



# 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

**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.

TOTAL PAGES IN ENTIRE CFA-4 REPORT

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 <i>Committee to Elect Jon Brown Judge</i>	
2. Acronym or Abbreviated Name (if any)	3. Committee Telephone Number <i>(317) 773-4300</i>
4. Mailing Address (address where all campaign finance correspondence is received) <input type="checkbox"/> Check if this is a new address <i>23 S. 8th Street, Suite 50</i>	
5. City, State, ZIP Code <i>Noblesville, IN 46060</i>	6. Party Affiliation (if applicable) <i>Republican</i>

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

7. Full Name of Candidate (include any nickname) <i>Jon Brown</i>	8. Party Affiliation or If Independent Candidate
9. Office Sought (Include district number, if any. Not required for exploratory committee.) <i>Hamilton Superior Court 2 Judge</i>	10. County of Residence <i>Hamilton</i>

### TYPE OF REPORT

### CONVENTION CANDIDATES ONLY

11. Check one: <input checked="" type="checkbox"/> Pre-Primary <input type="checkbox"/> Pre-Election <input type="checkbox"/> Annual <input type="checkbox"/> Nomination <input type="checkbox"/> Other _____ <input 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: <input type="checkbox"/> Pre-Convention <input type="checkbox"/> Post-Convention
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12. Reporting Period: From: <i>1/1/16</i> Through: <i>4/12/16</i>	COLUMN A This Period <i>- 0 -</i>	COLUMN B Year to Date <i>- 0 -</i>
13. Cash on hand and investments at the beginning of this reporting period.	<i>- 0 -</i>	
14. Cash on hand and investments January 1, current year.		<i>- 0 -</i>

### CONTRIBUTIONS AND RECEIPTS

<i>(Note: these amounts include in-kind contributions and loans, as well as cash contributions.)</i>		
15a. Itemized (use Schedule A)	<i>2757.21</i>	<i>2757.21</i>
15b. Unitemized	<i>0.00</i>	<i>0.00</i>
15c. Add lines 15a and 15b in both columns	<b>SUBTOTAL</b>	<i>2757.21</i>
16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B	<b>TOTAL</b>	<i>2757.21</i>

### EXPENDITURES

<i>(Note: These amounts include in-kind expenditures and loan repayments.)</i>		
17a. Itemized (use Schedule B) (Public Question: use Schedule C)	<i>2457.21</i>	<i>2457.21</i>
17b. Unitemized	<i>0.00</i>	<i>0.00</i>
17c. Add lines 17a and 17b in both columns	<b>SUBTOTAL</b>	<i>2457.21</i>
18. Cash on hand and investments at close of this reporting period (subtract 17c from 16 in both columns)	<b>TOTAL</b>	<i>300.00</i>
19. Debts OWED BY the committee (use Schedule D)	<i>3500.00</i>	
20. Debts OWED TO the committee (use Schedule E)		

### CERTIFICATION

I, \_\_\_\_\_, certify that the information furnished on this report is true and correct, and that I am a member of the committee.

Title <i>Treasurer</i>	Date <i>4/14/16</i>
	Date

FOR OFFICE USE ONLY

16 APR 14 PM 3:16  
HAMILTON COUNTY COURTS  
TAMMY BAITZ  
CLERK

**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 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
Page 1 of 2

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. Tom Tocash 8934 Sommerwood Drive Noblesville, IN 46060  Contributor's Occupation (if required) _____	Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe)  Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc. (specify)	\$100.00	\$100.00	2/29/2016
				M. Higgins
2. Trenna Parker 1058 S. 10 <sup>th</sup> Street Noblesville, IN 46060  Contributor's Occupation (if required) _____	Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe)  Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc. (specify)	\$100.00	\$100.00	2/29/2016
				M. Higgins
3. Lisa Everling 16319 Meadowlands Court Westfield, IN 46074  Contributor's Occupation (if required) _____	Contributions: <input type="checkbox"/> Direct <input checked="" type="checkbox"/> In-Kind (describe) Campaign Event Grand Junct  Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc. (specify)	\$350.00	\$350.00	3/16/2016
				M. Higgins
4. Patrick Bennett 15898 Bounds Drive Noblesville, IN 46062  Contributor's Occupation (if required) _____	Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe)  Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc. (specify)	\$100.00	\$100.00	4/7/2016
				M. Higgins
5. Jon Brown (Candidate)  Contributor's Occupation (if required) _____	Contributions: <input type="checkbox"/> Direct <input checked="" type="checkbox"/> In-Kind (describe) Office Supplies, Signs, Food  Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc. (specify)	\$257.21	\$257.21	3/2016
				M. Higgins
<b>SUBTOTAL THIS PAGE OF SCHEDULE A</b>		\$907.21		
<b>TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY</b> <i>(Enter total on ITEM 15a of the Summary Sheet)</i>		\$		



