

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

FILE NUMBER:  
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INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions. This schedule is used to document expenditures totaled on line 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 committee) MUST be itemized on this schedule.

RECIPIENT'S NAME AND MAILING ADDRESS	OCCUPATION OFFICE SOUGHT	EXPENDITURE TYPE AND PURPOSE	COLUMN A AMT. THIS PERIOD	COLUMN B CUM. YEAR TO DATE	DATE
Code O_ AT&T Data P O Box 536216 Atlanta, GA 30353		<input checked="" type="checkbox"/> Direct <input type="checkbox"/> I-K <input type="checkbox"/> Debt Pmnt <input type="checkbox"/> Refund <input type="checkbox"/> Other Purpose: Office Expense	\$60.00	\$360.00	12-29-17
Code O_ Arazu on Main 415 Main St Evansville, IN 47708		<input checked="" type="checkbox"/> Direct <input type="checkbox"/> I-K <input type="checkbox"/> Debt Pmnt <input type="checkbox"/> Refund <input type="checkbox"/> Other Purpose: Fund Raising Activities	\$668.06	\$5,137.87	12-29-17
Code O_ Public Opinion Strategies LLC 214 North Fayette Street Alexandria, VA 22314	Pollsters	<input checked="" type="checkbox"/> Direct <input type="checkbox"/> I-K <input type="checkbox"/> Debt Pmnt <input type="checkbox"/> Refund <input type="checkbox"/> Other Purpose: Poll	\$15,600.00	\$15,600.00	12-30-17
Code O_ Acclaim Graphics, Inc. 908 N Garvin St. Evansville, IN 47711	Printer	<input checked="" type="checkbox"/> Direct <input type="checkbox"/> I-K <input type="checkbox"/> Debt Pmnt <input type="checkbox"/> Refund <input type="checkbox"/> Other Purpose: Printing and Reproduction	\$642.37	\$2,448.54	12-30-17
Code O_ RaceTrax LLC 15 Ellentia Dr Hilton Head, SC 29926		<input checked="" type="checkbox"/> Direct <input type="checkbox"/> I-K <input type="checkbox"/> Debt Pmnt <input type="checkbox"/> Refund <input type="checkbox"/> Other Purpose: Office Expense	\$600.00	\$600.00	12-30-17
Code O_ Sauced Inc 1113 Parrett St Evansville, IN 47713	Restaurant	<input checked="" type="checkbox"/> Direct <input type="checkbox"/> I-K <input type="checkbox"/> Debt Pmnt <input type="checkbox"/> Refund <input type="checkbox"/> Other Purpose: Fund Raising Activities	\$637.56	\$874.96	12-30-17
Code O_ Liberty Mutual Insurance Group P O Box 2051 Keene, NH 03431		<input checked="" type="checkbox"/> Direct <input type="checkbox"/> I-K <input type="checkbox"/> Debt Pmnt <input type="checkbox"/> Refund <input type="checkbox"/> Other Purpose: Insurance	\$1,095.00	\$2,240.00	12-30-17
SUB TOTAL THIS PAGE OF SCHEDULE B			\$19,302.99		
TOTAL ALL PAGES OF SCHEDULE B ON LAST PAGE ONLY (Enter total on line 17a of Summary Sheet)			\$201,829.35		