

REPORT OF RECEIPTS AND EXPENDITURES. FILED OF A POLITICAL COMMITTEE

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

IS THIS AN AMENDMENT? Yes

(CFA-4) **Summary Sheet** FILE NUMBER

2021 JAN 12 PM 1: 0

32-18-024

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

			10
COMMITTEE INFORMATION	N		WHAT SERVED OF
1. Full Name of Committee (as on Statement of Organization)	w name.		
Travis for Brownsburg Town Council			
Acronym or Abbreviated Name (if any)			
	(3	17) 607-8127	
4. Mailing Address (Address where all campaign finance correspondence is received.)	Check if t	his is a new address.	
950 Grayson Trail			
5. City, State, ZIP Code	6. Pari	y Affiliation (if applicab	ole) Republican
Brownsburg, IN 46112			
CANDIDATE INFORMATION (For Candidate's	Committ	ees Only)	MARKET HOLDER
7. Full Name of Candidate (Include any nickname.)	8. Parl	y Affiliation or If Indepe	endent Candidate
Travis Tschaenn	Repub	lican	
9. Office Sought (Include district number, if any. Not required for exploratory committee.)	10. Co	unty of Residence He	ndricks
Brownsburg Town Council, Ward 5			
TYPE OF REPORT	1 1 2 1 1 1	CONVE	NTION CANDIDATES ON
11. Check one:		Check of	ne:
Pre-Primary Pre-Election X Annual Nomination Other		Pre-	-Convention
Final / Disbands Committee (Lines 18, 19, and 20 must be *0".) Utgoing Treasurer (Within ten (10) days amend State	ment of Organiz	ration.) Post	t-Convention
12. Reporting Period (mm/dd/yy): From: 01-01-2020 Through: 12-31-20	120	COLUMN A This Period	COLUMN B Year to Date
13. Cash on hand and investments at the beginning of this reporting period.		1600.00	THE RESERVE
14. Cash on hand and investments January 1, current year.		1000.00	1600.00
CONTRIBUTIONS AND RECEIPTS	THE STATE OF	A STATE OF THE PARTY OF THE PAR	1000.00
(Note: these amounts include in-kind contributions and loans, as well as cash contributions.)			
15a. Itemized (Use Schedule A.)		0.00	0.00
15b. Unitemized		0.00	0.00
15c. Add lines 15a and 15b in both columns.	JBTOTAL	0.00	0.00
16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B.	TOTAL	0.00	0.00
EXPENDITURES	JESTE'S	The state of the s	
(Note: These amounts include in-kind expenditures and loan repayments.)			E HA STORY
17a. Itemized (Use Schedule B.) (Public Question: use Schedule C.)		0.00	0.00
17b. Unitemized		0.00	0.00
17c. Add lines 17a and 17b in both columns.	UBTOTAL	0.00	0.00
18. Cash on hand and investments at close of this reporting period (Subtract 17c from 16 in both columns.)	TOTAL	1600.00	1600.00
19. Debts OWED BY the committee (Use Schedule D.)		0.00	1000.00
20. Debts OWED TO the committee (Use Schedule E.)		0.00	11112
		10.00	<u></u>
CERTIFICATION			FOR OFFICE USE O

Title

Candidate

I CERTIFY THAT I HAVE EXAMINED THIS STATEMENT. TO THE BEST OF MY KNOWLEDGE AND BELIEF IT IS TRUE, CORRECT AND COMPLETE.

