



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

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

OF

(CFA-4)

Summary Sheet

FILED
CLERK OF HENDRICKS COUNTY
2019 JAN 16 PM 9:41

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

2

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.
Brandon for Trustee

2. Acronym or Abbreviated Name (*if any*)

3. Committee Telephone Number
 ()

4. Mailing Address (*Address where all campaign finance correspondence is received.*) Check if this is a new address.
 6768 Hall Rd

5. City, State, ZIP Code
 Plainfield, IN, 46168

6. Party Affiliation (*if applicable*)
 Democrat

CANDIDATE INFORMATION (For Candidate's Committees Only)

7. Full Name of Candidate (*Include any nickname.*)
 Theresa Marie Brandon

8. Party Affiliation or If Independent Candidate
 Democrat

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

10. County of Residence
 Hendricks

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 Statement of Organization.*)

Check one:
 Pre-Convention
 Post-Convention

12. Reporting Period (mm/dd/yy):	COLUMN A This Period	COLUMN B Year to Date
From: 10/13/18 Through: 12/31/19		
13. Cash on hand and investments at the beginning of this reporting period.	259.85	
14. Cash on hand and investments January 1, current year.		0

CONTRIBUTIONS AND RECEIPTS

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

15a. Itemized (<i>Use Schedule A.</i>)	0	575.00
15b. Unitemized	8.05	503.05
15c. Add lines 15a and 15b in both columns. SUBTOTAL	8.05	1078.05
16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B. TOTAL	267.90	1078.05

EXPENDITURES

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

17a. Itemized (<i>Use Schedule B.</i>) (<i>Public Question: use Schedule C.</i>)	267.90	1078.05
17b. Unitemized	0	0
17c. Add lines 17a and 17b in both columns. SUBTOTAL	267.90	1078.05
18. Cash on hand and investments at close of this reporting period (<i>Subtract 17c from 16 in both columns.</i>) TOTAL	0	0
19. Debts OWED BY the committee (<i>Use Schedule D.</i>)	0	
20. Debts OWED TO the committee (<i>Use Schedule E.</i>)	0	

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	Title Treasurer	Date (mm/dd/yy) 01/16/19
Signature of Candidate (<i>if applicable</i>)		Date (mm/dd/yy)

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 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)



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Election Division (IC 3-9-5-14)

State
Indiana

**(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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RECIPIENT'S NAME AND MAILING ADDRESS <i>(street, number, city, state, ZIP code)</i>	RECIPIENT'S OCCUPATION	TYPE OF EXPENDITURE and PURPOSE <i>(be specific)</i>	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE OF EXPENDITURE <i>(mm/dd/yy)</i>
	OFFICE SOUGHT <i>(if applicable)</i>				
Code _____ Theresa Brandon 6768 Hall Rd Plainfield, IN 46168	Candidate	<input type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input checked="" type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: Office supplies, photo copies	117.90		12/17/19
Code _____ Candice Husted 4088 del Mar Lane Plainfield, IN 46168	Treasurer	<input type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input checked="" type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: Buttons and magnets	150.00		9/13/18
Code _____		<input type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: postage			
Code _____		<input type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose:			
Code _____		<input type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose:			
Code _____		<input type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose:			
SUBTOTAL THIS PAGE OF SCHEDULE B			\$ 267.90		
TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY <i>(Enter total on ITEM 17a of the Summary Sheet.)</i>			\$ 267.90		