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

FILE NUMBER

TOTAL PAGES IN ENTIRE CFA-4 REPORT
7

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 DISTRICT 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: 1-14-15 Through: APRIL 10TH, 2015

	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.		-0-
CONTRIBUTIONS AND RECEIPTS		
(Note: these amounts include in-kind contributions and loans, as well as cash contributions.)		
15a. Itemized *(use Schedule A)*	4050.00	4,050.00
15b. Unitemized	-0-	-0-
15c. Add lines 15a and 15b in both columns SUBTOTAL	4,050.00	4,050.00
16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B TOTAL	4,050.00	4,050.00
EXPENDITURES		
(Note: These amounts include in-kind expenditures and loan repayments.)		
17a. Itemized *(use Schedule B) (Public Question: use Schedule C)*	2,012.48	2,012.48
17b. Unitemized	-0-	-0-
17c. Add lines 17a and 17b in both columns SUBTOTAL	2,012.48	2,012.48
18. Cash on hand and investments at close of this reporting period *(subtract 17c from 16 in both columns)* TOTAL	2,037.52	2,037.52
19. Debts OWED BY the committee *(use Schedule D)*	-0-	
20. Debts OWED TO the committee *(use Schedule E)*	-0-	

[redacted]

FICATION

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

itle Treasurer Date 4-16-15

Date 4-16-15

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

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 4

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. Jason Talbott 14465 Community Blvd. Apt 3A Carmel, IN 46033 Contributor's Occupation *(if required)*	Contributions: [X] Direct [ ] In-Kind *(describe)* Other Receipts: [ ] Interest [ ] Loan [ ] Misc. *(specify)*	$150		3/26/15 Chuck Leaman
2. William House 14818 Parkhurst Dr Westfield, IN 46074 Contributor's Occupation *(if required)*	Contributions: [X] Direct [ ] In-Kind *(describe)* Other Receipts: [ ] Interest [ ] Loan [ ] Misc. *(specify)*	$150		3/26/15 Chuck Leaman
3. Roger Foster 3250 Sunrise Ct Zionsville, IN 46077 Contributor's Occupation *(if required)*	Contributions: [X] Direct [ ] In-Kind *(describe)* Other Receipts: [ ] Interest [ ] Loan [ ] Misc. *(specify)*	$150		3/26/15 Chuck Leaman
4. Timothy Siefker 5801 Tanager Lane Carmel, IN 46033 Contributor's Occupation *(if required)*	Contributions: [X] Direct [ ] In-Kind *(describe)* Other Receipts: [ ] Interest [ ] Loan [ ] Misc. *(specify)*	$150		3/26/15 Chuck Lehman
5. John Burkhart 14904 Troma Ct Carmel, IN 46032 Contributor's Occupation *(if required)*	Contributions: [X] Direct [ ] In-Kind *(describe)* Other Receipts: [ ] Interest [ ] Loan [ ] Misc. *(specify)*	$150		3/26/15 Chuck Leaman
	SUBTOTAL THIS PAGE OF SCHEDULE A	$ 750		
	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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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. JILL MULLEN 15423 BOWIE DR WESTFIELD, IN 46074 Contributor's Occupation *(if required)*	Contributions: ☒ Direct ☐ In-Kind *(describe)* Other Receipts: ☐ Interest ☐ Loan ☐ Misc. *(specify)*	* 50		3/26/15 CHUCK LEHMAN
2. JILL WILKES 664 NEWBURY ST APT 1324 CARMEL, IN 46032 Contributor's Occupation *(if required)*	Contributions: ☒ Direct ☐ In-Kind *(describe)* Other Receipts: ☐ Interest ☐ Loan ☐ Misc. *(specify)*	* 150		3/26/15 CHUCK LEHMAN
3. BARBARA NESTOR 15733 SUNDEW CIR WESTFIELD, IN 46074 Contributor's Occupation *(if required)*	Contributions: ☒ Direct ☐ In-Kind *(describe)* Other Receipts: ☐ Interest ☐ Loan ☐ Misc. *(specify)*	* 150		3/26/15 CHUCK LEHMAN
4. BRYAN STUMPF 7378 N 550E LEBANON, IN 46052 Contributor's Occupation *(if required)*	Contributions: ☒ Direct ☐ In-Kind *(describe)* Other Receipts: ☐ Interest ☐ Loan ☐ Misc. *(specify)*	* 150		3/26/15 CHUCK LEHMAN
5. JAMES FARMER 305 NW 22ND ST DELRAY BEACH, FL 33444 Contributor's Occupation *(if required)*	Contributions: ☒ Direct ☐ In-Kind *(describe)* Other Receipts: ☐ Interest ☐ Loan ☐ Misc. *(specify)*	* 150		3/26/15 CHUCK LEHMAN
SUBTOTAL THIS PAGE OF SCHEDULE A		$ 650		
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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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. THOMAS CARTER 14110 CONNOR KNOLL PKWY FISHERS, IN 46038 Contributor's Occupation *(if required)*	Contributions: [X] Direct [ ] In-Kind *(describe)* Other Receipts: [ ] Interest [ ] Loan [ ] Misc. *(specify)*	$150		4/2/15 CHUCK LEHMAN
2. EDDY DECKARD, JR 5122 CLEMENS PL INDIANAPOLIS, IN 46239 Contributor's Occupation *(if required)*	Contributions: [X] Direct [ ] In-Kind *(describe)* Other Receipts: [ ] Interest [ ] Loan [ ] Misc. *(specify)*	$150		4/2/15 CHUCK LEHMAN
3. TRAVIS STAMPER 13822 SONRISA DR FISHERS, IN 46038 Contributor's Occupation *(if required)*	Contributions: [X] Direct [ ] In-Kind *(describe)* Other Receipts: [ ] Interest [ ] Loan [ ] Misc. *(specify)*	$150		4/2/15 CHUCK LEHMAN
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		$ 450		
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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FILE NUMBER

