



**REPORT OF RECEIPTS AND EXPENDITURES
OF A POLITICAL COMMITTEE**

State Form 4606 (R13/11-05)
Indiana Election Commission (IC 3-9-5-14)

TAMMY BAITZ
CLERK
HAMILTON COUNTY COURTS

(CFA-4)

Summary Sheet

2016 JAN 20 AM

FILE NUMBER

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.

TOTAL PAGES IN ENTIRE CFA-4 REPORT

2

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
HOOSIERS FOR Amy

2. Acronym or Abbreviated Name (if any)

3. Committee Telephone Number
(317) 658 0016

4. Mailing Address (address where all campaign finance correspondence is received) Check if this is a new address
12630 CHANCERY LANE

5. City, State, ZIP Code
FISHERS IN 46037

6. Party Affiliation (if applicable)
REPUBLICAN

CANDIDATE INFORMATION (For Candidate's Committees Only)

7. Full Name of Candidate (include any nickname)
AMY ELIZABETH MASSILLAMANY

8. Party Affiliation or if Independent Candidate
REPUBLICAN

9. Office Sought (include district number, if any. Not required for exploratory committee.)
HAMILTON COUNTY COUNCIL DISTRICT 2

10. County of Residence
HAMILTON

TYPE OF REPORT

CONVENTION CANDIDATES ONLY

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)

Check one:
 Pre-Convention Post-Convention

12. Reporting Period:
 From: **1/1/2015** Through: **12/31/2015**

	COLUMN A This Period	COLUMN B Year to Date
13. Cash on hand and investments at the beginning of this reporting period.	3567.89	
14. Cash on hand and investments January 1, current year.		3567.89

CONTRIBUTIONS AND RECEIPTS

(Note: these amounts include in-kind contributions and loans, as well as cash contributions.)

	COLUMN A	COLUMN B
15a. Itemized (use Schedule A)	0	0
15b. Unitemized	0	0
15c. Add lines 15a and 15b in both columns	0	0
SUBTOTAL	0	0
16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B	TOTAL 3567.89	3567.89

EXPENDITURES

(Note: These amounts include in-kind expenditures and loan repayments.)

	COLUMN A	COLUMN B
17a. Itemized (use Schedule B) (Public Question: use Schedule C)	500.00	500.00
17b. Unitemized	122.88	122.88
17c. Add lines 17a and 17b in both columns	622.88	622.88
SUBTOTAL	622.88	622.88
18. Cash on hand and investments at close of this reporting period (subtract 17c from 16 in both columns)	TOTAL 2945.01	2945.01
19. Debts OWED BY the committee (use Schedule D)	0	
20. Debts OWED TO the committee (use Schedule E)	0	

CERTIFICATION

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

Title TREASURER	Date 1/15/2016
	Date

FOR OFFICE USE ONLY

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, IC 3-9-4-17, IC 3-9-4-18)

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TAMMY BAITZ
CLERK
HAMILTON COUNTY CO.



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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 _____ of _____

RECIPIENT'S NAME AND MAILING ADDRESS <i>(street, number, city, state, ZIP code)</i>	RECIPIENT'S OCCUPATION	TYPE OF EXPENDITURE and PURPOSE <i>(be specific)</i>	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE OF EXPENDITURE
	OFFICE SOUGHT <i>(if applicable)</i>				
Code <u>C</u> Selina Stoller for Council Fishers, IN	CITY COUNCIL	<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose:	250.00	250.00	3/10/15
Code <u>C</u> Friends of Jeff Horn Fishers, IN	AT LARGE COUNTY COUNCIL	<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose:	250.00	250.00	10/1/15
Code _____		<input type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose:			
Code _____		<input type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose:			
Code _____		<input type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose:			
Code _____		<input type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose:			
Code _____		<input type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose:			
SUBTOTAL THIS PAGE OF SCHEDULE B			\$ 250.00		
TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY <i>(Enter total on ITEM 17a of the Summary Sheet)</i>			\$ 250.00		