



# REPORT OF RECEIPTS AND EXPENDITURES OF A POLITICAL COMMITTEE

State Form 4606 (R12/11-04)  
Indiana Election Commission (IC 3-9-5-14)

## (CFA-4) Summary Sheet

FILE NUMBER

32-05-005

TOTAL PAGES IN ENTIRE CFA-4 REPORT

Page 1 of 10

**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 Gregory A. Zusan

2. Acronym or abbreviated name, if any

3. Committee telephone number

( 317 ) 272-0525

4. Mailing address (address where all campaign finance correspondence is received) ☐ Check if this is a new address

6696 Royal Lane

5. City, state, ZIP code

Avon, IN 46123

6. Party affiliation (if applicable)

Republican

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

7. Full name of candidate (include any nickname)

Gregory Allen Zusan

8. Party affiliation or if independent candidate

Republican

9. Office sought (include district number, if any. **Not required for exploratory committee.**)

Avon Town Council

10. County of residence

Hendricks

### 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 DATES ONLY

Check one:

☐ Pre-Convention

☐ Post-Convention

12. Reporting Period:

From: 01-01-2006

Through: 04-07-2006

COLUMN A  
This Period

COLUMN B  
Year to Date

13. Cash on hand and investments at the beginning of this reporting period.

1647.00

14. Cash on hand and investments January 1, current year.

1647.00

### CONTRIBUTIONS AND RECEIPTS

(Note: these amounts include in-kind contributions and loans, as well as cash contributions.)

15a. Itemized (use Schedule A)

1550.00

1550.00

15b. Unitemized

1318.95

1318.95

15c. Add lines 15a and 15b in both columns

SUBTOTAL

2868.95

2868.95

16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B

TOTAL

4515.95

4515.95

### EXPENDITURES

(Note: These amounts include in-kind expenditures and loan repayments.)

17a. Itemized (use Schedule B) (Public Question: use Schedule C)

188.92

188.92

17b. Unitemized

164.19

164.19

17c. Add lines 17a and 17b in both columns

SUBTOTAL

353.11

353.11

18. Cash on hand and investments at close of this reporting period (subtract 17c from 16 in both columns)

TOTAL

4162.84

4162.84

19. Debts OWED BY the committee (use Schedule D)

486.00

20. Debts OWED TO the committee (use Schedule E)

0.00

### CERTIFICATION

I CERTIFY THAT I HAVE EXAMINED THIS STATEMENT. TO THE BEST OF MY KNOWLEDGE AND BELIEF IT IS TRUE, CORRECT AND COMPLETE.

Signature of Treasurer

Title

TREASURER

Date

4/16/2006

Signature of Candidate (if applicable)

Date

4/16/2006

**WARNING:** Any information contained in this report may not be copied for sale or used for any commercial purpose. (IC 3-9-4-5) A person who knowingly files a fraudulent report commits a Class D felony. (IC 3-14-1-13) A person who fails to file a complete or accurate report as required by the Indiana Campaign Finance Law commits a Class B misdemeanor. (IC 3-14-1-14) and may be subject to civil penalties. (IC 3-9-4-16, IC 3-14-1-17, IC 3-9-4-18)

FOR OFFICE USE ONLY

17 2006

CIRCUIT COURT  
SUPERIOR



**REPORT OF RECEIPTS AND EXPENDITURES  
OF A POLITICAL COMMITTEE**

State Form 4606 (R12/11-04)  
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.

