REPORT OF RECEIPTS AND EXPENDITURES OF A POLITICAL COMMITTEE

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

FILED
2009 JA 20 AM 8: 4
PEGGY BEAVER
CLERK
HAMILTON COUNTY COU

(CFA-4)
Summary Sheet

| FILE NUMBER |
|---|
| (7) |
| TOTAL PAGES IN ENTIRE CFA-4 REPORT |
| |

*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
REELECT WARD SURVEYOR

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

3. Committee Telephone Number
(317) 773-8352

4. Mailing Address *(address where all campaign finance correspondence is received)* ☐ Check if this is a new address
107 WATERMAN DR

5. City, State, ZIP Code
NOBLESVILLE, IN 46060

6. Party Affiliation *(if applicable)*
REPUBLICAN

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

7. Full Name of Candidate *(include any nickname)*
KENTON C. WARD

8. Party Affiliation or If Independent Candidate
REPUBLICAN

9. Office Sought *(Include district number, if any. Not required for exploratory committee.)*
HAMILTON COUNTY SURVEYOR

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: 1-1-08 Through: 12-31-08 | COLUMN A This Period | COLUMN B Year to Date |
|---|---|---|
| 13. Cash on hand and investments at the beginning of this reporting period. | 5697.32 | |
| 14. Cash on hand and investments January 1, current year. | | 5697.32 |
| **CONTRIBUTIONS AND RECEIPTS** | | |
| *(Note: these amounts include in-kind contributions and loans, as well as cash contributions.)* | | |
| 15a. Itemized *(use Schedule A)* | — | — |
| 15b. Unitemized | — | — |
| 15c. Add lines 15a and 15b in both columns SUBTOTAL | — | — |
| 16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B TOTAL | 5697.32 | 5697.32 |
| **EXPENDITURES** | | |
| *(Note: These amounts include in-kind expenditures and loan repayments.)* | | |
| 17a. Itemized *(use Schedule B) (Public Question: use Schedule C)* | 1000.00 ~~1129.31~~ | 1000.00 ~~1129.31~~ |
| 17b. Unitemized | 549.00 ~~449.00~~ | 549.00 ~~419.69~~ |
| 17c. Add lines 17a and 17b in both columns SUBTOTAL | 1549.00 | 1549.00 |
| 18. Cash on hand and investments at close of this reporting period *(subtract 17c from 16 in both columns)* TOTAL | 4148.32 | 4148.32 |
| 19. Debts OWED BY the committee *(use Schedule D)* | -0- | |
| 20. Debts OWED TO the committee *(use Schedule E)* | -0- | |

**CERTIFICATION**

I C[illegible] THE BEST OF MY KNOWLEDGE AND BELIEF IT IS TRUE, CORRECT AND COMPLETE

Signature on File

| Si[illegible] | Title TREASURER | Date 1/12/09 |
|---|---|---|
| Si[illegible] | | Date 1/12/09 |

W[illegible] copied for sale or used for any commercial purpose. (IC 3-9-4-5) A person who knowingly files a fraudulent report commits a Class D felony. (IC 3-14-1-13) A person who fails to file a complete or accurate report as required by the Indiana Campaign Finance Law commits a Class B misdemeanor. (IC 3-14-1-14) 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

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 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.

| 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. Contributor's Occupation *(if required)* _____ | Contributions: ☐ Direct ☐ In-Kind *(describe)* _____ Other Receipts: ☐ Interest ☐ Loan ☐ Misc. *(specify)* _____ | | | |
| 2. Contributor's Occupation *(if required)* _____ | Contributions: ☐ Direct ☐ In-Kind *(describe)* _____ Other Receipts: ☐ Interest ☐ Loan ☐ Misc. *(specify)* _____ | | | |
| 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 | | $ 0 | | |
| TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY *(Enter total on ITEM 15a of the Summary Sheet)* | | $ 0 | | |

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 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. | Contributions: ☐ Direct ☐ In-Kind *(describe)* _____ Other Receipts: ☐ Interest ☐ Loan ☐ Misc. *(specify)* _____ | | | |
| 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 | $ 0 | | |
| | TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY *(Enter total on ITEM 15a of the Summary Sheet)* | $ 0 | | |

REPORT OF RECEIPTS AND EXPENDITURES
OF A POLITICAL COMMITTEE
State Form 46006 (R13/11-05)
Indiana Election Commission (IC 3-9-5-14)

