



# 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

**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.

IS THIS AN AMENDMENT? ☐ Yes ☒ No

FILE NUMBER

TOTAL PAGES IN ENTIRE CFA-4 REPORT

### COMMITTEE INFORMATION

1. Full Name of Committee (as on Statement of Organization) ☐ Check if this is a new name

Committee to Elect Marcus Speer

2. Acronym or Abbreviated Name (if any)

3. Committee Telephone Number

(812) 579 5099

4. Mailing Address (address where all campaign finance correspondence is received)

19350 E 300S

☐ Check if this is a new address

5. City, State, ZIP Code

Elizabethtown IN 47232

6. Party Affiliation (if applicable)

### CANDIDATE INFORMATION (For Candidate's Committees Only)

7. Full Name of Candidate (include any nickname)

Marcus D Speer

8. Party Affiliation or If Independent Candidate

Republican

9. Office Sought (include district number, if any. Not required for exploratory committee.)

Bartholomew County Council District 1

10. County of Residence

Bartholomew

### TYPE OF REPORT

11. Check one:

☒ Pre-Primary ☐ Pre-Election ☒ Annual ☐ Nomination ☐ Other  
☐ Final/Disbands Committee (lines 18, 19, and 20 must be "0") ☐ Outgoing Treasurer (within 10 days amend Statement of Organization)

### CONVENTION CANDIDATES ONLY

Check one:

☐ Pre-Convention  
☐ Post-Convention

12. Reporting Period:

From: 4-13-18 Through: 12-31-18

COLUMN A  
This Period

COLUMN B  
Year to Date

13. Cash on hand and investments at the beginning of this reporting period.

527.50

14. Cash on hand and investments January 1, current year.

127.50

### CONTRIBUTIONS AND RECEIPTS

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

15a. Itemized (use Schedule A)

0

400.00

15b. Unitemized

0

0

15c. Add lines 15a and 15b in both columns

SUBTOTAL

0

400.00

16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B

TOTAL

527.50

527.50

### EXPENDITURES

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

17a. Itemized (use Schedule B) (Public Question: use Schedule C)

175.20

175.20

17b. Unitemized

0

0

17c. Add lines 17a and 17b in both columns

SUBTOTAL

175.20

175.20

18. Cash on hand and investments at close of this reporting period (subtract 17c from 16 in both columns)

TOTAL

352.30

352.30

19. Debts OWED BY the committee (use Schedule D)

0

20. Debts OWED TO the committee (use Schedule E)

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

1-15-19

Signature of Candidate (if applicable)

Date

1-15-19

**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 Class D 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)

FOR OFFICE USE ONLY

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JAN 16 2019

CLERK

**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 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

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| CONTRIBUTOR'S FULL NAME AND OCCUPATION<br>FULL MAILING ADDRESS<br>(street, number, city, state, ZIP code) | TYPE OF CONTRIBUTION<br>OR OTHER RECEIPT   | COLUMN A<br>AMOUNT THIS<br>PERIOD | COLUMN B<br>CUMULATIVE<br>YEAR-TO-DATE | DATE<br>RECEIVED<br>RECEIVED BY |
|---|--|-----------------------------------|--|---------------------------------|
| 1.<br><br><br><br><br><br><br><br><br><br>Contributor's Occupation (if required) _____                    | Contributions:<br><input type="checkbox"/> Direct<br><input type="checkbox"/> In-Kind (describe) _____<br><br>Other Receipts:<br><input type="checkbox"/> Interest <input type="checkbox"/> Loan<br><input type="checkbox"/> Misc. (specify) _____ |                                   |  |                                 |
| 2.<br><br><br><br><br><br><br><br><br><br>Contributor's Occupation (if required) _____                    | Contributions:<br><input type="checkbox"/> Direct<br><input type="checkbox"/> In-Kind (describe) _____<br><br>Other Receipts:<br><input type="checkbox"/> Interest <input type="checkbox"/> Loan<br><input type="checkbox"/> Misc. (specify) _____ |                                   |  |                                 |
| 3.<br><br><br><br><br><br><br><br><br><br>Contributor's Occupation (if required) _____                    | Contributions:<br><input type="checkbox"/> Direct<br><input type="checkbox"/> In-Kind (describe) _____<br><br>Other Receipts:<br><input type="checkbox"/> Interest <input type="checkbox"/> Loan<br><input type="checkbox"/> Misc. (specify) _____ |                                   |  |                                 |
| 4.<br><br><br><br><br><br><br><br><br><br>Contributor's Occupation (if required) _____                    | Contributions:<br><input type="checkbox"/> Direct<br><input type="checkbox"/> In-Kind (describe) _____<br><br>Other Receipts:<br><input type="checkbox"/> Interest <input type="checkbox"/> Loan<br><input type="checkbox"/> Misc. (specify) _____ |                                   |  |                                 |
| 5.<br><br><br><br><br><br><br><br><br><br>Contributor's Occupation (if required) _____                    | Contributions:<br><input type="checkbox"/> Direct<br><input type="checkbox"/> In-Kind (describe) _____<br><br>Other Receipts:<br><input type="checkbox"/> Interest <input type="checkbox"/> Loan<br><input type="checkbox"/> Misc. (specify) _____ |                                   |  |                                 |
| SUBTOTAL THIS PAGE OF SCHEDULE A  |  | \$                                |  |                                 |
| TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY<br>(Enter total on ITEM 15a of the Summary Sheet)  |  | \$                                |  |                                 |



