REPORT OF RECEIPTS AND EXPENDITURES OF A POLITICAL COMMITTEE

(CFA-4)
Summary Sheet

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

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

COMMITTEE INFORMATION

1. Full name of committee (as on Statement of Organization) ☐ Check if this is a new name: Michael A. Harwood

2. Acronym or abbreviated name, if any: Mike

3. Committee telephone number: (317) 758-5847

4. Mailing address (address where all campaign finance correspondence is received) ☐ Check if this is a new address: 508 W 6th Street

5. City, state, ZIP code: Sheridan IN 46069-1246

6. Party affiliation (if applicable): Republican

CANDIDATE INFORMATION (For Candidate's Committees Only)

7. Full name of candidate (include any nickname): Michael Allen Harwood

8. Party affiliation or if Independent: Republican

9. Office sought (include district number, if any. Not required for exploratory committee.): Sheridan 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: 10/12/03 Through: 12/13/03

	COLUMN A This Period	COLUMN B Year to Date
13. Cash on hand and investments at the beginning of this reporting period.	Φ	
14. Cash on hand and investments January 1, current year.		Φ
CONTRIBUTIONS AND RECEIPTS		
(Note: these amounts include in-kind contributions and loans, as well as cash contributions.)		
15a. Itemized (use Schedule A)	436.43	436.43
15b. Unitemized		
15c. Add lines 15a, and 15b in both columns SUBTOTAL	436.43	436.43
16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B TOTAL	436.43	436.43
EXPENDITURES		
(Note: These amounts include in-kind expenditures and loan repayments.)		
17a. Itemized (use Schedule B) (Public Question: use Schedule C)	436.43	436.43
17b. Unitemized		
17c. Add lines 17a and 17b in both columns SUBTOTAL	436.43	436.43
18. Cash on hand and investments at close of this reporting period (subtract 17c from 16 in both columns) TOTAL	Φ	Φ
19. Debts OWED BY the committee (use Schedule D)	Φ	
20. Debts OWED TO the committee (use Schedule E)	Φ	

CERTIFICATION

Signature on File
Signature on File

FOR OFFICE USE ONLY

FILED
2004 JA 12 PM 2:54
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 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 / 11-98)
Indiana Election Commission (IC 3-9-5-14)
Approved by State Board of 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 _____ of _____

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. Pamela Harwood 508 W. 6th St. Sheridan, IN 46069 Contributor's Occupation (if required)	Contributions: ☐ Direct ☒ In-Kind (describe) Yard Signs/ Campaign Pens Other Receipts: ☐ Interest ☐ Loan ☐ Misc (specify)	349.43	349.43	10/2003 Pam Harwood
2. Connie Pearson 406 E. 5th St. Sheridan, IN 46069 Contributor's Occupation (if required)	Contributions: ☐ Direct ☒ In-Kind (describe) Yard Signs Other Receipts: ☐ Interest ☐ Loan ☐ Misc (specify)	87.00	87.00	10/2003
3. Contributor's Occupation (if required)	Contributions: ☐ Direct ☐ In-Kind (describe) Other Receipts: ☐ Interest ☐ Loan ☐ Misc (specify)			
4. Contributor's Occupation (if required)	Contributions: ☐ Direct ☐ In-Kind (describe) Other Receipts: ☐ Interest ☐ Loan ☐ Misc (specify)			
5. Contributor's Occupation (if required)	Contributions: ☐ Direct ☐ In-Kind (describe) Other Receipts: ☐ Interest ☐ Loan ☐ Misc (specify)			
	SUB TOTAL THIS PAGE OF SCHEDULE A	$ 436.43		
	TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY (Enter total on ITEM 15a of the Summary Sheet)	$ 436.43		

REPORT OF RECEIPTS AND EXPENDITURES
OF A POLITICAL COMMITTEE

State Form 4506 (R9 / 11-99)
Indiana Election Commission (IC 3-9-5-14)
Approved by State Board of Accounts 1999

(CPA-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 _____ of _____

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) _____			
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) _____			
	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*)	$ 0		

REPORT OF RECEIPTS AND EXPENDITURES
OF A POLITICAL COMMITTEE
State Form 4606 (R8 / 11-89)
Indiana Election Commission (IC 3-8-5-14)
Approved by State Board of Accounts 1989

(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 _____ of _____

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*) _____			
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*) _____			
	Contributions: ☐ Direct ☐ In-Kind (*describe*) _____ Other Receipts: ☐ Interest ☐ Loan ☐ Misc (*specify*) _____			
	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*)	$ 0		

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 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 _____ of _____

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) _____			
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) _____			
	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*)	$ 0		

REPORT OF RECEIPTS AND EXPENDITURES
OF A POLITICAL COMMITTEE
State Form 4606 (R9 / 11-98)
Indiana Election Commission (IC 3-6-5-14)
Approved by State Board of Accounts 1999

(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 _____ of _____

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*) _____			
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*) _____			
	Contributions: ☐ Direct ☐ In-Kind (*describe*) _____ Other Receipts: ☐ Interest ☐ Loan ☐ Misc (*specify*) _____			
	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*)	$ 0		

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 SCHEDULE B) Itemized Expenditures

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. 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 ___ Harcourt Industries 7765 S. 175 W P O BOX 128 Milroy, IN 46156	Campaign Supplies	☐ Direct ☒ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other ____ Purpose: Yard Signs / campaign pens	349.43	349.43	10/2003
Code ___ Harcourt Industries see above	—	☐ Direct ☒ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other ____ Purpose: Yard Signs	87.00	87.00	10/2003
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:			
Code ___		☐ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other ____ Purpose:			
		SUB TOTAL THIS PAGE OF SCHEDULE B	$436.43		
		TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY *(Enter total on ITEM 17a of the Summary Sheet)*	$ 436.43		

REPORT OF RECEIPTS AND EXPENDITURES OF A POLITICAL COMMITTEE

State Form 4605 (R9 / 11-99)
Indiana Election Commission (IC 3-8-5-14)
Approved by State Board of Accounts 1999

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

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. 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				
	☐ Direct ☐ In-Kind				
	☐ Direct ☐ In-Kind				
	☐ Direct ☐ In-Kind				
	☐ Direct ☐ In-Kind				
	☐ Direct ☐ In-Kind				
		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)*	$ 0		

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 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 (street, number, city, state, ZIP code)	AMOUNT / NATURE OF DEBT	DATE DEBT INCURRED	CUMULATIVE PAID YEAR-TO-DATE	OUTSTANDING BALANCE THIS PERIOD
LENDER'S OCCUPATION:					
LENDER'S OCCUPATION:					
LENDER'S OCCUPATION:					
LENDER'S OCCUPATION:					
LENDER'S OCCUPATION:					
LENDER'S OCCUPATION:					
LENDER'S OCCUPATION:					

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)*	$ 0

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 SCHEDULE E)
DEBTS OWED TO 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, 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 (street, number, city, state, ZIP code)	ORIGINAL AMOUNT / NATURE OF DEBT	DATE DEBT INCURRED	CUMULATIVE PAID YEAR-TO-DATE	OUTSTANDING BALANCE THIS PERIOD

SUB TOTAL THIS PAGE OF SCHEDULE E	$ Φ
TOTAL OF ALL PAGES OF SCHEDULE E ON THE LAST PAGE ONLY (Enter total on ITEM 20 of the Summary Sheet)	$ Φ