REPORT OF RECEIPTS AND EXPENDITURES OF A POLITICAL COMMITTEE

State Form 4606 (R9 /11-99)
Indiana Election Commission (IC 3-9-5-14)
Approved by State Board of Accounts 1999

(CFA-4)
Summary Sheet

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

FILE NUMBER	
TOTAL PAGES IN ENTIRE CFA-4 REPORT	10

COMMITTEE INFORMATION

1. Full name of committee (as on Statement of Organization) ☐ Check if this is a new name: Committee to Re-elect Jack Hart

2. Acronym or abbreviated name, if any:

3. Committee telephone number: (317) 867 8040

4. Mailing address (address where all campaign finance correspondence is received) ☐ Check if this is a new address: 32 Sleepy Hollow Court

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 Bernard "Jack" Hart

8. Party affiliation or if independent: Republican

9. Office sought (Include district number, if any. Not required for exploratory committee.): Westfield Town Council-District 3

10. County of residence: Hamilton

TYPE OF REPORT

11. Check one:
☐ Pre-Primary ☐ Pre-Election ☑ Annual ☐ 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: 1 January 2003 Through: 31 December 2003

	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.		158.45
CONTRIBUTIONS AND RECEIPTS		
(Note: these amounts include in-kind contributions and loans, as well as cash contributions.)		
15a. Itemized (use Schedule A)	2301	2301
15b. Unitemized	375	375
15c. Add lines 15a, and 15b in both columns SUBTOTAL	2676	2676
16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B TOTAL	2676	2834.45
EXPENDITURES		
(Note: These amounts include in-kind expenditures and loan repayments.)		
17a. Itemized (use Schedule B) (Public Question: use Schedule C)	2501.55	2501.55
17b. Unitemized	16	16
17c. Add lines 17a and 17b in both columns SUBTOTAL	2517.55	2517.55
18. Cash on hand and investments at close of this reporting period (subtract 17c from 16 in both columns) TOTAL	158.45	158.45
19. Debts OWED BY the committee (use Schedule D)	-0-	
20. Debts OWED TO the committee (use Schedule E)	-0-	

CERTIFICATION

Signature on File

FOR OFFICE USE ONLY
2004 JA 16 PM 12:46
FILED

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 Campaign Finance Law commits a Class B Misdemeanor. (IC 3-14-1-14) and may be subject to civil penalties (IC 3-9-4-16, 3-9-4-17, 3-9-4-18.)

REPORT OF RECEIPTS AND EXPENDITURES OF A POLITICAL COMMITTEE

State Form 4606 (R9 / 11-99)

Indiana Election Commission (IC 3-9-5-14)

Approved by State [redacted] Accounts 1999

(CFA-4 SCHEDULE A-1) CONTRIBUTIONS BY INDIVIDUALS

Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY 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 ITEM15a of the Summary Sheet. All cumulative contributions from individuals OVER $100 per contributor, within a calendar year MUST be itemized on this schedule (*over $200, if regular party committee*). 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). A contributor's occupation is required if an individual makes at least $1,000 in contributions during the calendar year. Otherwise, this is optional.

FILE NUMBER

Page 1 of 5

CONTRIBUTOR'S FULL NAME AND OCCUPATION 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. Sheldon & Suzanne Phelps 4773 Austin Trace Zionsville IN 46077 Contributor's Occupation (if required)	Contributions: ☑ Direct ☐ In-Kind (*describe*) Other Receipts: ☐ Interest ☐ Loan ☐ Misc (*specify*)	250	250	9/23/03 Jack Hart
2. Charles & Angela Frankenberger 5012 Carrington Circle Carmel IN 46033 Contributor's Occupation (if required)	Contributions: ☑ Direct ☐ In-Kind (*describe*) Other Receipts: ☐ Interest ☐ Loan ☐ Misc (*specify*)	250	250	10/31/03 Jack Hart
3. [redacted] Contributor's Occupation (if required)	Contributions: ☐ Direct ☐ In-Kind (*describe*) Other Receipts: ☐ Interest ☐ Loan ☐ Misc (*specify*)	0		
4. Contributor's Occupation (if required)	Contributions: ☐ Direct ☐ In-Kind (*describe*) Other Receipts: ☐ Interest ☐ Loan ☐ Misc (*specify*)	0		
5. Contributor's Occupation (if required)	Contributions: ☐ Direct ☐ In-Kind (*describe*) Other Receipts: ☐ Interest ☐ Loan ☐ Misc (*specify*)	0		
	SUB TOTAL THIS PAGE OF SCHEDULE A	$ 500		
	TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY (*Enter total on ITEM 15a of the Summary Sheet*)	$		

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OF A POLITICAL COMMITTEE
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Indiana Election Commission (IC 3-9-5-14)
Approved by State Board of Accounts 1999

(CFA-4 SCHEDULE A-2)
CONTRIBUTIONS BY CORPORATIONS
Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY CORPORATIONS 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 corporations OVER $100 per contributor, within a calendar year MUST be itemized on this schedule (*over $200, if regular party committee*). 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

