



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

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

CLERK  
HAMILTON COUNTY COURTS

**(CFA-4)  
Summary Sheet**

2016 JAN 19 AM 9:35

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.

FILE NUMBER
TOTAL PAGES IN ENTIRE CFA-4 REPORT
3

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  
**BILL BROWN FOR FISHERS CITY COUNCIL**

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

3. Committee Telephone Number ( ) ( )

4. Mailing Address (address where all campaign finance correspondence is received)  Check if this is a new address  
**17430 CHRISTIAN DRIVE**

5. City, State, ZIP Code **FISHERS, IN 46038**

6. Party Affiliation (if applicable) **REPUBLICAN**

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

7. Full Name of Candidate (include any nickname) **BILLY EUGENE BROWN**

8. Party Affiliation or If Independent Candidate **REPUBLICAN**

9. Office Sought (Include district number, if any. Not required for exploratory committee.) **FISHERS CITY COUNCIL 6W#5**

10. County of Residence **HAMILTON**

**TYPE OF REPORT**

**CONVENTION CANDIDATES ONLY**

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)

Check one:  
 Pre-Convention  
 Post-Convention

12. Reporting Period: From: <b>10/10/15</b> Through: <b>12/31/15</b>	COLUMN A This Period	COLUMN B Year to Date
13. Cash on hand and investments at the beginning of this reporting period.	<b>40.19</b>	
14. Cash on hand and investments January 1, current year.		<b>0.00</b>

**CONTRIBUTIONS AND RECEIPTS**

(Note: these amounts include in-kind contributions and loans, as well as cash contributions.)

15a. Itemized (use Schedule A)	<b>0.00</b>	
15b. Unitemized	<b>0.00</b>	
15c. Add lines 15a and 15b in both columns	<b>0.00</b>	
16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B	<b>40.19</b>	<b>0.00</b>
<b>SUBTOTAL</b>	<b>0.00</b>	
<b>TOTAL</b>	<b>40.19</b>	<b>0.00</b>

**EXPENDITURES**

(Note: These amounts include in-kind expenditures and loan repayments.)

17a. Itemized (use Schedule B) (Public Question: use Schedule C)	<b>0.00</b>	
17b. Unitemized	<b>40.19</b>	
17c. Add lines 17a and 17b in both columns	<b>40.19</b>	
18. Cash on hand and investments at close of this reporting period (subtract 17c from 16 in both columns)	<b>0.00</b>	<b>00.00</b>
19. Debts OWED BY the committee (use Schedule D)	<b>0.00</b>	
20. Debts OWED TO the committee (use Schedule E)	<b>0.00</b>	
<b>SUBTOTAL</b>	<b>0.00</b>	
<b>TOTAL</b>	<b>0.00</b>	<b>00.00</b>

**DECLARATION**

I DECLARE UNDER PENALTY OF MY KNOWLEDGE AND BELIEF IT IS TRUE, CORRECT AND COMPLETE.

Title <b>TREASURER</b>	Date <b>1-17-16</b>
	Date <b>1-17-16</b>

Not for sale or 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

HAMILTON COUNTY COURTS  
CLERK  
TAMMY BAITZ

2016 JAN 19 AM 9:35



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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 2 of 3

RECIPIENT'S NAME AND MAILING ADDRESS (street number, city, state, ZIP code)	RECIPIENT'S OCCUPATION OFFICE SOUGHT (if applicable)	TYPE OF EXPENDITURE and PURPOSE (be specific)	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE OF EXPENDITURE
Code <u>A</u> DISCOUNT COPIES 100 MEN ST NOBLESVILLE, IN 46060	COPY PRINTING GRAPHIC DESIGN PRINTERS	<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:	90.00	90.00	4-2-14
Code <u>A</u> LOGAN ST. SIGNS 1720 SOUTH ST. N.BLESVILLE, IN 46060	GRAPHIC DESIGN PRINTERS	<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:	320.00	320.00	4-6-14
Code <u>A</u> HOOPERSON 607 1 WEST JACKSON CICERO, IN 46034	GRAPHIC ART SIGN PRINTING	<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:	350.00	350.00	4-11-14
Code <u>D</u> HAMPTON CO. ELECTION OFFICE INFO DISK	PRECEDENT INFO	<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:	30.00	30.00	2-27-14
Code <u>A</u> STAPLES, INC. 8345 E. 46TH ST. INDPLS., IN 46256	OFFICE SUPPLIES PRINTING SUPPLIES	<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:	74.82	74.82	4-13-14
Code _____ BILLY E. HUBB SACONVILLE TOWN 11430 CRESTVIEW DR. FISHKILLS, IN 46038	BUS DRIVER & RETIREE	<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:	1000.00	1000.00	9-22-14
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			\$ 1864.82		
TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY (Enter total on ITEM 17a of the Summary Sheet)			\$ 1864.82		



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**(CFA-4 SCHEDULE A-1)  
CONTRIBUTIONS BY INDIVIDUALS  
Itemized Contributions and Other Receipts**

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY 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 individuals OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). 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). A contributor's occupation is required if an individual makes at least \$1,000 in contributions during the calendar year. Otherwise, this is optional.

FILE NUMBER \_\_\_\_\_

Page 3 of 3

CONTRIBUTOR'S FULL NAME AND OCCUPATION 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. SCOTT DILL 8461 ANDEL COURT FISHERS, IN 46038  Contributor's Occupation (if required) _____	Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe)  Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc. (specify)	250.00	250.00	4-1-14  Bill Brown
2. DAVID GIFFEL 10736 PINEBLUFF FISHERS, IN 46037  Contributor's Occupation (if required) _____	Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe)  Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc. (specify)	250.00	250.00	4-5-14  Bill Brown
3. WILLIAM SIEMAN 7410 CATBOAT CT. FISHERS, IN 46038  Contributor's Occupation (if required) _____	Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe)  Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc. (specify)	100.00	100.00	4-8-14  Bill Brown
4. BILLY E. BROWN   Contributor's Occupation (if required) _____	Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe)  Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc. (specify)	350.00	350.00	4-5-14  Bill Brown
5. JACKIE E. BROWN BILLY E. BROWN 12430 CRESTVIEW DR. FISHERS, IN 46038  Contributor's Occupation (if required) _____	Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe)  Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc. (specify)	1000.00	1000.00	4-5-14  Bill Brown
<b>SUBTOTAL THIS PAGE OF SCHEDULE A</b>		\$ 1950.00		
<b>TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY</b> <i>(Enter total on ITEM 15a of the Summary Sheet)</i>		\$ 1950.00		