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Indiana Election Commission (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

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| RECIPIENT'S NAME AND MAILING ADDRESS<br>(street, number, city, state, ZIP code)                          | RECIPIENT'S OCCUPATION<br>OFFICE SOUGHT (if applicable) | TYPE OF EXPENDITURE<br>and<br>PURPOSE (be specific)  | COLUMN A<br>AMOUNT THIS<br>PERIOD | COLUMN B<br>CUMULATIVE<br>YEAR-TO-DATE | DATE OF<br>EXPENDITURE |
|--|---|--|-----------------------------------|--|------------------------|
| Code <u>A</u><br>Marcus Speer<br>14350 E 300S<br>Elizabeth Town IN 47232<br>Reimbursement for ATM Media  |   | <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind<br><input type="checkbox"/> Payment of Debt<br><input type="checkbox"/> Returned Contribution<br><input type="checkbox"/> Other _____<br>Purpose: <u>Advertising</u> | 160. <sup>00</sup>                | 160. <sup>00</sup>                     | 5-17-18                |
| Code <u>C</u><br>First Financial Bank<br>Columbus, IN 47203<br>Fees for account                          |   | <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind<br><input type="checkbox"/> Payment of Debt<br><input type="checkbox"/> Returned Contribution<br><input type="checkbox"/> Other _____<br>Purpose: <u>Bank Fees</u>   | 15. <sup>00</sup>                 | 15. <sup>00</sup>                      | 5-17-18                |
| Code _____   |   | <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind<br><input type="checkbox"/> Payment of Debt<br><input type="checkbox"/> Returned Contribution<br><input type="checkbox"/> Other _____<br>Purpose: _____                         |                                   |  |                        |
| Code _____   |   | <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind<br><input type="checkbox"/> Payment of Debt<br><input type="checkbox"/> Returned Contribution<br><input type="checkbox"/> Other _____<br>Purpose: _____                         |                                   |  |                        |
| Code _____   |   | <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind<br><input type="checkbox"/> Payment of Debt<br><input type="checkbox"/> Returned Contribution<br><input type="checkbox"/> Other _____<br>Purpose: _____                         |                                   |  |                        |
| Code _____   |   | <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind<br><input type="checkbox"/> Payment of Debt<br><input type="checkbox"/> Returned Contribution<br><input type="checkbox"/> Other _____<br>Purpose: _____                         |                                   |  |                        |
| Code _____   |   | <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind<br><input type="checkbox"/> Payment of Debt<br><input type="checkbox"/> Returned Contribution<br><input type="checkbox"/> Other _____<br>Purpose: _____                         |                                   |  |                        |
| SUBTOTAL THIS PAGE OF SCHEDULE B   |   |  | \$                                |  |                        |
| TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY<br>(Enter total on ITEM 17a of the Summary Sheet) |   |  | \$                                |  |                        |

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**(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.

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| CREDITOR'S OR LENDER'S NAME<br>& MAILING ADDRESS<br>(street, number, city, state, ZIP code)             | ENDORSER'S OR VENDOR'S<br>NAME & MAILING ADDRESS (if any)<br>(street, number, city, state, ZIP code) | AMOUNT         | DATE DEBT<br>INCURRED | CUMULATIVE<br>PAID<br>YEAR-TO-DATE | OUTSTANDING<br>BALANCE THIS<br>PERIOD |  |
|---|--|----------------|-----------------------|------------------------------------|---------------------------------------|--|
|   |  | NATURE OF DEBT |                       |                                    |                                       |  |
|   |  |                |                       |                                    |                                       |  |
|   |  |                |                       |                                    |                                       |  |
| LENDER'S OCCUPATION:  |  |                |                       |                                    |                                       |  |
|   |  |                |                       |                                    |                                       |  |
|   |  |                |                       |                                    |                                       |  |
| LENDER'S OCCUPATION:  |  |                |                       |                                    |                                       |  |
|   |  |                |                       |                                    |                                       |  |
|   |  |                |                       |                                    |                                       |  |
| LENDER'S OCCUPATION:  |  |                |                       |                                    |                                       |  |
|   |  |                |                       |                                    |                                       |  |
|   |  |                |                       |                                    |                                       |  |
| LENDER'S OCCUPATION:  |  |                |                       |                                    |                                       |  |
|   |  |                |                       |                                    |                                       |  |
|   |  |                |                       |                                    |                                       |  |
| LENDER'S OCCUPATION:  |  |                |                       |                                    |                                       |  |
|   |  |                |                       |                                    |                                       |  |
|   |  |                |                       |                                    |                                       |  |
| LENDER'S OCCUPATION:  |  |                |                       |                                    |                                       |  |
| SUBTOTAL THIS PAGE OF SCHEDULE D  |  |                |                       |                                    | \$                                    |  |
| TOTAL OF ALL PAGES OF SCHEDULE D ON THE LAST PAGE ONLY<br>(Enter total on ITEM 19 of the Summary Sheet) |  |                |                       |                                    | \$                                    |  |