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| CONTRIBUTOR'S FULL NAME AND OCCUPATION<br>FULL MAILING ADDRESS<br><small>(street, number, city, state, ZIP code)</small>             | TYPE OF CONTRIBUTION<br>OR OTHER RECEIPT  | COLUMN A<br>AMOUNT THIS<br>PERIOD | COLUMN B<br>CUMULATIVE<br>YEAR-TO-DATE | DATE<br>RECEIVED<br>RECEIVED BY |
|--|---|-----------------------------------|--|---------------------------------|
| 1.<br>James P. Crowe<br>1442 Laurel Oak Dr.<br>Avon, IN 46123<br><br>Contributor's Occupation (if required) _____                    | Contributions:<br><input checked="" type="checkbox"/> Direct<br><input type="checkbox"/> In-Kind (describe) _____<br><br>Other Receipts:<br><input type="checkbox"/> Interest <input type="checkbox"/> Loan<br><input type="checkbox"/> Misc. (specify) _____ | 200.00                            | 200.00                                 | 01/02/2006<br><br>G. Zusan      |
| 2.<br>John Campbell<br>541 S. County Road<br>Avon, IN 46123<br><br>Contributor's Occupation (if required) <u>Building Contractor</u> | Contributions:<br><input checked="" type="checkbox"/> Direct<br><input type="checkbox"/> In-Kind (describe) _____<br><br>Other Receipts:<br><input type="checkbox"/> Interest <input type="checkbox"/> Loan<br><input type="checkbox"/> Misc. (specify) _____ | 1000.00                           | 1000.00                                | 01/28/2006<br><br>G. Zusan      |
| 3.<br>Rob Palmer<br>8913 Grandstaff Court<br>Springfield, VA 22153<br><br>Contributor's Occupation (if required) _____               | Contributions:<br><input checked="" type="checkbox"/> Direct<br><input type="checkbox"/> In-Kind (describe) _____<br><br>Other Receipts:<br><input type="checkbox"/> Interest <input type="checkbox"/> Loan<br><input type="checkbox"/> Misc. (specify) _____ | 125.00                            | 125.00                                 | 01/28/2006<br><br>G. Zusan      |
| 4.<br><br>Contributor's Occupation (if required) _____   | Contributions:<br><input type="checkbox"/> Direct<br><input type="checkbox"/> In-Kind (describe) _____<br><br>Other Receipts:<br><input type="checkbox"/> Interest <input type="checkbox"/> Loan<br><input type="checkbox"/> Misc. (specify) _____            |                                   |  |                                 |
| 5.<br><br>Contributor's Occupation (if required) _____   | Contributions:<br><input type="checkbox"/> Direct<br><input type="checkbox"/> In-Kind (describe) _____<br><br>Other Receipts:<br><input type="checkbox"/> Interest <input type="checkbox"/> Loan<br><input type="checkbox"/> Misc. (specify) _____            |                                   |  |                                 |
| SUBTOTAL THIS PAGE OF SCHEDULE A   |   | \$ 1325.00                        |  |                                 |
| TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY<br>(Enter total on ITEM 15a of the Summary Sheet)                             |   | \$                                |  |                                 |



**REPORT OF RECEIPTS AND EXPENDITURES  
OF A POLITICAL COMMITTEE**

State Form 4806 (R12/11-04)  
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).

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| CONTRIBUTOR'S FULL NAME AND<br>FULL MAILING ADDRESS<br>(street number, city, state, ZIP code)              | TYPE OF CONTRIBUTION<br>OR OTHER RECEIPT  | COLUMN A<br>AMOUNT THIS<br>PERIOD | COLUMN B<br>CUMULATIVE<br>YEAR-TO-DATE | DATE<br>RECEIVED<br>RECEIVED BY |
|--|---|-----------------------------------|--|---------------------------------|
| 1.<br><b>Diamond Collision Services, Inc.</b><br><b>292 S. County Road 800 E.</b><br><b>Avon, IN 46123</b> | Contributions:<br><input checked="" type="checkbox"/> Direct<br><input type="checkbox"/> In-Kind (describe)<br><br>Other Receipts:<br><input type="checkbox"/> Interest <input type="checkbox"/> Loan<br><input type="checkbox"/> Misc. (specify) | 225.00                            | 225.00                                 | 03/27/2006<br><br>G. Zusan      |
| 2.   | Contributions:<br><input type="checkbox"/> Direct<br><input type="checkbox"/> In-Kind (describe)<br><br>Other Receipts:<br><input type="checkbox"/> Interest <input type="checkbox"/> Loan<br><input type="checkbox"/> Misc. (specify)            |                                   |  |                                 |
| 3.   | Contributions:<br><input type="checkbox"/> Direct<br><input type="checkbox"/> In-Kind (describe)<br><br>Other Receipts:<br><input type="checkbox"/> Interest <input type="checkbox"/> Loan<br><input type="checkbox"/> Misc. (specify)            |                                   |  |                                 |
| 4.   | Contributions:<br><input type="checkbox"/> Direct<br><input type="checkbox"/> In-Kind (describe)<br><br>Other Receipts:<br><input type="checkbox"/> Interest <input type="checkbox"/> Loan<br><input type="checkbox"/> Misc. (specify)            |                                   |  |                                 |
| 5.   | Contributions:<br><input type="checkbox"/> Direct<br><input type="checkbox"/> In-Kind (describe)<br><br>Other Receipts:<br><input type="checkbox"/> Interest <input type="checkbox"/> Loan<br><input type="checkbox"/> Misc. (specify)            |                                   |  |                                 |
| SUBTOTAL THIS PAGE OF SCHEDULE A   |   | \$ 225.00                         |  |                                 |
| TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY<br>(Enter total on ITEM 15a of the Summary Sheet)   |   | \$                                |  |                                 |



