



**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**

FILED

2006 JAN 17 PM 12:57

FILE NUMBER

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.

TOTAL PAGES IN ENTIRE CFA-4 REPORT

IS THIS AN AMENDMENT?  Yes  No

CLERK, HAMILTON COUNTY COURTS

**COMMITTEE INFORMATION**

1. Full Name of Committee (as on Statement of Organization) <input type="checkbox"/> Check if this is a new name <i>Cordray Campaign Committee</i>	
2. Acronym or Abbreviated Name (if any)	3. Committee Telephone Number <i>(317) 846-6543</i>
4. Mailing Address (address where all campaign finance correspondence is received) <input type="checkbox"/> Check if this is a new address <i>11843 Stone Bay Circle</i>	
5. City, State, ZIP Code <i>Carmel IN 46033</i>	6. Party Affiliation (if applicable) <i>Republican</i>

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

7. Full Name of Candidate (include any nickname) <i>Diana L. Cordray</i>	8. Party Affiliation or If Independent Candidate <i>Republican</i>
9. Office Sought (Include district number, if any. Not required for exploratory committee.) <i>Carmel Clerk Treasurer</i>	10. County of Residence <i>Hamilton</i>

**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: <i>January 1, 2005</i> Through: <i>December 31, 2005</i>	<b>COLUMN A This Period</b>	<b>COLUMN B Year to Date</b>
13. Cash on hand and investments at the beginning of this reporting period.	<i>\$8414.45</i>	
14. Cash on hand and investments January 1, current year.		<i>\$8414.45</i>

**CONTRIBUTIONS AND RECEIPTS**

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

15a. Itemized (use Schedule A)	<i>\$1,000.00</i>	<i>\$1,000.00</i>
15b. Unitemized	<i>-0-</i>	<i>-0-</i>
15c. Add lines 15a and 15b in both columns	<b>SUBTOTAL</b> <i>\$1,000.00</i>	<i>\$1,000.00</i>
16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B	<b>TOTAL</b> <i>\$9,414.45</i>	<i>\$9,414.45</i>

**EXPENDITURES**

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

17a. Itemized (use Schedule B) (Public Question: use Schedule C)	<i>\$500.00</i>	<i>500.00</i>
17b. Unitemized	<i>-0-</i>	<i>-0-</i>
17c. Add lines 17a and 17b in both columns	<b>SUBTOTAL</b> <i>\$500.00</i>	<i>\$500.00</i>
18. Cash on hand and investments at close of this reporting period (subtract 17c from 16 in both columns)	<b>TOTAL</b> <i>\$8914.45</i>	<i>\$8914.45</i>
19. Debts OWED BY the committee (use Schedule D)	<i>-0-</i>	
20. Debts OWED TO the committee (use Schedule E)	<i>-0-</i>	

**CERTIFICATION**

FOR OFFICE USE ONLY

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

Signature on File

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**(CFA-4 SCHEDULE A-4)**

**CONTRIBUTIONS BY  
POLITICAL ACTION COMMITTEES  
Itemized Contributions and Other Receipts**

**INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY POLITICAL ACTION COMMITTEES 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 political action committees **OVER \$100** per contributor, within a calendar year **MUST** be itemized on this schedule (over \$200, if regular party committee). All transfers-in and in-kind contributions regardless of amount from political action committees **MUST** be itemized on this schedule. 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).

FILE NUMBER	
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CONTRIBUTOR'S FULL NAME AND 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. SB Bank Corp. 38 Fountain Square Plaza Cincinnati, Ohio 46202	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)	\$1,000.00	\$1,000.00	NOV. 15 2005
				D. Cordray
2.	Contributions: <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe)  Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc. (specify)			
3.	Contributions: <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe)  Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc. (specify)			
4.	Contributions: <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe)  Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc. (specify)			
5.	Contributions: <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe)  Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc. (specify)			
<b>SUBTOTAL THIS PAGE OF SCHEDULE A</b>		\$1,000.00		
<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>		\$1,000.00		



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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.

<b>FILE NUMBER</b>
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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> Rockita Election Committee P.O. Box 44125 Indpls. IN. 46244	Secretary of State  Secretary of State	<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:	\$500.00	\$500.00	7/10/05
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:			
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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:			
<b>SUBTOTAL THIS PAGE OF SCHEDULE B</b>			\$500.00		
<b>TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY</b> <i>(Enter total on ITEM 17a of the Summary Sheet)</i>			\$500.00		