# (CFA-4 SCHEDULE A-3) CONTRIBUTIONS BY LABOR ORGANIZATIONS

## Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY LABOR ORGANIZATIONS 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 labor organizations 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. | Contributions: ☐ Direct ☐ In-Kind *(describe)* _____ Other Receipts: ☐ Interest ☐ Loan ☐ Misc. *(specify)* _____ | | | |
| 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 | $ 0 | | |
| | TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY *(Enter total on ITEM 15a of the Summary Sheet)* | $ 0 | | |

REPORT OF RECEIPTS AND EXPENDITURES
OF A POLITICAL COMMITTEE
State Form 46005 (R13/11-05)
Indiana Election Commission (IC 3-9-5-14)

# (CFA-4 SCHEDULE A-4)
# CONTRIBUTIONS BY POLITICAL ACTION COMMITTEES
## Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY POLITICAL ACTION COMMITTEES 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 political action committees OVER $100 per contributor, within a calendar year MUST be itemized on this schedule *(over $200, if regular party committee)*. All transfers-in and in-kind contributions regardless of amount from political action committees MUST be itemized on this schedule. 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. | Contributions: ☐ Direct ☐ In-Kind *(describe)* _____ Other Receipts: ☐ Interest ☐ Loan ☐ Misc. *(specify)* _____ | | | |
| 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 | | $ 0 | | |
| TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY *(Enter total on ITEM 15a of the Summary Sheet)* | | $ 0 | | |

REPORT OF RECEIPTS AND EXPENDITURES
OF A POLITICAL COMMITTEE
State Form 4506 (R13/11-05)
Indiana Election Commission (IC 3-9-5-14)

# (CFA-4 SCHEDULE A-5) CONTRIBUTIONS BY OTHER ORGANIZATIONS

## Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY ORGANIZATIONS OTHER THAN CORPORATIONS, LABOR ORGANIZATIONS, POLITICAL ACTION COMMITTEES AND 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 other entities OVER $100 per contributor, within a calendar year MUST be itemized on this schedule *(over $200, if regular party committee)*. All transfers-in and in-kind contributions regardless of amount from candidate's, legislative caucus, and regular party committees MUST be itemized on this schedule. 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. | Contributions: ☐ Direct ☐ In-Kind *(describe)* _____ Other Receipts: ☐ Interest ☐ Loan ☐ Misc. *(specify)* _____ | | | |
| 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 | | $ 0 | | |
| TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY *(Enter total on ITEM 15a of the Summary Sheet)* | | $ 0 | | |

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**

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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 ____ DRP FOR TWP GOVT 107 WATERMAN DR NOBLESVILLE, IN 46060 | | ☒ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other ____ Purpose: CONTRIBUTION | 300.00 | | 9/15/09 |
| Code ____ NOBLESVILLE BOYS & GIRLS CLUB CONNER ST NOBLESVILLE, IN 46060 | | ☒ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other ____ Purpose: TEAM SPONSOR | 200.00 | | 9/27/09 |
| Code ____ DRP FOR TWP GOVT | | ☒ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other ____ Purpose: CONTRIBUTION | 500.00 | | 10/12/09 |
| 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 | $ 1000.00 | | |
| | | TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY *(Enter total on ITEM 17a of the Summary Sheet)* | $ 1,000.00 | | |

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 C)
# ITEMIZED EXPENDITURES
## For Public Questions

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. All cumulative expenses or transfers-out, regardless of amount paid to political committees supporting or opposing a public question, MUST be itemized on this schedule.

**FILE NUMBER**

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**PUBLIC QUESTION INFORMATION**

Enter Text of Public Question

Type of Question: ☐ Statewide ☐ Local

Position: ☐ Supported ☐ Opposed

| RECIPIENT'S NAME AND MAILING ADDRESS (street, number, city, state, ZIP code) | RECIPIENT'S OCCUPATION | TYPE OF EXPENDITURE and PURPOSE (be specific) | COLUMN A AMOUNT THIS PERIOD | COLUMN B CUMULATIVE YEAR-TO-DATE | DATE OF EXPENDITURE |
|---|---|---|---|---|---|
| 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: | | | |
| 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 C | $ | | |
| | | TOTAL OF ALL PAGES OF SCHEDULE C ON THE LAST PAGE ONLY<br>*(Enter total on ITEM 17a of the Summary Sheet)* | $ | | |

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 D)
# DEBTS OWED BY THIS COMMITTEE

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. List all debts and loans, regardless of the amount, OWED BY the committee during the reporting period. Include all amounts owed for or to lend institutions, individuals, credit purchases, committee credit card accounts, etc. List each vendor paid by credit card issued in the name of the committee in the ENDORSER'S column. A lender's occupation is required if an individual makes loans of at least $1,000 during the calendar year. Otherwise, this is optional.

