

REPORT OF RECEIPTS AND EXPENDITURES
POLITICAL COMMITTEE

State Form 4606 (R12/11-04)
Indiana Election Commission (IC 3-9-5-14)

OF A
FILED

(CFA-4)
Summary Sheet

2006 OCT 20 AM 7:21

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.

FILE NUMBER
TOTAL PAGES IN ENTIRE CFA-4 REPORT
3

IS THIS AN AMENDMENT? Yes No

CLERK, HAMILTON COUNTY COURTS

COMMITTEE INFORMATION

1. Full name of committee (as on Statement of Organization) Check if this is a new name
ALTMAN FOR COMMISSIONER

2. Acronym or abbreviated name, if any

3. Committee telephone number
 (317) 575-0599

4. Mailing address (address where all campaign finance correspondence is received) Check if this is a new address
 PO BOX 108

5. City, state, ZIP code
 CARMEL, IN 46032

6. Party affiliation (if applicable)
 REPUBLICAN

CANDIDATE INFORMATION (For Candidate's Committees Only)

7. Full name of candidate (include any nickname)
 CHRISTINE ALTMAN

8. Party affiliation or if independent candidate
 REPUBLICAN

9. Office sought (include district number, if any. Not required for exploratory committee.)
 HAMILTON COUNTY COMMISSIONER, DIST 1

10. County of residence
 HAMILTON

TYPE OF REPORT

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)

CONVENTION CANDIDATES ONLY

Check one:
 Pre-Convention
 Post-Convention

12. Reporting Period: From: 4-8-06 Through: 10-13-06	COLUMN A This Period	COLUMN B Year to Date
13. Cash on hand and investments at the beginning of this reporting period.	90399	
14. Cash on hand and investments January 1, current year.		88274

CONTRIBUTIONS AND RECEIPTS

(Note: these amounts include in-kind contributions and loans, as well as cash contributions.)

15a. Itemized (use Schedule A)	0	2100
25	0	25
15c. Add lines 15a and 15b in both columns SUBTOTAL	0	2125
16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B TOTAL	0	90399

EXPENDITURES

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

17a. Itemized (use Schedule B) (Public Question: use Schedule C)	6576	6576
17b. Unitemized		
17c. Add lines 17a and 17b in both columns SUBTOTAL	6575	6576
18. Cash on hand and investments at close of this reporting period (subtract 17c from 16 in both columns) TOTAL	83823	83823
19. Debts OWED BY the committee (use Schedule D)	0	
20. Debts OWED TO the committee (use Schedule E)		

CERTIFICATION

FOR OFFICE USE ONLY

Signature on File

2006 OCT 20
FILE



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(R12/11-04)
14

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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 1 of 2

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
	OFFICE SOUGHT (if applicable)				
Code <u> A </u> Printing Partners 929 W 16 th St Indianapolis, IN 46202	Printer	<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:	226	226	04/10/06
Code <u> F </u> Plumb Creek Golf Club 12401 Lynnwood Dr. Carmel, IN 46032	Golf Course	<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: Deposit for 2006 outing	500	500	04/10/06
Code <u> C </u> Ducks Unlimited Hamilton County Chapter c/o One Waterfowl Way Memphis, TN 38120	Not for Profit Wildlife and Wetland Conservation	<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: Table sponsorship	280	280	04/21/06
Code <u> C </u> Indiana Children's Wish Fund 6435 Castleway W, Drive Ste. 130 Indianapolis, IN 46250	Not for Profit Indiana Children's Charity	<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: Carmel HS challenge grant - Cinderella production fundraiser	5000	5000	05/22/06
Code <u> F </u> Lutz's Steak House 3100 Westfield Rd Noblesville, IN 46060	Steak House	<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: Lunch meeting for Golf Outing	145	145	07/17/06
SUBTOTAL THIS PAGE OF SCHEDULE B			\$6,151		
TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY (Enter total on ITEM 17a of the Summary Sheet)			\$		

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RECIPIENT'S NAME AND MAILING ADDRESS (street, number, city, state, ZIP code)	RECIPIENT'S OCCUPATION OFFICE SOUGHT (if applicable)	TYPE OF EXPENDITURE and PURPOSE (be specific)	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE OF EXPENDITURE
Code <u>C</u> Carmel Clay Chamber of Commerce PO Box 1 Carmel, IN 46082	Chamber	<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: Membership	225	250	09/12/06
Code <u>C</u> Friends of Hamilton County Parks c/o Legacy Fund E Main Street Carmel, IN 46032	Not for Profit Hamilton Co Parks	<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: Coxhall	200	200	09/08/06
Code <u>F</u> Christine Altman PO Box 108 Carmel IN 46082	Candidate Commissioner	<input type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input checked="" type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: Clear debt	707	707	10/13/06
Expenses related to debt repayment previously expensed in period incurred			(707)		
SUBTOTAL THIS PAGE OF SCHEDULE B			\$ 425		
TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY (Enter total on ITEM 17a of the Summary Sheet)			\$ 6576		