CLEACO TENSVERINGED IN REPORT OF RECEIPTS AND EXPENDITURES (CFA-4) OF A POLITICAL COMMITTEE **Summary Sheet** State Form 4606 (R13/11-05) **FILE NUMBER** Indiana Election commission (IC 3-9-5-14) 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 IS THIS AN AMENDMENT? Yes X No COMMITTEE INFORMATION 1. 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 number **HCPFFP** (317) 272-1061 4. Mailing address (address where all campaign finance correspondence is received Check if this is a new address 6319 E. US HWY 36, STE. 2 5. City, state, ZIP code 6. Party affiliation (if applicable) **AVON IN 46123** CANDIDATE INFORMATION (For Candidate's Committee Only) 7. Full name of candidate (include any nickname) 8. Party affiliation or if independent 9. Office sought (include district number, if any. Not required for exploratory committee. 10. County of residence TYPE OF REPORT **CONVENTION CANDIDATES ONLY** 11. 12. Check one: Pre-Convention Annual Post-Convention 12. Reporting period: **COLUMN A** COLUMN B 12/31/2019 10/12/2019 This Period From: Through: Year to Date 13. Cash on hand and investments at the beginning of this reporting period. 52.614.34 14. Cash on hand and investments January 1, current year. 51,865.72 CONTRIBUTIONS AND RECEIPTS (Note: These amounts include in-kind contributions and loans, as well as cash contributions.) 15a. Itemized (use Schedule A) 1,938.42 3.646.80 15b. Unitemized 686.70 686.70 15c. Add lines 15a, and 15b in both columns SUBTOTAL 2.625.12 4.333.50 16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B TOTAL 55,239,46 56,199.22 **EXPENDITURES** (Note: These amounts include in-kind expenditures and loan repayments.) 0.00 0.00 17a. Itemized (use Schedule B) (Public Question: use Schedule C) 17b. Unitemized 0.00 0.00 17c. Add lines 17a and 17b in both columns SUBTOTAL 0.00 0.00 18. Cash on hand and investments at close of this reporting period(subtract 17c from 16 in both columns) TOTAL 55.239.46 56,199,22 19. Debts OWED BY the committee (use Schedule D) 0.00 20. Debts OWED TO the committee (use Schedule E) 0.00

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
Signature Included
Treasurer
O1/15/2020

Signature of Candidate (if applicable)
Signature Included

Date
O1/15/2020

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.)

FOR OFFICE USE ONLY

Filed: Online 1/15/20 1:17 pm



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 1 of 5

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	105.00	10/18/2019
Contributor's Occupation (if required): Firefighters/Paramedics -				Jeff Schlageter
2 Jerry Harder 6378 Timber Climb Drive Avon IN 46123	Contribution: Direct	5.00	100.00	10/18/2019
Contributor's Occupation (if required): Firefighters/Paramedics -				Jeff Schlageter
3 Kevin Whitt 5721 Prairie Meadow Drive Indianapolis IN 46221	Contribution: Direct	5.00	105.00	10/18/2019
ontributor's Occupation (if required): - Firefighter				Jeff Schlageter
4 Anthony Smith 6252 Canterbury Drive Zionsville IN 46077	Contribution: Direct	10.00	210.00	10/18/2019
ontributor's Occupation (if required): - Firefighter				Jeff Schlageter
5 Kyle Edie 9480 Shady Bend Brownsburg IN 46112	Contribution: Direct	5.00	110.00	11/02/2019
ontributor's Occupation (if required): Firefighters/Paramedics -				Jeff Schlageter
SUBTO	OTAL THIS PAGE OF SCHEDULE A	\$ 30.00		
	OULE 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

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FILE NUMBER			
5531			
Page 2 of 5			

CONTRIBUTOR'S FULL NAME AND OCCUPATION FULL MAILING ADDRESS	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A	COLUMN B	DATE RECEIVE	
(street, number, city, state ZIP code)	OR OTHER RECEIFT	AMOUNT THIS PERIOD	CUMULATIVE YEAR-TO-DATE	RECEIVED BY	
1 Kyle Edie 9480 Shady Bend Brownsburg IN 46112	Contribution: Direct	5.00	115.00	11/16/2019	
ontributor's Occupation (if required): Firefighters/Paramedics -				Jeff Schlageter	
2 Kyle Edie 9480 Shady Bend Brownsburg IN 46112	Contribution: Direct	5.00	120.00	11/30/2019	
ontributor's Occupation (if required): Firefighters/Paramedics -				Jeff Schlageter	
3 Kyle Edie 9480 Shady Bend Brownsburg IN 46112	Contribution: Direct	5.00	125.00	12/14/2019	
ontributor's Occupation (if required): Firefighters/Paramedics -				Jeff Schlageter	
4 Kyle Edie 9480 Shady Bend Brownsburg IN 46112	Contribution: Direct	5.00	130.00	130.00	12/28/2019
ontributor's Occupation (if required): Firefighters/Paramedics -				Jeff Schlageter	
5 Jerry Harder 6378 Timber Climb Drive Avon IN 46123	Contribution: Direct	5.00	105.00	11/02/2019	
ontributor's Occupation (if required): Firefighters/Paramedics -				Jeff Schlageter	
SUB T	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 3 of 5				

