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

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: 6

COMMITTEE INFORMATION

1. Full Name of Committee (as on *Statement of Organization*) ☐ Check if this is a new name
COMMITTEE TO ESTABLISH WESTFIELD VISION

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

3. Committee Telephone Number
(317) 844-5271

4. Mailing Address *(address where all campaign finance correspondence is received)* ☐ Check if this is a new address
128 SENATOR WAY

5. City, State, ZIP Code
CARMEL, IN 46032

6. Party Affiliation *(if applicable)*
REPUBLICAN

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

7. Full Name of Candidate *(include any nickname)*
ROBERT L. (BOB) HORKAY

8. Party Affiliation or If Independent Candidate
REPUBLICAN

9. Office Sought *(include district number, if any. Not required for exploratory committee.)*
WESTFIELD CITY COUNCIL - DISTRICT 5

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 ONL
Check one:
☐ Pre-Convention
☐ Post-Convention

12. Reporting Period: From: 4-14-07 Through: 10.12.07

	COLUMN A This Period	COLUMN B Year to Date
13. Cash on hand and investments at the beginning of this reporting period.	598.69	
14. Cash on hand and investments January 1, current year.		348.69
CONTRIBUTIONS AND RECEIPTS		
(Note: these amounts include in-kind contributions and loans, as well as cash contributions.)		
15a. Itemized *(use Schedule A)*	1,202.44	1,452.44
15b. Unitemized	150.00	150.00
15c. Add lines 15a and 15b in both columns SUBTOTAL	1,352.44	1,602.44
16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B TOTAL	1,951.13	1,951.13
EXPENDITURES		
(Note: These amounts include in-kind expenditures and loan repayments.)		
17a. Itemized *(use Schedule B) (Public Question: use Schedule C)*	840.31	840.31
17b. Unitemized	—	—
17c. Add lines 17a and 17b in both columns SUBTOTAL	840.31	840.31
18. Cash on hand and investments at close of this reporting period *(subtract 17c from 16 in both columns)* TOTAL	1,110.82	1,110.82
19. Debts OWED BY the committee *(use Schedule D)*	500.00	
20. Debts OWED TO the committee *(use Schedule E)*	—	

CERTIFICATION

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

Date

Date 10.18.07

...cial purpose. *(IC 3-9-4-5)* A person who knowingly ...ete or accurate report as required by the Indiana ...alties. *(IC 3-9-4-16, IC 3-9-4-17, IC 3-9-4-18)*

FOR OFFICE USE ONL

RECEIVED

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 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 2 of 6

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. HAMILTON CO. FIREFIGHTERS 28 S. 8TH STREET, SUITE 100 NOBLESVILLE, IN 46060	Contributions: [X] Direct [ ] In-Kind *(describe)* _____ Other Receipts: [ ] Interest [ ] Loan [ ] Misc. *(specify)* _____	300.00	300.00	4-18-07 / R-HORKAY
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		$		
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
OF A POLITICAL COMMITTEE
State Form 4606 (R13/11-05)
Indiana Election Commission (IC 3-9-5-14)

(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

Page 3 of 6

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. SHAMROCK R&C 16615 DOWNSTREAM DR. NOBLESVILLE, IN 46062	Contributions: [X] Direct [ ] In-Kind *(describe)* _____ Other Receipts: [ ] Interest [ ] Loan [ ] Misc. *(specify)* _____	502.44	502.44	5.1.07 R. Horkay
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	$		
	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
State Form 4606 (R13/11-05)
Indiana Election Commission (IC 3-9-5-14)

(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)*.

FILE NUMBER

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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. VILLAGE FARMS, INC. P.O.Box 384 CARMEL; IN 46032	Contributions: ☐ Direct ☐ In-Kind *(describe)* Other Receipts: ☐ Interest ☐ Loan ☒ Misc. *(specify)* CLUBHOUSE RENTAL DEP. REFUND	150.00	150.00	5.9.07 R. HURLEY
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		$		
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
OF A POLITICAL COMMITTEE
State Form 4605 (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 ____ THE VILLAGE FARMS, INC. P.O. BOX 384 CARMEL, IN 46032	NEIGHBORHOOD CLUBHOUSE RENTAL	☒ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other ____ Purpose:	230.00	230.00	4.18.07
Code ____ HARCOURT INDUSTRIES 7765 S. 175 W MARION, IN 46156	SIGNS	☒ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other ____ Purpose:	502.44	502.44	5.1.07
Code ____ USAA SAVINGS BANK 10750 McDERMOTT FWY. SAN ANTONIO, TX 78288	FINANCING / CREDIT CARD	☒ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other ____ Purpose:	107.87	107.87	6.1.07
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	$		
		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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OF A POLITICAL COMMITTEE
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Indiana Election Commission (IC 3-9-5-14)

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

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.

FILE NUMBER

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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 (if any) (street, number, city, state, ZIP code)	AMOUNT / NATURE OF DEBT	DATE DEBT INCURRED	CUMULATIVE PAID YEAR-TO-DATE	OUTSTANDIN BALANCE TH PERIOD
ROBERT L. HORKEY 128 SENATOR WAY CARMEL, IN 46032 LENDER'S OCCUPATION:		LOAN	4.22.06	-0-	500.0
LENDER'S OCCUPATION:					
LENDER'S OCCUPATION:					
LENDER'S OCCUPATION:					
LENDER'S OCCUPATION:					
LENDER'S OCCUPATION:					
LENDER'S OCCUPATION:					
SUBTOTAL THIS PAGE OF SCHEDULE D					$
TOTAL OF ALL PAGES OF SCHEDULE D ON THE LAST PAGE ONLY (Enter total on ITEM 19 of the Summary Sheet)					$

** TOTAL PAGE.07 **