



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) <input type="checkbox"/> Check if this is a new name BEIN for Fishers City Council | |
| 2. Acronym or Abbreviated Name (if any) | 3. Committee Telephone Number (317) 849 9730 |
| 4. Mailing Address (address where all campaign finance correspondence is received) <input type="checkbox"/> Check if this is a new address 106 HEADY LANE | |
| 5. City, State, ZIP Code FISHERS, INDIANA 46038 | 6. Party Affiliation (if applicable) DEMOCRAT |

CANDIDATE INFORMATION (For Candidate's Committees Only)

| | |
|---|---|
| 7. Full Name of Candidate (include any nickname) Maryellen Bein | 8. Party Affiliation or If Independent Candidate DEMOCRAT |
| 9. Office Sought (Include district number, if any. Not required for exploratory committee.) Fishers City Council - at-LARGE | 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 type="checkbox"/> Annual <input type="checkbox"/> Nomination <input type="checkbox"/> Other <input checked="" 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 |
|---|---|

| | | |
|---|-------------------------|--------------------------|
| 12. Reporting Period: From: JANUARY 18, 2015 Through: MAY 18, 2015 | COLUMN A This Period | COLUMN B Year to Date |
| 13. Cash on hand and investments at the beginning of this reporting period. | 20.99 | |
| 14. Cash on hand and investments January 1, current year. | | |

CONTRIBUTIONS AND RECEIPTS

| | | |
|--|--------------|--|
| <i>(Note: these amounts include in-kind contributions and loans, as well as cash contributions.)</i> | | |
| 15a. Itemized (use Schedule A) | 0.00 | |
| 15b. Unitemized | 0.00 | |
| 15c. Add lines 15a and 15b in both columns | 0.00 | |
| SUBTOTAL | 0.00 | |
| 16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B | 20.99 | |
| TOTAL | 20.99 | |

EXPENDITURES

| | | |
|---|--------------|--|
| <i>(Note: These amounts include in-kind expenditures and loan repayments.)</i> | | |
| 17a. Itemized (use Schedule B) (Public Question: use Schedule C) | 20.99 | |
| 17b. Unitemized | | |
| 17c. Add lines 17a and 17b in both columns | | |
| SUBTOTAL | | |
| 18. Cash on hand and investments at close of this reporting period (subtract 17c from 16 in both columns) | 00.00 | |
| 19. Debts OWED BY the committee (use Schedule D) | 00.00 | |
| 20. Debts OWED TO the committee (use Schedule E) | 0.00 | |

ATTESTATION

I, **Treasurer**, certify that to the best of my knowledge and belief it is true, correct and complete.

| | |
|---------------------------|-----------------------------|
| Title Treasurer | Date May 18, 2015 |
| | Date 5-18-15 |

Not for sale or used for any commercial purpose. (IC 3-9-4-5) A person who knowingly furnishes false information to a person who fails to file a complete or accurate report as required by the Indiana Election Commission 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

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