# 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 |
|---|
| |

| 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
Paula J Gilliam Campaign

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

3. Committee Telephone Number
( )

4. Mailing Address *(address where all campaign finance correspondence is received)* ☐ Check if this is a new address
525 Walnut Street

5. City, State, ZIP Code
Noblesville Indiana 46060

6. Party Affiliation *(if applicable)*
Democratic

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

7. Full Name of Candidate *(include any nickname)*
Paula Jo Gilliam

8. Party Affiliation or If Independent Candidate
Democratic

9. Office Sought *(Include district number, if any. Not required for exploratory committee.)*
Noblesville City Common Council at Large

10. County of Residence
Hamilton

## 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: 6-9-15 Through: 12-31-15

| | COLUMN A This Period | COLUMN B Year to Date |
|---|---|---|
| 13. Cash on hand and investments at the beginning of this reporting period. | 2-16.44 | |
| 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)* | 2-16.44 | 2-16.44 |
| 15b. Unitemized | | |
| 15c. Add lines 15a and 15b in both columns SUBTOTAL | 2-16.44 | 2-16.44 |
| 16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B TOTAL | | |
| **EXPENDITURES** | | |
| *(Note: These amounts include in-kind expenditures and loan repayments.)* | | |
| 17a. Itemized *(use Schedule B) (Public Question: use Schedule C)* | 2-16.44 | 2-16.44 |
| 17b. Unitemized | | |
| 17c. Add lines 17a and 17b in both columns SUBTOTAL | 2-16.44 | 2-16.44 |
| 18. Cash on hand and investments at close of this reporting period *(subtract 17c from 16 in both columns)* TOTAL | 0 | 0 |
| 19. Debts OWED BY the committee *(use Schedule D)* | 0 | |
| 20. Debts OWED TO the committee *(use Schedule E)* | 0 | |

## CERTIFICATION

[redacted] ST OF MY KNOWLEDGE AND BELIEF IT IS TRUE, CORRECT AND COMPLETE.

| Title | Date |
|---|---|
| Treasurer | 01/20/2016 |
| | Date 01/20/2016 |

FOR OFFICE USE ONLY

2016 JAN 20 AM 11:15
CLERK
HAMILTON COUNTY COURTS

WARNING: Any information contained in this report may not be copied for sale or used for any commercial purpose. *(IC 3-9-4-5)* A person who knowingly 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 [illegible] *(IC 3-9-4-16, IC 3-9-4-17, IC 3-9-4-18)*


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REPORT OF RECEIPTS AND EXPENDITURES
OF A POLITICAL COMMITTEE
State Form 46008 (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

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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 *(be specific)* | COLUMN A AMOUNT THIS PERIOD | COLUMN B CUMULATIVE YEAR-TO-DATE | DATE OF EXPENDITURE |
|---|---|---|---|---|---|
| Code C Democratic Women of Hamilton County 46038 | | ☐ Direct ☐ In-Kind ☐ Payment of Debt ☒ Returned Contribution ☐ Other ____ Purpose: | 100.00 | | 12/31/15 |
| Code C Hamilton County Democratic Club 602 Conner Creek Dr Fishers IN 46038 | | ☐ Direct ☐ In-Kind ☐ Payment of Debt ☒ Returned Contribution ☐ Other ____ Purpose: Help other Democrats | 100.00 | | 12/31/15 |
| Code A | | ☐ Direct ☐ In-Kind ☒ Payment of Debt ☐ Returned Contribution ☐ Other FAXS Purpose: | 6.44 | | 12/31/15 |
| 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 | | | $ 216.44 | | |
| TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY *(Enter total on ITEM 17a of the Summary Sheet)* | | | $ | | |

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