



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) <input type="checkbox"/> Check if this is a new name Committee to Elect David Wyser | |
| 2. Acronym or Abbreviated Name (if any) | 3. Committee Telephone Number (317) 442-8813 |
| 4. Mailing Address (address where all campaign finance correspondence is received) <input type="checkbox"/> Check if this is a new address 11650 Olio Rd., Suite 1000-196 | |
| 5. City, State, ZIP Code Fishers, IN 46037 | 6. Party Affiliation (if applicable) Republican |

CANDIDATE INFORMATION (For Candidate's Committees Only)

| | |
|---|--|
| 7. Full Name of Candidate (include any nickname) David Wyser | 8. Party Affiliation or If Independent Candidate Republican |
| 9. Office Sought (Include district number, if any. Not required for exploratory committee.) Hamilton County Prosecutor | 10. County of Residence Hamilton |

TYPE OF REPORT

CONVENTION CANDIDATES ONLY

| | |
|---|---|
| 11. Check one: <input type="checkbox"/> Pre-Primary <input type="checkbox"/> Pre-Election <input type="checkbox"/> Annual <input type="checkbox"/> Nomination <input type="checkbox"/> Other _____ <input type="checkbox"/> Final/Disbands Committee (lines 18, 19, and 20 must be '0') <input checked="" type="checkbox"/> Outgoing Treasurer (within 10 days amend Statement of Organization) | Check one: <input type="checkbox"/> Pre-Convention <input type="checkbox"/> Post-Convention |
|---|---|

| | | |
|---|--------------------------------|---------------------------------|
| 12. Reporting Period: From: 1/1/09 Through: 1/20/09 | COLUMN A This Period | COLUMN B Year to Date |
| 13. Cash on hand and investments at the beginning of this reporting period. | \$47076.85 | |
| 14. Cash on hand and investments January 1, current year. | | \$47076.85 |

CONTRIBUTIONS AND RECEIPTS

| | | |
|--|-----------------|------------|
| <i>(Note: these amounts include in-kind contributions and loans, as well as cash contributions.)</i> | | |
| 15a. Itemized (use Schedule A) | \$0 | \$0 |
| 15b. Unitemized | \$0 | \$0 |
| 15c. Add lines 15a and 15b in both columns | SUBTOTAL | \$0 |
| 16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B | TOTAL | \$47076.85 |

EXPENDITURES

| | | |
|---|-----------------|------------|
| <i>(Note: These amounts include in-kind expenditures and loan repayments.)</i> | | |
| 17a. Itemized (use Schedule B) (Public Question: use Schedule C) | \$771.57 | \$771.57 |
| 17b. Unitemized | \$0 | \$0 |
| 17c. Add lines 17a and 17b in both columns | SUBTOTAL | \$771.57 |
| 18. Cash on hand and investments at close of this reporting period (subtract 17c from 16 in both columns) | TOTAL | \$46305.28 |
| 19. Debts OWED BY the committee (use Schedule D) | NA | |
| 20. Debts OWED TO the committee (use Schedule E) | NA | |

CERTIFICATION

Signature on File

I STATE UNDER PENALTY OF MY KNOWLEDGE AND BELIEF IT IS TRUE, CORRECT AND COMPLETE.

| | |
|--------------------|-----------------|
| Title Treasurer | Date 1/20/09 |
| | Date 1/20/09 |

for 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 4) 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

2009 JAN 20 PM 3:53
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HAMILTON COUNTY COURTS (7)



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OF A POLITICAL COMMITTEE**

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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 1 of 1 |

| RECIPIENT'S NAME AND MAILING ADDRESS <i>(street, number, city, state, ZIP code)</i> | RECIPIENT'S OCCUPATION | TYPE OF EXPENDITURE and PURPOSE <i>(be specific)</i> | COLUMN A AMOUNT THIS PERIOD | COLUMN B CUMULATIVE YEAR-TO-DATE | DATE OF EXPENDITURE |
|--|--|---|-----------------------------------|--|------------------------|
| | OFFICE SOUGHT <i>(if applicable)</i> | | | | |
| Code F David Wyser 10088 Springstone Road McCordsville, IN 46055 | Attorney Hamilton County Prosecutor | <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: Reimbursement for Fundraising Expense | \$771.57 | \$771.57 | 1/16/09 |
| Code _____ | | <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: | | | |
| Code _____ | | <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: | | | |
| Code _____ | | <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: | | | |
| Code _____ | | <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: | | | |
| Code _____ | | <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: | | | |
| Code _____ | | <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: | | | |
| SUBTOTAL THIS PAGE OF SCHEDULE B | | | \$771.57 | | |
| TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY <i>(Enter total on ITEM 17a of the Summary Sheet)</i> | | | \$771.57 | | |