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
1
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
TERRI L. BUSBY FOR TRUSTEE BOARD

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

3. Committee Telephone Number
(317) 877-8415

4. Mailing Address *(address where all campaign finance correspondence is received)* ☐ Check if this is a new address
212 CARRIGAN PT.

5. City, State, ZIP Code
NOBLESVILLE IND 46062

6. Party Affiliation *(if applicable)*
REP

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

7. Full Name of Candidate *(include any nickname)*
TERRI L. BUSBY

8. Party Affiliation or If Independent Candidate
REP

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

10. County of Residence
HAM.

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: Through:

	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)*		
15b. Unitemized		
15c. Add lines 15a and 15b in both columns SUBTOTAL	0	
16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B TOTAL	0	
EXPENDITURES		
(Note: These amounts include in-kind expenditures and loan repayments.)		
17a. Itemized *(use Schedule B) (Public Question: use Schedule C)*		
17b. Unitemized		
17c. Add lines 17a and 17b in both columns SUBTOTAL	0	
18. Cash on hand and investments at close of this reporting period *(subtract 17c from 16 in both columns)* TOTAL	0	
19. Debts OWED BY the committee *(use Schedule D)*	0	
20. Debts OWED TO the committee *(use Schedule E)*	0	

CERTIFICATION

I CERTIFY THAT I HAVE EXAMINED THIS STATEMENT. TO THE BEST OF MY KNOWLEDGE AND BELIEF IT IS TRUE, CORRECT AND COMPLETE.

Signature of T[illegible] Date

Signature of [illegible] Date 1-28-16

WARNING: Any [illegible] any commercial purpose. *(IC 3-9-4-5)* A person who knowingly files a fraudulen[illegible] file a complete or accurate report as required by the Indiana Campaign Finan[illegible] ect to civil penalties. *(IC 3-9-4-16, IC 3-9-4-17, IC 3-9-4-18)*

FOR OFFICE USE ONLY

2016 JAN 28 PM 2:49

TAMMY BAITZ
CLERK
HAMILTON COUNTY COURTS