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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: 3

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

	COLUMN A This Period	COLUMN B Year to Date
12. Reporting Period: From: 1-1-15 Through: 4-15-15		
13. Cash on hand and investments at the beginning of this reporting period. $1000.00		
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)*	$1000.00	$1000.00
15b. Unitemized		
15c. Add lines 15a and 15b in both columns SUBTOTAL	$1000.00	$1000.00
16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B TOTAL	$1000.00	$1000.00
EXPENDITURES		
(Note: These amounts include in-kind expenditures and loan repayments.)		
17a. Itemized *(use Schedule B) (Public Question: use Schedule C)*	$425.00	$425.00
17b. Unitemized		
17c. Add lines 17a and 17b in both columns SUBTOTAL	$425.00	$425.00
18. Cash on hand and investments at close of this reporting period *(subtract 17c from 16 in both columns)* TOTAL	$575.00	$575.00
19. Debts OWED BY the committee *(use Schedule D)*	Ø	
20. Debts OWED TO the committee *(use Schedule E)*	Ø	

[redacted]

[redacted]TIFICATION

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

Title TREASURER	Date 4-15-15
	Date 4-15-15

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

FILED

APR 15 2015

Tammy Baitz
CLERK OF THE HAMILTON SUPERIOR COURT

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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

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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. INDIANA RECLAMATION & EXCAVATING, INC. 7720 RECORDS STREET INDIANAPOLIS, IN 46226	Contributions: [X] Direct [ ] In-Kind *(describe)* Other Receipts: [ ] Interest [ ] Loan [ ] Misc. *(specify)*	$500.00	$500.00	3-26-15 / BS
2. PYLE'S POOLS, INC. 6852 HAWTHORN PARK DR. INDIANAPOLIS, IN 46220	Contributions: [X] Direct [ ] In-Kind *(describe)* Other Receipts: [ ] Interest [ ] Loan [ ] Misc. *(specify)*	$500.00	$500.00	3-20-15 / BS
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	$ 1000.00		
	TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY *(Enter total on ITEM 15a of the Summary Sheet)*	$ 1000.00		

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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

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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 A NAME TAG COUNTRY 1899 DALTON BLVD. PO BOX 15068 CHATTANOOGA, TN 37405		☒ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other Purpose:	$33.00	$33.00	4-1-15
Code A CAPITOL PROMOTIONS INC PO BOX 231 GLENSIDE, PA 19038		☒ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other Purpose:	$392.00	$392.00	4-3-15
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:			
Code		☐ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other Purpose:			
SUBTOTAL THIS PAGE OF SCHEDULE B			$425.00		
TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY *(Enter total on ITEM 17a of the Summary Sheet)*			$425.00		