FILE NUMBER

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| CREDITOR'S OR LENDER'S NAME & MAILING ADDRESS (street, number, city, state, ZIP code) | ENDORSER'S OR VENDOR'S NAME & MAILING ADDRESS (if any) (street, number, city, state, ZIP code) | AMOUNT / NATURE OF DEBT | DATE DEBT INCURRED | CUMULATIVE PAID YEAR-TO-DATE | OUTSTANDING BALANCE THIS PERIOD |
|---|---|---|---|---|---|
| LENDER'S OCCUPATION: | | | | | |
| LENDER'S OCCUPATION: | | | | | |
| LENDER'S OCCUPATION: | | | | | |
| LENDER'S OCCUPATION: | | | | | |
| LENDER'S OCCUPATION: | | | | | |
| LENDER'S OCCUPATION: | | | | | |
| LENDER'S OCCUPATION: | | | | | |
| | | SUBTOTAL THIS PAGE OF SCHEDULE D | | | $ |
| | | TOTAL OF ALL PAGES OF SCHEDULE D ON THE LAST PAGE ONLY (Enter total on ITEM 19 of the Summary Sheet) | | | $ |

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 E)
# DEBTS OWED TO THIS COMMITTEE

| FILE NUMBER |
|---|
| |
| Page _____ of _____ |

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. List all debts and loans, regardless of the amount, OWED TO the committee during the reporting period. Include all amounts the committee has loaned to others.

| BORROWER'S NAME & MAILING ADDRESS (street, number, city, state, ZIP code) | CO-SIGNER'S NAME & MAILING ADDRESS (if any) (street, number, city, state, ZIP code) | ORIGINAL AMOUNT / NATURE OF DEBT | DATE DEBT INCURRED | CUMULATIVE PAID YEAR-TO-DATE | OUTSTANDING BALANCE THIS PERIOD |
|---|---|---|---|---|---|
| | | | | | |
| | | | | | |
| | | | | | |

REPORT OF RECEIPTS AND EXPENDITURES
OF A POLITICAL COMMITTEE
State Form 46005 (R13/11-05)
Indiana Election Commission (IC 3-9-5-14)

# (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.

**FILE NUMBER**

Page _____ of _____

| CONTRIBUTOR'S FULL NAME AND OCCUPATION<br>FULL MAILING ADDRESS<br>*(street, number, city, state, ZIP code)* | TYPE OF CONTRIBUTION OR OTHER RECEIPT | COLUMN A<br>AMOUNT THIS PERIOD | COLUMN B<br>CUMULATIVE YEAR-TO-DATE | DATE RECEIVED<br>RECEIVED BY |
|---|---|---|---|---|
| 1.<br>Contributor's Occupation *(if required)* _____ | Contributions:<br>☐ Direct<br>☐ In-Kind *(describe)* _____<br>Other Receipts:<br>☐ Interest ☐ Loan<br>☐ Misc. *(specify)* _____ | | | |
| 2.<br>Contributor's Occupation *(if required)* _____ | Contributions:<br>☐ Direct<br>☐ In-Kind *(describe)* _____<br>Other Receipts:<br>☐ Interest ☐ Loan<br>☐ Misc. *(specify)* _____ | | | |
| 3.<br>Contributor's Occupation *(if required)* _____ | Contributions:<br>☐ Direct<br>☐ In-Kind *(describe)* _____<br>Other Receipts:<br>☐ Interest ☐ Loan<br>☐ Misc. *(specify)* _____ | | | |
| 4.<br>Contributor's Occupation *(if required)* _____ | Contributions:<br>☐ Direct<br>☐ In-Kind *(describe)* _____<br>Other Receipts:<br>☐ Interest ☐ Loan<br>☐ Misc. *(specify)* _____ | | | |
| 5.<br>Contributor's Occupation *(if required)* _____ | Contributions:<br>☐ Direct<br>☐ In-Kind *(describe)* _____<br>Other Receipts:<br>☐ Interest ☐ Loan<br>☐ Misc. *(specify)* _____ | | | |
| SUBTOTAL THIS PAGE OF SCHEDULE A | | $ | | |
| TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY<br>*(Enter total on ITEM 15a of the Summary Sheet)* | | $ | | |