# 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 |
|---|
| |

| TOTAL PAGES IN ENTIRE CFA-4 REPORT |
|---|
| 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
BOBBY SMITH FOR WESTFIELD CITY COUNCIL DISTRICT 4

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

3. Committee Telephone Number
317, 902-0066

4. Mailing Address *(address where all campaign finance correspondence is received)* ☐ Check if this is a new address
1278 BRIDGEPORT DRIVE

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

6. Party Affiliation *(if applicable)*
REPUBLICAN

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

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

8. Party Affiliation or If Independent Candidate
REPUBLICAN

9. Office Sought *(Include district number, if any. **Not required for exploratory committee.**)*
WESTFIELD CITY COUNCIL DISTRICT 4

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: 4-16-15 Through: 12-31-15

| | COLUMN A This Period | COLUMN B Year to Date |
|---|---|---|
| 13. Cash on hand and investments at the beginning of this reporting period. | $575.00 | |
| 14. Cash on hand and investments January 1, current year. | | Ø |
| **CONTRIBUTIONS AND RECEIPTS** | | |
| *(Note: these amounts include in-kind contributions and loans, as well as cash contributions.)* | | |
| 15a. Itemized *(use Schedule A)* | Ø | Ø |
| 15b. Unitemized | Ø | Ø |
| 15c. Add lines 15a and 15b in both columns **SUBTOTAL** | Ø | Ø |
| 16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B **TOTAL** | $575.00 | Ø |
| **EXPENDITURES** | | |
| *(Note: These amounts include in-kind expenditures and loan repayments.)* | | |
| 17a. Itemized *(use Schedule B) (Public Question: use Schedule C)* | $575.00 | Ø |
| 17b. Unitemized | Ø | Ø |
| 17c. Add lines 17a and 17b in both columns **SUBTOTAL** | $575.00 | 0.00 |
| 18. Cash on hand and investments at close of this reporting period *(subtract 17c from 16 in both columns)* **TOTAL** | 0.00 | 0.00 |
| 19. Debts OWED BY the committee *(use Schedule D)* | Ø | |
| 20. Debts OWED TO the committee *(use Schedule E)* | Ø | |

**CERTIFICATION**

I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF IT IS TRUE, CORRECT AND COMPLETE.

| Title | Date |
|---|---|
| TREASURER | 1-18-16 |
| | 1-18-16 |

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

2016 JAN 19 PM 2:41

TAMMY BAITZ
CLERK
HAMILTON COUNTY COURTS

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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 2 of 2

| 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<br>CAPITOL PROMOTIONS, INC<br>P.O BOX 231<br>GLENSIDE, PA 19038 | | ☒ Direct ☐ In-Kind<br>☐ Payment of Debt<br>☐ Returned Contribution<br>☐ Other<br>Purpose: | $397.00 | $397.00 | 4-22-15 |
| Code O<br>PAPA JOHN'S<br>STAFF DINNER<br>CARMEL, IN 46033 | | ☒ Direct ☐ In-Kind<br>☐ Payment of Debt<br>☐ Returned Contribution<br>☐ Other<br>Purpose: | $104.00 | $104.00 | 5-6-15 |
| Code O<br>KROGER GAS<br>161ST ST./SPRINGMILL<br>WESTFIELD, IN 46074 | | ☒ Direct ☐ In-Kind<br>☐ Payment of Debt<br>☐ Returned Contribution<br>☒ Other SIGN<br>Purpose: PLACEMENT | $36.65 | $36.65 | 4-27-15 |
| Code O<br>KROGER GAS<br>161ST ST./SPRINGMILL<br>WESTFIELD, IN 46074 | | ☒ Direct ☐ In-Kind<br>☐ Payment of Debt<br>☐ Returned Contribution<br>☐ Other SIGN<br>Purpose: REMOVAL | $37.35 | $37.35 | 5-12-15 |
| Code | | ☐ Direct ☐ In-Kind<br>☐ Payment of Debt<br>☐ Returned Contribution<br>☐ Other<br>Purpose: | | | |
| Code | | ☐ Direct ☐ In-Kind<br>☐ Payment of Debt<br>☐ Returned Contribution<br>☐ Other<br>Purpose: | | | |
| Code | | ☐ Direct ☐ In-Kind<br>☐ Payment of Debt<br>☐ Returned Contribution<br>☐ Other<br>Purpose: | | | |
| **SUBTOTAL THIS PAGE OF SCHEDULE B** | | | $575.00 | | |
| **TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY** *(Enter total on ITEM 17a of the Summary Sheet)* | | | $575.00 | | |