Page 2 of 5

	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.	Lauth Property Group 9777 N College Ave Indpls, IN 46280	Contributions: ☑ Direct ☐ In-Kind (describe) Other Receipts: ☐ Interest ☐ Loan ☐ Misc (specify)	500	500	9/23/03 Jack Hart
2.	Prestige Interiors 2517 E. SR 32 Westfield IN 46074	Contributions: ☑ Direct ☐ In-Kind (describe) Other Receipts: ☐ Interest ☐ Loan ☐ Misc (specify)	250	250	9/23/03 Jack Hart
3.	Northside Investments 9551 Delegates Road Indpls- IN 46240	Contributions: ☑ Direct ☐ In-Kind (describe) Other Receipts: ☐ Interest ☐ Loan ☐ Misc (specify)	500	500	10/31/03 Jack Hart
4.		Contributions: ☐ Direct ☐ In-Kind (describe) Other Receipts: ☐ Interest ☐ Loan ☐ Misc (specify)	0		
5.		Contributions: ☐ Direct ☐ In-Kind (describe) Other Receipts: ☐ Interest ☐ Loan ☐ Misc (specify)	0		
		SUB TOTAL THIS PAGE OF SCHEDULE A	$ 1250		
		TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY (Enter total on ITEM 15a of the Summary Sheet)	$		

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(CFA-4 SCHEDULE A-3)
CONTRIBUTIONS BY LABOR ORGANIZATIONS
Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY LABOR ORGANIZATIONS 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 labor organizations **OVER $100** per contributor, within a calendar year **MUST** be itemized on this schedule (*over $200, if regular party committee*). 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

Page 3 of 5

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.	Contributions: ☐ Direct ☐ In-Kind (describe) _____ Other Receipts: ☐ Interest ☐ Loan ☐ Misc (specify) _____	0		
2.	Contributions: ☐ Direct ☐ In-Kind (describe) _____ Other Receipts: ☐ Interest ☐ Loan ☐ Misc (specify) _____	0		
3.	Contributions: ☐ Direct ☐ In-Kind (describe) _____ Other Receipts: ☐ Interest ☐ Loan ☐ Misc (specify) _____	0		
4.	Contributions: ☐ Direct ☐ In-Kind (describe) _____ Other Receipts: ☐ Interest ☐ Loan ☐ Misc (specify) _____	0		
5.	Contributions: ☐ Direct ☐ In-Kind (describe) _____ Other Receipts: ☐ Interest ☐ Loan ☐ Misc (specify) _____	0		
	SUB TOTAL THIS PAGE OF SCHEDULE A	$ 0		
	TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY (Enter total on ITEM 15a of the Summary Sheet)	$		

REPORT OF RECEIPTS AND EXPENDITURES
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Indiana Election Commission (IC 3-9-5-14)
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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 the 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
Page 4 of 5

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.	Contributions: ☐ Direct ☐ In-Kind (describe) _____ Other Receipts: ☐ Interest ☐ Loan ☐ Misc (specify) _____	0		
2.	Contributions: ☐ Direct ☐ In-Kind (describe) _____ Other Receipts: ☐ Interest ☐ Loan ☐ Misc (specify) _____	0		
3.	Contributions: ☐ Direct ☐ In-Kind (describe) _____ Other Receipts: ☐ Interest ☐ Loan ☐ Misc (specify) _____	0		
4.	Contributions: ☐ Direct ☐ In-Kind (describe) _____ Other Receipts: ☐ Interest ☐ Loan ☐ Misc (specify) _____	0		
5.	Contributions: ☐ Direct ☐ In-Kind (describe) _____ Other Receipts: ☐ Interest ☐ Loan ☐ Misc (specify) _____	0		
	SUB TOTAL THIS PAGE OF SCHEDULE A	$ 0		
	TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY (*Enter total on ITEM 15a of the Summary Sheet*)	$		

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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 the 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).

FILE NUMBER
Page 5 of 5

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. Builders Association of Greater Indianapolis PO Box 44670 Indpls IN 46244	Contributions: ☑ Direct ☐ In-Kind (*describe*) _____ Other Receipts: ☐ Interest ☐ Loan ☐ Misc (*specify*) _____	250	250	9/23/03 Jack Hart
2. Hamilton County Republican Party 44 S. 8th St. Noblesville IN 46060	Contributions: ☐ Direct ☑ In-Kind (*describe*) _____ Other Receipts: ☐ Interest ☐ Loan ☐ Misc (*specify*) _____	301	301	11/20/03 Jack Hart
3.	Contributions: ☐ Direct ☐ In-Kind (*describe*) _____ Other Receipts: ☐ Interest ☐ Loan ☐ Misc (*specify*) _____	0		
4.	Contributions: ☐ Direct ☐ In-Kind (*describe*) _____ Other Receipts: ☐ Interest ☐ Loan ☐ Misc (*specify*) _____	0		
5.	Contributions: ☐ Direct ☐ In-Kind (*describe*) _____ Other Receipts: ☐ Interest ☐ Loan ☐ Misc (*specify*) _____	0		
	SUB TOTAL THIS PAGE OF SCHEDULE A	$ 551		
	TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY (*Enter total on ITEM 15a of the Summary Sheet*)	$ 2301		

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(CFA-4 SCHEDULE B) Itemized Expenditures

FILE NUMBER

Page 1 of 1

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this form. 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.