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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. KENNETH BIRK 450 E. GREYHOUND PASS CARMEL, IN 46032 Contributor's Occupation *(if required)*	Contributions: [X] Direct [ ] In-Kind *(describe)* Other Receipts: [ ] Interest [ ] Loan [ ] Misc. *(specify)*	$150		3/26/15 CHUCK LEHMAN
2. 11TH STREET DEVELOPMENT LLC 7378 N 550 E LEBANON, IN 46052 Contributor's Occupation *(if required)*	Contributions: [X] Direct [ ] In-Kind *(describe)* Other Receipts: [ ] Interest [ ] Loan [ ] Misc. *(specify)*	$150		3/26/15 CHUCK LEHMAN
3. BINGHAM GREENEBAUM DOLL LLP 2700 MARKET TOWER 10 WEST MARKET ST INDIANAPOLIS, IN 46204 Contributor's Occupation *(if required)*	Contributions: [X] Direct [ ] In-Kind *(describe)* Other Receipts: [ ] Interest [ ] Loan [ ] Misc. *(specify)*	$1500		3/26/15 CHUCK LEHMAN
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	$ 1800		
	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. LEHMAN PARTNERS, INC. 10602 N. COLLEGE AVE INDIANAPOLIS, IN 46280	Contributions: [X] Direct [ ] In-Kind *(describe)* Other Receipts: [ ] Interest [ ] Loan [ ] Misc. *(specify)*	$ 100		3/25/15 / CHUCK LEHMAN
2. RED CLOSING SERVICES, INC. 3106 E. 96TH ST, SUITE 170 INDIANAPOLIS, IN 46280	Contributions: [X] Direct [ ] In-Kind *(describe)* Other Receipts: [ ] Interest [ ] Loan [ ] Misc. *(specify)*	$ 300		3/25/15 / CHUCK LEHMAN
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	$ 400		
	TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY *(Enter total on ITEM 15a of the Summary Sheet)*	$ 4,050		

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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

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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 UPS STORE 1950 E. GREYHOUND PASS CARMEL, IN 46033	SHIPPING & PRINTING / WESTFIELD CITY COUNCIL	☒ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other ____ Purpose: ADVERTISEMENT	377.47		3/25/15
Code ____ MEDIA FACTORY 481 GRADUE DR CARMEL, IN 46032	PRINTING COMPANY / WESTFIELD CITY COUNCIL	☒ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other ____ Purpose: CARDS	241.04		3/27/15
Code ____ MEDIA FACTORY 481 GRADUE DR CARMEL, IN 46032	PRINTING COMPANY / WESTFIELD CITY COUNCIL	☒ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other ____ Purpose: CARDS	241.04		4/2/15
Code ____ MEDIA FACTORY 481 GRADUE DR CARMEL, IN 46032	PRINTING COMPANY / WESTFIELD CITY COUNCIL	☒ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other ____ Purpose: SIGNS	1,152.93		4/9/15
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:			
		SUBTOTAL THIS PAGE OF SCHEDULE B	$2012.48		
		TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY *(Enter total on ITEM 17a of the Summary Sheet)*	$2012.48		