Summary Sheet)	\$		



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

(CFA-4 SCHEDULE A-1) CONTRIBUTIONS BY INDIVIDUALS Itemized Contributions and Other

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 ITEM15a 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
5531
Page 8 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 BY
1 Kevin Whitt 201 Wakefield Dr E Greenwood IN 46142	Contribution: Direct	5.00	50.00	08/24/2018
Contributor's Occupation (if required): Firefighters/Paramedics -				Anthony B Cranfill
2 Kevin Whitt 201 Wakefield Dr E Greenwood IN 46142	Contribution: Direct	5.00	55.00	09/07/2018
Contributor's Occupation (if required): Firefighters/Paramedics -				Anthony B Cranfill
3 Kevin Whitt 201 Wakefield Dr E Greenwood IN 46142	Contribution: Direct	5.00	60.00	09/21/2018
Contributor's Occupation (if required): Firefighters/Paramedics -				Anthony B Cranfill
4 Kevin Whitt 201 Wakefield Dr E Greenwood IN 46142	Contribution: Direct	5.00	65.00	10/05/2018
contributor's Occupation (if required): Firefighters/Paramedics -				Anthony B Cranfill
5 Anthony Smith 6756 Woodcliff Cir. Zionsville IN 46077	Contribution: Direct	10.00	80.00	04/20/2018
ontributor's Occupation (if required): Firefighters/Paramedics -				Anthony B Cranfill
	TOTAL THIS PAGE OF SCHEDULE A	\$ 30.00		
TOTAL OF ALL PAGES OF SCHE (Enter total on IT	EDULE A ON THE LAST PAGE ONLY TEM 15a of the Summary Sheet)	\$		



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

(CFA-4 SCHEDULE A-1) CONTRIBUTIONS BY INDIVIDUALS Itemized Contributions and Other

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 ITEM15a. 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
5531
Page 9 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	COLUMN B CUMULATIVE	DATE RECEIVED BY
1	Anthony Smith 6756 Woodcliff Cir. Zionsville IN 46077	Contribution: Direct	PERIOD 10.00	YEAR-TO-DATE 90.00	05/04/2018
Contr	ributor's Occupation (if required): Firefighters/Paramedics -				Anthony B Cranfill
2	Anthony Smith 6756 Woodcliff Cir. Zionsville IN 46077	Contribution: Direct	10.00	100.00	05/18/2018
Contr	ibutor's Occupation (if required): Firefighters/Paramedics -				Anthony B Cranfill
3	Anthony Smith 6756 Woodcliff Cir. Zionsville IN 46077	Contribution: Direct	10.00	110.00	06/01/2018
Contr	ibutor's Occupation (if required): Firefighters/Paramedics -				Anthony B Cranfill
4	Anthony Smith 6756 Woodcliff Cir. Zionsville IN 46077	Contribution: Direct	10.00	120.00	06/15/2018
ontri	ibutor's Occupation (if required): Firefighters/Paramedics -	manage ,			Anthony B Cranfill
5	Anthony Smith 6756 Woodcliff Cir. Zionsville IN 46077	Contribution: Direct	10.00	130.00	06/29/2018
ontri	butor's Occupation (if required): Firefighters/Paramedics -				Anthony B Cranfill
	SUB	TOTAL THIS PAGE OF SCHEDULE A	\$ 50.00		
		EDULE A ON THE LAST PAGE ONLY TEM 15a of the Summary Sheet)	\$		



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

(CFA-4 SCHEDULE A-1) CONTRIBUTIONS BY INDIVIDUALS Itemized Contributions and Other

