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

2015 OCT 15 AM 7:29

TOTAL PAGES IN ENTIRE CFA-4 REPORT: 3

TAMMY BAITZ CLERK HAMILTON COUNTY COURT

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)*:
3. Committee Telephone Number: (317) 455-0156
4. Mailing Address *(address where all campaign finance correspondence is received)* ☐ Check if this is a new address: 425 Sonhatsett Dr.
5. City, State, ZIP Code: Westfield, IN 46074
6. Party Affiliation *(if applicable)*: Republican

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

7. Full Name of Candidate *(include any nickname)*: Robert T. Smith
8. Party Affiliation or If Independent Candidate: Republican
9. Office Sought *(include district number, if any. Not required for exploratory committee.)*: City Council Dist. #3
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

	COLUMN A This Period	COLUMN B Year to Date
12. Reporting Period: From: 4-10-15 Through: 10-12-15		
13. Cash on hand and investments at the beginning of this reporting period.	518.99	
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)*	750.00	
15b. Unitemized	-0-	
15c. Add lines 15a and 15b in both columns — SUBTOTAL	750.00	
16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B — TOTAL	1268.99	
EXPENDITURES *(Note: These amounts include in-kind expenditures and loan repayments.)*		
17a. Itemized *(use Schedule B) (Public Question: use Schedule C)*	1268.99	
17b. Unitemized	-0-	
17c. Add lines 17a and 17b in both columns — SUBTOTAL	1268.99	-0-
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

[redacted] BEST OF MY KNOWLEDGE AND BELIEF IT IS TRUE, CORRECT AND COMPLETE.

	Title	Date
[redacted]	Treasurer	10-15-15
[redacted]	10-12-15	10-15-15

[redacted] for sale or used for any commercial purpose. *(IC 3-9-4-5)* A person who knowingly [redacted] Class D felony. *(IC 3-14-1-13)* A person who fails to file a complete or accurate report as required by the Indiana

FOR OFFICE USE ONLY

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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.

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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. BRIAN J. ZAISEK 934 GRACE DR. Contributor's Occupation *(if required)*	Contributions: ☒ Direct ☐ In-Kind *(describe)* Other Receipts: ☐ Interest ☐ Loan ☐ Misc. *(specify)*	$250.00		
2. HALL & HOUSE LLC 3596 NEWHOUSE PLACE GREENWOOD, IN 46134 Contributor's Occupation *(if required)*	Contributions: ☐ Direct ☐ In-Kind *(describe)* Other Receipts: ☐ Interest ☐ Loan ☐ Misc. *(specify)*	$500.00		
3. Contributor's Occupation *(if required)*	Contributions: ☐ Direct ☐ In-Kind *(describe)* Other Receipts: ☐ Interest ☐ Loan ☐ Misc. *(specify)*			
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		$ 750.00		
TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY		$ [illegible]		

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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 ____ CSI Signs 555 Park 32 West Dr. Noblesville, IN 46062		☒ Direct ☐ In-Kind ☒ Payment of Debt ☐ Returned Contribution ☐ Other ____ Purpose:	$437.64		4-15-15
Code ____ FedEx Office Printing, 530 E Carmel Dr. Carmel, IN. 46032		☐ Direct ☐ In-Kind ☒ Payment of Debt ☐ Returned Contribution ☐ Other ____ Purpose:	315.65		4-16-15
Code ____ CSI Signs		☐ Direct ☐ In-Kind ☒ Payment of Debt ☐ Returned Contribution ☐ Other ____ Purpose:	175.00		4-28-15
Code ____ Yellow Tin Ball City of Westfield 130 Penn St. Westfield, IN.		☐ Direct ☐ In-Kind ☒ Payment of Debt ☐ Returned Contribution ☐ Other ____ Purpose:	87.00		
Code ____ Robert T. Smith 425 Sunhaven Dr. Westfield, IN. 46074		☐ Direct ☐ In-Kind ☐ Payment of Debt ☒ Returned Contribution ☐ Other ____ Purpose:	200.00		
Code ____ Service Charge Community Bank P.O. Box 1590 Noblesville, IN. 46061		☒ Direct ☐ In-Kind ☒ Payment of Debt ☐ Returned Contribution ☐ Other ____ Purpose:	$3.70		
Code ____		☐ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other ____ Purpose:			
		SUBTOTAL THIS PAGE OF SCHEDULE B	$1268.99		
		TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY (Enter total on ITEM 17a of the Summary Sheet)	$1268.99		