REPORT OF RECEIPTS AND EXPENDITURES OF A POLITICAL COMMITTEE

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

FILED 2007 AP 20

(CFA-4) Summary Sheet

FILE NUMBER
00
TOTAL PAGES IN ENTIRE CFA-4 REPORT
4

*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
Seidensticker For Council

2. Acronym or Abbreviated Name *(if any)*

3. Committee Telephone Number
(317) 414-9015

4. Mailing Address *(address where all campaign finance correspondence is received)* ☐ Check if this is a new address
P.O. BOX 3507

5. City, State, ZIP Code
CARMEL, IN 46082

6. Party Affiliation *(if applicable)*
Republican

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

7. Full Name of Candidate *(include any nickname)*
William Eric Seidensticker

8. Party Affiliation or If Independent Candidate
Republican

9. Office Sought *(Include district number, if any. **Not required for exploratory committee.**)*
CARMEL CITY COUNCIL DISTRICT 2

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: 1·29·07 Through: 4·13·07

	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)*	3612.39	3612.39
15b. Unitemized	1765.00	1765.00
15c. Add lines 15a and 15b in both columns **SUBTOTAL**	5377.39	5377.39
16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B **TOTAL**	5377.39	5377.39
EXPENDITURES		
(Note: These amounts include in-kind expenditures and loan repayments.)		
17a. Itemized *(use Schedule B) (Public Question: use Schedule C)*	4378.21	4378.21
17b. Unitemized	0	0
17c. Add lines 17a and 17b in both columns **SUBTOTAL**	4378.21	4378.21
18. Cash on hand and investments at close of this reporting period *(subtract 17c from 16 in both columns)* **TOTAL**	999.18	999.18
19. Debts OWED BY the committee *(use Schedule D)*		
20. Debts OWED TO the committee *(use Schedule E)*		

CERTIFICATION

Signature on File

FOR OFFICE USE ONLY
999.18

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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(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 *(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. Pattie A. WEYRETER 3678 WALDEN PLACE CARMEL, IN 46033 Contributor's Occupation *(if required)*	Contributions: [X] Direct [ ] In-Kind *(describe)* Other Receipts: [ ] Interest [ ] Loan [ ] Misc. *(specify)*	200.00	200.00	4/4/07 E. Seidensticker
2. Tomeen Seidensticker 10819 Jordan Road CARMEL, IN 46032 Contributor's Occupation *(if required)* Retired	Contributions: [X] Direct [ ] In-Kind *(describe)* Other Receipts: [ ] Interest [ ] Loan [ ] Misc. *(specify)*	500.00	500.00	4.4.07 E. Seidensticker
3. George Seidensticker 10819 Jordan Road CARMEL, IN 46032 Contributor's Occupation *(if required)* Retired	Contributions: [X] Direct [ ] In-Kind *(describe)* Other Receipts: [ ] Interest [ ] Loan [ ] Misc. *(specify)*	1000.00	1000.00	4.9.07 E. Seidensticker
4. Milton Banziger 4660 Wembly LN Carmel, IN 46033 Contributor's Occupation *(if required)* Retired	Contributions: [X] Direct [ ] In-Kind *(describe)* Other Receipts: [ ] Interest [ ] Loan [ ] Misc. *(specify)*	1000.00	1000.00	3.6.07 E. Seidensticker
5. ERIC Seidensticker 612 ASH DRIVE CARMEL, IN 46032 Contributor's Occupation *(if required)*	Contributions: [ ] Direct [X] In Kind *(describe)* Other Receipts: [ ] Interest [ ] Loan [ ] Misc. *(specify)* EN Graphics INV.	15.90	15.90	3.15.07 E. Seidensticker
SUBTOTAL THIS PAGE OF SCHEDULE A		2715.90		
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)*.

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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. Maco Press, INC. P.O. Box 329 Carmel, IN 46082	Contributions: ☐ Direct ☒ In-Kind *(describe)* PRINTING Letter/cards; Other Receipts: ☐ Interest ☐ Loan ☐ Misc. *(specify)*	209.50	209.50	2-28-07
2. Maco Press, INC. P.O. Box 329 Carmel, IN 46082	Contributions: ☐ Direct ☒ In-Kind *(describe)* Printing Calendar; Other Receipts: ☐ Interest ☐ Loan ☐ Misc. *(specify)*	461.99	671.49	3-30-07
3. McGowan INSURANCE GROUP, INC 10 WEST market Group, Suite 1850 INDIANAPOLIS, IN 46204-2872	Contributions: ☒ Direct ☐ In-Kind *(describe)*; Other Receipts: ☐ Interest ☐ Loan ☐ Misc. *(specify)*	125.00	125.00	4.4.07
4. Pendragon Press P.O. Box 50996 Indianapolis, Ind. 46250	Contributions: ☒ Direct ☐ In-Kind *(describe)*; Other Receipts: ☐ Interest ☐ Loan ☐ Misc. *(specify)*	100.00	100.00	4.4.07
5.	Contributions: ☐ Direct ☐ In-Kind *(describe)*; Other Receipts: ☐ Interest ☐ Loan ☐ Misc. *(specify)*			
	SUBTOTAL THIS PAGE OF SCHEDULE A	$ 896.49		
	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 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.

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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 A MACO Press P.O. Box 329 Carmel, IN 46082	DIST. 2 CARMEL CITY Council	☐ Direct ☒ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other Purpose: Printing	209.50	209.50	2-28-07
Code A MACO Press P.O. Box 329 Carmel, IN 46082	DIST. 2 Carmel City Council	☐ Direct ☒ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other Purpose: Printing	461.99	671.49	3-30-07
Code A Maco Press P.O. Box 329 Carmel, IN 46082	DIST. 2 Carmel City Council	☒ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other Purpose: signs, Pads	2522.69	3194.18	3-30-07
Code A Maco Press P.O. Box 329 Carmel, IN 46082	DIST. 2 Carmel City Council	☒ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other Purpose: mailer/Printing	662.91	3857.09	3-30-07
Code O Maco Press P.O. Box 329 Carmel, IN 46082	DIST. 2 Carmel City Council	☒ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other Purpose: Postage	505.22	4362.31	3-30-07
Code O		☐ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other Purpose:			
Code A Eric Seidensticker 612 ASH DRIVE Carmel, IN 46032	DIST 2 Carmel City Council	☐ Direct ☒ In Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other Purpose: ENGRAVING	15.90	15.90	3-15-07
		SUBTOTAL THIS PAGE OF SCHEDULE B	$		
		TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY (Enter total on ITEM 17a of the Summary Sheet)	$		