



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

State Form 4606 (R9 /11-99)  
Indiana Election Commission (IC 3-9-5-14)  
Approved by State Board of Accounts 1999

**(CFA-4)  
Summary Sheet**

<b>FILE NUMBER</b>
<b>TOTAL PAGES IN ENTIRE CFA-4 REPORT</b>

**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) <input type="checkbox"/> Check if this is a new name <b>FRIENDS OF ROGER BOWSEN</b>		3. Committee telephone number <b>(317) 243-9590</b>
2. Acronym or abbreviated name, if any		6. Party affiliation (if applicable) <b>REP.</b>
4. Mailing address (address where all campaign finance correspondence is received) <input type="checkbox"/> Check if this is a new address <b>24255 LYONS AV PO BOX 42495</b>		8. Party affiliation or if independent <b>REP</b>
5. City, state, ZIP code <b>INDPLS, IN 46242</b>		10. County of residence <b>MARION</b>
CANDIDATE INFORMATION (For Candidate's Committees Only)		
7. Full name of candidate (include any nickname) <b>ROGER W. BOWSEN</b>		8. Party affiliation or if independent <b>REP</b>
9. Office sought (Include district number, if any. Not required for exploratory committee.) <b>WAYNE TOWNSHIP BOARD DIST. 2</b>		10. County of residence <b>MARION</b>
TYPE OF REPORT		CONVENTION CANDIDATES ONLY
11. Check one: <input checked="" type="checkbox"/> Pre-Primary <input type="checkbox"/> Pre-Election <input type="checkbox"/> Annual <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: <b>JAN 1, 2004</b> Through: <b>APR 9, 2004</b>		<b>COLUMN A This Period</b>
13. Cash on hand and investments at the beginning of this reporting period.		<b>COLUMN B Year to Date</b>
14. Cash on hand and investments January 1, current year.		
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	<b>SUBTOTAL</b>	
16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B	<b>TOTAL</b>	
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	<b>SUBTOTAL</b>	
18. Cash on hand and investments at close of this reporting period (subtract 17c from 16 in both columns)	<b>TOTAL</b>	
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 <b>Mary C Bowser</b>	Title <b>TREASURER</b>	Date <b>4/15/04</b>
Signature of Candidate (if applicable) <b>Roger W. Bowser</b>		Date <b>4/15/04</b>
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, 3-9-4-17, 3-9-4-18.)		

FOR OFFICE USE ONLY

APR 15 AM 9:53 2004  
MARION COUNTY CLERK  
Donna Green



**CANDIDATE'S STATEMENT OF ORGANIZATION AND DESIGNATION OF PRINCIPAL COMMITTEE OR EXPLORATORY COMMITTEE**  
 State Form 4604 (R10/10-01)  
 Indiana Election Commission (IC 3-9-1-3; IC 3-9-1-4; IC 3-9-1-5)

(CFA-1)

**PLEASE TYPE OR PRINT LEGIBLY IN BLACK INK. SEE INSTRUCTIONS ON REVERSE SIDE.**

**FILE NUMBER**

05-012

1. IS THIS AN AMENDMENT?  No  Yes If Yes, please enter the file number in this box →

**SECTION A. CANDIDATE INFORMATION: Fill in all applicable boxes as fully and accurately as possible.**

2. Last Name <b>BOWSER</b>	First Name <b>ROGER</b>	Middle Name <b>WAYNE</b>	Nickname <b>ROGER</b>	3. Type of Committee (Check one) <input type="checkbox"/> Candidate's Principal Committee <input checked="" type="checkbox"/> Exploratory Committee
4. Mailing Address <b>PO Box 42495</b>				5. FAX (Optional) ( )
6. E-mail address (Optional)				
7. City <b>INDPLS</b>	State <b>IN</b>	Zip Code <b>46242</b>	8. County <b>MARION</b>	9. Telephone (Day) <b>(317) 327-3302</b>
10. Telephone (Evening) <b>(317) 243-9590</b>				
11. Party Affiliation <input type="checkbox"/> Democratic <input type="checkbox"/> Libertarian <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Other			12. Office Sought (Include district number, if any. Not required for an exploratory committee.)	

