

#### REPORT OF RECEIPTS AND EXPENDITURES OF THE PERSON OF THE P OF A POLITICAL COMMITTEE

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

(CFA-4)

Summary	Shee
FILE NUME	BER

NSTRUCTIONS: 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		4	NE OF A-4 REPORT
COMMITTEE INFORMATION			TI STORES OF THE
1. Full Name of Committee (as on Statement of Organization)  The Committee to Elect David Winters	name.		
2. Acronym or Abbreviated Name (if any)	3. Com	mittee Telephone Number 7 ) 373-1913	
Mailing Address (Address where all campaign finance correspondence is received.)  401 N. Washington Street	Check if the	nis is a new address.	
5. City, State, ZIP Code Danville, IN 46122	Repu	y Affiliation (if applicable) ublican	
CANDIDATE INFORMATION (For Candidate's C	Committe	ees Only)	100000
7. Full Name of Candidate (Include any nickname.)  David Michael Winters		Affiliation or If Independent ublican	t Candidate
<ol> <li>Office Sought (Include district number, if any. Not required for exploratory committee.)</li> <li>Danville Town Council, At-Large</li> </ol>	10. Cou	unty of Residence	
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 ten (10) days amend State)	itement of Ora	Check one:  Pre-Conve	
12. Reporting Period (mm/dd/yy): From: 04/13/2019  Through: 10/11/2019		COLUMN A This Period	COLUMN B Year to Date
13. Cash on hand and investments at the beginning of this reporting period.		1,344.29	
14. Cash on hand and investments January 1, current year.		STATE OF THE PARTY.	0.00
CONTRIBUTIONS AND RECEIPTS	Ser.		
(Note: these amounts include in-kind contributions and loans, as well as cash contributions.)			T. S. W. W. S. S. S.
15a. Itemized (Use Schedule A.)		1,032.00	4,356.67
15b. Unitemized		150.00	476.00
15c. Add lines 15a and 15b in both columns.	TOTAL	1,182.00	4,832.67
	TOTAL	2,526.29	4,832.67
EXPENDITURES	18 S. P.	A THE PARTY OF	
(Note: These amounts include in-kind expenditures and loan repayments.)			
17a. Itemized (Use Schedule B.) (Public Question: use Schedule C.)		2,338.42	4,487.09
17b. Unitemized		105.39	263.10
17c. Add lines 17a and 17b in both columns.	TOTAL	2,443.81	4,750.19
18. Cash on hand and investments at close of this reporting period (Subtract 17c from 16 in both columns.)	TOTAL	82.48	82.48
19. Debts OWED BY the committee (Use Schedule D.)		586 67 1 1092.67	
20. Debts OWED TO the committee (Use Schedule E.)	1	Du T	PAY MARKET
CERTIFICATION	101-174 O 101		R OFFICE USE ONLY
I CERTIFY THAT I HAVE EXAMINED THIS STATEMENT. TO THE BEST OF MY KNOWLEDGE AND BELIEF IT IS TR	DUE CODE		K OFFICE USE UNLY
TOEKTIGHTINATE EXAMINED THIS STATEMENT. TO THE BEST OF MIT KNOWLEDGE AND BELIEF IT IS TH	RUE. CURR		

2019 OCT 15

111119 TREASURER Date (mm/dd/yy) 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)



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

# (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	of	

CONTRIBUTOR'S FULL NAME AND OCCUPATION	TYPE OF CONTRIBUTION	COLUMNIA		
FULL MAILING ADDRESS	OR OTHER RECEIPT	COLUMN A AMOUNT THIS	COLUMN B CUMULATIVE	DATE RECEIVED (mm/dd/yy)
(street, number, city, state, ZIP code)		PERIOD	YEAR-TO-DATE	RECEIVED BY
1. Mike McCarty 1355 W 300 N	Contributions:  Direct			
Crawfordsville, IN 47933	In-Kind (describe)			06/03/2019
Orawiordsville, 114 47 855				00/03/2019
	Other Receipts:	\$1,032.00	\$1,032.00	
	Interest Loan			
	Miscellaneous (specify)			David Winters
Contributor's Occupation (if required) Security Professional				
2.	Contributions:			
	Direct			
	In-Kind (describe)			
	Other Receipts:			
	☐ Interest ☐ Loan			
	Miscellaneous (specify)			
Contributor's Occupation (if required)				
3.	Contributions:			
	Direct			
	In-Kind (describe)			
	Other Description			
	Other Receipts:  Interest Loan			
	Miscellaneous (specify)			
Contributor's Occupation (if required)				
4.	Contributions:			
	Direct			
	In-Kind (describe)			
	Other Receipts:  Interest Loan			
	Miscellaneous (specify)			
Contributor's Occupation (if required)				
5.	Contributions:			
	Direct			
	In-Kind (describe)			
		,		
	Other Receipts:  Interest Loan			
	Miscellaneous (specify)			
Contributor's Occupation (if required)				
SUBTOTAL TI	HIS PAGE OF SCHEDULE A	\$ 1,032.00	(Act of the last	
TOTAL OF ALL PAGES OF SCHEDULE A	ON THE LAST PAGE ONLY			
(Enter total on ITEM	15a of the Summary Sheet.)	\$ 1,032.00		TO THE STATE OF TH