**REPORT OF RECEIPTS AND EXPENDITURES  
OF A POLITICAL COMMITTEE**

State Form 4606 (R12/11-04)  
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).

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| CONTRIBUTOR'S FULL NAME AND<br>FULL MAILING ADDRESS<br><small>(street, number, city, state, ZIP code)</small>   | TYPE OF CONTRIBUTION<br>OR OTHER RECEIPT   | COLUMN A<br>AMOUNT THIS<br>PERIOD | COLUMN B<br>CUMULATIVE<br>YEAR-TO-DATE | DATE<br>RECEIVED<br><br>RECEIVED BY |
|---|--|-----------------------------------|--|-------------------------------------|
| 1.  | Contributions:<br><input type="checkbox"/> Direct<br><input type="checkbox"/> In-Kind (describe)<br>_____<br>Other Receipts:<br><input type="checkbox"/> Interest <input type="checkbox"/> Loan<br><input type="checkbox"/> Misc. (specify)<br>_____ |                                   |  |                                     |
| 2.  | Contributions:<br><input type="checkbox"/> Direct<br><input type="checkbox"/> In-Kind (describe)<br>_____<br>Other Receipts:<br><input type="checkbox"/> Interest <input type="checkbox"/> Loan<br><input type="checkbox"/> Misc. (specify)<br>_____ |                                   |  |                                     |
| 3.  | Contributions:<br><input type="checkbox"/> Direct<br><input type="checkbox"/> In-Kind (describe)<br>_____<br>Other Receipts:<br><input type="checkbox"/> Interest <input type="checkbox"/> Loan<br><input type="checkbox"/> Misc. (specify)<br>_____ |                                   |  |                                     |
| 4.  | Contributions:<br><input type="checkbox"/> Direct<br><input type="checkbox"/> In-Kind (describe)<br>_____<br>Other Receipts:<br><input type="checkbox"/> Interest <input type="checkbox"/> Loan<br><input type="checkbox"/> Misc. (specify)<br>_____ |                                   |  |                                     |
| 5.  | Contributions:<br><input type="checkbox"/> Direct<br><input type="checkbox"/> In-Kind (describe)<br>_____<br>Other Receipts:<br><input type="checkbox"/> Interest <input type="checkbox"/> Loan<br><input type="checkbox"/> Misc. (specify)<br>_____ |                                   |  |                                     |
| SUBTOTAL THIS PAGE OF SCHEDULE A  |  | \$ 0.00                           |  |                                     |
| TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY<br><i>(Enter total on ITEM 15a of the Summary Sheet)</i> |  | \$                                |  |                                     |



**REPORT OF RECEIPTS AND EXPENDITURES  
OF A POLITICAL COMMITTEE**  
State Form 4606 (R12/11-04)  
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*).