**SECTION B. COMMITTEE INFORMATION: Fill in all applicable boxes as fully and accurately as possible.**

13. Full Name of Committee (Do not abbreviate) <input type="checkbox"/> Check if this is a new name <b>FRIENDS OF ROGER BOWSER</b>				
14. Mailing Address <input type="checkbox"/> Check if this is a new address <b>PO Box 42495</b>				15. FAX (Optional) ( )
16. E-mail address (Optional)				
17. City <b>INDPLS</b>	State <b>IN</b>	Zip Code <b>46242</b>	18. County <b>MARION</b>	19. Telephone <b>(317) 445-3902</b>
20. Committee organization date (MM-DD-YY) <b>8/19/05</b>				
21. Chairperson's Full Name <input checked="" type="checkbox"/> Designate Candidate as Chairperson <input type="checkbox"/> Check if this is a new chairperson				
22. Mailing Address <input type="checkbox"/> Check if this is a new address				23. FAX (Optional) ( )
24. E-mail address (Optional)				
25. City	State	Zip Code	26. County	27. Telephone (Day)
				( )
28. Telephone (Evening)				
29. Bank or Other Depositories (List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.) <b>FIREFIGHTERS CREDIT UNION</b>				
30. Exploratory Committee (Give brief statement explaining purpose of an exploratory committee only) <b>EXPLORE FEASIBILITY OF PUBLIC OFFICE.</b>			31. Salaries and Reimbursements (Will the committee pay the candidate a salary or reimbursement for lost wages? If Yes, attach a copy of the contract.) <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

**SECTION C. APPOINTMENT OF TREASURER (IC 3-9-1-14)**

32. I, as Chairperson of the foregoing committee, appoint the following person as Treasurer of the Committee.		Person Appointed Treasurer <b>MARY BOWSER</b>	Signature of the Committee Chairperson <i>[Signature]</i>
33. Treasurer's Full Name <input type="checkbox"/> Designate Candidate as Treasurer <input type="checkbox"/> Check if this is a new treasurer <b>MARY C. BOWSER</b>			
34. Mailing Address <input type="checkbox"/> Check if this is a new address <b>PO Box 42495</b>			35. FAX (Optional) ( )
36. E-mail address (Optional)			
37. City <b>INDPLS</b>	State <b>IN</b>	Zip Code <b>46242</b>	38. County <b>MARION</b>
39. Telephone (Day) <b>(317) 797-3933</b>		40. Telephone (Evening) <b>(317) 243-9590</b>	

**SECTION D. ACCEPTANCE OF APPOINTMENT (IC 3-9-1-15)**

41. I give notice that I accept the duties and responsibilities of Treasurer of this Committee. I am not the chairperson of a campaign finance committee (except as permitted for a candidate committee under IC 3-9-1-7).	Signature of Person Accepting Appointment <i>[Signature]</i>
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**SECTION E. CERTIFICATION OF STATEMENT**

We certify as the candidate and the duly appointed Chairperson of the Committee and that we have examined this statement. To the best of our knowledge and belief it is true, correct and complete.

42. Typed or printed name of Chairperson <b>Roger W Bowser</b>	Signature of Chairperson <i>[Signature]</i>	Date (MM-DD-YY) <b>8/19/05</b>
43. Typed or printed name of Candidate <b>Roger W Bowser</b>	Signature of Candidate <i>[Signature]</i>	Date (MM-DD-YY) <b>8/19/05</b>

Warning: State law requires that any change in this information be reported within 10 days of the change (IC 3-9-1-10). 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, and IC 3-9-4-18).

