NO. 2701 P. 1

REPORT OF RECEIPTS AND EXPENDITURES OF A POLITICAL COMMITTEE

State Form 46066 (R13/11-05)
Indiana Election Commission (IC 3-9-5-14)

(CFA-4) Summary Sheet

FILE NUMBER
TOTAL PAGES IN ENTIRE CFA-4 REPORT
4

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
COMMITTEE TO ELECT LEERKAMP

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
3105 E. 98th ST # 170

5. City, State, ZIP Code
INDPLS, IN 46280

6. Party Affiliation *(if applicable)*
REPUBLICAN

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

7. Full Name of Candidate: *(include any nickname)*
SONIA J. LEERKAMP

8. Party Affiliation or If Independent Candidate
REPUBLICAN

9. Office Sought *(Include district number, if any. Not required for exploratory committee.)*
CIRCUIT COURT JUDGE

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: 4/12/08 Through: 12/31/08

	COLUMN A This Period	COLUMN B Year to Date
13. Cash on hand and investments at the beginning of this reporting period.	5027.28	
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)*	2854.03	4819.03
15b. Unitemized	1160.00	5475.18
15c. Add lines 15a and 15b in both columns SUBTOTAL	4014.03	10,294.21
16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B TOTAL	9041.31	10,294.21
EXPENDITURES		
(Note: These amounts include in-kind expenditures and loan repayments.)		
17a. Itemized *(use Schedule B) (Public Question: use Schedule C)*	8023.22	9276.12
17b. Unitemized		
17c. Add lines 17a and 17b in both columns SUBTOTAL	8023.22	9276.12
18. Cash on hand and investments at close of this reporting period *(subtract 17c from 16 in both columns)* TOTAL	1018.09	1018.09
19. Debts OWED BY the committee *(use Schedule D)*		
20. Debts OWED TO the committee *(use Schedule E)*		

CERTIFICATION

Signature on File

MY KNOWLEDGE AND BELIEF IT IS TRUE, CORRECT AND COMPLETE.

Title Treasurer Date 1/21/09

Date 1/21/09

sale or used for any commercial purpose. *(IC 3-9-4-5)* A person who knowingly
n who fails to file a complete or accurate report as required by the Indiana
l may be subject to civil penalties. *(IC 3-9-4-16, IC 3-9-4-17, IC 3-9-4-18)*

FOR OFFICE USE ONLY

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2009 JA 21 AM 11:26
FRANK BEAVER
CLERK
HAMILTON COUNTY COURTS
171

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 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

Page 1 of 1

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 Amer Ex Acct Sonia J. Leerkamp 18671 Northridge Dr Noblesville, IN 46060		☐ Direct ☐ In-Kind ☑ Payment of Debt ☐ Returned Contribution ☐ Other Purpose: campaign expenses	4437.39		4/29/08
Code A HSBC Acct Sonia J. Leerkamp 18671 Northridge Dr Noblesville, IN 46060		☐ Direct ☐ In-Kind ☑ Payment of Debt ☐ Returned Contribution ☐ Other Purpose: campaign expenses	1309.95		5/19/08
Code A Image Builders PO Box 69 Noblesville, IN 46060		☑ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other Purpose:	776.47		5/19/08
Code A HSBC Acct Sonia J. Leerkamp 18671 Northridge Dr Noblesville, IN 46060		☐ Direct ☐ In-Kind ☑ Payment of Debt ☐ Returned Contribution ☐ Other Purpose: campaign expenses	345.38		6/19/08
Code C Northview Christian Life		☑ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other Purpose: donation	1000.00		7/18/08

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-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 ITEM 15a 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 2

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. James H. Voyles Jr 141 E. Washington St Indpls, In 46204 Contributor's Occupation (if required)	Contributions: ☑ Direct ☐ In-Kind (describe) Other Receipts: ☐ Interest ☐ Loan ☐ Misc. (specify)	250		5/7/08 JBM
2. Edward Mode 851 Westridge Dr N Noblesville, In 46060 Contributor's Occupation (if required)	Contributions: ☑ Direct ☐ In-Kind (describe) Other Receipts: ☐ Interest ☐ Loan ☐ Misc. (specify)	1000		5/7/08 JBM
3. Mitchell & Assoc 3925 River Crossing #270 Indpls, In 46240 Contributor's Occupation (if required)	Contributions: ☑ Direct ☐ In-Kind (describe) Other Receipts: ☐ Interest ☐ Loan ☐ Misc. (specify)	500		5/7/08 JBM
4. Alice A. O'Brien 26 Point Lane Arcadia, In 46030 Contributor's Occupation (if required)	Contributions: ☑ Direct ☐ In-Kind (describe) Other Receipts: ☐ Interest ☐ Loan ☐ Misc. (specify)	200		5/7/08 JBM
5. Campbell Kyle Proffitt 198 S. 9th St Noblesville, In 46061 Contributor's Occupation (if required)	Contributions: ☑ Direct ☐ In-Kind (describe) Other Receipts: ☐ Interest ☐ Loan ☐ Misc. (specify)	750		4/18/08 JBM
SUBTOTAL THIS PAGE OF SCHEDULE A		$ 2700		
TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY *(Enter total on ITEM 15a of the Summary Sheet)*		$ 2854.03		

REPORT OF RECEIPTS AND EXPENDITURES
OF A POLITICAL COMMITTEE
State Form 508 (R13/11-05)
Indiana Election Commission (IC 3-9-5-14)

(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 ITEM 15a 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. Sonia J. Leerkamp 18671 Northridge Dr Noblesville, In 46060 Contributor's Occupation (if required)	Contributions: ☐ Direct ☑ In-Kind *(describe)* office supplies Other Receipts: ☐ Interest ☐ Loan ☐ Misc. *(specify)*	154.03		4/17/08 JBM
2. Contributor's Occupation (if required)	Contributions: ☐ Direct ☐ In-Kind *(describe)* Other Receipts: ☐ Interest ☐ Loan ☐ Misc. *(specify)*			
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)*			
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)*		$		