REPORT OF RECEIPTS AND EXPENDITURES OF A POLITICAL COMMITTEE

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

FILED 2007 JA 17 AM 7:46

(CFA-4)
Summary Sheet

FILE NUMBER

TOTAL PAGES IN ENTIRE CFA-4 REPORT: 4 - Total (1)

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.*

CLERK, HAMILTON COUNTY COURTS

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: Dippel for Westfield Council
2. Acronym or Abbreviated Name *(if any)*:
3. Committee Telephone Number: (317) 669-7649
4. Mailing Address *(address where all campaign finance correspondence is received)* ☐ Check if this is a new address: 683 Fiedmont Dr
5. City, State, ZIP Code: Westfield, IN 46074
6. Party Affiliation *(if applicable)*: Republican

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

7. Full Name of Candidate *(include any nickname)*: John Dippel
8. Party Affiliation or If Independent Candidate: Republican
9. Office Sought *(Include district number, if any. **Not required for exploratory committee.**)*: Westfield Town Council District 4
10. County of Residence: Hamilton

TYPE OF REPORT

11. Check one
☐ Pre-Primary ☐ Pre-Elector ☒ Annual ☐ Nomination ☐ Other _____
☐ Final/Discards 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: 10-10-2006 Through: 1-16-2007

	COLUMN A This Period	COLUMN B Year to Date
13. Cash on hand and investments at the beginning of this reporting period.	795.85	
14. Cash on hand and investments January 1, current year.		∅
CONTRIBUTIONS AND RECEIPTS *(Note: these amounts include in-kind contributions and loans, as well as cash contributions.)*		
15a. Itemized *(use Schedule A)*	1,000.00	6,150.00
15b. Unitemized	∅	400.00
15c. Add lines 15a and 15b in both columns — SUBTOTAL	1,000.00	6,550.00
16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B — TOTAL	1,795.85	6,550.00
EXPENDITURES *(Note: These amounts include in-kind expenditures and loan repayments.)*		
17a. Itemized *(use Schedule B) (Public Question: use Schedule C)*	379.64	4,606.46
17b. Unitemized	371.21	898.54
17c. Add lines 17a and 17b in both columns — SUBTOTAL	750.85	5,505.00
18. Cash on hand and investments at close of this reporting period *(subtract 17c from 16 in both columns)* — TOTAL	1,045.00	1,045.00
19. Debts OWED BY the committee *(use Schedule D)*		
20. Debts OWED TO the committee *(use Schedule E)*		

CERTIFICATION

Signature on File

FOR OFFICE USE ONLY

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Files a fraudulent report commits a Class D felony (IC 3-14-1-13). A person who fails to file a complete or accurate report as required by the Indiana

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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.

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RECIPIENT'S NAME AND MAILING ADDRESS (street, number, city, state, ZIP code)	RECIPIENT'S OCCUPATION / OFFICE SOUGHT (if applicable)	TYPE OF EXPENDITURE AND PURPOSE (check all)	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE OF EXPENDITURE
Code ____ Marsh Supermarkets 1968 E. Greyhound Pass Carmel, IN 46032	Food Store	☒ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other ____ Purpose:	34.30	361.05	11/6/06
Code ____ Verizon Wireless 1950 E Greyhound Pass Carmel IN 46033	Telecommunications	☒ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other ____ Purpose:	158.95	158.95	12/13/06
Code A Winters Assoc PO Box 2579 Bloomington, IN 47404	Advertising	☒ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other ____ Purpose:	186.39	302.57	10/19/06
Code ____		☐ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other ____ Purpose:			
Code ____		☐ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other ____ Purpose:			
Code ____		☐ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other ____ Purpose:			
Code ____		☐ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other ____ Purpose:			
		SUBTOTAL THIS PAGE OF SCHEDULE B	$ 379.64		
		TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY *(Enter total on ITEM 17a of the Summary Sheet)*	$ 379.64		

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(CFA-4 SCHEDULE A-5) CONTRIBUTIONS BY OTHER ORGANIZATIONS

Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY ORGANIZATIONS OTHER THAN CORPORATIONS, LABOR ORGANIZATIONS, POLITICAL ACTION COMMITTEES AND 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 other entities 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 candidate's, legislative caucus, and regular party 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)*.

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CONTRIBUTOR'S FULL NAME AND FULL MAILING ADDRESS *(street, number, city, state, ZIP code)*	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED / RECEIVED BY
1. Pat Downey Committee 14722 LAREDO COURT CARMEL IN 46032	Contributions: ☒ Direct ☐ In-Kind *(describe)* Other Receipts: ☐ Interest ☐ Loan ☐ Misc. *(specify)*	$1,000.00	$1,000.00	12/2/06 John Dippel
2.	Contributions: ☐ Direct ☐ In-Kind *(describe)* Other Receipts: ☐ Interest ☐ Loan ☐ Misc. *(specify)*			
3.	Contributions: ☐ Direct ☐ In-Kind *(describe)* Other Receipts: ☐ Interest ☐ Loan ☐ Misc. *(specify)*			
4.	Contributions: ☐ Direct ☐ In-Kind *(describe)* Other Receipts: ☐ Interest ☐ Loan ☐ Misc. *(specify)*			
5.	Contributions: ☐ Direct ☐ In-Kind *(describe)* Other Receipts: ☐ Interest ☐ Loan ☐ Misc. *(specify)*			
SUBTOTAL THIS PAGE OF SCHEDULE A		$1,000.00		
TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY *(Enter total on ITEM 15a of the Summary Sheet)*		$1,000.00		

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(CFA-4 SCHEDULE D) DEBTS OWED BY THIS COMMITTEE

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. List all debts and loans, regardless of the amount, **OWED BY** the committee during the reporting period. Include all amounts owed for or to lend institutions, individuals, credit purchases, committee credit card accounts, etc. List each vendor paid by credit card issued in the name of the committee in the ENDORSER'S column. A lender's occupation is required if an individual makes loans of at least $1,000 during the calendar year. Otherwise, this is optional.

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CREDITOR'S OR LENDER'S NAME & MAILING ADDRESS (street, number, city, state, ZIP code)	ENDORSER'S OR VENDOR'S NAME & MAILING ADDRESS (street, number, city, state, ZIP code)	AMOUNT / NATURE OF DEBT	DATE DEBT INCURRED	CUMULATIVE VALUE YEAR-TO-DATE	OUTSTANDING BALANCE THIS PERIOD
JOHN J DIPPEL 683 DiEdmont DR WESTField IN 46074 LENDER'S OCCUPATION:		PERSONAL LOAN	1-17-06 3-2-06	-0-	600.00
LENDER'S OCCUPATION:					
LENDER'S OCCUPATION:					
LENDER'S OCCUPATION:					
LENDER'S OCCUPATION:					
LENDER'S OCCUPATION:					
LENDER'S OCCUPATION:					
				SUBTOTAL THIS PAGE OF SCHEDULE D	$600.00
				TOTAL OF ALL PAGES OF SCHEDULE D ON THE LAST PAGE ONLY *(Enter total on ITEM 19 of the Summary Sheet)*	$600.00