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	110.00	11/16/2019
Contributor's Occupation (if required): Firefighters/Paramedics -				Jeff Schlageter
2 Jerry Harder 6378 Timber Climb Drive Avon IN 46123	Contribution: Direct	5.00	115.00	11/30/2019
Contributor's Occupation (if required): Firefighters/Paramedics -				Jeff Schlageter
3 Jerry Harder 6378 Timber Climb Drive Avon IN 46123	Contribution: Direct	5.00	00 120.00	12/14/2019
ontributor's Occupation (if required): Firefighters/Paramedics -				Jeff Schlageter
4 Jerry Harder 6378 Timber Climb Drive Avon IN 46123	Contribution: Direct	5.00	125.00	12/28/2019
ontributor's Occupation (if required): Firefighters/Paramedics -				Jeff Schlageter
5 Kevin Whitt 5721 Prairie Meadow Drive Indianapolis IN 46221	Contribution: Direct	5.00	110.00	11/02/2019
ontributor's Occupation (if required): - Firefighter				Jeff Schlageter
SUB ³	TOTAL THIS PAGE OF SCHEDULE A	\$ 25.00		
	EDULE A ON THE LAST PAGE ONLY FEM 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 ittemized 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	K
5531	
Page 4 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	RECEIVED BY
1 Kevin Whitt 5721 Prairie Meadow Drive Indianapolis IN 46221	Contribution: Direct	5.00	115.00	11/16/2019
Contributor's Occupation (if required): - Firefighter				Jeff Schlageter
2 Kevin Whitt 5721 Prairie Meadow Drive Indianapolis IN 46221	Contribution: Direct	5.00	120.00	11/30/2019
Contributor's Occupation (if required): - Firefighter				Jeff Schlageter
3 Kevin Whitt 5721 Prairie Meadow Drive Indianapolis IN 46221	Contribution: Direct	5.00	125.00	12/14/2019
Contributor's Occupation (if required): - Firefighter				Jeff Schlageter
4 Kevin Whitt 5721 Prairie Meadow Drive Indianapolis IN 46221	Contribution: Direct	5.00	130.00	12/28/2019
ontributor's Occupation (if required): - Firefighter				Jeff Schlageter
5 Anthony Smith 6252 Canterbury Drive Zionsville IN 46077	Contribution: Direct	10.00	220.00	11/02/2019
ontributor's Occupation (if required): - Firefighter				Jeff Schlageter
SUB TO	OTAL THIS PAGE OF SCHEDULE A	\$ 30.00		
	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 onlonal.

FILE NUMBER	
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Page 5 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 Anthony Smith 6252 Canterbury Drive Zionsville IN 46077	Contribution: Direct	10.00	230.00	11/16/2019
				Jeff Schlageter
Contributor's Occupation (if required): - Firefighter				
2 Anthony Smith 6252 Canterbury Drive Zionsville IN 46077	Contribution: Direct	10.00	240.00	11/30/2019
				Jeff Schlageter
Contributor's Occupation (if required): - Firefighter				
3 Anthony Smith 6252 Canterbury Drive Zionsville IN 46077	Contribution: Direct	10.00	250.00	12/14/2019
				Jeff Schlageter
Contributor's Occupation (if required): - Firefighter				
4 Anthony Smith 6252 Canterbury Drive Zionsville IN 46077	Contribution: Direct	10.00	260.00	12/28/2019
				Jeff Schlageter
Contributor's Occupation (if required): - Firefighter				
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		



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

(CFA-4 SCHEDULE A-4) CONTRIBUTIONS BY POLITICAL ACTION COMMITTEES

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY POLITICAL ACTION COMMITTEES 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 political action committees
OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular
party committee). All transfers-in and in-kind contributions regardless of the amount from political action
committees MUST be itemized on this schedule. 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).

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Page 1 of 1			

	CONTRIBUTOR'S FULL NAME AND FULL MAILING ADDRESS (street, number, city, state ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN AMOUNT 1 PERIO	гніѕ	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED RECEIVED BY
1	Hendricks Co. Professional Firefighters PAC 6319 E. US HWY 36, STE. 2 AVON IN 46123	Contribution: Direct	1,78	88.42	2,991.80	10/18/2019 Jeff Schlageter
	SUB TOTA	L THIS PAGE OF SCHEDULE A	\$ 1,	788.42	E PI PE	
	TOTAL OF ALL PAGES OF SCHEDUL (Enter total on ITEM 1	E A ON THE LAST PAGE ONLY 15a of the Summary Sheet)	\$ 1,	788.42		