FOR OFFICE USE ONLY

Date (mm/dd/yy) 01/12/21

Signature of Candidate (if applicable)

Signature of Treasurer

Date (mm/dd/yy)

01/12/21



REPORT OF RECEIPTS AND EXPENDITURES OF A POLITICAL COMMITTEE

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

(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	NUN	IBER	
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Page	2_	_ of _	_10	

CONTRIBUTOR'S FULL NAME AND OCCUPATION 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.	Contributions: Direct			
	☐ In-Kind (describe)			
	III-Killa (describe)			
	Other Receipts:			
	☐ Interest ☐ Loan			
	Miscellaneous (specify)			
Contributor's Occupation (if required)				
2.	Contributions			
	Direct			
	In-Kind (describe)			
	Other Receipts:			
	Interest Loan			
	Miscellaneous (specify)			
Contributor's Occupation (If required)				
3.	Contributions:			
	☐ Direct ☐ In-Kind (describe)			
	in-Kind (describe)			
	Other Receipts:			
	Interest Loan			
	☐ Miscellaneous (specify)			
Contributor's Occupation (if required)	Contributions:			
4.	Direct			
	☐ In-Kind (describe)			
	Other Receipts:			
	Interest Loan			
	Miscellaneous (specify)			
Contributor's Occupation (if required)				
5.	Contributions:			
	☐ Direct ☐ In-Kind (describe)			
	III-Kilid (describe)			
	Other Receipts:			
	☐ Interest ☐ Loan			
	Miscellaneous (specify)			
Contributor's Occupation (if required)				
	THIS PAGE OF SCHEDULE A	\$		St. S. S. S. P.
TOTAL OF ALL PAGES OF SCHEDULE			SPENIER ST	
	1 15a of the Summary Sheet)	\$	ALCOHOLD CHARLES	CONTRACTOR OF THE PARTY OF THE



(CFA-4 SCHEDULE A-2) CONTRIBUTIONS BY CORPORATIONS

Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY CORPORATIONS 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 ITF.M 15a of the Summary Sheet. All cumulative contributions from corporations OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, it 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).

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CONTRIBUTOR'S FULL NAME AND FULL MAILING ADDRESS (etreet, number, gifty, state, ZIR code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS	COLUMN B CUMULATIVE	DATE RECEIVED (mm/dd/yy) RECEIVED BY
(street, number, city, state, ZIP code)	Contributions Direct In-Kind (describe)	PERIOD 250.00	250.00	RECEIVED BY
 	Other Receipts Interest I Loan Miscellaneous (specify)			Travis Tschaenn
	Contributions Direct In Kind (describe)	250.00	250.00	
	Other Receipts: Interest Loan Miscellaneous (specify)			Tavis Tschaenn
3 	Contributions Direct In Kind (describe)	100.00	100.00	-
	Other Receipts Interest I Loan Miscellaneous (specify)			Travis Tschaenn
4	Contributions Direct In Kind (describe)	500.00	500.00	
	Other Receipts Interest Loan Miscellaneous (specify)			Travis Tschaenn
5.	Contributions. Direct In Kind (describe)			<u> </u>
	Other Receipts Interest Loan Miscellaneous (specify)		 	-
	AL THIS PAGE OF SCHEDULE A	\$1100.00		
TOTAL OF ALL PAGES OF SCHEDU		\$1600.00		



(CFA-4 SCHEDULE A-3) CONTRIBUTIONS BY LABOR ORGANIZATIONS

Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY LABOR ORGANIZATIONS 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 ITEL1 15a of the Summary Sheet. All
cumulative contributions from labor organizations 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, retunds,
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 _	4	of _1	0	

	CONTRIBUTOR'S FULL NAME AND FULL MAILING ADDRESS	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS	COLUMN B CUMULATIVE	DATE RECEIVED (mm/dd/yy)
1.	(street, number, city, state, ZIP code)	Contributions Direct In Kind (describe)	PERIOD	YEAR-TO-DATE	RECEIVED BY
 		Other Receipts Interest Loan Miscellaneous (specify)		' 	
2.		Contributions Direct In-Kind (describe)			
 		Other Receipts Interest Loan Miscellaneous (specify)			
3.	······································	Contributions Direct In-Kind (describe)			-
<u>:</u>		Other Receipts Interest Loan Miscellaneous (specify)			
4.	<u> </u>	Contributions Direct In-Kind (describe)			
 		Other Receipts Interest Loan Miscellaneous (specify)			
5.		Contributions Direct In-Kind (describe)	- <u></u>		
		Other Receipts Interest Loan Miscellaneous (specify)	_		
	SUBTOTAL TOTAL OF ALL PAGES OF SCHEDULE	THIS PAGE OF SCHEDULE A	\$		
•		1 15a of the Summary Sheet.)	\$		



