



REPORT OF RECEIPTS AND EXPENDITURES OF A POLITICAL COMMITTEE

State Form 4608 (R13/11-05) Indiana Election Commission (IC 3-9-5-14)

elections@hamiltoncounty.in.gov

TAMMY BAITZ CLERK HAMILTON COUNTY COURTS

(CFA-4)

Summary Sheet

FILE NUMBER

2016 JUL 15 PM 1:16

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.

TOTAL PAGES IN ENTIRE CFA-4 REPORT

IS THIS AN AMENDMENT? Yes No

COMMITTEE INFORMATION

1. Full Name of Committee (as on Statement of Organization) Bob for County Council
2. Acronym or Abbreviated Name (if any)
3. Committee Telephone Number (317) 5186435
4. Mailing Address (address where all campaign finance correspondence is received) 9032 Riden Dr., Fishers, IN 46038
5. City, State, ZIP Code Fishers, IN 46038
6. Party Affiliation (if applicable) DEM

CANDIDATE INFORMATION (For Candidate's Committees Only)

7. Full Name of Candidate (include any nickname) Robert D. Williams "Bob"
8. Party Affiliation or If Independent Candidate DEM
9. Office Sought (Include district number, if any. Not required for exploratory committee.) Hamilton County Council-at-Large
10. County of Residence Hamilton

TYPE OF REPORT

CONVENTION CANDIDATES ONLY

11. Check one: Pre-Primary Pre-Election Annual Nomination Other Final/Disbands Committee Outgoing Treasurer
Check one: Pre-Convention Post-Convention

12. Reporting Period: From 7/1/16 Through 7/15/16
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

15a. Itemized (use Schedule A) NONE
15b. Unitemized NONE
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

EXPENDITURES

17a. Itemized (use Schedule B) (Public Question: use Schedule C)
17b. Unitemized
17c. Add lines 17a and 17b in both columns SUBTOTAL
18. Cash on hand and investments at close of this reporting period (subtract 17c from 16 in both columns) TOTAL
19. Debts OWED BY the committee (use Schedule D)
20. Debts OWED TO the committee (use Schedule E)

CERTIFICATION

KNOWLEDGE AND BELIEF IT IS TRUE, CORRECT AND COMPLETE.

Date
Date 7/15/16

used for any commercial purpose. (IC 3-9-4-5) A person who knowingly or fails to file a complete or accurate report as required by the Indiana be subject to civil penalties. (IC 3-9-4-16, IC 3-9-4-17, IC 3-9-4-18)

FOR OFFICE USE ONLY

16 JUL 15 PM 1:16

TAMMY BAITZ CLERK HAMILTON COUNTY COURTS



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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 | |
|---------------------|--|
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| Page _____ of _____ | |

| CONTRIBUTOR'S FULL NAME AND OCCUPATION FULL MAILING ADDRESS <i>(street, number, city, state, ZIP code)</i> | TYPE OF CONTRIBUTION OR OTHER RECEIPT | COLUMN A AMOUNT THIS PERIOD | COLUMN B CUMULATIVE YEAR-TO-DATE | DATE RECEIVED RECEIVED BY |
|--|--|-----------------------------------|--|---------------------------------|
| 1. NMB N/A Contributor's Occupation (if required) _____ | Contributions: <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc. (specify) | 0 | 0 | 0 |
| 2. Contributor's Occupation (if required) _____ | Contributions: <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc. (specify) | | | |
| 3. Contributor's Occupation (if required) _____ | Contributions: <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc. (specify) | | | |
| 4. Contributor's Occupation (if required) _____ | Contributions: <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc. (specify) | | | |
| 5. Contributor's Occupation (if required) _____ | Contributions: <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc. (specify) | | | |
| SUBTOTAL THIS PAGE OF SCHEDULE A | | \$ 0 | | |
| TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY <i>(Enter total on ITEM 15a of the Summary Sheet)</i> | | \$ 0 | | |