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| CONTRIBUTOR'S FULL NAME AND<br>FULL MAILING ADDRESS<br><small>street number, city, state ZIP code:</small> | TYPE OF CONTRIBUTION<br>OR OTHER RECEIPT   | COLUMN A<br>AMOUNT THIS<br>PERIOD | COLUMN B<br>CUMULATIVE<br>YEAR-TO-DATE | DATE<br>RECEIVED<br>RECEIVED BY |
|--|--|-----------------------------------|--|---------------------------------|
| 1.   | Contributions:<br><input type="checkbox"/> Direct<br><input type="checkbox"/> In-Kind (describe)<br><br>Other Receipts:<br><input type="checkbox"/> Interest <input type="checkbox"/> Loan<br><input type="checkbox"/> Misc. (specify) |                                   |  |                                 |
| 2.   | Contributions:<br><input type="checkbox"/> Direct<br><input type="checkbox"/> In-Kind (describe)<br><br>Other Receipts:<br><input type="checkbox"/> Interest <input type="checkbox"/> Loan<br><input type="checkbox"/> Misc. (specify) |                                   |  |                                 |
| 3.   | Contributions:<br><input type="checkbox"/> Direct<br><input type="checkbox"/> In-Kind (describe)<br><br>Other Receipts:<br><input type="checkbox"/> Interest <input type="checkbox"/> Loan<br><input type="checkbox"/> Misc. (specify) |                                   |  |                                 |
| 4.   | Contributions:<br><input type="checkbox"/> Direct<br><input type="checkbox"/> In-Kind (describe)<br><br>Other Receipts:<br><input type="checkbox"/> Interest <input type="checkbox"/> Loan<br><input type="checkbox"/> Misc. (specify) |                                   |  |                                 |
| 5.   | Contributions:<br><input type="checkbox"/> Direct<br><input type="checkbox"/> In-Kind (describe)<br><br>Other Receipts:<br><input type="checkbox"/> Interest <input type="checkbox"/> Loan<br><input type="checkbox"/> Misc. (specify) |                                   |  |                                 |
| SUBTOTAL THIS PAGE OF SCHEDULE A   |  | \$ 0.00                           |  |                                 |
| TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY<br>(Enter total on ITEM 15a of the Summary Sheet)   |  | \$                                |  |                                 |



**REPORT OF RECEIPTS AND EXPENDITURES  
OF A POLITICAL COMMITTEE**

State Form 4606 (R12/11-04)  
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 15g 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).

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| CONTRIBUTOR'S FULL NAME AND<br>FULL MAILING ADDRESS<br><small>(street, number, city, state, ZIP code)</small> | TYPE OF CONTRIBUTION<br>OR OTHER RECEIPT   | COLUMN A<br>AMOUNT THIS<br>PERIOD | COLUMN B<br>CUMULATIVE<br>YEAR-TO-DATE | DATE<br>RECEIVED<br>RECEIVED BY |
|---|--|-----------------------------------|--|---------------------------------|
| 1.  | Contributions:<br><input type="checkbox"/> Direct<br><input type="checkbox"/> In-Kind (describe)<br><br>Other Receipts:<br><input type="checkbox"/> Interest <input type="checkbox"/> Loan<br><input type="checkbox"/> Misc. (specify) |                                   |  |                                 |
| 2.  | Contributions:<br><input type="checkbox"/> Direct<br><input type="checkbox"/> In-Kind (describe)<br><br>Other Receipts:<br><input type="checkbox"/> Interest <input type="checkbox"/> Loan<br><input type="checkbox"/> Misc. (specify) |                                   |  |                                 |
| 3.  | Contributions:<br><input type="checkbox"/> Direct<br><input type="checkbox"/> In-Kind (describe)<br><br>Other Receipts:<br><input type="checkbox"/> Interest <input type="checkbox"/> Loan<br><input type="checkbox"/> Misc. (specify) |                                   |  |                                 |
| 4.  | Contributions:<br><input type="checkbox"/> Direct<br><input type="checkbox"/> In-Kind (describe)<br><br>Other Receipts:<br><input type="checkbox"/> Interest <input type="checkbox"/> Loan<br><input type="checkbox"/> Misc. (specify) |                                   |  |                                 |
| 5.  | Contributions:<br><input type="checkbox"/> Direct<br><input type="checkbox"/> In-Kind (describe)<br><br>Other Receipts:<br><input type="checkbox"/> Interest <input type="checkbox"/> Loan<br><input type="checkbox"/> Misc. (specify) |                                   |  |                                 |
| SUBTOTAL THIS PAGE OF SCHEDULE A  |  | \$ 0.00                           |  |                                 |
| TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY<br>(Enter total on ITEM 15a of the Summary Sheet)      |  | \$ 1550.00                        |  |                                 |



**REPORT OF RECEIPTS AND EXPENDITURES  
OF A POLITICAL COMMITTEE**

State Form 4806 (R12/11-04)  
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.

