REPORT OF RECEIPTS AND EXPENDITURES OF A POLITICAL COMMITTEE

State Form 46606 (R13/11-05)
Indiana Election Commission (IC 3-9-5-14)

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PEGGY BEAVER
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HAMILTON COUNTY COURT

(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 Drive

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: 4/11/08 Through: 10/15/08

	COLUMN A This Period	COLUMN B Year to Date
13. Cash on hand and investments at the beginning of this reporting period.	5277.63	
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	5277.63	5697.32
EXPENDITURES		
(Note: These amounts include in-kind expenditures and loan repayments.)		
17a. Itemized *(use Schedule B) (Public Question: use Schedule C)*	1129.31	1549.00
17b. Unitemized		
17c. Add lines 17a and 17b in both columns SUBTOTAL	1129.31	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 CERTIFY T[HAT] TO THE BEST OF MY KNOWLEDGE AND BELIEF IT IS TRUE, CORRECT AND COMPLETE

Signature **Signature on File** Title Treasurer Date 10/15/08

Signature Date 10/15/09

WARNING: [illegible] be copied for sale or used for any commercial purpose. (IC 3-8-4-5) A person who knowingly files a fraud[ulent] 14-1-13) A person who fails to file a complete or accurate report as required by the Indiana Campaign F[inance] C 3-14-1-14) and may be subject to civil penalties. (IC 3-8-4-16, IC 3-8-4-17, IC 3-8-4-18)

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)*	$		

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

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)*		$		

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-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)*	$		

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-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)*	$		

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
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)*	$		

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
Page _____ of _____

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 _____ HAMILTON COUNTY REPUBLICAN PARTY 7246 FISHERS CROSSING DR FISHERS, IN 46038		☒ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other _____ Purpose: DELEGATE FEE	80.00		5/12/08
Code _____ NATIONAL CONFERENCE OF REPUBLICAN COUNTY OFFICIALS		☒ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other _____ Purpose: DUES	20.00		5/27/08
Code _____ KENTON C. WARD 107 WATERMAN DR NOBLESVILLE IN 46060	COUNTY SURVEYOR	☒ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other _____ Purpose: MISC EXPENSES	29.31		6/2/08
Code _____ DRP FOR TWP GOVT 107 WATERMAN DR NOBLESVILLE, IN 46060		☒ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other _____ Purpose: CONTRIBUTION	300.00		9/15/08
Code _____ NOBLESVILLE BOYS & GIRLS CLUB CONNER ST NOBLESVILLE, IN		☒ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other _____ Purpose: TEAM SPONSOR	200.00		9/27/08
Code _____ DRP FOR TWP GOVT		☒ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other _____ Purpose: CONTRIBUTION	500.00		10/12/08
Code _____		☐ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other _____ Purpose:			
		SUBTOTAL THIS PAGE OF SCHEDULE B	$ 1129.31		
		TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY *(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 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
Page _____ of _____

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 ☐ 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 C	$		
		TOTAL OF ALL PAGES OF SCHEDULE C ON THE LAST PAGE ONLY *(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
Page _____ of _____

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 4605 (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
SUBTOTAL THIS PAGE OF SCHEDULE E					$
TOTAL OF ALL PAGES OF SCHEDULE E ON THE LAST PAGE ONLY *(Enter total on ITEM 20 of the Summary Sheet)*					$

REPORT OF RECEIPTS AND EXPENDITURES
OF A POLITICAL COMMITTEE
State Form 4605 (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	$		
	TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY *(Enter total on ITEM 15a of the Summary Sheet)*	$		