



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

State Form 4606 (R10/11-03)
Indiana Election Commission (IC 3-9-5-14)
Approved by State Board of Accounts 1999

(CFA-4)
Summary Sheet

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

FILE NUMBER
TOTAL PAGES IN ENTIRE CFA-4 REPORT
2

COMMITTEE INFORMATION			
1. Full name of committee (as on Statement of Organization) <input type="checkbox"/> Check if this is a new name COMMITTEE TO ELECT MIKE BOOTH FOR HAMILTON COUNTY TREASURER		3. Committee telephone number (317) 509-5650	
2. Acronym or abbreviated name, if any		4. Mailing address (address where all campaign finance correspondence is received) <input type="checkbox"/> Check if this is a new address 13324 CUMBERLAND ROAD	
5. City, state, ZIP code NOBLESVILLE, IN 46060		6. Party affiliation (if applicable) REPUBLICAN	
CANDIDATE INFORMATION (For Candidate's Committees Only)			
7. Full name of candidate (include any nickname) MICHAEL J. BOOTH		8. Party affiliation or if independent candidate REPUBLICAN	
9. Office sought (Include district number, if any. Not required for exploratory committee.) HAMILTON COUNTY TREASURER		10. County of residence HAMILTON	
TYPE OF REPORT		CONVENTION CANDIDATES ONLY	
11. Check one: <input checked="" type="checkbox"/> Pre-Primary <input type="checkbox"/> Pre-Election <input type="checkbox"/> Annual <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	
12. Reporting Period: From: 2/12/04 Through: 4/9/04		COLUMN A This Period	COLUMN B Year to Date
13. Cash on hand and investments at the beginning of this reporting period.		- 0 -	
14. Cash on hand and investments January 1, current year.			- 0 -
CONTRIBUTIONS AND RECEIPTS			
(Note: these amounts include in-kind contributions and loans, as well as cash contributions.)			
15a. Itemized (use Schedule A)		7,650.00	7,650.00
15b. Unitemized			
15c. Add lines 15 a and 15b in both columns SUBTOTAL		7,650.00	7,650.00
16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B TOTAL		7,650.00	7,650.00
EXPENDITURES			
(Note: These amounts include in-kind expenditures and loan repayments.)			
17a. Itemized (use Schedule B) (Public Question: use Schedule C)		3,646.30	3,646.30
17b. Unitemized			
17c. Add lines 17a and 17b in both columns SUBTOTAL		3,646.30	3,646.30
18. Cash on hand and investments at close of this reporting period (subtract 17c from 16 in both columns) TOTAL		4,003.70	4,003.70
19. Debts OWED BY the committee (use Schedule D)		NONE	
20. Debts OWED TO the committee (use Schedule E)		NONE	

Signature on File

FOR OFFICE USE ONLY

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 Class D 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 3-14-1-14) and may be subject to civil penalties. (IC 3-9-4-16, IC 3-9-4-17, IC 3-9-4-18)

FILED
2005 JAN 19 AM 9:17
Merrill Davis



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**(CFA-4 SCHEDULE B)
ITEMIZED EXPENDITURES**

Approved

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
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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> KINIKO'S 7800 E 96th Street Fishers, IN 46038	PRINTER HAMILTON COUNTY TREASURER	<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: <u>CAMPAIGN LITERATURE</u>	239.45	239.45	3/15/04
Code <u>A</u> CROSS & OBERLIE 916 BYRD AVENUE NEENAH, WI 54956	SCREEN PRINTER HAMILTON COUNTY TREASURER	<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: <u>YARD SIGNS</u>	2521.35	2521.35	3/24/04
Code <u>A</u> CAPITOL PROMOTIONS INC 2362 OAKDALE AVENUE GENSIDE, PA 19038	PRINTER HAMILTON COUNTY TREASURER	<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: <u>BILL BOARDS</u>	885.50	885.50	4/2/04
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: _____			
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			\$ 3646.30		
TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY (Enter total on ITEM 17a of the Summary Sheet)			\$ 3646.30		