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

Itemized Contributions and Other Receipts

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 ITEL 15a of the Summary Sheet. All cumulative contributions from political action committees OVER \$100 per contribution, 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 amount from political action committees MUST be itemized on this schedule. All cumulative receipts, (such as loan proceeds and repayments, refunds, robates, 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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	ITOR'S FULL NAME AND	TYPE OF CONTRIBUTION	COLUMN A	COLUMN B	DATE RECEIVED
	MAILING ADDRESS	OR OTHER RECEIPT	AMOUNT THIS	CUMULATIVE	(mm/dd/yy)
	nber, city, state, ZIP code)		PERIOD	YEAR-TO-DATE	RECEIVED BY
1.		Contributions Direct			
		In Kind (describe)	<u> </u> 		
' 		III Kind (describe)			
		│ Other Receipts │			
		Miscellaneous (specify)			
		i _ 	! !		
2.		Contributions			
		Direct	· · I		
		h Kind (describe)	; 		
		Other Receipts Interest Loan			
		Miscellaneous (specify)			
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3.	_	Contributions			
		Direct			
		In Kind (describe)			
		<u> </u>			
		Other Receipts			-
		Interest Loan			
		Miscellaneous (specify)			
4.	· -	Contributions:		· — -	•
		Direct			
		In-Kind (describe)			
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		Other Receipts Interest Loan			
		Miscellaneous (specify)			
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5.		Contributions:			_
		Direct	I		
		In Kind (describe)			
		Other Receipts Interest Loan	j	j	i
		Miscellaneous (specify)			
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· <u>-</u> · —	<u> </u>				
		THIS PAGE OF SCHEDULE A	\$		
тот.	AL OF ALL PAGES OF SCHEDULE A (Enter total on ITEM	A ON THE LAST PAGE ONLY	\$		



(CFA-4 SCHEDULE A-5) CONTRIBUTIONS BY OTHER ORGANIZATIONS

Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY ORGANIZATIONS OTHER THAN CORPORATIONS, LABOR ORGANIZATIONS,
POLITICAL ACTION COMMITTEES AND 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 other entities 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 amount from candidate's, legislative caucus, and regular party committees MUST be itemized on
this schedule. All cumulative receipts, (such as loan proceeds and repayments, refunds rebutes, 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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co	NTRIBUTOR'S FULL NAME AND	TYPE OF CONTRIBUTION	COLUMN A	COLUMN B	DATE RECEIVED (mm/dd/yy)
(str	FULL MAILING ADDRESS eet, number, city, state, ZIP code)	OR OTHER RECEIPT	AMOUNT THIS PERIOD	CUMULATIVE YEAR-TO-DATE	RECEIVED BY
1.		Contributions Direct			
		In Kind (describe)		ļ	
		Other Receipts: Interest Loan	<u> </u> -		
		Miscellaneous (specify)			
	<u> </u>	Contribution			
2.		Contributions Direct			
		In Kind (describe)			
		Other Receipts:			-
		Interest Loan			
		Miscellaneous (specify)			
3.	· —	Contributions			-
		☐ Direct☐ In-Kind (describe)	1		
			:		
		Other Receipts:			
		Miscellaneous (specify)	1		
4.		Contributions Direct			
		In-Kind (describe)			
		Other Receipts	i 		
		☐ Interest ☐ Loan			
		Miscellaneous (specify)		 - 	
5.		Contributions			
		☐ Direct☐ In Kind (describe)			
		Other Receipts Interest Loan	 		
		☐ Miscellaneous (specify)			
		·	· 		
		THIS PAGE OF SCHEDULE A	\$		
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REPORT OF RECEIPTS AND EXPENDITURES OF A POLITICAL COMMITTEE

State Indiana

(CFA-4 SCHEDULE B) ITEMIZED EXPENDITURES

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

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.

