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
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
Committee To Elect Whiteman

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

3. Committee Telephone Number
(317) 773-7948

4. Mailing Address *(address where all campaign finance correspondence is received)* ☐ Check if this is a new address
11501 E 206th Street

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)*
David Michael Whiteman

8. Party Affiliation or If Independent Candidate
Republican

9. Office Sought *(Include district number, if any. Not required for exploratory committee.)*
Hamilton County Commissioner Dist. 2

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: 4-11-08

	COLUMN A This Period	COLUMN B Year to Date
13. Cash on hand and investments at the beginning of this reporting period.	2,825.52	
14. Cash on hand and investments January 1, current year.		2,825.52
CONTRIBUTIONS AND RECEIPTS		
(Note: these amounts include in-kind contributions and loans, as well as cash contributions.)		
15a. Itemized *(use Schedule A)*	1,763.04	1,763.04
15b. Unitemized	1,049.99	1,049.99
15c. Add lines 15a and 15b in both columns SUBTOTAL	2,813.03	2,813.03
16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B TOTAL	5,638.55	5,638.55
EXPENDITURES		
(Note: These amounts include in-kind expenditures and loan repayments.)		
17a. Itemized *(use Schedule B) (Public Question: use Schedule C)*	4,477.54	4,477.54
17b. Unitemized	30	30
17c. Add lines 17a and 17b in both columns SUBTOTAL	4507.54	4,507.54
18. Cash on hand and investments at close of this reporting period *(subtract 17c from 16 in both columns)* TOTAL	1,131.01	1,131.01
19. Debts OWED BY the committee *(use Schedule D)*	3,000.00	
20. Debts OWED TO the committee *(use Schedule E)*	0	

2008 AP 18 AM 11:19
PEGGY BEAVER
CLERK
HAMILTON COUNTY COURTS

Signature on File

RTIFICATION
EST OF MY KNOWLEDGE AND BELIEF IT IS TRUE, CORRECT AND COMPLETE.

	Title	Date
		4-18-08
		4-18-08

FOR OFFICE USE ONLY

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

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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.

FILE NUMBER

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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. Richard Zimmerman, DDS 17800 Cumberland Road Noblesville, IN 46060 Contributor's Occupation (if required) orthodontist	Contributions: ☒ Direct ☐ In-Kind (describe) Other Receipts: ☐ Interest ☐ Loan ☐ Misc. (specify)	200.00	200.00	1/31/08 DW
2. David Dwyer, MD 14398 Jeremy Dr. Carmel, IN 46033 Contributor's Occupation (if required) Physician	Contributions: ☒ Direct ☐ In-Kind (describe) Other Receipts: ☐ Interest ☐ Loan ☐ Misc. (specify)	150.00	150.00	2/4/08 DW
3. Image Builder/Rowland Printing 199 N. 9th St Noblesville, IN 46060 Contributor's Occupation (if required) Printer	Contributions: ☐ Direct ☒ In-Kind (describe) printing Other Receipts: ☐ Interest ☐ Loan ☐ Misc. (specify)	1,413.04	1413.04	2/21/08 DW
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		$ 1,763.04		
TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY (Enter total on ITEM 15a of the Summary Sheet)		$ 1,763.04		

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State Form 4506 (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 F Mancinos Pizza 135 Sheridan Rd Noblesville, IN 46060		[X] Direct [ ] In-Kind [ ] Payment of Debt [ ] Returned Contribution [ ] Other Purpose: Fundraiser	125.00	125.00	2/21/08
Code O USPS Noblesville, IN 46060		[X] Direct [ ] In-Kind [ ] Payment of Debt [ ] Returned Contribution [ ] Other Purpose: Postage	369.00	369.00	2/11/2008
Code A Capitol Promotions P.O. Box 231 Glenside PA 19038		[X] Direct [ ] In-Kind [ ] Payment of Debt [ ] Returned Contribution [ ] Other Purpose: Magnets	674.00	674.00	1/29/08
Code A Poli graphics 340 Broadway Ave Saint Paul Park Mn 55071		[X] Direct [ ] In-Kind [ ] Payment of Debt [ ] Returned Contribution [ ] Other Purpose: yard signs	1,595.00	1,595.00	1/30/08
Code A Point Blank Internetwork 2762 E 55th Place Indianapolis, IN 46220		[X] Direct [ ] In-Kind [ ] Payment of Debt [ ] Returned Contribution [ ] Other Purpose: website	301.50	301.50	2/4/2008
Code A Image Builders/Rowland Printing 199 N. 9th St Noblesville, IN 46060		[ ] Direct [X] In-Kind [ ] Payment of Debt [ ] Returned Contribution [ ] Other Purpose: Printing	1,413.04	1,413.04	2/21/08
Code		[ ] Direct [ ] In-Kind [ ] Payment of Debt [ ] Returned Contribution [ ] Other Purpose:			
		SUBTOTAL THIS PAGE OF SCHEDULE B	$4,477.54		
		TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY *(Enter total on ITEM 17a of the Summary Sheet)*	$4,477.54		

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(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
David Whiteman 11501 E 206th ST Noblesville, IN 46060 LENDER'S OCCUPATION:		3,000.00 Loan	12-11-07	0	3,000.00
LENDER'S OCCUPATION:					
LENDER'S OCCUPATION:					
LENDER'S OCCUPATION:					
LENDER'S OCCUPATION:					
LENDER'S OCCUPATION:					
LENDER'S OCCUPATION:					

SUBTOTAL THIS PAGE OF SCHEDULE D $ 3,000

TOTAL OF ALL PAGES OF SCHEDULE D ON THE LAST PAGE ONLY
(Enter total on ITEM 19 of the Summary Sheet) $ 3,000