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 A Bold Impressions 839 Conner St. Noblesville IN 46060	Advertising Products N/A	☑ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other Purpose:	1050.55	1050.55	10/13/03 and 10/23/03
Code O Robert J. Smith 425 Sonhatsett Dr. Westfield IN 46074	Victory — Celebration N/A	☑ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other Purpose:	400	400	11/08/03
Code O Kroger, Gardis and Regas, LLP. 111 Monument Circle Suite 900 Indpls IN 46204	Legal fees N/A	☑ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other Purpose:	750	750	11/08/03
Code O Hamilton County Republican Party 44 S. 8th St. Noblesville IN 46060	Get out the vote drive N/A	☐ Direct ☑ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other Purpose:	301	301	11/26/03
Code ___		☐ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other Purpose:	0		
Code ___		☐ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other Purpose:	0		
Code ___		☐ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other Purpose:	0		
		SUB TOTAL THIS PAGE OF SCHEDULE B	$2501.55		
		TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY (*Enter total on ITEM 17a of the Summary Sheet*)	$2501.55		

REPORT OF RECEIPTS AND EXPENDITURES OF A POLITICAL COMMITTEE

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(CFA-4 SCHEDULE C) ITEMIZED EXPENDITURES For Public Questions

FILE NUMBER
Page 1 of 1

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this form. For assistance in completing this schedule, see instructions on the reverse side. All cumulative expenses or transfers-out, regardless of amount paid to political committees supporting or opposing a public question, MUST be itemized on this schedule.

PUBLIC QUESTION INFORMATION

Enter Text of Public Question

Type of Question: ☐ Statewide ☐ Local
Position: ☐ Supported ☐ Opposed

RECIPIENT'S NAME AND MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF EXPENDITURE	PURPOSE OF EXPENDITURE (be specific)	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE OF EXPENDITURE
	☐ Direct ☐ In-Kind		0		
	☐ Direct ☐ In-Kind		0		
	☐ Direct ☐ In-Kind		0		
	☐ Direct ☐ In-Kind		0		
	☐ Direct ☐ In-Kind		0		
	☐ Direct ☐ In-Kind		0		
SUB TOTAL THIS PAGE OF SCHEDULE C			$ 0		
TOTAL OF ALL PAGES OF SCHEDULE C ON THE LAST PAGE ONLY (Enter total on ITEM 17a of the Summary Sheet)			$		

REPORT OF RECEIPTS AND EXPENDITURES OF A POLITICAL COMMITTEE

State Form 4606 (R9 / 11-99)
Indiana Election Commission (IC 3-9-5-14)
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(CFA-4 SCHEDULE D)
Debts Owed by This Committee

FILE NUMBER

Page ____ of ____

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this form. 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 lending 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.*

CREDITOR'S OR LENDER'S NAME & MAILING ADDRESS (street, number, city, state, ZIP code)	ENDORSER'S OR VENDOR'S NAME & MAILING ADDRESS (if any) (street, number, city, state, ZIP code)	AMOUNT / NATURE OF DEBT	DATE DEBT INCURRED	CUMULATIVE PAID YEAR-TO-DATE	OUTSTANDING BALANCE THIS PERIOD
LENDERS OCCUPATION:					0
LENDERS OCCUPATION:					0
LENDERS OCCUPATION:					0
LENDERS OCCUPATION:					0
LENDERS OCCUPATION:					0
LENDERS OCCUPATION:					0
LENDERS OCCUPATION:					0
SUB TOTAL THIS PAGE OF SCHEDULE D					$ 0
TOTAL OF ALL PAGES OF SCHEDULE D ON THE LAST PAGE ONLY *(Enter total on ITEM 19 of the Summary Sheet)*					$

REPORT OF RECEIPTS AND EXPENDITURES OF A POLITICAL COMMITTEE

State Form 4606 (R9 / 11-99)
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(CFA-4 SCHEDULE E) DEBTS OWED TO THIS COMMITTEE

FILE NUMBER

Page 1 of 1

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this form. For assistance in completing this schedule, see instructions on the reverse side. List all debts, loans, regardless of amount, OWED TO the committee *during the reporting period. Include all amounts the committee has loaned to others.*

BORROWER'S NAME AND MAILING ADDRESS (street, number, city, state, ZIP code)	CO-SIGNER'S NAME AND MAILING ADDRESS (if any) (street, number, city state, ZIP code)	ORIGINAL AMOUNT / NATURE OF DEBT	DATE DEBT INCURRED	CUMULATIVE PAID YEAR-TO-DATE	OUTSTANDING BALANCE THIS PERIOD
		— /			0
		— /			0
		/			0
		/			0
		/			0
		/			0
		/			0
		SUB TOTAL THIS PAGE OF SCHEDULE E			$ 0
		TOTAL OF ALL PAGES OF SCHEDULE E ON THE LAST PAGE ONLY (*Enter total on ITEM 20 of the Summary Sheet*)			$ 0