RECIPIENT'S NAME AND MAILING ADDRESS (street, number, city, state, ZIP code)	RECIPIENT'S OCCUPATION	TYPE OF EXPENDITURE and	COLUMN A AMOUNT THIS	COLUMN B	DATE OF EXPENDITURE
	OFFICE SOUGHT (if applicable)	PURPOSE (be specific)	PERIOD	YEAR-TO-DATE	(mm/dd/yy)
Code	<u> </u>	Direct In Kind Sayment of Debt Returned Contribution other Purpose:			
Code		Direct In Kind Dispress of Celt Returned Contribution Other Purpose			
Code		☐ Pirest ☐ In Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other Furpose	-	ļ	_
Code		Direct in Kind Payment of Debt Returned Contribution Other			
Code		☐ Direct ☐ In Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other Furpose			
Code		Direct a kind Payment of Debt Returned Contribution Other Purpose			<u> </u>
Code		Direct In End Payment of Debt Returned Contribution Other		-	
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	SUBTOTAL THIS PAG		<u> </u>		
TOTAL OF ALL PA	GES OF SCHEDULE B ON THE (Enter total on ITEM 17a of the	: LAST PAGE ONLY	\$		



REPORT OF RECEIPTS AND EXPENDITURES OF A POLITICAL COMMITTEE

Form 4606 (R14 / 10-1/) Election Division (IC 3 9-5-14) State Indiana

(CFA-4 SCHEDULE C) ITEMIZED EXPENDITURES For Public Questions

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. All cumulative expenses or transfers-out, regardless of amount paid to political committees supporting or opposing a public question. MUST be itemized on this schedule

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· · · · · · · · · · · · · · · · · · ·	N INFORMATION			
Enter Text of Public Question.				
Type of Question: Statewide Local				
Position: Supported Opposed	TYPE OF EXPENDITURE	COLUMN A	COLUMN B	DATE OF
RECIPIENT'S NAME AND MAILING ADDRESS (street, number, city, state, ZIP code)	and A PURPOSE (be specific)	AMOUNT THIS PERIOD	CUMULATIVE YEAR-TO-DATE	DATE OF EXPENDITURE (mm/dd/yy)
Code	Direct In Kind			
	☐ Fayment of Debt ☐ Returned Contribution			
	☐ Other			
	Purpose:			
<u> </u>				
Code	☐ Prect ☐ In wind ☐ Payment of Debt			
	Returned Contribution			
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Code	Direct In Kind			
	☐ Payment of Debt ☐ Returned Contribution	1		
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	i³urpose:			
Code	Direct In Kind	-		
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	Purpose:			
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(Enter total on ITEM 17a of				



(CFA-4 SCHEDULE D) DEBTS OWED BY THIS COMMITTEE

(Enter total on ITEM 19 of the Summary Sheet.)

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

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.

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CREDITOR'S OR LENDER'S NAME AND MAILING ADDRESS	ENDORSER'S OR VENDOR'S NAME AND MAILING ADDRESS (if any)	AMOUNT	DATE DEBT	CUMULATIVE PAID	OUTSTANDING BALANCE THIS
(street, number, city, state, ZIP code)	(street, number, city, state, ZIP code)	NATURE OF DEBT	(mm/dd/yy)	YEAR-TO-DATE	PERIOD
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(CFA-4 SCHEDULE E)
DEBTS OWED TO THIS COMMITTEE

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

INSTRUCTIONS: Please	type or print legibly IN	BLACK INK	Call 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 TO the committee	during the reporting peri	od Include a	all amounts the committee has loaned to others	

FILE NUMBER							
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BORROWER'S NAME AND MAILING ADDRESS	CO-SIGNER'S NAME AND MAILING ADDRESS (if any)	ORIGINAL AMOUNT DATE DEBT CUMUL		CUMULATIVE	TIVE OUTSTANDING	
(street, number, city, state, ZIP code)	(street, number, city, state, ZIP code)	NATURE OF DEBT	INCURRED (mm/dd/yy)	PAID YEAR-TO-DATE	BALANCE THIS PERIOD	
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