

**REPORT OF RECEIPTS AND EXPENDITURES
OF A POLITICAL COMMITTEE**

State Form 4606 (R15 / 5-19)
Indiana Election Division (IC 3-9-5-14)

**(CFA-4)
Summary Sheet**

FILE NUMBER

TOTAL PAGES IN ENTIRE CFA-4 REPORT

Two

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.
MAGISTRATE MOLLY BRILES FOR JUDGE	
2. Acronym or Abbreviated Name (if any)	3. Committee Telephone Number (812) 204-2385

4. Mailing Address (Address where all campaign finance correspondence is received.) 4110 FAIRFAX COURT	<input type="checkbox"/> Check if this is a new address.
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5. City, State, ZIP Code EVANSVILLE, IN 47710	6. Party Affiliation (if applicable) NON-PARTISAN
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CANDIDATE INFORMATION (For Candidate's Committees Only)

7. Full Name of Candidate (Include any nickname.) MOLLY E. BRILES	8. Party Affiliation or If Independent Candidate NON-PARTISAN
9. Office Sought (Include district number, if any. Not required for exploratory committee.) EXPLORATORY	10. County of Residence VANDERBORGH

TYPE OF REPORT

11. Check one: <input type="checkbox"/> Pre-Primary <input type="checkbox"/> Pre-Election <input checked="" 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 ten (10) days amend Statement of Organization.)	12. Reporting Period (mm/dd/yy): From: 01/01/25 Through: 12/31/25	13. Cash on hand and investments at the beginning of this reporting period.	14. Cash on hand and investments January 1, current year.
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CONVENTION CANDIDATES ONLY

Check one:
 Pre-Convention
 Post-Convention

13. Cash on hand and investments at the beginning of this reporting period.	1345.65	COLUMN A This Period	COLUMN B Year to Date
14. Cash on hand and investments January 1, current year.	1345.65		
CONTRIBUTIONS AND RECEIPTS			
(Note: these amounts include in-kind contributions and loans, as well as cash contributions.)			
15a. Itemized (Use Schedule A.)	-0-	-0-	
15b. Unitemized	-0-	-0-	
15c. Add lines 15a and 15b in both columns.	-0-	-0-	
16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B.	TOTAL 1345.65	1345.65	1345.65

EXPENDITURES

(Note: These amounts include in-kind expenditures and loan repayments.)			
17a. Itemized (Use Schedule B.) (Public Question: use Schedule C.)	958.00	958.00	
17b. Unitemized	-0-	-0-	
17c. Add lines 17a and 17b in both columns.	SUBTOTAL 958.00	958.00	
18. Cash on hand and investments at close of this reporting period (Subtract 17c from 16 in both columns.)	TOTAL 387.65	387.65	
19. Debts OWED BY the committee (Use Schedule D.)	-0-		
20. Debts OWED TO the committee (Use Schedule E.)	-0-		

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 Dan J. Carnicle	Title TREASURER	Date (mm/dd/yy) 01/12/26
Signature of Candidate (if applicable)		Date (mm/dd/yy) 01/12/26

FOR OFFICE USE ONLY

VANDERBORGH CIRCUIT COURT

FILED

JAN 12 2026

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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 Level 6 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 3-9-4-14) and may be subject to civil penalties. (IC 3-9-4-16, IC 3-9-4-17, IC 3-9-4-18)

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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 Two of Two

RECIPIENT'S NAME AND MAILING ADDRESS (street, number, city, state, ZIP code)	RECIPIENT'S OCCUPATION	TYPE OF EXPENDITURE and PURPOSE (be specific)	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE OF EXPENDITURE (mm/dd/yy)
Code A PROFERMA STRATEGIC SOLUTIONS 670 MERIDIAN WAY WESTERVILLE, OH 43082	PROMOTIONAL COMPANY	<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: SIGNS	\$958	\$958	1-13-25
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 _____			
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 _____			
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 _____			
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 _____			
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 _____			
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 _____			
SUBTOTAL THIS PAGE OF SCHEDULE B			\$ 958		
TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY (Enter total on ITEM 17a of the Summary Sheet.)			\$ 958		