REPORT OF RECEIPTS AND EXPENDITURES OF A POLITICAL COMMITTEE

State Form 46608 (R13/11-05)
Indiana Election Commission (IC 3-9-5-14)

(CFA-4)
Summary Sheet

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

FILE NUMBER

TOTAL PAGES IN ENTIRE CFA-4 REPORT
5

COMMITTEE INFORMATION

1. Full Name of Committee (as on *Statement of Organization*) ☐ Check if this is a new name
Anne Slamkowski for Council

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
14408 Adios Pass

5. City, State, ZIP Code
Carmel IN 46032

6. Party Affiliation *(if applicable)*

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

7. Full Name of Candidate *(include any nickname)*
Anne Slamkowski

8. Party Affiliation or If Independent Candidate
Independent

9. Office Sought *(Include district number, if any. Not required for exploratory committee.)*
Carmel City Council District 1

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: Oct 20, 2007 Through: Dec. 13, 2007	COLUMN A This Period	COLUMN B Year to Date
13. Cash on hand and investments at the beginning of this reporting period.	514.73	
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)*	1849.98	3986.83
15b. Unitemized	375.00	2218.00
15c. Add lines 15a and 15b in both columns SUBTOTAL	2224.98	6184.83
16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B TOTAL	2739.71	6184.83
EXPENDITURES		
(Note: These amounts include in-kind expenditures and loan repayments.)		
17a. Itemized *(use Schedule B) (Public Question: use Schedule C)*	2723.31	6115.50
17b. Unitemized	16.40	69.33
17c. Add lines 17a and 17b in both columns SUBTOTAL	2739.71	6184.83
18. Cash on hand and investments at close of this reporting period *(subtract 17c from 16 in both columns)* TOTAL	0	0
19. Debts OWED BY the committee *(use Schedule D)*	0	
20. Debts OWED TO the committee *(use Schedule E)*	0	

CERTIFICATION

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

Signature on File

Title

Date 12-13-07

Date 12-13-07

or sale or used for any commercial purpose. *(IC 3-9-4-5)* A person who knowingly erson who fails to file a complete or accurate report as required by the Indiana Campaign Finance Law commits a Class D misdemeanor. *(IC 3-14-1-19)* 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

RECEIVED 2007 DEC 14 AM 9:35

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 2 of 5

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. Russell Johnson 10 W Elm St #504 Chicago, IL 60610 Contributor's Occupation *(if required)*	Contributions: ☒ Direct ☐ In-Kind *(describe)* Other Receipts: ☐ Interest ☐ Loan ☐ Misc. *(specify)*	250⁻	250⁻	11/20/07 A. Slamkowski
2. Ron Healy 12745 Kiawah Dr. Carmel, IN 46033 Contributor's Occupation *(if required)*	Contributions: ☒ Direct ☐ In-Kind *(describe)* Other Receipts: ☐ Interest ☐ Loan ☐ Misc. *(specify)*	500⁻	597⁻	12/10/07 A. Slamkowski
3. Anne Slamkowski 14408 Adios Pass Carmel, IN 46032 Contributor's Occupation *(if required)*	Contributions: ☐ Direct ☒ In-Kind *(describe)* Postage Other Receipts: ☐ Interest ☐ Loan ☐ Misc. *(specify)*	599 98	599 98	10/30/07 A. Slamkowski
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	$ 1349.98		
	TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY *(Enter total on ITEM 15a of the Summary Sheet)*	$ 1349.98		

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-4) CONTRIBUTIONS BY POLITICAL ACTION COMMITTEES

Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY POLITICAL ACTION COMMITTEES 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 political action committees **OVER $100** per contributor, within a calendar year **MUST** be itemized on this schedule *(over $200, if regular party committee)*. All transfers-in and in-kind contributions regardless of amount from political action committees **MUST** be itemized on this schedule. 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

Page 3 of 5

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. Carmel Citizens Alliance c/o Karen Carter 918 E. Auman Dr Carmel, IN 46032	Contributions: ☒ Direct ☐ In-Kind *(describe)* ____ Other Receipts: ☐ Interest ☐ Loan ☐ Misc. *(specify)* ____	500-	500-	10/29/07 / A. Slamkowski
2.	Contributions: ☐ Direct ☐ In-Kind *(describe)* ____ Other Receipts: ☐ Interest ☐ Loan ☐ Misc. *(specify)* ____			
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	$ 500-		
	TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY *(Enter total on ITEM 15a of the Summary Sheet)*	$ 500-		

