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)
Summary Sheet

FILE NUMBER
TOTAL PAGES IN ENTIRE CFA-4 REPORT

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.

IS THIS AN AMENDMENT? ☐ Yes ☒ No

COMMITTEE INFORMATION

1. Full Name of Committee (as on *Statement of Organization*) ☐ Check if this is a new name
BAILEY FOR TREASURER

2. Acronym or Abbreviated Name *(if any)*

3. Committee Telephone Number
(317) 473-3642

4. Mailing Address *(address where all campaign finance correspondence is received)* ☐ Check if this is a new address
10909 Walley Forge Circle

5. City, State, ZIP Code
Carmel IN 46032

6. Party Affiliation *(if applicable)*
Democrat

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

7. Full Name of Candidate *(include any nickname)*
MARK DAVID BAILEY

8. Party Affiliation or if Independent Candidate
Democrat

9. Office Sought *(include district number, if any. Not required for exploratory committee.)*

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: APRIL 9, 2016 Through: Oct 14, 2016

	COLUMN A This Period	COLUMN B Year to Date
13. Cash on hand and investments at the beginning of this reporting period. Ø	Ø	
14. Cash on hand and investments January 1, current year. Ø		Ø
CONTRIBUTIONS AND RECEIPTS		
(Note: these amounts include in-kind contributions and loans, as well as cash contributions.)		
15a. Itemized *(use Schedule A)*	Ø	Ø
15b. Unitemized	Ø	Ø
15c. Add lines 15a and 15b in both columns SUBTOTAL	Ø	Ø
16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B TOTAL	Ø	Ø
EXPENDITURES		
(Note: These amounts include in-kind expenditures and loan repayments.)		
17a. Itemized *(use Schedule B) (Public Question: use Schedule C)*	Ø	Ø
17b. Unitemized	Ø	Ø
17c. Add lines 17a and 17b in both columns SUBTOTAL	Ø	Ø
18. Cash on hand and investments at close of this reporting period *(subtract 17c from 16 in both columns)* TOTAL	Ø	Ø
19. Debts OWED BY the committee *(use Schedule D)*	Ø	
20. Debts OWED TO the committee *(use Schedule E)*	Ø	

TIFICATION

T OF MY KNOWLEDGE AND BELIEF IT IS TRUE, CORRECT AND COMPLETE.

Title: Treasurer — Date: 10/18/16

Date: 10/18/16

for sale or used for any commercial purpose. *(IC 3-9-4-5)* A person who knowingly person who fails to file a complete or accurate report as required by the Indiana and may be subject to civil penalties. *(IC 3-9-4-16, IC 3-9-4-17, IC 3-9-4-18)*

FOR OFFICE USE ONLY

2016 OCT 20 PM 6:15

TAMMY BAITZ
CLERK
HAMILTON COUNTY COURTS