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

## (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		
Page	of	

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)
Hendricks Design & Print 6220 E. US Highway 36	Graphics Printer	☐ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other	\$1,032.42	\$1,032.42	05/7/2019
Avon, IN 46123		Purpose: Mailers	Ψ1,002.42	Ψ1,002.42	03/1/2019
David M. Winters	СРА	☐ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution			
401 N. Washington Street Danville, IN 46122		Other	\$1,000.00	\$1,000.00	06/10/2019
David M. Winters	СРА	☐ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution	#20C 00	04.000.00	
401 N. Washington Street Danville, IN 46122		OtherPurpose:	\$306.00	\$1,306.00	7/25/2019
Code		Direct In-Kind Payment of Debt Returned Contribution			
		OtherPurpose:			
Code		☐ Direct ☐ In-Kind ☐ Payment of Debt			
		Cother 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	E OF SCHEDULE B	\$ 2,338.42	A CONTRACTOR OF THE PARTY OF TH	
TOTAL OF ALL PAG	GES OF SCHEDULE B ON THE (Enter total on ITEM 17a of the	LAST PAGE ONLY	\$ 2,338.42		1995



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	of

CREDITOR'S OR LENDER'S NAME AND MAILING ADDRESS	ENDORSER'S OR VENDOR'S NAME	AMOUNT	DATE DEBT	CUMULATIVE	OUTSTANDING	
(street, number, city, state, ZIP code)			INCURRED (mm/dd/yy)	PAID YEAR-TO-DATE	BALANCE THIS PERIOD	
David Michael Winters 401 N. Washington Street Danville, IN 46122		\$1,892.67	03/29/19	\$1,306.00	\$500.07	
LENDER'S OCCUPATION CPA		Cash	03/23/13	\$1,300.00	\$586.67	
LENDER'S OCCUPATION						
LENDER'S OCCUPATION:						
LENDER'S OCCUPATION:						
LENDER'S OCCUPATION:						
LENDER'S OCCUPATION:						
LENDER'S OCCUPATION:						
MERCHAN SUMPARION.		SUBTOTAL	THIS PAGE OF	SCHEDULE D	\$ 586.67	
TOTAL OF ALL PAGES OF SCHEDULE D ON THE LAST PAGE ONLY (Enter total on ITEM 19 of the Summary Sheet.)			T PAGE ONLY mmary Sheet.)	\$ 586.67		



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

(CFA-4) **Summary Sheet** 

FILE NUMBER

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this form. F	-or
assistance in completing this form, see instructions on the reverse side.	

**TOTAL PAGES IN ENTIRE CFA-4 REPORT** 

IS THIS AN AMENDMENT?  Yes No		4	
COMMITTEE INFORMATION	STEEL STATE	<b>第二五三年</b>	
1. Full Name of Committee (as on Statement of Organization)	v name.		
The Committee to Elect David Winters			
2. Acronym or Abbreviated Name (if any)	3. Committee	Telephone Number	
	( 317 )	373-1913	
Mailing Address (Address where all campaign finance correspondence is received.)  401 N. Washington Street	Check if this is a r	new address.	
5. City, State, ZIP Code Danville, IN 46122	6. Party Affiliat Republica	ion <i>(if applicable)</i> N	
CANDIDATE INFORMATION (For Candidate's	Committees On	ily)	A 18 4 5 8 6 6 6
7. Full Name of Candidate (Include any nickname.)	8. Party Affiliat	ion or If Independent	Candidate
David Michael Winters	Republica	n	
9. Office Sought (Include district number, if any. Not required for exploratory committee.)  Danville Town Council, At-Large	10. County of F	Residence	
TYPE OF REPORT		CONVENTION	CANDIDATES ONLY
11. Check one:		Check one:	
Pre-Primary  Pre-Election  Annual  Other		Pre-Conver	ntion
Final / Disbands Committee (Lines 18, 19, and 20 must be "0".) Utgoing Treasurer (Within ten (10) days amend St	tatement of Organization.)	Post-Conve	ention
12. Reporting Period (mm/dd/yy): From: 04/13/2019 Through: 10/11/2019		COLUMN A This Period	COLUMN B Year to Date
13. Cash on hand and investments at the beginning of this reporting period.		1,344.29	
14. Cash on hand and investments January 1, current year.	N. S. S.		0.00
CONTRIBUTIONS AND RECEIPTS	424.0		THE STREET
(Note: these amounts include in-kind contributions and loans, as well as cash contributions.)			CALL PROPERTY.
15a. Itemized (Use Schedule A.)		1,032.00	4,356.67
15b. Unitemized		150.00	476.00
15c. Add lines 15a and 15b in both columns.	BTOTAL	1,182.00	4,832.67
16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B.	TOTAL	2,526.29	4,832.67
EXPENDITURES			
(Note: These amounts include in-kind expenditures and loan repayments.)	11.50		
17a. Itemized (Use Schedule B.) (Public Question: use Schedule C.)		2,338.42	4,487.09
17b. Unitemized		105.39	263.10
17c. Add lines 17a and 17b in both columns.	BTOTAL	2,443.81	4,750.19
18. Cash on hand and investments at close of this reporting period (Subtract 17c from 16 in both columns.)	TOTAL	82.48	82.48
19. Debts OWED BY the committee (Use Schedule D.)		1,892.67	RELEASE FOR THE PARTY OF THE PA
20. Debts OWED TO the committee (Use Schedule E.)			
CERTIFICATION	the graph seek to	FOR	R OFFICE USE ONLY
I CERTIFY THAT I HAVE EXAMINED THIS STATEMENT. TO THE BEST OF MY KNOWLEDGE AND BELIEF IT IS	TRUE, CORRECT AN		8

