



# 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

2017-1

TOTAL PAGES IN ENTIRE CFA-4 REPORT

2

**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

### COMMITTEE INFORMATION

1. Full Name of Committee (as on Statement of Organization) <input type="checkbox"/> Check if this is a new name <b>AMANDA BARGE FOR COUNTY COMMISSIONER</b>	
2. Acronym or Abbreviated Name (if any)	3. Committee Telephone Number ( 812 ) 606-6540
4. Mailing Address (address where all campaign finance correspondence is received) <input type="checkbox"/> Check if this is a new address 2017 E VIVA	
5. City, State, ZIP Code BLOOMINGTON, IN 47401	6. Party Affiliation (if applicable) DEMOCRAT

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

7. Full Name of Candidate (include any nickname) AMANDA BARGE	8. Party Affiliation or If Independent Candidate DEMOCRAT
9. Office Sought (Include district number, if any. <b>Not required for exploratory committee.</b> ) MONROE COUNTY COMMISSIONER DISTRICT 3	10. County of Residence MONROE

### 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: 10/15/2016 Through: 12/31/2016	COLUMN A This Period	COLUMN B Year to Date
13. Cash on hand and investments at the beginning of this reporting period.	809.58	
14. Cash on hand and investments January 1, current year.		00

### CONTRIBUTIONS AND RECEIPTS

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

15a. Itemized (use Schedule A)		
15b. Unitemized	150.00	6644.00
15c. Add lines 15a and 15b in both columns	150.00 SUBTOTAL	3600.00
16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B	959.58 ← TOTAL	10,244.00

### EXPENDITURES

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

17a. Itemized (use Schedule B) (Public Question: use Schedule C)	719.01	719.01
17b. Unitemized	150.10	150.10
17c. Add lines 17a and 17b in both columns	869.11 SUBTOTAL	
18. Cash on hand and investments at close of this reporting period (subtract 17c from 16 in both columns)	90.67 TOTAL	
19. Debts OWED BY the committee (use Schedule D)		
20. Debts OWED TO the committee (use Schedule E)		

### 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 <i>dunarg</i>	Title TREASURER	Date 17 JANUARY 2017
Signature of Candidate (if applicable) <i>Amanda Barge</i>		Date 17 JAN 2017

FILED FOR OFFICE USE ONLY  
JAN 18 2017

CLERK MONROE CIRCUIT COURT

11:50 AM



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OF A POLITICAL COMMITTEE**

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**(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**

Page \_\_\_\_\_ of \_\_\_\_\_

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
	OFFICE SOUGHT <i>(if applicable)</i>				
Code _____ Vista Print		<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: <i>campaign supplies</i>	181.62	351.57	
Code _____ Fed Ex		<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: <i>printing/office</i>	177.39	391.96	
Code _____ White Rabbit		<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: <i>postcard</i>	360.00	2166.85	
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:			
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:			
<b>SUBTOTAL THIS PAGE OF SCHEDULE B</b>			\$		
<b>TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY</b> <i>(Enter total on ITEM 17a of the Summary Sheet)</i>			\$		