**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-2)  
CONTRIBUTIONS BY CORPORATIONS  
Itemized Contributions and Other Receipts**

**INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY CORPORATIONS 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 corporations 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).

FILE NUMBER
Page 2 of 2

CONTRIBUTOR'S FULL NAME AND 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. Bankruptcy Law Office of Jon Brown 23 S 8 <sup>th</sup> Street, Suite 50 Noblesville, IN 46060	Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <i>(describe)</i> Advertising expense - email  Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc. <i>(specify)</i>	\$1850.00	\$1850.00	4/7/2016  M. Higgins
2.	Contributions: <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind <i>(describe)</i>  Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc. <i>(specify)</i>			
3.	Contributions: <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind <i>(describe)</i>  Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc. <i>(specify)</i>			
4.	Contributions: <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind <i>(describe)</i>  Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc. <i>(specify)</i>			
5.	Contributions: <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind <i>(describe)</i>  Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc. <i>(specify)</i>			
<b>SUBTOTAL THIS PAGE OF SCHEDULE A</b>		<b>\$1850.00</b>		
<b>TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY</b> <i>(Enter total on ITEM 15a of the Summary Sheet)</i>		<b>\$2757.21</b>		



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State Form 4606 (R13/11-05)  
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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.

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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 <u>  A  </u> SitRep Digital 118 Beechwood Dr Westfield, IN 46074	Internet Services	<input checked="" 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>Web Advertising</i>	\$1850	\$1850.00	
Code <u>  F  </u> Grand Junction Brewery 110 S Union Street Westfield, IN 46074	Restaurant	<input checked="" 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>Food</i>	\$350.00	\$350.00	
Code <u>  A  </u> Staples 16751 Clover Road Noblesville, IN 46060	Office Supplies	<input checked="" 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>Office Supplies</i>	\$25.66	\$25.66	
Code <u>  F  </u> Copper Still 917 Conner Street Noblesville, IN 46060	Restaurant	<input checked="" 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>FOOD</i>	\$81.75	\$81.75	
Code <u>  A  </u> Logan Street Signs 1720 S. 10 <sup>th</sup> Street Noblesville, IN 46060	Sign Shop	<input checked="" 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>Signs</i>	\$149.80	\$149.80	
Code <u>      </u>		<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 <u>      </u>		<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>			\$2457.21		
<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>			\$2457.21		



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State Form 4606 (R13/11-05)  
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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 & MAILING ADDRESS <i>(street, number, city, state, ZIP code)</i>	ENDORSER'S OR VENDOR'S NAME & MAILING ADDRESS <i>(if any)</i> <i>(street, number, city, state, ZIP code)</i>	AMOUNT	DATE DEBT INCURRED	CUMULATIVE PAID YEAR-TO-DATE	OUTSTANDING BALANCE THIS PERIOD
		NATURE OF DEBT			
	Rowland Printing 199 N. 9 <sup>th</sup> Street Noblesville, IN 46060	Approx \$2500.00	3/2016	\$0.00	\$2500.00
LENDER'S OCCUPATION:		Open Invoice for signs			
Bankruptcy Law Office of Jon Brown 23 S 8 <sup>th</sup> Street, Suite 50 Noblesville, IN 46060		\$1000.00	4/2016	\$0.00	\$1000.00
LENDER'S OCCUPATION:		Loan			
LENDER'S OCCUPATION:					
LENDER'S OCCUPATION:					
LENDER'S OCCUPATION:					
LENDER'S OCCUPATION:					
LENDER'S OCCUPATION:					
<b>SUBTOTAL THIS PAGE OF SCHEDULE D</b>					<b>\$3500.00</b>
<b>TOTAL OF ALL PAGES OF SCHEDULE D ON THE LAST PAGE ONLY</b> <i>(Enter total on ITEM 19 of the Summary Sheet)</i>					<b>\$3500.00</b>