CER	TIFICATION	
I CERTIFY THAT I HAVE EXAMINED THIS STATEMENT. TO THE BES	T OF MY KNOWLEDGE AND BELIEF IT IS TRUE, C	ORRECT AND COMPLETE.
Signature of Treasurer	Title	Date (mm/dd/yy)
Signature of Candidate (if applicable)		Date (mm/dd/yy)
WARNING: Any information contained in this report may not be copied files a fraudulant report commits a Level 6 felony (IC 3-14-1-13) A n		

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)





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

## (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	of				

CONTRIBUTOR'S FULL NAME AND OCCUPATION FULL MAILING ADDRESS	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS	COLUMN B CUMULATIVE	DATE RECEIVED (mm/dd/yy)
(street, number, city, state, ZIP code)	The state of the s	PERIOD	YEAR-TO-DATE	RECEIVED BY
Mike McCarty     1355 W 300 N     Crawfordsville, IN 47933	Contributions: Direct In-Kind (describe)			06/03/2019
Contributor's Occupation (if required) Security Professional	Other Receipts:  Interest Loan  Miscellaneous (specify)	\$1,032.00	\$1,032.00	David Winters
2.	Contributions: Direct In-Kind (describe)			
	Other Receipts:  Interest Loan  Miscellaneous (specify)			
Contributor's Occupation (if required)				
3.	Contributions:  Direct In-Kind (describe)  Other Receipts: Interest Loan Miscellaneous (specify)			
Contributor's Occupation (if required)				
4.	Contributions:  Direct In-Kind (describe)  Other Receipts: Interest Loan Miscellaneous (specify)			
Contributor's Occupation (if required)	Contributions:			
	Other Receipts:  Interest Loan  Miscellaneous (specify)			
Contributor's Occupation (if required)		9 9 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5		Automorphic Company
	THIS PAGE OF SCHEDULE A	\$ 1,032.00		
TOTAL OF ALL PAGES OF SCHEDULE A (Enter total on ITEN	A ON THE LAST PAGE ONLY 115a of the Summary Sheet.)	\$ 1,032.00		STATE OF THE STATE OF



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

## (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				
Page _	of			

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)
Hendricks Design & Print 6220 E. US Highway 36 Avon, IN 46123	Graphics Printer	☐ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other ☐ Purpose:  Mailers	\$1,032.42	\$1,032.42	05/7/2019
David M. Winters 401 N. Washington Street Danville, IN 46122	CPA	☐ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other Purpose:	\$1,000.00	\$1,000.00	06/10/2019
David M. Winters 401 N. Washington Street Danville, IN 46122	СРА	Direct In-Kind Payment of Debt Returned Contribution Other Purpose:	\$306.00	\$1,306.00	7/25/2019
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 PAG	E OF SCHEDULE B	\$ 2,338.42		
TOTAL OF ALL PA	GES OF SCHEDULE B ON THE		\$ 2,338.42		-12/5



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, <u>regardless of the amount</u>, 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	of			

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
LENDER'S OCCUPATION: CPA		Cash	03/23/13	\$1,500.00	\$300.07
LENDER'S OCCUPATION:					
LENDER'S OCCUPATION					
LENDER'S OCCUPATION:					
ENDER'S OCCUPATION:					
ENDER'S OCCUPATION:					
ENDER'S OCCUPATION:					
		SUBTOTA	L THIS PAGE O	F SCHEDULE D	\$ 586.67
	TOTAL OF ALL	PAGES OF SCHEDULI (Enter total on IT			\$ 586.67