



**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

2017-40

TOTAL PAGES IN ENTIRE CFA-4 REPORT

4

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) Check if this is a new name
JIM SHACKELFORD FOR SCHOOL BOARD

2. Acronym or Abbreviated Name (if any)

3. Committee Telephone Number
(812) 339-8220

4. Mailing Address (address where all campaign finance correspondence is received) Check if this is a new address
1312 S HIGH ST.

5. City, State, ZIP Code
BLOOMINGTON, IN 47401

6. Party Affiliation (if applicable)

CANDIDATE INFORMATION (For Candidate's Committees Only)

7. Full Name of Candidate (include any nickname)
JAMES DUNCAN SHACKELFORD

8. Party Affiliation or If Independent Candidate

9. Office Sought (Include district number, if any. Not required for exploratory committee.)
MCCSC BOARD DISTRICT 4

10. County of Residence
MONROE

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 10 days amend Statement of Organization)

Check one:
 Pre-Convention
 Post-Convention

12. Reporting Period:
From: **JULY, 2016** Through: **DEC 7, 2016**

	COLUMN A This Period	COLUMN B Year to Date
13. Cash on hand and investments at the beginning of this reporting period.	0	
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 (use Schedule A)	681.24	
15b. Unitemized	59.26	
15c. Add lines 15a and 15b in both columns	SUBTOTAL	740.50
16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B	TOTAL	740.50

EXPENDITURES

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

17a. Itemized (use Schedule B) (Public Question: use Schedule C)	740.50	682.92
17b. Unitemized		
17c. Add lines 17a and 17b in both columns	SUBTOTAL	740.50
18. Cash on hand and investments at close of this reporting period (subtract 17c from 16 in both columns)	TOTAL	0
19. Debts OWED BY the committee (use Schedule D)		
20. Debts OWED TO the committee (use Schedule E)		

CERTIFICATION

FOR OFFICE USE ONLY

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: **James D. Shackelford** Title: **TREASURER/CANDIDATE** Date: **12/18/16**

Signature of Candidate (if applicable): _____ Date: _____

FILED
DEC 12 2016

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)

CLERK MONROE CIRCUIT COURT



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**(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 FULL MAILING ADDRESS <i>(street, number, city, state, ZIP code)</i>		TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED RECEIVED BY
1.	JENNIFER STICKER	Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) \$50.00	\$50.00		8-20-16
Contributor's Occupation (if required)		Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc. (specify)			
2.	Jim SHACKELFORD 1312 S HIGH ST. BLOOMINGTON, IN 47401	Contributions: <input type="checkbox"/> Direct <input checked="" type="checkbox"/> In-Kind (describe) YARD SIGNS	131.24		8-20-16
Contributor's Occupation (if required)		Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc. (specify)			
3.	Jim SHACKELFORD	Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) \$100.00	\$100.00		8-8-16
Contributor's Occupation (if required)		Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc. (specify)			
4.	Jim SHACKELFORD	Contributions: <input type="checkbox"/> Direct <input checked="" type="checkbox"/> In-Kind (describe) AD in newspaper	\$400.00		9-26-16
Contributor's Occupation (if required)		Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc. (specify)			
5.		Contributions: <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe)			
Contributor's Occupation (if required)		Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc. (specify)			
SUBTOTAL THIS PAGE OF SCHEDULE A			\$		
TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY <i>(Enter total on ITEM 15a of the Summary Sheet)</i>			\$		



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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

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RECIPIENT'S NAME AND MAILING ADDRESS <i>(street, number, city, state, ZIP code)</i>	RECIPIENT'S OCCUPATION <i>OFFICE SOUGHT (if applicable)</i>	TYPE OF EXPENDITURE and PURPOSE <i>(be specific)</i>	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE OF EXPENDITURE
Code _____ AIP PRINTING 325 S. WALNUT BLOOMINGTON, IN	PRINTER	<input checked="" type="checkbox"/> Direct <input checked="" type="checkbox"/> In Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: <i>FLYERS & YARD SIGNS</i>	282.42		8-20-16 10-2-16
Code _____ HERALD TIMES 1902 S. WALNUT BLOOMINGTON, IN 47402	NEWSPAPER	<input type="checkbox"/> Direct <input checked="" type="checkbox"/> In Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: <i>DIGITAL AD</i>	\$400.00		9-26-16
Code _____ JIM SHACKLEBORN 1312 S HIGH ST. BLOOMINGTON IN 47404		<input type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input checked="" type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose:	\$57.58		11-17-16
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			\$		
TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY <i>(Enter total on ITEM 17a of the Summary Sheet)</i>			\$		



IU Credit Union

PO Box 368 • Bloomington, IN 47402-0368

Account Number: xxxxxxxx66
Period Ending: 11/30/2016
Page: 1 of 1

RETURN SERVICE REQUESTED

210005099 1 AV 0.376 1/1 C14 12-01-16 SD



JIM SHACKELFORD FOR SCHOOL BOARD
1312 S HIGH ST
BLOOMINGTON IN 47401-6112

Website & Online Banking:
www.iucu.org

Call Center:
812-855-7823 or 888-855-MYCU (6928)
Member Services – Select option 9
Bank-by-Phone – Select option 1
Loans-by-Phone – Select option 3

Federally Insured by NCUA

In the market for a new or used vehicle? You'll love our low rates!

Auto/Truck rates are currently as low as 3.07% APR*. View rates, calculate payments and apply for a loan online at iucu.org!

*APR or annual percentage rate is accurate as of 11/21/16 and is subject to change at any time. Each individual's APR is based on the applicant's credit history. Not all applicants will receive the lowest rate. APR is based on a vehicle financed at \$20,000 for 66 months at 2.89%, and includes a \$25 VSI fee and a \$75 processing fee.

Check out current rates and terms online at iucu.org.

Membership Savings ID 0001

Beginning Balance	\$5.00
2 Total Deposits for	57.58
1 Total Withdrawals for	-62.58
Ending Balance	\$0.00

Date	Transaction	Balance	Transaction Description
11/17	\$57.58	\$62.58	Deposit Transfer From Share 0076
11/17	62.58-	0.00	Withdrawal
11/17			Account Closed

BusinessFREE ID 0076

Beginning Balance	\$57.58
0 Total Deposits for	0.00
1 Total Withdrawals for	-57.58
Ending Balance	\$0.00

Date	Transaction	Balance	Transaction Description
11/17	57.58-	0.00	Withdrawal Transfer To Share 0001
11/17			Account Closed

Fees Paid	M-T-D	Y-T-D
Share-0076 Total Return Item Fees	\$0.00	\$0.00
Share-0076 Total Overdraft Fees	\$0.00	\$0.00

Your Account Balances as of 11/30

Membership Savings ID 0001	\$0.00
BusinessFREE ID 0076	0.00
Account Balance Total	\$0.00
Total Dividends Paid Year-To-Date	\$0.00

Need a Loan?
Call 888-855-6928 or apply online
www.iucu.org.

We appreciate your membership.