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) **Summary Sheet**

FILE NUMBER

		5531	
INSTRUCTIONS: Please type or print legibly IN BLACK INK all information	TOTAL	PAGES IN ENTIRE (CFA-4 REPORT
on this form. For assistance in completing this form, see instructions on the reverse side.		6	
IS THIS AN AMENDMENT? Yes X No			
COMMITTEE INFORMATION	V		
Full name of committee (as on Statement of Organization) Check if this is a new name.			
Hendricks Co. Professional Firefighters PAC			
2. Acronym or abbreviated name, if any	3. Committee telephone num	ber	
HCPFFP	(317) 272-1061		
	heck if this is a new address		
6319 E. US HWY 36, STE. 2 5. City, state, ZIP code	6. Party affiliation (if applicab	(a)	
AVON IN 46123	o. Party anniation (ii applicab	ie)	
CANDIDATE INFORMATION (For Candidate's	Committee Only)	1000	A
7. Full name of candidate (include any nickname)	8. Party affiliation or if indepe	ndent	
Office sought (include district number, if any. Not required for exploratory committee.	10. County of residence		
TYPE OF REPORT	CC	INVENTION CANDID	ATES ONLY
11.		12. Check one: Pre-Conv	ention
Annual		Post-Con	
12. Reporting period:		COLUMN A	COLUMN B
From: 10/13/2018 Through: 12/31/2018		This Period	Year to Date
13. Cash on hand and investments at the beginning of this reporting period.14. Cash on hand and investments January 1, current year.		49,871.56	
CONTRIBUTIONS AND RECEIPTS	The second second		48,433.0
(Note: These amounts include in-kind contributions and loans, as well as cash contributions,)			
15a. Itemized (use Schedule A)		150.00	650.00
15b. Uniternized		884.40	4,332.00
15c. Add lines 15a, and 15b in both columns	SUBTOTAL	1,034.40	4,982.00
16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B EXPENDITURES	TOTAL	50,905.96	53,415.08
(Note: These amounts include in-kind expenditures and loan repayments.)	CHOUSE IN		
17a. Itemized (use Schedule B) (Public Question: use Schedule C)		0.00	1,549.36
17b, Uniternized		0.00	0.00
17c. Add lines 17a and 17b in both columns	SUBTOTAL	0.00	1,549.36
18. Cash on hand and investments at close of this reporting period(subtract 17c from 16 in both columns	TOTAL	50,905.96	51,865.72
Debts OWED BY the committee (use Schedule D) Debts OWED TO the committee (use Schedule E)	_	0.00	
		0.00	
CERTIFICATION			
I CERTIFY THAT I HAVE EXAMINED THIS STATEMENT, TO THE BEST OF MY KNOWLEDGE AND BE	LIEETTIC	FOR OFF	ICE USE ONLY
TRUE, CORRECT AND COMPLETE.	LIEF IT IS	Filed: Onl	ine
Signature of Treasurer Title	Date	1/14/19	3:23 pm
Signature Included Treasurer	01/14/2019		= =
Signature of Candidate (if applicable)	Date	- 1	: 6
Signature Included	01/14/2019		
WARNING: Any information contained in this report may not be copied for sale or used for any commercial	al 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		4.0
to file a complete or accurate report as required by the Indiana Campaign Finance Law commits a Class	B Misdemeanor		



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

147	FILE NUMBER		
	5531		
	Page 1 of 5		

the calendar year, Otherwise, this is optional. CONTRIBUTOR'S FULL NAME AND OCCUPATION FULL MANUACADORESS	TYPE OF CONTRIBUTION	COLUMN A AMOUNT THIS	COLUMN B	DATE RECEIVE
FULL MAILING ADDRESS (street, number, city, state ZIP code)	OR OTHER RECEIPT	PERIOD	CUMULATIVE YEAR-TO-DATE	RECEIVED BY
1 Jerry Harder 6378 Timber Climb Drive Avon IN 46123	Contribution: Direct	5.00	105.00	10/19/2018
ontributor's Occupation (if required): Firefighters/Paramedics -				Jeff Schlageter
2 Jerry Harder 6378 Timber Climb Drive Avon IN 46123	Contribution: Direct	5.00	110.00	11/02/2018
entributor's Occupation (if required): Firefighters/Paramedics -				Jeff Schlageter
3 Jerry Harder 6378 Timber Climb Drive Avon IN 46123	Contribution: Direct	5.00	115.00	11/23/2018
ontributor's Occupation (if required): Firefighters/Paramedics -				Jeff Schlageter
4 Jerry Harder 6378 Timber Climb Drive Avon IN 46123	Contribution: Direct	5.00	120.00	11/30/2018
ontributor's Occupation (if required): Firefighters/Paramedics -				Jeff Schlageter
5 Jerry Harder 6378 Timber Climb Drive Avon IN 46123	Contribution: Direct	5.00	125.00	12/14/2018
intributor's Occupation (if required): Firefighters/Paramedics -				Jeff Schlageter
SUB	TOTAL THIS PAGE OF SCHEDULE A	\$ 25.00		
	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

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committee). A contributor's occupation is required if an individual makes at least \$1,000 in contributions during
the schedule vers. Otherwise, this is continual.

