



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

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

FILE NUMBER
492272
TOTAL PAGES IN ENTIRE CFA-4 REPORT
Eight

COMMITTEE INFORMATION		
1. Full Name of Committee (as on Statement of Organization) Friends of Greg Bowes		<input type="checkbox"/> Check if this is a new name
2. Acronym or Abbreviated Name (if any)	3. Committee Telephone Number (317) 259-4442	
4. Mailing Address (address where all campaign finance correspondence is received) 912 N Delaware St		<input type="checkbox"/> Check if this is a new address
5. City, State, ZIP Code Indianapolis IN 46202-3348	6. Party Affiliation (if applicable) Democrat	
CANDIDATE INFORMATION (For Candidate's Committees Only)		
7. Full Name of Candidate (include any nickname) Gregory Philip Bowes		8. Party Affiliation or If Independent Candidate
9. Office Sought (Include district number, if any. Not required for exploratory committee.) Marion County Prosecutor		10. County of Residence: Marion
TYPE OF REPORT		CONVENTION CANDIDATES ONLY
11. Check one: <input type="checkbox"/> Pre-Primary <input type="checkbox"/> Pre-Election <input checked="" 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 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: January 1, 2009 Through: December 31, 2009		COLUMN A This Period
13. Cash on hand and investments at the beginning of this reporting period.		\$1.28
14. Cash on hand and investments January 1, current year.		\$1.28
CONTRIBUTIONS AND RECEIPTS		
<i>(Note: these amounts include in-kind contributions and loans, as well as cash contributions.)</i>		
15a. Itemized (use Schedule A)	\$3,981.04	\$3,981.04
15b. Unitemized	\$3,185.00	\$3,185.00
15c. Add lines 15a and 15b in both columns SUBTOTAL	\$7,166.04	\$7,166.04
16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B TOTAL	\$7,167.32	\$7,167.32
EXPENDITURES		
<i>(Note: These amounts include in-kind expenditures and loan repayments.)</i>		
17a. Itemized (use Schedule B) (Public Question: use Schedule C)	\$2,123.94	\$2,123.94
17b. Unitemized	\$512.17	\$512.17
17c. Add lines 17a and 17b in both columns SUBTOTAL	\$2,636.11	\$2,636.11
18. Cash on hand and investments at close of this reporting period (subtract 17c from 16 in both columns) TOTAL	\$4,531.21	\$4,531.21
19. Debts OWED BY the committee (use Schedule D)	None	
20. Debts OWED TO the committee (use Schedule E)	None	

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 <i>Gregory Philip Bowes</i>	Title Treasurer	Date January 4, 2010
Signature of Candidate (if applicable) <i>Gregory Philip Bowes</i>		Date January 4, 2010

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)

FOR OFFICE USE ONLY

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JAN 05 2010
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**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	
492272	
Page	1 of 4

CONTRIBUTOR'S FULL NAME AND OCCUPATION FULL MAILING ADDRESS <i>(street, number, city, state, ZIP code)</i>	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED
				RECEIVED BY
1. Kevin McShane 235 N Delaware St Indianapolis IN 46204 Contributor's Occupation (if required) _____	Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc. (specify)	250.00	250.00	7/16/2009 Greg Bowes
2. Ken Mather 337 Thornberry Dr Carmel IN 46032 Contributor's Occupation (if required) _____	Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc. (specify)	200.00	200.00	7/24/2009 Greg Bowes
3. William Teegarden 4011 Sunshine Ave Indianapolis IN 46228 Contributor's Occupation (if required) _____	Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc. (specify)	100.00	100.00	8/21/2009 Greg Bowes
4. Philip Whistler 1 AMERICAN SQ STE 3400 INDIANAPOLIS IN 46282-0200 Contributor's Occupation (if required) Attorney	Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc. (specify)	500.00	500.00	8/21/2009 Greg Bowes
5. Mark Barnes 1 AMERICAN SQ STE 3400 INDIANAPOLIS IN 46282-0200 Contributor's Occupation (if required) _____	Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc. (specify)	500.00	500.00	8/21/2009 Greg Bowes
SUBTOTAL THIS PAGE OF SCHEDULE A		\$1,550.00		
TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY <i>(Enter total on ITEM 15a of the Summary Sheet)</i>		\$		



