

**REPORT OF RECEIPTS AND EXPENDITURES
POLITICAL COMMITTEE**

OF A

**(CFA-4)
Summary Sheet**

State Form 4606 (R13/11-05)
Indiana Election Commission (IC 3-9-5-14)

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 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) <input type="checkbox"/> Check if this is a new address PO BOX 108	
5. City, State, ZIP Code CARMEL IN 46082	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

CONVENTION CANDIDATES ONLY

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 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: 1-1-07 Through: 12-31-07	COLUMN A This Period	COLUMN B Year to Date
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13. Cash on hand and investments at the beginning of this reporting period.	78,016	
14. Cash on hand and investments January 1, current year.		78,016

CONTRIBUTIONS AND RECEIPTS

<i>(Note: these amounts include in-kind contributions and loans, as well as cash contributions.)</i>		
15a. Itemized (use Schedule A)	250	250
15b. Unitemized		
15c. Add lines 15a and 15b in both columns SUBTOTAL	250	250
16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B TOTAL	78,266	78,266

EXPENDITURES

<i>(Note: These amounts include in-kind expenditures and loan repayments.)</i>		
17a. Itemized (use Schedule B) (Public Question: use Schedule C)	5,663	5,663
17b. Unitemized		
17c. Add lines 17a and 17b in both columns SUBTOTAL	5,663	5,663
18. Cash on hand and investments at close of this reporting period (subtract 17c from 16 in both columns) TOTAL	72,603	72,603
19. Debts OWED BY the committee (use Schedule D)	0	
20. Debts OWED TO the committee (use Schedule E)	0	

Signature on File

CERTIFICATION

I, THE BEST OF MY KNOWLEDGE AND BELIEF IT IS TRUE, CORRECT AND COMPLETE.

Title	Date
<i>[Signature]</i>	11/11/07
Title	Date
<i>[Signature]</i>	11/11/07

HAMILTON COUNTY CLERK
 COURT CLERK
 REPORT PREPARER
 2:00 PM 11/11/07
 FOR OFFICE USE ONLY
 ID

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

Form 4606 (R13/11-05)
Commission (IC 3-9-5-14)

State
Indiana Election

**(CFA-4 SCHEDULE A-5)
CONTRIBUTIONS BY
OTHER ORGANIZATIONS**

Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY ORGANIZATIONS OTHER THAN CORPORATIONS, LABOR ORGANIZATIONS, POLITICAL ACTION COMMITTEES AND 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 other entities OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All transfers-in and in-kind contributions regardless of amount from candidate's, legislative caucus, and regular party committees MUST be itemized on this schedule. 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 <u>1</u> of <u>1</u>	

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. FRIENDS OF DOUG CARTER BRUCE A. WOOLDRIDGE, TREAS	Contributions: <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind <i>(describe)</i> Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input checked="" type="checkbox"/> Misc. <i>(specify)</i> REIMBURSE 1/2 OF ELECTED OFFICIALS DINNER	250.00	250.00	10-23-07
				CANDIDATE
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>			
SUBTOTAL THIS PAGE OF SCHEDULE A		\$ 250.00		
TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY <i>(Enter total on ITEM 15a of the Summary Sheet)</i>		\$ 250.00		

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

(R13/11-05)

14

State Form 4606
Indiana Election Commission (IC 3-9-5-

**(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 <u> 1 </u> of <u> 3 </u>

RECIPIENT'S NAME AND MAILING ADDRESS <i>(street, number, city, state, ZIP code)</i>	RECIPIENT'S OCCUPATION	TYPE OF EXPENDITURE and PURPOSE <i>(be specific)</i>	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE OF EXPENDITURE
	OFFICE SOUGHT <i>(if applicable)</i>				
Code <u> C </u> PREVAIL, INC 100 S 9 TH ST NOBLESVILLE, IN 46060	VICTIM AWARENESS AND ASSISTANCE	X <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: CONTRIBUTION	300.00	300.00	2-24-07
Code <u> C </u> HAMILTON CO HUMANE SOCIETY 1721 PLEASANT STREET NOBLESVILLE, IN 46060	ANIMAL SHELTER	X <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: ADOPTION SUPPORT	850.00	850.00	2-23-07
Code <u> C </u> HAMILTON CO REPUBLICAN PARTY 7246 FISHERS CROSSING DRIVE FISHERS, IN 46038	COUNTY ORGANIZATION	X <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: FUNDRAISER	330.00	330.00	2-27-07
Code <u> C </u> ARCADIA HERITAGE CENTER PO BOX 212 ARCADIA, IN 46030	HISTORIC PRESERVATION	X <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: 2 BENCHES FROM ACE HARDWARE FOR STATION	180.78	180.78	6-14-07
Code <u> C </u> FRIENDS OF JIM BRAINARD PO BOX 3492 CARMEL IN 46082	POLITICAL ORG	X <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: FUNDRAISER	150.00	150.00	8-9-07
Code <u> C </u> FRIENDS OF HAMILTON CO PARKS C/O HAMILTON COUNTY PARKS WESTFIELD, IN	NFP FOR HAMILTON COUNTY PARKS	X <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: TABLE FOR COXHALL FUNDRAISER/MASTER GARDENERS	750.00	750.00	8-17-07
Code <u> C </u> CONNER PRAIRIE 13400 ALLISONVILLE RD FISHERS IN 46038	LIVING HISTORY MUSEUM	X <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: CONTRIBUTION	300.00	300.00	8-17-07
SUBTOTAL THIS PAGE OF SCHEDULE B			\$ 2860.78		
TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY <i>(Enter total on ITEM 17a of the Summary Sheet)</i>			\$		

