M:\FAXFACTS\MAIL\CLAIMS\30559844.TIF[1] | 1/16/2007 12:14:26 PM

776-8218

FILED
Jan. 17
2007 JA 17 AM 8:28
CLERK, HAMILTON COUNTY COURTS

REPORT OF RECEIPTS AND EXPENDITURES OF A POLITICAL COMMITTEE

State Form 4606 (R13/11-06)
Indiana Election Commission (IC 3-9-5-14)

(CFA-4)
Summary Sheet

FILE NUMBER

TOTAL PAGES IN ENTIRE CFA-4 REPORT
2 1 of 2

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
BOB SMITH FOR CITY COUNCIL

2. Acronym or Abbreviated Name (if any)
BOB SMITH

3. Committee Telephone Number
( )

4. Mailing Address (address where all campaign finance correspondence is received) ☑ Check if this is a new address
1248 BRIDLEPATH DRIVE

5. City, State, ZIP Code
WESTFIELD, IN 46074

6. Party Affiliation (if applicable)
REP

CANDIDATE INFORMATION (For Candidate's Committees Only)

7. Full Name of Candidate (include any nickname)
ROBERT P. SMITH, II

8. Party Affiliation or if Independent Candidate
REP

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: 1-1-06 Through: 12-31-06

	COLUMN A This Period	COLUMN B Year to Date
13. Cash on hand and investments at the beginning of this reporting period.	213.98	
14. Cash on hand and investments January 1, current year.		213.98
CONTRIBUTIONS AND RECEIPTS		
(Note: these amounts include in-kind contributions and loans, as well as cash contributions.)		
15a. Itemized (use Schedule A)	-0-	-0-
15b. Unitemized	-0-	-0-
15c. Add lines 15a and 15b in both columns SUBTOTAL	-0-	-0-
16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B TOTAL	213.98	213.98
EXPENDITURES		
(Note: These amounts include in-kind expenditures and loan repayments.)		
17a. Itemized (use Schedule B) (Public Question: use Schedule C)	60.00	60.00
17b. Unitemized	-0-	-0-
17c. Add lines 17a and 17b in both columns SUBTOTAL	60.00	60.00
18. Cash on hand and investments at close of this reporting period (subtract 17c from 16 in both columns) TOTAL	153.98	153.98
19. Debts OWED BY the committee (use Schedule D)	-0-	
20. Debts OWED TO the committee (use Schedule E)	-0-	

CERTIFICATION

FOR OFFICE USE ONLY

Signature on File

FILED
JA 17 AM 8:28

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 ____ of ____

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 D NATIONAL CITY BANK ONE NATIONAL CITY PLAZA INDIANAPOLIS, IND. 46255		☑ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other Purpose: Bank Fees	60.00		Monthly
Code		☐ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other Purpose:			
Code		☐ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other Purpose:			
Code		☐ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other Purpose:			
Code		☐ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other Purpose:			
Code		☐ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other Purpose:			
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)			$		