



# REPORT OF RECEIPTS AND EXPENDITURES OF A POLITICAL COMMITTEE

State Form 4806 (R13/11-05)  
Indiana Election Commission (IC 3-9-5-14)

(CFA-4)

## Summary Sheet

FILE NUMBER

2017-14

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 <i>Statement of Organization</i> ) <input type="checkbox"/> Check if this is a new name<br><b>Committee to Elect Kevin Easton</b> |                                                    |
| 2. Acronym or Abbreviated Name (if any)<br>N/A                                                                                                                     | 3. Committee Telephone Number<br>(812) 219-9413    |
| 4. Mailing Address (address where all campaign finance correspondence is received) <input type="checkbox"/> Check if this is a new address<br>PO Box 3366          |                                                    |
| 5. City, State, ZIP Code<br>Bloomington, IN 47402                                                                                                                  | 6. Party Affiliation (if applicable)<br>Democratic |

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

|                                                                                                                              |                                                              |
|------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------|
| 7. Full Name of Candidate (include any nickname)<br>Kevin Eugene Easton                                                      | 8. Party Affiliation or If Independent Candidate<br>Democrat |
| 9. Office Sought (include district number, if any. <b>Not required for exploratory committee.</b> )<br>Monroe County Auditor | 10. County of Residence<br>Monroe                            |

### TYPE OF REPORT

### CONVENTION CANDIDATES ONLY

|                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                   |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------|
| 11. Check one:<br><input type="checkbox"/> Pre-Primary <input type="checkbox"/> Pre-Election <input type="checkbox"/> Annual <input type="checkbox"/> Nomination <input type="checkbox"/> Other _____<br><input checked="" type="checkbox"/> Final/Disbands Committee (lines 18, 19, and 20 must be "0") <input type="checkbox"/> Outgoing Treasurer (within 10 days amend Statement of Organization) | Check one:<br><input type="checkbox"/> Pre-Convention<br><input type="checkbox"/> Post-Convention |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------|

|                                                                             |                                 |                                  |
|-----------------------------------------------------------------------------|---------------------------------|----------------------------------|
| 12. Reporting Period:<br>From: 4/9/16 Through: 12/31/16                     | <b>COLUMN A<br/>This Period</b> | <b>COLUMN B<br/>Year to Date</b> |
| 13. Cash on hand and investments at the beginning of this reporting period. | 640.00                          |                                  |
| 14. Cash on hand and investments January 1, current year.                   |                                 | 0                                |

### CONTRIBUTIONS AND RECEIPTS

|                                                                                                      |         |         |
|------------------------------------------------------------------------------------------------------|---------|---------|
| <i>(Note: these amounts include in-kind contributions and loans, as well as cash contributions.)</i> |         |         |
| 15a. Itemized (use Schedule A)                                                                       | 366.02  | 955.06  |
| 15b. Unitemized                                                                                      | 0.00    | 640.00  |
| 15c. Add lines 15a and 15b in both columns <b>SUBTOTAL</b>                                           | 366.02  | 1595.06 |
| 16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B <b>TOTAL</b>                   | 1006.02 | 1595.06 |

### EXPENDITURES

|                                                                                                                        |         |         |
|------------------------------------------------------------------------------------------------------------------------|---------|---------|
| <i>(Note: These amounts include in-kind expenditures and loan repayments.)</i>                                         |         |         |
| 17a. Itemized (use Schedule B) (Public Question: use Schedule C)                                                       | 1006.02 | 1414.93 |
| 17b. Unitemized                                                                                                        | 0.00    | 180.13  |
| 17c. Add lines 17a and 17b in both columns <b>SUBTOTAL</b>                                                             | 1006.02 | 1595.06 |
| 18. Cash on hand and investments at close of this reporting period (subtract 17c from 16 in both columns) <b>TOTAL</b> | 0.00    | 0.00    |
| 19. Debts OWED BY the committee (use Schedule D)                                                                       | 0.00    |         |
| 20. Debts OWED TO the committee (use Schedule E)                                                                       | 0.00    |         |

### 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<br><i>[Signature]</i>                 | Title<br>Treasurer/candidate | Date<br>17 Jan 17 |
| Signature of Candidate (if applicable)<br><i>[Signature]</i> |                              | Date<br>17 Jan 17 |