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 ITEM15a, 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				
	5531			
	Page 10 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 RECEIVED BY
	Anthony Smith 6756 Woodcliff Cir. Zionsville IN 46077	Contribution: Direct	10.00	140.00	07/13/2018
Contribu	utor's Occupation (if required): Firefighters/Paramedics -				Anthony B Cranfill
	Anthony Smith 6756 Woodcliff Cir. Zionsville IN 46077	Contribution: Direct	10.00	150.00	07/27/2018
Contribu	utor's Occupation (if required): Firefighters/Paramedics -				Anthony B Cranfill
	Anthony Smith 6756 Woodcliff Cir. Zionsville IN 46077	Contribution: Direct	10.00	160.00	08/10/2018
Contribu	utor's Occupation (if required): Firefighters/Paramedics -				Anthony B Cranfill
	Anthony Smith 6756 Woodcliff Cir. Zionsville IN 46077	Contribution: Direct	10.00	170.00	08/24/2018
Contribu	utor's Occupation (if required): Firefighters/Paramedics -				Anthony B Cranfill
	Anthony Smith 6756 Woodcliff Cir. Zionsville IN 46077	Contribution: Direct	10.00	180.00	09/07/2018
Contribu	utor's Occupation (if required): Firefighters/Paramedics -				Anthony B Cranfill
	SUB	TOTAL THIS PAGE OF SCHEDULE A	\$ 50.00	心经验性	
		EDULE A ON THE LAST PAGE ONLY	\$		



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

(CFA-4 SCHEDULE A-1) CONTRIBUTIONS BY INDIVIDUALS Itemized Contributions and Other

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 ITEM15a. 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.

5	FILE NUMBER
	5531
	Page 11 of 11

CONTRIBUTOR'S FULL NAME AND OCCUPATION FULL MAILING ADDRESS	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS	COLUMN B	DATE RECEIVED
(street, number, city, state ZIP code)	OR OTHER RECEIPT	PERIOD	YEAR-TO-DATE	RECEIVED BY
1 Anthony Smith 6756 Woodcliff Cir. Zionsville IN 46077	Contribution: Direct	10.00	190.00	09/21/2018
Contributor's Occupation (if required): Firefighters/Paramedics -				Anthony B Cranfill
2 Anthony Smith 6756 Woodcliff Cir. Zionsville IN 46077	Contribution: Direct	10.00	200.00	10/05/2018
Contributor's Occupation (if required): Firefighters/Paramedics -				Anthony B Cranfill
SUB T	OTAL THIS PAGE OF SCHEDULE A	\$ 20.00		
	DULE A ON THE LAST PAGE ONLY EM 15a of the Summary Sheet)	\$ 325.00		



State Form 4606 (R13/11-05) Indiana Election commission (IC 3-9-5-14) (CFA-4 SCHEDULE B)
Itemized Expenditures

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this form. 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					
5531					
Page 1 of	1				

RECIPIENT'S NAME AND MAILING	RECIPIENT'S OCCUPATION	TYPE OF EXPENDITURE	COLUMN A		DATE OF
ADDRESS (street, number, city, state, ZIP code)	OFFICE SOUGHT (if applicable)	and PURPOSE (be specific)	AMOUNT THIS PERIOD	CUMULATIVE YEAR-TO-DATE	EXPENDITUR
Code: Advertising		Direct	765.05	765.05	05/05/2018
1 Six Six Graphics 1531 E. Northfield Dr Brownsburg IN 46112		Purpose: PAC T Shirts			
Code: Advertising		Direct	367.01	1,132.06	05/16/2018
2 Six Six Graphics 1531 E. Northfield Dr Brownsburg IN 46112		Purpose: PAC Polo's			
Code: Advertising 3 Alex Brand		Direct	80.00	80.00	05/16/2018
IN		Purpose: Operational services for PAC			
Code: Advertising		Direct	80.00	80.00	05/16/2018
4 Ryan Miller					
IN		Purpose: Operational services for PAC Ryan Miller			
Code: Advertising		Direct	50.00	50.00	05/16/2018
5 David Winegar		_			
IN		Purpose: Operational services for PAC Dave Winegar			
Code: Advertising		Direct	100.00	150.00	05/16/2018
6 Kyle Edie					
IN		Purpose: Operational services for PAC Kyle			
Code: Advertising		Direct	107.30	257.30	05/16/2018
7 Marc Davis					
IN		Purpose: Operational services for PAC Marc Davis			
	SUB TOTAL T	HIS PAGE OF SCHEDULE B	\$ 1,549.36		
1	OTAL OF ALL PAGES OF SCHEDULE E	ON THE LAST PAGE ONLY	\$ 1,549.36		