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FILE NUMBER
Page <u> 2 </u> of <u> 3 </u>

RECIPIENT'S NAME AND MAILING ADDRESS <i>(street, number, city, state, ZIP code)</i>	RECIPIENT'S OCCUPATION	TYPE OF EXPENDITURE and PURPOSE <i>(be specific)</i>	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE OF EXPENDITURE
	OFFICE SOUGHT <i>(if applicable)</i>				
Code <u> C </u> HAMILTON CO REPUBLICAN PARTY 7246 FISHERS CROSSING DRIVE FISHERS, IN 46038	COUNTY ORGANIZATION	X <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: FUNDRAISER	250.00	580.00	8-16-07
Code <u> C </u> PREVAIL, INC 100 S 9 TH ST NOBLESVILLE, IN 46060	VICTIM AWARENESS AND SUPPORT	X <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: FUNDRAISER	120.00	420.00	8-17-07
Code <u> C </u> CARMEL CHAMBER OF COMMERCE PO BOX 1 CARMEL, IN 46082	CHAMBER OF COMMERCE	X <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: MEMBERSHIP	225.00	225.00	10-5-07
Code <u> C </u> FISHERS CHAMBER OF COMMERCE PO BOX 353 FISHERS IN 46038	CHAMBER OF COMMERCE	<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: PILLAR AWARDS	150.00	150.00	10-9-07
Code <u> C </u> TORR FOR STATE REP 11944 ESTY WAY CARMEL IN 46033	STATE REPRESENTATIVE	X <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: FUNDRAISER	50.00	50.00	11-14- 07
Code <u> C </u> SKILLMAN FOR LT GOV 47 S MERIDIAN ST 2 ND FLOOR INDIANAPOLIS, IN 46204	LT. GOVERNOR	X <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: FUNDRAISER	100.00	100.00	11-14- 07
Code <u> C </u> THE GOOD SAMARITAN NETWORK C/O THE LEGACY FUND 515 E MAIN ST, CARMEL IN 46032	HAMILTON CO FAMILY SUPPORT	X <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: DONATION IN HONOR OF HAM. CO. EMPLOYEES.	250.00	250.00	12-22- 07
SUBTOTAL THIS PAGE OF SCHEDULE B			\$ 1145.00		
TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY <i>(Enter total on ITEM 17a of the Summary Sheet)</i>			\$		

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RECIPIENT'S NAME AND MAILING ADDRESS <i>(street, number, city, state, ZIP code)</i>	RECIPIENT'S OCCUPATION	TYPE OF EXPENDITURE and PURPOSE <i>(be specific)</i>	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO- DATE	DATE OF EXPENDITURE
	OFFICE SOUGHT <i>(if applicable)</i>				
Code <u>C&A</u> CHRISTINE ALTMAN PO BOX 108 CARMEL, IN	CANDIDATE - REIMBURSEMENT OF OUT OF POCKET, 2007 EXPENSE DAWN COVERDALE FOR AUDITOR	<input type="checkbox"/> Direct <input checked="" type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose:FOOD, COVERDALE RECEPTION	149.07	149.07	10-21-07 CHECK DATE 12-31-07
Code <u>C</u> CHRISTINE ALTMAN PO BOX 108 CARMEL, IN	CANDIDATE - REIMBURSEMENT OF OUT OF POCKET, 2007 EXPENSE; ARCADIA HERITAGE CENTER PO BOX 212 ARCADIA, IN 46030	<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: PURCHASE OF CHILDREN'S BENCHES FOR DEPOT	52.96	233.74	6-19-07 CHECK DATE 12-31-07
Code <u>A</u> CHRISTINE ALTMAN PO BOX 108 CARMEL, IN	CANDIDATE REIMBURSEMENT OF OUT OF POCKET, 2007 EXPENSE: MATTEO'S RESTAURANT	<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: COVER EXPENSES OF ELECTED OFFICIALS DINNER	454.80	454.80	12-31-07
Code <u>C</u> COMMITTEE TO ELECT DAVID WYSER FOR PROSECUTOR 11650-1000 OLIO RD # 196 FISHERS IN 46038	ATTY HAMILTON COUNTY PROSECUTOR	<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: CONTRIBUTION	1000.00	1000.00	12-31-07
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 _____ Purpose:			
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 _____ Purpose:			
SUBTOTAL THIS PAGE OF SCHEDULE B			\$1656.83		
TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY <i>(Enter total on ITEM 17a of the Summary Sheet)</i>			\$5,663		