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| RECIPIENT'S NAME AND MAILING ADDRESS<br><small>Street Number, City, State, ZIP Code</small>              | RECIPIENT'S OCCUPATION<br><small>OFFICE SOUGHT (if applicable)</small> | TYPE OF EXPENDITURE<br>and<br>PURPOSE (be specific)   | COLUMN A<br>AMOUNT THIS<br>PERIOD | COLUMN B<br>CUMULATIVE<br>YEAR-TO-DATE | DATE OF<br>EXPENDITURE          |
|--|--|---|-----------------------------------|--|---------------------------------|
| Code <u>0</u><br><b>U.S. Postal Service</b><br><b>110 N State Rd 267</b><br><b>Avon, IN 46123</b>        | <b>Postal Service</b>  | <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind<br><input type="checkbox"/> Payment of Debt<br><input type="checkbox"/> Returned Contribution<br><input type="checkbox"/> Other _____<br>Purpose: postage             | 138.92                            | 138.92                                 | 01/30/06<br>through<br>03/27/06 |
| Code <u>C</u><br><b>Friends of David A. Whicker</b><br><b>5201 E. U.S. 36</b><br><b>Danville, IN 46</b>  | <b>Candidate, Hendricks<br/>County Commissioner</b>                    | <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind<br><input type="checkbox"/> Payment of Debt<br><input type="checkbox"/> Returned Contribution<br><input checked="" type="checkbox"/> Other <u>Transfer-out</u> _____<br>Purpose: | 50.00                             | 50.00                                  | 01/09/06<br>01/14/06            |
| Code _____   |  | <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind<br><input type="checkbox"/> Payment of Debt<br><input type="checkbox"/> Returned Contribution<br><input type="checkbox"/> Other _____<br>Purpose:                                |                                   |  |                                 |
| Code _____   |  | <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind<br><input type="checkbox"/> Payment of Debt<br><input type="checkbox"/> Returned Contribution<br><input type="checkbox"/> Other _____<br>Purpose:                                |                                   |  |                                 |
| Code _____   |  | <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind<br><input type="checkbox"/> Payment of Debt<br><input type="checkbox"/> Returned Contribution<br><input type="checkbox"/> Other _____<br>Purpose:                                |                                   |  |                                 |
| Code _____   |  | <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind<br><input type="checkbox"/> Payment of Debt<br><input type="checkbox"/> Returned Contribution<br><input type="checkbox"/> Other _____<br>Purpose:                                |                                   |  |                                 |
| Code _____   |  | <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind<br><input type="checkbox"/> Payment of Debt<br><input type="checkbox"/> Returned Contribution<br><input type="checkbox"/> Other _____<br>Purpose:                                |                                   |  |                                 |
| Code _____   |  | <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind<br><input type="checkbox"/> Payment of Debt<br><input type="checkbox"/> Returned Contribution<br><input type="checkbox"/> Other _____<br>Purpose:                                |                                   |  |                                 |
| SUBTOTAL THIS PAGE OF SCHEDULE B   |  |   | \$ 188.92                         |  |                                 |
| TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY<br>(Enter total on ITEM 17a of the Summary Sheet) |  |   | \$ 188.92                         |  |                                 |



**REPORT OF RECEIPTS AND EXPENDITURES  
OF A POLITICAL COMMITTEE**

State Form 4606 (R12/11-04)  
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.

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**PUBLIC QUESTION INFORMATION**

Enter Text of Public Question

Type of Question: ☐ Statewide ☐ Local

Position: ☐ Supported ☐ Opposed

| RECIPIENT'S NAME AND MAILING ADDRESS<br><small>street number city state ZIP code</small>                 | RECIPIENT'S OCCUPATION | TYPE OF EXPENDITURE<br>and<br>PURPOSE be specific  | COLUMN A<br>AMOUNT IN \$<br>PER ID | COLUMN B<br>CUMULATIVE<br>YEAR-TO-DATE | DATE OF<br>EXPENDITURE |
|--|------------------------|--|------------------------------------|--|------------------------|
| Code _____   |                        | <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind<br><input type="checkbox"/> Payment of Debt<br><input type="checkbox"/> Returned Contribution<br><input type="checkbox"/> Other _____<br>Purpose: |                                    |  |                        |
| Code _____   |                        | <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind<br><input type="checkbox"/> Payment of Debt<br><input type="checkbox"/> Returned Contribution<br><input type="checkbox"/> Other _____<br>Purpose: |                                    |  |                        |
| Code _____   |                        | <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind<br><input type="checkbox"/> Payment of Debt<br><input type="checkbox"/> Returned Contribution<br><input type="checkbox"/> Other _____<br>Purpose: |                                    |  |                        |
| Code _____   |                        | <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind<br><input type="checkbox"/> Payment of Debt<br><input type="checkbox"/> Returned Contribution<br><input type="checkbox"/> Other _____<br>Purpose: |                                    |  |                        |
| Code _____   |                        | <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind<br><input type="checkbox"/> Payment of Debt<br><input type="checkbox"/> Returned Contribution<br><input type="checkbox"/> Other _____<br>Purpose: |                                    |  |                        |
| Code _____   |                        | <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind<br><input type="checkbox"/> Payment of Debt<br><input type="checkbox"/> Returned Contribution<br><input type="checkbox"/> Other _____<br>Purpose: |                                    |  |                        |
| SUBTOTAL THIS PAGE OF SCHEDULE C   |                        |  | \$ 0.00                            |  |                        |
| TOTAL OF ALL PAGES OF SCHEDULE C ON THE LAST PAGE ONLY<br>(Enter total on ITEM 17a of the Summary Sheet) |                        |  | \$ 0.00                            |  |                        |



