REPORT OF RECEIPTS AND EXPENDITURES OF A POLITICAL COMMITTEE

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

FILED

(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.*

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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 ESTABLISH WESTFIELD VISION
2. Acronym or Abbreviated Name *(if any)*:
3. Committee Telephone Number: (317) 844.5271
4. Mailing Address *(address where all campaign finance correspondence is received)* ☐ Check if this is a new address: 128 SENATOR WAY
5. City, State, ZIP Code: CARMEL, IN 46032
6. Party Affiliation *(if applicable)*: REPUBLICAN

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

7. Full Name of Candidate *(include any nickname)*: ROBERT L. (BOB) HORKAY
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 5
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: 1.1.09 Through: 12.31.09		
13. Cash on hand and investments at the beginning of this reporting period.	860.82	
14. Cash on hand and investments January 1, current year.		860.82
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**	-0-	-0-
16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B **TOTAL**	860.82	860.82
EXPENDITURES		
(Note: These amounts include in-kind expenditures and loan repayments.)		
17a. Itemized *(use Schedule B) (Public Question: use Schedule C)*	175.99	175.99
17b. Unitemized		
17c. Add lines 17a and 17b in both columns **SUBTOTAL**	175.99	175.99
18. Cash on hand and investments at close of this reporting period *(subtract 17c from 16 in both columns)* **TOTAL**	684.83	684.83
19. Debts OWED BY the committee *(use Schedule D)*	$500.00	
20. Debts OWED TO the committee *(use Schedule E)*	-0-	

I CERTIFY THAT I H[illegible] OGE AND BELIEF IT IS TRUE, CORRECT AND COMPLETE.

Signature of Trea[illegible] Date 1.19.10

Signature of Can[illegible] Date 1.19.10

WARNING: Any info[illegible] any commercial purpose. *(IC 3-9-4-5)* A person who knowingly files a fraudulent re[illegible] file a complete or accurate report as required by the Indiana Campaign Finance L[illegible] t to civil penalties. *(IC 3-9-4-16, IC 3-9-4-17, IC 3-9-4-18)*

FOR OFFICE USE ONLY

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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.

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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 O FIFTH THIRD BANK P.O. BOX 630900 CINCINNATI, OH 45263	WESTFIELD CITY COUNCIL	☑ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other Purpose: BANK FEES	175.99	175.99	4.15-12.31.09
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:			
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	$ 175.99		
		TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY *(Enter total on ITEM 17a of the Summary Sheet)*	$		

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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.

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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
ROBERT L. HORKAY 1258 SENATOR WAY CARMEL, IN 46032 LENDER'S OCCUPATION:		$500.00 LOAN	4.22.06	-0-	$500.00
LENDER'S OCCUPATION:					
LENDER'S OCCUPATION:					
LENDER'S OCCUPATION:					
LENDER'S OCCUPATION:					
LENDER'S OCCUPATION:					
LENDER'S OCCUPATION:					
				SUBTOTAL THIS PAGE OF SCHEDULE D	$ 500.00
				TOTAL OF ALL PAGES OF SCHEDULE D ON THE LAST PAGE ONLY *(Enter total on ITEM 19 of the Summary Sheet)*	$ 500.00