



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

State Form 4606 (R12/11-04)  
Indiana Election Commission (IC 3-9-5-14)

(CFA-4)

**Summary Sheet**

FILED

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.

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TOTAL PAGES IN ENTIRE CFA-4 REPORT

2

IS THIS AN AMENDMENT?  Yes  No *Jimmy Dantz*

**COMMITTEE INFORMATION**

1. Full name of committee (as on Statement of Organization)  Check if this is a new name  
*People For Pritchard*

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  
*12836 Caliburn Ct.*

5. City, state, ZIP code  
*Fishers IN 46038*

6. Party affiliation (if applicable)  
*Republican*

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

7. Full name of candidate (include any nickname)  
*Eileen N Pritchard*

8. Party affiliation or if independent candidate  
*Republican*

9. Office sought (Include district number, if any. Not required for exploratory committee.)  
*Fishers Town 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:	COLUMN A This Period	COLUMN B Year to Date
From: <i>1/1/05</i> Through: <i>12/31/05</i>		
13. Cash on hand and investments at the beginning of this reporting period.	<i>838.14</i>	
14. Cash on hand and investments January 1, current year.		<i>588.14</i>

**CONTRIBUTIONS AND RECEIPTS**

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

15a. Itemized (use Schedule A)	<i>None</i>	
15b. Unitemized		
15c. Add lines 15a and 15b in both columns	<b>SUBTOTAL</b>	<i>0.00</i>
16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B	<b>TOTAL</b>	<i>838.14</i>

**EXPENDITURES**

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

17a. Itemized (use Schedule B) (Public Question: use Schedule C)	<i>250.00</i>	
17b. Unitemized		
17c. Add lines 17a and 17b in both columns	<b>SUBTOTAL</b>	<i>250.00</i>
18. Cash on hand and investments at close of this reporting period (subtract 17c from 16 in both columns)	<b>TOTAL</b>	<i>588.14</i>
19. Debts OWED BY the committee (use Schedule D)	<i>0.00</i>	
20. Debts OWED TO the committee (use Schedule E)	<i>0.00</i>	

**CERTIFICATION**

**FOR OFFICE USE ONLY**

Signature on File

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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 totalled 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	TYPE OF EXPENDITURE and PURPOSE (be specific)	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE OF EXPENDITURE
	OFFICE SOUGHT (if applicable)				
Code <u>C</u> Prevail Inc. 1100 S. 9th St. Noblesville, IN 46060		<input type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input checked="" type="checkbox"/> Other <u>Charitable</u> Purpose:	150.00	150.00	4/21/05
Code <u>C</u> Prevail Inc.		<input type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input checked="" type="checkbox"/> Other <u>Charitable</u> Purpose:	100.00	250.00	9/13/05
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:			
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:			
<b>SUBTOTAL THIS PAGE OF SCHEDULE B</b>			\$ 250		
<b>TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY</b>					