**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**

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FILE NUMBER	
492722	
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CONTRIBUTOR'S FULL NAME AND OCCUPATION FULL MAILING ADDRESS <i>(street, number, city, state, ZIP code)</i>	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED
				RECEIVED BY
6. Phillip Bayt 1 AMERICAN SQ STE 3400 INDIANAPOLIS IN 46282-0200 Contributor's Occupation (if required) _____	Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc. (specify)	250.00	250.00	8/21/2009 Greg Bowes
7. Jeffrey O. Lewis 1 AMERICAN SQ STE 3400 INDIANAPOLIS IN 46282-0200 Contributor's Occupation (if required) _____	Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc. (specify)	250.00	250.00	8/21/2009 Greg Bowes
8. Terri Czajka 1 AMERICAN SQ STE 3400 INDIANAPOLIS IN 46282-0200 Contributor's Occupation (if required) _____	Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc. (specify)	200.00	200.00	8/21/2009 Greg Bowes
9. Annette Biesecker 6361 Avalon Lane East Dr Indianapolis IN 46220 Contributor's Occupation (if required) _____	Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc. (specify)	200.00	200.00	8/21/2009 Greg Bowes
10. Karen Meils 6531 N College Ave Apt 1 Indianapolis IN 46220 Contributor's Occupation (if required) _____	Contributions: <input type="checkbox"/> Direct <input checked="" type="checkbox"/> In-Kind (describe) Refreshments for meeting Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc. (specify)	23.52	23.52	9/26/2009 Greg Bowes
SUBTOTAL THIS PAGE OF SCHEDULE A		\$923.52		
TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY <i>(Enter total on ITEM 15a of the Summary Sheet)</i>		\$		



**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
492272
Page <u>3</u> of <u>4</u>

CONTRIBUTOR'S FULL NAME AND OCCUPATION FULL MAILING ADDRESS <i>(street, number, city, state, ZIP code)</i>	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED RECEIVED BY
11. Karen Meils 6531 N College Ave Apt 1 Indianapolis IN 46220 Contributor's Occupation <i>(if required)</i> _____	Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <i>(describe)</i> _____ Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc. <i>(specify)</i> _____	50.00	73.52	10/30/2009 Greg Bowes
12. Karen Meils 6531 N College Ave Apt 1 Indianapolis IN 46220 Contributor's Occupation <i>(if required)</i> _____	Contributions: <input type="checkbox"/> Direct <input checked="" type="checkbox"/> In-Kind <i>(describe)</i> Postage _____ Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc. <i>(specify)</i> _____	47.52	121.04	11/12/2009 Greg Bowes
13. Douglas R. Brown 251 E Ohio St Ste 1100 Indianapolis IN 46204 Contributor's Occupation <i>(if required)</i> _____	Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <i>(describe)</i> _____ Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc. <i>(specify)</i> _____	500.00	500.00	12/3/2009 Greg Bowes
14. Jacquelyn Bowie Sues 1417 N NEW JERSEY ST INDIANAPOLIS IN 46202-2623 Contributor's Occupation <i>(if required)</i> _____	Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <i>(describe)</i> _____ Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc. <i>(specify)</i> _____	150.00	150.00	12/10/2009 Greg Bowes
15. Rachid Elmessoussi 3138 Eagledale Dr Indianapolis IN 46222 Contributor's Occupation <i>(if required)</i> _____	Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <i>(describe)</i> _____ Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc. <i>(specify)</i> _____	200.00	200.00	12/14/2009 Greg Bowes
SUBTOTAL THIS PAGE OF SCHEDULE A		\$947.52		
TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY <i>(Enter total on ITEM 15a of the Summary Sheet)</i>		\$		



**REPORT OF RECEIPTS AND EXPENDITURES
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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**

