



REPORT OF RECEIPTS AND EXPENDITURES OF A POLITICAL COMMITTEE

State Form 4806 (R13/11-05)
Indiana Election Commission (IC 3-9-5-14)

2016 JAN 19 AM 8:05

(CFA-4)
Summary Sheet

| FILE NUMBER |
|------------------------------------|
| |
| TOTAL PAGES IN ENTIRE CFA-4 REPORT |
| 2 |

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
Roger Conn For Coroner

2. Acronym or Abbreviated Name (if any)

3. Committee Telephone Number
(317) 846-6012

4. Mailing Address (address where all campaign finance correspondence is received) Check if this is a new address
12487 Shadow Cove Way

5. City, State, ZIP Code
Carmel, IN 46033

6. Party Affiliation (if applicable)
Republican

CANDIDATE INFORMATION (For Candidate's Committees Only)

7. Full Name of Candidate (include any nickname)
Roger Carlisle Conn

8. Party Affiliation or If Independent Candidate
Republican

9. Office Sought (include district number, if any. Not required for exploratory committee.)
Hamilton Co. Coroner

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: <i>1/1/2015</i> Through: <i>12/31/2015</i> | COLUMN A This Period | COLUMN B Year to Date |
| 13. Cash on hand and investments at the beginning of this reporting period. | <i>100.00</i> | |
| 14. Cash on hand and investments January 1, current year. | | <i>100.00</i> |

CONTRIBUTIONS AND RECEIPTS

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

| | | |
|---|---------------------|---------------------|
| 15a. Itemized (use Schedule A) | 0 | 0 |
| 15b. Unitemized | 0 | 0 |
| 15c. Add lines 15a and 15b in both columns | 0 | 0 |
| 16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B | TOTAL <i>100.00</i> | TOTAL <i>100.00</i> |

EXPENDITURES

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

| | | |
|---|------------------------|------------------------|
| 17a. Itemized (use Schedule B) (Public Question; use Schedule C) | <i>100.00</i> | <i>100.00</i> |
| 17b. Unitemized | 0 | 0 |
| 17c. Add lines 17a and 17b in both columns | SUBTOTAL <i>100.00</i> | SUBTOTAL <i>100.00</i> |
| 18. Cash on hand and investments at close of this reporting period (subtract 17c from 16 in both columns) | TOTAL 0 | TOTAL 0 |
| 19. Debts OWED BY the committee (use Schedule D) | 0 | |
| 20. Debts OWED TO the committee (use Schedule E) | 0 | |

CERTIFICATION

I, the undersigned, certify that the information furnished on this report is true and correct to the best of my knowledge and belief and is true, correct and complete.

| | |
|------------------------|----------------------|
| Title <i>Treasurer</i> | Date <i>1/8/2016</i> |
| | Date <i>1/3/2016</i> |

This report is not to be sold or used for any commercial purpose. (IC 3-9-4-5) A person who knowingly furnishes false information on this report is guilty of a crime 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 19 AM 8

TAMMY BAITZ
CLERK
HAMILTON COUNTY COURTS

TAMMY BAITZ



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 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>2</u> of <u>2</u> |

| RECIPIENT'S NAME AND MAILING ADDRESS <i>(street, number, city, state, ZIP code)</i> | RECIPIENT'S OCCUPATION <i>OFFICE SOUGHT (if applicable)</i> | TYPE OF EXPENDITURE and PURPOSE <i>(be specific)</i> | COLUMN A AMOUNT THIS PERIOD | COLUMN B CUMULATIVE YEAR-TO-DATE | DATE OF EXPENDITURE |
|--|--|---|--------------------------------|-------------------------------------|---------------------|
| Code <u>C</u> Friends of Rick Sharp P.O. Box 3687 Carmel, IN 46033 317-691-1300 | Carmel Mayor | <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: | 100 ⁰⁰ | 100 ⁰⁰ | 4/23/15 |
| 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: | | | |
| 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 | | | \$ 100 ⁰⁰ | | |
| TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY <i>(Enter total on ITEM 17a of the Summary Sheet)</i> | | | \$ 100 ⁰⁰ | | |