FILE NUMBER				
	5531			
	Page 2 of 5			

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	130.00	12/28/2018
ontributor's Occupation (if required): Firefighters/Paramedics -				Jeff Schlageter
2 Kyle Edie 9480 Shady Bend Brownsburg IN 46112	Contribution: Direct	5.00	105.00	10/19/2018
ontributor's Occupation (if required): Firefighters/Paramedics -				Jeff Schlageter
3 Kyle Edie 9480 Shady Bend Brownsburg IN 46112	Contribution: Direct	5.00	110.00	11/02/2018
ontributor's Occupation (if required): Firefighters/Paramedics -				Jeff Schlageter
4 Kyle Edie 9480 Shady Bend Brownsburg IN 46112	Contribution: Direct	5.00	115.00	11/23/2018
ontributor's Occupation (if required): Firefighters/Paramedics -				Jeff Schlageter
5 Kyle Edie 9480 Shady Bend Brownsburg IN 46112	Contribution: Direct	5.00	120.00	11/30/2018
ontributor's Occupation (if required): Firefighters/Paramedics -				Jeff Schlageter
SL	IB TOTAL THIS PAGE OF SCHEDULE A	\$ 25.00		
	CHEDULE 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)
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FILE NUMBER	
5531	
Page 3 of 5	

the calendar year. Otherwise, this is optional. CONTRIBUTOR'S FULL NAME AND OCCUPATION	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS	COLUMN B CUMULATIVE	DATE RECEIVED
FULL MAILING ADDRESS (street, number, city, state ZIP code)	OR OTHER RECEIPT	PERIOD	YEAR-TO-DATE	RECEIVED BY
1 Kyle Edie 9480 Shady Bend Brownsburg IN 46112	Contribution: Direct	5.00	125.00	12/14/2018
ontributor's Occupation (if required): Firefighters/Paramedics -				Jeff Schlageter
2 Kyle Edie 9480 Shady Bend Brownsburg IN 46112	Contribution: Direct	5.00	130.00	12/28/2018
ontributor's Occupation (if required): Firefighters/Paramedics -				Jeff Schlageter
3 Kevin Whitt 201 Wakefield Dr E Greenwood IN 46142	Contribution: Direct	5.00	70.00	10/19/2018
ontributor's Occupation (if required): Firefighters/Paramedics -				Jeff Schlageter
4 Kevin Whitt 201 Wakefield Dr E Greenwood IN 46142	Contribution: Direct	5.00	75.00	11/02/2018
ontributor's Occupation (if required): Firefighters/Paramedics -				Jeff Schlageter
5 Kevin Whitt 201 Wakefield Dr E Greenwood IN 46142	Contribution: Direct	5.00	80.00	11/23/2018
ontributor's Occupation (if required): Firefighters/Paramedics -				Jeff Schlageter
SUB	TOTAL THIS PAGE OF SCHEDULE A	\$ 25.00		
	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)
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FILE NUMBER		
5531		
Page 4 of 5		

	CONTRIBUTOR'S FULL NAME AND OCCUPATION FULL MAILING ADDRESS	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS	COLUMN B	DATE RECEIVED RECEIVED BY
1	(street, number, city, state ZIP code) Kevin Whitt 201 Wakefield Dr E Greenwood IN 46142	Contribution: Direct	PERIOD 5.00	YEAR-TO-DATE 85.00	11/30/2018
ontri	outor's Occupation (if required): Firefighters/Paramedics -				Jeff Schlageter
2	Kevin Whitt 201 Wakefield Dr E Greenwood IN 46142	Contribution: Direct	5.00	90.00	12/14/2018
ontri	outor's Occupation (if required): Firefighters/Paramedics -				Jeff Schlageter
3	Kevin Whitt 201 Wakefield Dr E Greenwood IN 46142	Contribution: Direct	5.00	95.00	12/28/2018
ontri	outor's Occupation (if required): Firefighters/Paramedics -				Jeff Schlageter
4	Anthony Smith 6756 Woodcliff Cir. Zionsville IN 46077	Contribution: Direct	10.00	210.00	10/19/2018
ontri	outor's Occupation (if required): Firefighters/Paramedics -				Jeff Schlageter
5	Anthony Smith 6756 Woodcliff Cir. Zionsville IN 46077	Contribution: Direct	10.00	220.00	11/02/2018
ontri	outor's Occupation (if required): Firefighters/Paramedics -				Jeff Schlageter
	SUB	TOTAL THIS PAGE OF SCHEDULE A	\$ 35.00	111111	
		EDULE A ON THE LAST PAGE ONLY TEM 15a of the Summary Sheet)	\$		



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	5531	
	Page 5 of 5	

the calendar year. Otherwise, this is optional.	TYPE OF CONTRIBUTION	COLUMN A	COLUMN B	DATE RECEIVED
CONTRIBUTOR'S FULL NAME AND OCCUPATION FULL MAILING ADDRESS (street, number, city, state ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	AMOUNT THIS PERIOD	CUMULATIVE YEAR-TO-DATE	RECEIVED BY
1 Anthony Smith 6756 Woodcliff Cir. Zionsville IN 46077	Contribution: Direct	10.00	230.00	11/23/2018
ontributor's Occupation (if required): Firefighters/Paramedics -				Jeff Schlageter
2 Anthony Smith 6756 Woodcliff Cir. Zionsville IN 46077	Contribution: Direct	10.00	240.00	11/30/2018
contributor's Occupation (if required): Firefighters/Paramedics -				Jeff Schlageter
3 Anthony Smith 6756 Woodcliff Cir. Zionsville IN 46077		250.00	12/14/2018	
contributor's Occupation (if required): Firefighters/Paramedics -				Jeff Schlageter
4 Anthony Smith 6756 Woodcliff Cir. Zionsville IN 46077	Contribution: Direct	10.00	260.00	12/28/2018
contributor's Occupation (if required): Firefighters/Paramedics -				Jeff Schlageter
SUB TO	OTAL THIS PAGE OF SCHEDULE A	\$ 40.00		
	DULE A ON THE LAST PAGE ONLY EM 15a of the Summary Sheet)	\$ 150.00		