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

2015 OCT 16 AM 11:40
TAMMY BAILEY
CLERK
HAMILTON COUNTY COURTS

FILE NUMBER

TOTAL PAGES IN ENTIRE CFA-4 REPORT
6

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: LEHMAN FOR COUNCIL
2. Acronym or Abbreviated Name *(if any)*:
3. Committee Telephone Number: (317) 413-6890
4. Mailing Address *(address where all campaign finance correspondence is received)* ☐ Check if this is a new address: 14872 BIXBY DR
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)*: CHARLES W. LEHMAN (CHUCK LEHMAN)
8. Party Affiliation or if Independent Candidate:
9. Office Sought *(include district number, if any. Not required for exploratory committee.)*: WESTFIELD CITY COUNCIL DIST 4
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: APRIL 11 Through: OCTOBER 16

	COLUMN A This Period	COLUMN B Year to Date
13. Cash on hand and investments at the beginning of this reporting period.	2,037.52	
14. Cash on hand and investments January 1, current year.		
CONTRIBUTIONS AND RECEIPTS		
(Note: these amounts include in-kind contributions and loans, as well as cash contributions.)		
15a. Itemized *(use Schedule A)*	3,050.00	
15b. Unitemized		
15c. Add lines 15a and 15b in both columns SUBTOTAL		
16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B TOTAL	5,087.52	5,087.52
EXPENDITURES		
(Note: These amounts include in-kind expenditures and loan repayments.)		
17a. Itemized *(use Schedule B) (Public Question: use Schedule C)*		
17b. Unitemized		
17c. Add lines 17a and 17b in both columns SUBTOTAL	1,192.53	1,192.53
18. Cash on hand and investments at close of this reporting period *(subtract 17c from 16 in both columns)* TOTAL	1,192.53	1,192.53
19. Debts OWED BY the committee *(use Schedule D)*		
20. Debts OWED TO the committee *(use Schedule E)*		

CERTIFICATION

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

Treasurer — Date 10-14-15

Date 10-16-15

[redacted] e or used for any commercial purpose. *(IC 3-9-4-5)* A person who knowingly who fails to file a complete or accurate report as required by the Indiana [redacted] 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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(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 2

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 ____ Current Publishing 30 South Rangeline Carmel, IN 46032	Newspaper Westfield City Council	[X] Direct [ ] In-Kind [ ] Payment of Debt [ ] Returned Contribution [ ] Other ____ Purpose:	658.00		4-17-15 Chuck Lehman
Code ____ CSI Signs 555 Parke 52 West Dr Noblesville, IN 46062	Signs Westfield City Council	[X] Direct [ ] In-Kind [ ] Payment of Debt [ ] Returned Contribution [ ] Other ____ Purpose:	596.55		4-20-15 Chuck Lehman
Code ____ Gridiron Communications 3903 Portage Road South Bend, IN 46628	Printing Westfield City Council	[X] Direct [ ] In-Kind [ ] Payment of Debt [ ] Returned Contribution [ ] Other ____ Purpose:	1,103.18		5-1-15 Chuck Lehman
Code ____ UPS Stores 1950 E. Greyhound Pass Carmel, IN 46033	Printing Westfield City Council	[X] Direct [ ] In-Kind [ ] Payment of Debt [ ] Returned Contribution [ ] Other ____ Purpose:	377.48		5-14-15 Chuck Lehman
Code ____ Media Factory 481 Grapple Dr Carmel, IN 46032	Printing Westfield City Council	[X] Direct [ ] In-Kind [ ] Payment of Debt [ ] Returned Contribution [ ] Other ____ Purpose:	53.98		5-14-15 Chuck Lehman
Code ____ Lehman Partners 10602 N. Meridian Ave Indianapolis, IN 46280	Consulting / Supplies Westfield City Council	[X] Direct [ ] In-Kind [ ] Payment of Debt [ ] Returned Contribution [ ] Other ____ Purpose:	450.80		5-13-15 Chuck Lehman
Code ____ Boy Scouts Crossroads of America 7125 Fall Creek Road Indianapolis, IN 46256	Organization Westfield City Council	[ ] Direct [ ] In-Kind [ ] Payment of Debt [ ] Returned Contribution [X] Other ____ Purpose: Donation	200.00		6-5-15 Chuck Lehman
		SUBTOTAL THIS PAGE OF SCHEDULE B	$3,439.99		
		TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY (Enter total on ITEM 17a of the Summary Sheet)	$3,439.99		