FILED  
JAN 17 2017  
CLERK MONROE CIRCUIT COURT

**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)



**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 totalled 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.

|                    |
|--------------------|
| <b>FILE NUMBER</b> |
| Page 2 of 4        |

| CONTRIBUTOR'S FULL NAME AND OCCUPATION<br>FULL MAILING ADDRESS<br><i>(street, number, city, state, ZIP code)</i>                          | 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>Kevin Eugene Easton<br>800 W Countryside Ln<br>Bloomington, IN 47403<br><br>Contributor's Occupation <i>(if required)</i> _____ | Contributions:<br><input type="checkbox"/> Direct<br><input type="checkbox"/> In-Kind <i>(describe)</i> _____<br><br>Other Receipts:<br><input type="checkbox"/> Interest <input checked="" type="checkbox"/> Loan<br><input type="checkbox"/> Misc. <i>(specify)</i> _____ | 0.00                              | 589.04                                 | 3/22/16<br><br>Kevin Easton     |
| 2.<br><br>Kevin Eugene Easton<br>800 W Countryside Ln<br>Bloomington, IN 47403<br><br>Contributor's Occupation <i>(if required)</i> _____ | Contributions:<br><input checked="" type="checkbox"/> Direct<br><input type="checkbox"/> In-Kind <i>(describe)</i> _____<br><br>Other Receipts:<br><input type="checkbox"/> Interest <input type="checkbox"/> Loan<br><input type="checkbox"/> Misc. <i>(specify)</i> _____ | 366.02                            | 366.02                                 | 12/30/16<br><br>Kevin Easton    |
| 3.<br><br>Contributor's Occupation <i>(if required)</i> _____                                                                             | Contributions:<br><input type="checkbox"/> Direct<br><input type="checkbox"/> In-Kind <i>(describe)</i> _____<br><br>Other Receipts:<br><input type="checkbox"/> Interest <input type="checkbox"/> Loan<br><input type="checkbox"/> Misc. <i>(specify)</i> _____            |                                   |                                        |                                 |
| 4.<br><br>Contributor's Occupation <i>(if required)</i> _____                                                                             | Contributions:<br><input type="checkbox"/> Direct<br><input type="checkbox"/> In-Kind <i>(describe)</i> _____<br><br>Other Receipts:<br><input type="checkbox"/> Interest <input type="checkbox"/> Loan<br><input type="checkbox"/> Misc. <i>(specify)</i> _____            |                                   |                                        |                                 |
| 5.<br><br>Contributor's Occupation <i>(if required)</i> _____                                                                             | Contributions:<br><input type="checkbox"/> Direct<br><input type="checkbox"/> In-Kind <i>(describe)</i> _____<br><br>Other Receipts:<br><input type="checkbox"/> Interest <input type="checkbox"/> Loan<br><input type="checkbox"/> Misc. <i>(specify)</i> _____            |                                   |                                        |                                 |
| <b>SUBTOTAL THIS PAGE OF SCHEDULE A</b>                                                                                                   |                                                                                                                                                                                                                                                                             | <b>\$ 366.02</b>                  |                                        |                                 |
| <b>TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY</b><br><i>(Enter total on ITEM 15a of the Summary Sheet)</i>                    |                                                                                                                                                                                                                                                                             | <b>\$ 366.02</b>                  |                                        |                                 |



**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 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 |
|-------------|
| 2015-012    |
| Page 3 of 4 |

| RECIPIENT'S NAME AND MAILING ADDRESS<br><i>(street, number, city, state, ZIP code)</i>                                 | RECIPIENT'S OCCUPATION               | TYPE OF EXPENDITURE<br>and<br>PURPOSE <i>(be specific)</i>                                                                                                                                                              | COLUMN A<br>AMOUNT THIS<br>PERIOD | COLUMN B<br>CUMULATIVE<br>YEAR-TO-DATE | DATE OF<br>EXPENDITURE |
|------------------------------------------------------------------------------------------------------------------------|--------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|----------------------------------------|------------------------|
|                                                                                                                        | OFFICE SOUGHT <i>(if applicable)</i> |                                                                                                                                                                                                                         |                                   |                                        |                        |
| Code <u>  A  </u><br>SignsOnTheCheap.com<br>11525 Stonehollow Dr Ste. 106<br>Austin, TX 78758                          | Printer                              | <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: | 0.00                              | 408.91                                 | 2/26/16                |
| Code <u>  C  </u><br>Kevin Easton<br>800 W Countryside Ln<br>Bloomington, IN 47403                                     | Candidate                            | <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind<br><input checked="" type="checkbox"/> Payment of Debt<br><input type="checkbox"/> Returned Contribution<br><input type="checkbox"/> Other<br>Purpose: | 1006.02                           | 1006.02                                | 12/30/16               |
| 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:            |                                   |                                        |                        |
| <b>SUBTOTAL THIS PAGE OF SCHEDULE B</b>                                                                                |                                      |                                                                                                                                                                                                                         | \$ 1006.02                        |                                        |                        |
| <b>TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY</b><br><i>(Enter total on ITEM 17a of the Summary Sheet)</i> |                                      |                                                                                                                                                                                                                         | \$ 1006.02                        |                                        |                        |

