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
AIB PAC
TOTAL PAGES IN ENTIRE CFA-4 REPORT
1

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
ATTORNEYS FOR AN INDEPENDENT BENCH

2. Acronym or Abbreviated Name *(if any)*
AIB PAC

3. Committee Telephone Number
317 269-2000

4. Mailing Address *(address where all campaign finance correspondence is received)* ☐ Check if this is a new address
135 N. PENNSYLVANIA ST., #1500

5. City, State, ZIP Code
INDIANAPOLIS, IN 46204

6. Party Affiliation *(if applicable)*

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

7. Full Name of Candidate *(include any nickname)*

8. Party Affiliation or If Independent Candidate

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

10. County of Residence

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: 1-1-11 Through: 4-8-11

	COLUMN A This Period	COLUMN B Year to Date
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		
(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**	0	0
EXPENDITURES		
(Note: These amounts include in-kind expenditures and loan repayments.)		
17a. Itemized *(use Schedule B) (Public Question: use Schedule C)*		
17b. Unitemized		
17c. Add lines 17a and 17b in both columns **SUBTOTAL**	0	0
18. Cash on hand and investments at close of this reporting period *(subtract 17c from 16 in both columns)* **TOTAL**	0	0
19. Debts OWED BY the committee *(use Schedule D)*		
20. Debts OWED TO the committee *(use Schedule E)*		

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 [signature] Title Treas. Date 4/13/11 Elizabeth A White

Signature of Candidate *(if applicable)* Date

FOR OFFICE USE ONLY
APR 14 2011
FILED

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 3-9-4-17, IC 3-9-4-18)*