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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 ____ WEDF Westfield Youth Assistance Program 2724 East 171st Westfield IN 46074	Organization / Westfield City Council	☐ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☒ Other ____ Purpose: Donation	200.00		6-5-15 Chuck Lehman
Code ____ Hamilton GOP 7246 Fishers Crossing Dr Fishers IN 46038	Political Party / Westfield City Council	☐ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☒ Other ____ Purpose: Donation	250.00		9-23-15 Chuck Lehman
Code ____ Old National Bank Carmel Branch	Bank / Westfield City Council	☐ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☒ Other ____ Purpose: Fee	5.00		6-15-15
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	$ 455		
		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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(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 3

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. HALL & HOUSE 3591 NEWHOUSE PLACE GREENWOOD AN 46143 Contributor's Occupation *(if required)*	Contributions: ☒ Direct ☐ In-Kind *(describe)* Other Receipts: ☐ Interest ☐ Loan ☐ Misc. *(specify)*	500.00		4-13-15 CHUCK LEHMAN
2. HAMILTON COUNTY PROFESSIONAL FIRE FIGHTER LOCAL 4411 399 SOUTH 14TH ST NOBLEVILLE, IN 46060 Contributor's Occupation *(if required)*	Contributions: ☒ Direct ☐ In-Kind *(describe)* Other Receipts: ☐ Interest ☐ Loan ☐ Misc. *(specify)*	250.00		4-13-15 CHUCK LEHMAN
3. BRIAN ZAIGER 934 GRAND DR CARMEL, AN 46032 Contributor's Occupation *(if required)*	Contributions: ☒ Direct ☐ In-Kind *(describe)* Other Receipts: ☐ Interest ☐ Loan ☐ Misc. *(specify)*	250.00		4-13-15 CHUCK LEHMAN
4. STEVE BIGGERSTAFF 435 VIRGINIA PLACE INDIANAPOLIS IN 46203 Contributor's Occupation *(if required)*	Contributions: ☒ Direct ☐ In-Kind *(describe)* Other Receipts: ☐ Interest ☐ Loan ☐ Misc. *(specify)*	100.00		4-13-15 CHUCK LEHMAN
Contributor's Occupation *(if required)*	Contributions: ☐ Direct ☐ In-Kind *(describe)* Other Receipts: ☐ Interest ☐ Loan ☐ Misc. *(specify)*			
SUBTOTAL THIS PAGE OF SCHEDULE A		$ 1100		
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-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

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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. JOHN TALBOT 15016 HUNTER DR WESTFIELD IN 46074	Contributions: ☐ Direct ☐ In-Kind *(describe)* Other Receipts: ☐ Interest ☐ Loan ☐ Misc. *(specify)*	100.00		4-20-15 CHUCK LEHMAN
2. CHAD WILKES 2653 DIAMOND DR WESTFIELD IN 46074	Contributions: ☐ Direct ☐ In-Kind *(describe)* Other Receipts: ☐ Interest ☐ Loan ☐ Misc. *(specify)*	200.00		4-20-15 CHUCK LEHMAN
3. MURRAY CLARK 9080 PLAINFIELD DR INDIANAPOLIS IN 46260	Contributions: ☐ Direct ☐ In-Kind *(describe)* Other Receipts: ☐ Interest ☐ Loan ☐ Misc. *(specify)*	100.00		4-20-15 CHUCK LEHMAN
4. MARK HERBERT CAMPAIGN ACCOUNT 16121 CHANCELLORS RIDGEWAY WESTFIELD IN 46074	Contributions: ☐ Direct ☐ In-Kind *(describe)* Other Receipts: ☐ Interest ☐ Loan ☐ Misc. *(specify)*	500.00		4-29-15 CHUCK LEHMAN
5. WESTFIELD HOLDINGS, LLC 1557 S. PLAZA DR BLOOMINGTON, IN 47401	Contributions: ☐ Direct ☐ In-Kind *(describe)* Other Receipts: ☐ Interest ☐ Loan ☐ Misc. *(specify)*	100.00		4-29-15 CHUCK LEHMAN
	SUBTOTAL THIS PAGE OF SCHEDULE A	$ 1,100		
	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-1) CONTRIBUTIONS BY INDIVIDUALS
Itemized Contributions and Other Receipts

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1. Andy Cook for Mayor 3306 Carley Glen Court Westfield, IN 46074 Contributor's Occupation *(if required)* _____	Contributions: [X] Direct [ ] In-Kind *(describe)* _____ Other Receipts: [ ] Interest [ ] Loan [ ] Misc. *(specify)* _____	700.00		5-15-15 Check Lemon
2. James Anderson 301 S. Union St Westfield, IN 46074 Contributor's Occupation *(if required)* _____	Contributions: [X] Direct [ ] In-Kind *(describe)* _____ Other Receipts: [ ] Interest [ ] Loan [ ] Misc. *(specify)* _____	150.00		5-15-15 Check Lemon
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	$ 850		
	TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY *(Enter total on ITEM 15a of the Summary Sheet)*	$		