**INSTRUCTIONS FOR COMPLETING THIS FORM**

**FILE NUMBER:** Enter the file number assigned by the Election Division or County Election Board. Also indicate the number of pages used to complete this schedule. For example, "Page 2 of 2." This means that this page is second page of two pages used for this schedule.

**RECIPIENT'S NAME AND MAILING ADDRESS:** Enter the full name and mailing address of each person or vendor to whom one (1) or more disbursements in an aggregate amount exceeding \$100 (*\$200 if regular party committee*) have been made.

**ALSO**

Enter the full name and mailing address of each political committee that has received a transfer-out from the reporting

committee. The reporting requirement of a transfer-out from a political committee is different from the reporting requirement of an expenditure to a person. Each transfer-out, regardless of amount, must be itemized.

**NOTE:** Under normal circumstances, you should not list a credit card issuer as a recipient. If making a payment on a credit card, list vendor, **NOT** the credit card company. Also note that any unpaid credit obligation should be listed on Schedule D, "Debts Owed By This Committee."

**EXPENDITURE CODES:** In the box at the upper left corner of the "Recipient's Name and Mailing Address" section, enter the expenditure code for each entry from the following list of codes:



**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 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.

|                    |
|--------------------|
| <b>FILE NUMBER</b> |
| 2015-012           |
| Page 4 of 4        |

| CREDITOR'S OR LENDER'S NAME<br>& MAILING ADDRESS<br><i>(street, number, city, state, ZIP code)</i>                    | ENDORSER'S OR VENDOR'S<br>NAME & MAILING ADDRESS <i>(if any)</i><br><i>(street, number, city, state, ZIP code)</i> | AMOUNT         | DATE DEBT<br>INCURRED | CUMULATIVE<br>PAID<br>YEAR-TO-DATE | OUTSTANDING<br>BALANCE THIS<br>PERIOD |
|-----------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|----------------|-----------------------|------------------------------------|---------------------------------------|
|                                                                                                                       |                                                                                                                    | NATURE OF DEBT |                       |                                    |                                       |
| Kevin Easton<br>800 W Countryside Ln<br>Bloomington, IN 47403<br><br>LENDER'S OCCUPATION:                             | N/A                                                                                                                | 408.98         | 4/10/15               | 408.98                             | 0.00                                  |
|                                                                                                                       |                                                                                                                    | Loan           |                       |                                    |                                       |
| Kevin Easton<br>800 W Countryside Ln<br>Bloomington, IN 47403<br><br>LENDER'S OCCUPATION:                             | N/A                                                                                                                | 598.04         | 3/22/16               | 598.04                             | 0.00                                  |
|                                                                                                                       |                                                                                                                    | Loan           |                       |                                    |                                       |
| LENDER'S OCCUPATION:                                                                                                  |                                                                                                                    |                |                       |                                    |                                       |
| LENDER'S OCCUPATION:                                                                                                  |                                                                                                                    |                |                       |                                    |                                       |
| LENDER'S OCCUPATION:                                                                                                  |                                                                                                                    |                |                       |                                    |                                       |
| LENDER'S OCCUPATION:                                                                                                  |                                                                                                                    |                |                       |                                    |                                       |
| <b>SUBTOTAL THIS PAGE OF SCHEDULE D</b>                                                                               |                                                                                                                    |                |                       |                                    | <b>\$ 0.00</b>                        |
| <b>TOTAL OF ALL PAGES OF SCHEDULE D ON THE LAST PAGE ONLY</b><br><i>(Enter total on ITEM 19 of the Summary Sheet)</i> |                                                                                                                    |                |                       |                                    | <b>\$ 0.00</b>                        |