



**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

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
Michael McCullough For Trustee

2. Acronym or Abbreviated Name (if any)

3. Committee Telephone Number
(317) 219-3465

4. Mailing Address (address where all campaign finance correspondence is received) Check if this is a new address
4215 E. 236th St.

5. City, State, ZIP Code
Cicero IN. 46034

6. Party Affiliation (if applicable)

CANDIDATE INFORMATION (For Candidate's Committees Only)

7. Full Name of Candidate (include any nickname)
Michael McCullough

8. Party Affiliation or If Independent Candidate
Independent

9. Office Sought (Include district number, if any. **Not required for exploratory committee.**)
JACKSON Township Trustee

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: **4-80-** Through: **10-8**

13. Cash on hand and investments at the beginning of this reporting period. **0**

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.)

	COLUMN A This Period	COLUMN B Year to Date
15a. Itemized (use Schedule A)	100.00	100.00
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	100.	100.

EXPENDITURES

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

17a. Itemized (use Schedule B) (Public Question: use Schedule C)	1257.61	
17b. Unitemized		
17c. Add lines 17a and 17b in both columns SUBTOTAL	1257.61	
18. Cash on hand and investments at close of this reporting period (subtract 17c from 16 in both columns) TOTAL	0	
19. Debts OWED BY the committee (use Schedule D)		
20. Debts OWED TO the committee (use Schedule E)		

CERTIFICATION

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

Title	Date
	10/14/10
	10/14/10

Not to be copied for sale or used for any commercial purpose. (IC 3-9-4-5) A person who knowingly fails to file a complete or accurate report as required by the Indiana Election Commission (IC 3-9-4-14) and 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

2010 OCT 15 AM 10:07



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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	
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CONTRIBUTOR'S FULL NAME AND OCCUPATION FULL MAILING ADDRESS <i>(street, number, city, state, ZIP code)</i>	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED
				RECEIVED BY
1. Robert + Judith Cleung 1793 Poppy Cir. Lady Lake, FL. 32162 Contributor's Occupation (if required) _____	Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc. (specify)	100.00		100.00
2. Contributor's Occupation (if required) _____	Contributions: <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc. (specify)			
3. Contributor's Occupation (if required) _____	Contributions: <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc. (specify)			
4. Contributor's Occupation (if required) _____	Contributions: <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc. (specify)			
5. Contributor's Occupation (if required) _____	Contributions: <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc. (specify)			
SUBTOTAL THIS PAGE OF SCHEDULE A		\$ 100.00		
TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY <i>(Enter total on ITEM 15a of the Summary Sheet)</i>		\$ 100.00		



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**(CFA-4 SCHEDULE C)
ITEMIZED EXPENDITURES
For Public Questions**

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. All cumulative expenses or transfers-out, regardless of amount paid to political committees supporting or opposing a public question, **MUST** be itemized on this schedule.

FILE NUMBER

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PUBLIC QUESTION INFORMATION						
Enter Text of Public Question						
Type of Question: <input type="checkbox"/> Statewide <input type="checkbox"/> Local						
Position: <input type="checkbox"/> Supported <input type="checkbox"/> Opposed						
RECIPIENT'S NAME AND MAILING ADDRESS <small>(street, number, city, state, ZIP code)</small>	RECIPIENT'S OCCUPATION	TYPE OF EXPENDITURE and PURPOSE (be specific)	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE OF EXPENDITURE	
Code <u>A</u> DAN MORRIS MARION ST. ARCADIA, IN.	PRINTER	<input type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input checked="" type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose:	191.00	191.	9/15/10	
Code <u>A</u> PERRY POWERS 256TH ST. ARCADIA, IN.	SIGN PAINTER	<input type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input checked="" type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose:	300.00	300.00	9/15/10	
Code <u>A</u> HARCOURT 7765 S. 175W. Box 128 MILROY IN. 46156	PRINTER	<input type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input checked="" type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose:	409.81	409.81	9/10/10	
Code <u>A</u> HARCOURT Box 128 Milroy	PRINTER	<input type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input checked="" type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose:	238.61	648.42	10/14/10	
Code <u>A</u> DAN MORRIS	PRINTER	<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:	74.00	263.	10/1/10	
Code <u>A</u> ARCADIA ARTS ARCADIA, IN.	SPONSORS AUTUMN FEST BOOTH	<input type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input checked="" type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose:	45.00	45.00	10/8/10	
SUBTOTAL THIS PAGE OF SCHEDULE C			\$ 1257.61			
TOTAL OF ALL PAGES OF SCHEDULE C ON THE LAST PAGE ONLY <small>(Enter total on ITEM 17a of the Summary Sheet)</small>			\$			