REPORT OF RECEIPTS AND EXPENDITURES OF A POLITICAL COMMITTEE

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

FILED

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TAMMY BAITZ
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(CFA-4) Summary Sheet

FILE NUMBER

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: Bob Smith for City Council
2. Acronym or Abbreviated Name *(if any)*:
3. Committee Telephone Number: (317) 439-0156
4. Mailing Address *(address where all campaign finance correspondence is received)* ☐ Check if this is a new address: 425 Somhatsett 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 J. Smith
8. Party Affiliation or if Independent Candidate: Republican
9. Office Sought *(include district number, if any. Not required for exploratory committee.)*: Westfield 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

12. Reporting Period: From: 1-1-15 Through: 4-10-15

	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)*	$1,000.00	$1,000.00
15b. Unitemized	-0-	-0-
15c. Add lines 15a and 15b in both columns SUBTOTAL	$1,000.00	$1,000.00
16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B TOTAL	$1,000.00	$1,000.00
EXPENDITURES		
(Note: These amounts include in-kind expenditures and loan repayments.)		
17a. Itemized *(use Schedule B) (Public Question: use Schedule C)*	481.01	481.01
17b. Unitemized	-0-	-0-
17c. Add lines 17a and 17b in both columns SUBTOTAL	481.01	481.01
18. Cash on hand and investments at close of this reporting period *(subtract 17c from 16 in both columns)* TOTAL	$518.99	$518.99
19. Debts OWED BY the committee *(use Schedule D)*	-0-	
20. Debts OWED TO the committee *(use Schedule E)*	-0-	

[redacted]

TION

NOWLEDGE AND BELIEF IT IS TRUE, CORRECT AND COMPLETE.

[illegible]	Date 4-11-15
—	Date 4-11-15

used for any commercial purpose. *(IC 3-9-4-5)* A person who knowingly fails to file a complete or accurate report as required by the Indiana [illegible]

FOR OFFICE USE ONLY

TAMMY BAITZ
CLERK
HAMILTON COUNTY COURTS

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OF A POLITICAL COMMITTEE
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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 16a 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 _____ of _____

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. Residential Title Services 3105 East 96th St. Suite 170 Indianapolis, IN. 46280 Contributor's Occupation *(if required)*	Contributions: ☒ Direct ☐ In-Kind *(describe)* Other Receipts: ☐ Interest ☐ Loan ☐ Misc. *(specify)*	$300.00	$300.00	3-19-15
2. Robert J. Smith 425 Sonhatsett Dr Westfield, IN. 46074 Contributor's Occupation *(if required)*	Contributions: ☐ Direct ☐ In-Kind *(describe)* Other Receipts: ☐ Interest ☒ Loan ☐ Misc. *(specify)*	$200.00	$200.00	
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		$ 500.00		
TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY *(Enter total on ITEM 16a of the Summary Sheet)*		$ 500.00		

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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)*.

FILE NUMBER

Page _____ of _____

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. Hamilton Co. Proffessional Firefighters Local 4416 PAC 399 South 14th St. Noblesville, IN. 46060	Contributions: ☒ Direct ☐ In-Kind *(describe)* ____ Other Receipts: ☐ Interest ☐ Loan ☐ Misc. *(specify)* ____	$500.00	500.00	
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		$ 500.00		
TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY *(Enter total on ITEM 15a of the Summary Sheet)*		$ 500.00		

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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.

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 A CSI Signs. 555 Park 32 W. Dr. Noblesville	Political Signs	☒ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other _____ Purpose:	437.63	437.63	3-27-15
Code A CSI Signs. 555 Park 32 W. Dr. Noblesville, IN 46074	Political Signs.	☒ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other _____ Purpose:	25.38	25.38	3-30-15
Code _____ Community Bank Westfield, IN. 46074	Service Charge Checks.	☒ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other _____ Purpose:	18.00	18.00	3-20-15
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	$ 481.01		
		TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY *(Enter total on ITEM 17a of the Summary Sheet)*	$ 481.01		