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 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 4 of 5

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 Anne Slamkowski 14408 Adios Pass Carmel IN 46032	Candidate District 1 Carmel City Council	☐ Direct ☐ In-Kind ☒ Payment of Debt ☐ Returned Contribution ☐ Other Purpose: MAILER	782.23	782.23	12/1/07
Code O Anne Slamkowski 14408 Adios Pass Carmel 46032		☐ Direct ☐ In-Kind ☒ Payment of Debt ☐ Returned Contribution ☐ Other Purpose: Postage	398.19	1180.42	12/11/07
Code A Anne Slamkowski 14408 Adios Pass Carmel 46032		☐ Direct ☐ In-Kind ☒ Payment of Debt ☐ Returned Contribution ☐ Other Purpose: News Ad	359.28	1539.70	12/1/07
Code A Anne Slamkowski 14408 Adios Pass Carmel 46032		☐ Direct ☐ In-Kind ☒ Payment of Debt ☐ Returned Contribution ☐ Other Purpose: Flyer	583.63	2123.33	10/30/07
Code O Anne Slamkowski 14408 Adios Pass Carmel 46032	LINE ERROR	☐ Direct ☒ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other Purpose: POSTAGE	∅	∅	—
Code O USPS 275 Medical Dr Carmel 46032	Candidate donation	☐ Direct ☒ In-Kind ☒ Payment of Debt ☐ Returned Contribution ☐ Other Purpose: Postage	599.98	716.83	10/30/07
Code		☐ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other Purpose:			
		SUBTOTAL THIS PAGE OF SCHEDULE B	$2723.21		
		TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY *(Enter total on ITEM 17a of the Summary Sheet)*	$2723.21		

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 D) DEBTS OWED BY THIS COMMITTEE

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. List all debts and loans, regardless of the amount, **OWED BY** the committee during the reporting period. Include all amounts owed for or to lend institutions, individuals, credit purchases, committee credit card accounts, etc. List each vendor paid by credit card issued in the name of the committee in the ENDORSER'S column. A lender's occupation is required if an individual makes loans of at least $1,000 during the calendar year. Otherwise, this is optional.

FILE NUMBER

Page 5 of 5

CREDITOR'S OR LENDER'S NAME & MAILING ADDRESS (street, number, city, state, ZIP code)	ENDORSER'S OR VENDOR'S NAME & MAILING ADDRESS (if any) (street, number, city, state, ZIP code)	AMOUNT / NATURE OF DEBT	DATE DEBT INCURRED	CUMULATIVE PAID YEAR-TO-DATE	OUTSTANDING BALANCE THIS PERIOD
Anne Slamkowski 14408 Adios Pass Carmel 46032 LENDER'S OCCUPATION: Candidate	Maco Press 560 3rd Ave SW Carmel, IN 46032	583.63 loan	8/31/07	583.63	ϕ
Anne Slamkowski 14408 Adios Pass Carmel 46032 LENDER'S OCCUPATION:	Maco Press 560 3rd Ave SW Carmel 46032	782.23 loan	10/30/07	782.23	ϕ
Anne Slamkowski 14408 Adios Pass Carmel 46032 LENDER'S OCCUPATION:	USPS 275 Medical Dr Carmel 46032	398.19 loan	10/30/07	398.19	ϕ
Anne Slamkowski 14408 Adios Pass Carmel 46032 LENDER'S OCCUPATION:	Indianapolis Star PO Box 145 Indianapolis 46206	359.28 loan	10/30/07	359.28	ϕ
LENDER'S OCCUPATION:					
LENDER'S OCCUPATION:					
LENDER'S OCCUPATION:					
			SUBTOTAL THIS PAGE OF SCHEDULE D		$ ϕ
			TOTAL OF ALL PAGES OF SCHEDULE D ON THE LAST PAGE ONLY *(Enter total on ITEM 19 of the Summary Sheet)*		$ ϕ