



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

3

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 Mark Bowen for Sheriff	
2. Acronym or Abbreviated Name (if any)	3. Committee Telephone Number (317) 845-8123
4. Mailing Address (address where all campaign finance correspondence is received) <input type="checkbox"/> Check if this is a new address 10854 Knightsbridge Lane	
5. City, State, ZIP Code Fishers, Indiana 46037	6. Party Affiliation (if applicable) Republican

CANDIDATE INFORMATION (For Candidate's Committees Only)

7. Full Name of Candidate (include any nickname) Mark J. Bowen	8. Party Affiliation or If Independent Candidate Republican
9. Office Sought (Include district number, if any. Not required for exploratory committee.) Hamilton County Sheriff	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: 01-01-2015 Through: 12-31-2015	COLUMN A This Period	COLUMN B Year to Date
13. Cash on hand and investments at the beginning of this reporting period.	\$7,848.96	
14. Cash on hand and investments January 1, current year.		\$7,848.96

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-	\$ -0-
15b. Unitemized	\$ -0-	\$ -0-
15c. Add lines 15a and 15b in both columns SUBTOTAL	\$ -0-	\$ -0-
16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B TOTAL	\$7,848.96	\$7,848.96

EXPENDITURES

<i>(Note: These amounts include in-kind expenditures and loan repayments.)</i>		
17a. Itemized (use Schedule B) (Public Question: use Schedule C)	\$4,324.67	\$4,324.67
17b. Unitemized	\$ 15.00	\$ 15.00
17c. Add lines 17a and 17b in both columns SUBTOTAL	\$4,339.67	\$4,339.67
18. Cash on hand and investments at close of this reporting period (subtract 17c from 16 in both columns) TOTAL	\$3,509.29	\$3,509.67
19. Debts OWED BY the committee (use Schedule D)	\$ -0-	
20. Debts OWED TO the committee (use Schedule E)	\$ -0-	

DECLARATION

BY MY KNOWLEDGE AND BELIEF IT IS TRUE, CORRECT AND COMPLETE

Title Treasurer	Date 01-10-2016
	Date 1-11-16

not to be used for any commercial purpose. (IC 3-9-4-5) A person who knowingly 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

2016 JAN 13 PM 3:30
JAMMY BAITZ
CLERK
HAMILTON COUNTY COURTS



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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 <u> 1 </u> of <u> 2 </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> The Cherish Center 493 Westfield Road Noblesville, IN 46060	Charitable Organization	<input checked="" type="checkbox"/> Direct Kind <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other Purpose: Contribution to assist children who are victims of intimate crimes.	\$1,000.00	\$1,000.00	01-23-2015
	None				
Code <u> O </u> Mark Bowen 10854 Knightsbridge Lane Fishers, IN 46037	Hamilton County Sheriff	<input type="checkbox"/> Direct Kind <input type="checkbox"/> In-Kind <input checked="" type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other Purpose: Repayment of various loans to Mark Bowen for Sheriff campaign.	\$1,074.67	\$1,074.67	07-08-2015
	None				
Code <u> C </u> Helping Hands of Noblesville, Inc. 115 Edgewater Drive Noblesville, IN 46062	Charitable Organization	<input checked="" type="checkbox"/> Direct Kind <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other Purpose: Charitable contribution	\$250.00	\$250.00	09-10-2015
	None				
Code <u> C </u> Hamilton County Citizens Academy Alumni Association, Inc. Attention: Lori Ketner 18100 Cumberland Road Noblesville, IN 46060-1624	Charitable Organization	<input checked="" type="checkbox"/> Direct Kind <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other Purpose: Public Charity organized to support the Hamilton County Sheriff's Office.	\$1,000.00	\$1,000.00	10-01-2015
	None				
SUBTOTAL THIS PAGE OF SCHEDULE B			\$3,324.67		
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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Page 2 of 2

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> Fishers YMCA 9012 East 120 th Street Fishers, IN 46038	Charitable Organization	<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 to assist children.	\$1,000.00	\$1,000.00	12-15-2015
Code _____	None	<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: _____			
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			\$1,000.00		
TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY <i>(Enter total on ITEM 17a of the Summary Sheet)</i>			\$4,324.67		