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Page <u>4</u> of <u>4</u>

CONTRIBUTOR'S FULL NAME AND OCCUPATION FULL MAILING ADDRESS <i>(street, number, city, state, ZIP code)</i>	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED
				RECEIVED BY
16. William Teegarden 4011 Sunshine Ave Indianapolis IN 46228 Contributor's Occupation (if required) _____	Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc. (specify)	20.00	120.00	12/14/2009 Greg Bowes
17. William Teegarden 4011 Sunshine Ave Indianapolis IN 46228 Contributor's Occupation (if required) _____	Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc. (specify)	20.00	140.00	12/15/2009 Greg Bowes
18. Karen Meils 6531 N College Ave Apt 1 Indianapolis IN 46220 Contributor's Occupation (if required) _____	Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc. (specify)	20.00	141.04	12/15/2009 Greg Bowes
19. Philip Whistler 1 AMERICAN SQ STE 3400 INDIANAPOLIS IN 46282-0200 Contributor's Occupation (if required) Attorney	Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc. (specify)	500.00	1,000.00	12/22/2009 Greg Bowes
20. Contributor's Occupation (if required) _____	Contributions: <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc. (specify)			
SUBTOTAL THIS PAGE OF SCHEDULE A		\$560.00		
TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY <i>(Enter total on ITEM 15a of the Summary Sheet)</i>		\$3,981.04		



**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.

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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 <u> O </u> US Postmaster Indianapolis IN 46202	Mail Service	<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: Postage	39.60	39.60	8/24/09
Code <u> A </u> Staples Indianapolis IN	Office Supplier	<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: Office Supplies	195.02	195.02	11/7/09
Code <u> O </u> US Postmaster Indianapolis IN 46202	Mail Service	<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: Postage	47.52	87.12	11/12/09
Code <u> O </u> US Postmaster Indianapolis IN 46202	Mail Service	<input type="checkbox"/> Direct <input checked="" type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: Postage	47.52	134.64	11/12/09
Code <u> O </u> US Postmaster Indianapolis IN 46202	Mail Service	<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: Postage	47.52	182.16	11/21/09
Code <u> O </u> Staples Indianapolis IN	Office Supplier	<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: Postage stamps	308.00	503.02	11/21/09
Code <u> A </u> Staples Indianapolis IN	Office Supplier	<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: Office Supplies	11.00	514.02	11/21/09
SUBTOTAL THIS PAGE OF SCHEDULE B			\$696.18		
TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY <i>(Enter total on ITEM 17a of the Summary Sheet)</i>			\$		



**REPORT OF RECEIPTS AND EXPENDITURES
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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.

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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 <u> O </u> Staples Indianapolis IN	Office Supplier	<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: Postage Stamps	176.00	690.02	11/29/09
Code <u> A </u> Staples Indianapolis IN	Office Supplier	<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: Office Supplies	42.66	732.68	11/29/09
Code <u> F </u> Scotty's Brewhouse 1 Virginia Ave Indianapolis IN 46204	Restaurant	<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: Room Deposit for meeting	50.00	50.00	12/1/09
Code <u> F </u> Scotty's Brewhouse 1 Virginia Ave Indianapolis IN 46204	Restaurant	<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: Room Deposit for meeting	50.00	50.00	12/1/09
Code <u> O </u> Staples Indianapolis IN	Office Supplier	<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: Postage Stamps	132.00	864.68	12/12/09
Code <u> O </u> Staples Indianapolis IN	Office Supplier	<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: Office Supplies	16.90	881.58	12/12/09
Code <u> F </u> Scotty's Brewhouse 1 Virginia Ave Indianapolis IN 46204	Restaurant	<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: Catering for meeting	90.00	190.00	12/13/09
SUBTOTAL THIS PAGE OF SCHEDULE B			\$557.56		
TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY <i>(Enter total on ITEM 17a of the Summary Sheet)</i>			\$		



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Indiana Election Commission (IC 3-9-5-14)

**(CFA-4 SCHEDULE B)
ITEMIZED EXPENDITURES**

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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 <u> O </u> Scotty's Brewhouse 1 Virginia Ave Indianapolis IN 46204	Restaurant	<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: Catering for meeting	114.00	304.00	12/14/09
Code <u> A </u> US Postmaster Indianapolis IN 46202	Mailing Service	<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: Postage	264.00	446.16	12/22/09
Code <u> A </u> Printing Partners 929 W 16 th St Indianapolis IN 46202	Printer	<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: Printing	492.20	492.20	12/29/09
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 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:			
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			\$870.20		
TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY <i>(Enter total on ITEM 17a of the Summary Sheet)</i>			\$2,123.94		