**REPORT OF RECEIPTS AND EXPENDITURES  
OF A POLITICAL COMMITTEE**State Form 4606 (R12/11-04)  
Indiana Election Commission (IC 3-9-5-14)**(CFA-4 SCHEDULE D)  
DEBTS OWED BY THIS COMMITTEE**

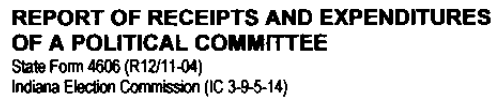
**INSTRUCTIONS:** Please type or print legibly **IN BLACK INK** all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. List all debts and loans, regardless of the amount, **OWED BY** the committee during the reporting period. Include all amounts 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

32-05-005

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| CREDITOR'S OR LENDER'S NAME<br>& MAILING ADDRESS<br>street number city state ZIP code                            | ENDORSER'S OR VENDOR'S<br>NAME & MAILING ADDRESS (if any)<br>street number city state ZIP code | AMOUNT<br>NATURE OF DEBT   | DATE DEBT<br>INCURRED | CUMULATIVE<br>PAID<br>YEAR-TO-DATE | OUTSTANDING<br>BALANCE THIS<br>PERIOD |
|--|--|----------------------------|-----------------------|------------------------------------|---------------------------------------|
| Quail Creek Golf Course<br>7591 Quail Creek Trace<br>Pittsboro, IN 46167<br><br>LENDER'S OCCUPATION: Golf course | Quail Creek Golf Course<br>7591 Quail Creek Trace<br>Pittsboro, IN 46167                       | \$486.00<br><br>Fundraiser | 10/18/2005            | \$0.00                             | \$486.00                              |
| 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   |  |                            |                       |                                    | \$ 486.00                             |
| TOTAL OF ALL PAGES OF SCHEDULE D ON THE LAST PAGE ONLY<br>(Enter total on ITEM 19 of the Summary Sheet)          |  |                            |                       |                                    | \$ 486.00                             |



**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.

**32-05-005**

| BORROWER'S NAME<br>& MAILING ADDRESS<br><small>Street number, city, state, ZIP code</small>                    | CO-SIGNER'S NAME<br>& MAILING ADDRESS (if any)<br><small>Street number, city, state, ZIP code</small> | ORIGINAL AMOUNT<br><br>NATURE OF DEBT | DATE DEBT<br>ACQUIRED | CUMULATIVE<br>PAID<br>YEAR-10: DATE | OUTSTANDING<br>BALANCE WITH<br>PERIOD |
|--|---|---------------------------------------|-----------------------|-------------------------------------|---------------------------------------|
|  |   |                                       |                       |                                     |                                       |
|  |   |                                       |                       |                                     |                                       |
|  |   |                                       |                       |                                     |                                       |
|  |   |                                       |                       |                                     |                                       |
|  |   |                                       |                       |                                     |                                       |
|  |   |                                       |                       |                                     |                                       |
|  |   |                                       |                       |                                     |                                       |
|  |   |                                       |                       |                                     |                                       |
|  |   |                                       |                       |                                     |                                       |
| SUBTOTAL THIS PAGE OF SCHEDULE E   |   |                                       |                       |                                     | \$ 0.00                               |
| TOTAL OF ALL PAGES OF SCHEDULE E ON THE LAST PAGE ONLY<br><i>(Enter total on ITEM 20 of the Summary Sheet)</i> |   |                                       |                       |                                     | \$ 0.00                               |