FOR OFFICE USE ONLY  
 AUG 22 AM 7:46  
 Marion County Clerk  
*[Signature]*



**CANDIDATE'S STATEMENT OF ORGANIZATION AND DESIGNATION OF PRINCIPAL COMMITTEE OR EXPLORATORY COMMITTEE**

**(CFA-1)**

State Form 4604 (R10/10-01)  
Indiana Election Commission (IC 3-9-1-3; IC 3-9-1-4; IC 3-9-1-5)

**PLEASE TYPE OR PRINT LEGIBLY IN BLACK INK. SEE INSTRUCTIONS ON REVERSE SIDE.**

**FILE NUMBER**  
04-0025

1. IS THIS AN AMENDMENT?  No  Yes If Yes, please enter the file number in this box →

**SECTION A. CANDIDATE INFORMATION: Fill in all applicable boxes as fully and accurately as possible.**

2. Last Name <b>BOWSER</b>		First Name <b>ROGER</b>		Middle Name <b>WAYNE</b>	Nickname —	3. Type of Committee (Check one) <input checked="" type="checkbox"/> Candidate's Principal Committee <input type="checkbox"/> Exploratory Committee	
4. Mailing Address <b>P.O. Box 42495</b>				5. FAX (Optional)		6. E-mail address (Optional)	
7. City <b>INDIANAPOLIS</b>	State <b>IN</b>	Zip Code <b>46242</b>	8. County <b>MARION</b>	9. Telephone (Day) <b>(317) 327-3302</b>	10. Telephone (Evening) <b>(317) 243-9590</b>		
11. Party Affiliation <input type="checkbox"/> Democratic <input type="checkbox"/> Libertarian <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Other				12. Office Sought (Include district number, if any. Not required for an exploratory committee.) <b>WAYNE TWP BOARD DIST. 2</b>			

**SECTION B. COMMITTEE INFORMATION: Fill in all applicable boxes as fully and accurately as possible.**

13. Full Name of Committee (Do not abbreviate) <input type="checkbox"/> Check if this is a new name <b>FRIENDS OF ROGER BOWSER</b>							
14. Mailing Address <input type="checkbox"/> Check if this is a new address <b>P.O. Box 42495</b>				15. FAX (Optional)		16. E-mail address (Optional) <b>rogerbowser@excite.com</b>	
17. City <b>INDPLS</b>	State <b>IN</b>	Zip Code <b>46242</b>	18. County <b>MARION</b>	19. Telephone <b>(317) 243-9590</b>	20. Committee organization date (MM-DD-YY) <b>3/1/04</b>		
21. Chairperson's Full Name <input checked="" type="checkbox"/> Designate Candidate as Chairperson <input type="checkbox"/> Check if this is a new chairperson							
22. Mailing Address <input type="checkbox"/> Check if this is a new address				23. FAX (Optional)		24. E-mail address (Optional)	
25. City	State	Zip Code	26. County	27. Telephone (Day)	28. Telephone (Evening)		

29. Bank or Other Depositories (List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.)  
**GREATER INDIANAPOLIS FIREFIGHTERS CREDIT UNION**

30. Exploratory Committee (Give brief statement explaining purpose of an exploratory committee only.)  
31. Salaries and Reimbursements (Will the committee pay the candidate a salary or reimbursement for lost wages? If Yes, attach a copy of the contract.)  No  Yes

**SECTION C. APPOINTMENT OF TREASURER (IC 3-9-1-14)**

32. I, as Chairperson of the foregoing committee, appoint the following person as Treasurer of the Committee.		Person Appointed Treasurer <b>MARY C. BOWSER</b>	Signature of the Committee Chairperson <i>Mary C. Bowser</i>
33. Treasurer's Full Name <input type="checkbox"/> Designate Candidate as Treasurer <input checked="" type="checkbox"/> Check if this is a new treasurer <b>MARY C. BOWSER</b>			
34. Mailing Address <input type="checkbox"/> Check if this is a new address <b>P.O. Box 42495</b>		35. FAX (Optional)	
36. E-mail address (Optional)		37. City <b>INDPLS</b>	
State <b>IN</b>	Zip Code <b>46242</b>	38. County <b>MARION</b>	39. Telephone (Day) <b>(317) 581-1580</b>
40. Telephone (Evening) <b>(317) 243-9590</b>			

**SECTION D. ACCEPTANCE OF APPOINTMENT (IC 3-9-1-15)**

41. I give notice that I accept the duties and responsibilities of Treasurer of this Committee. I am not the chairperson of a campaign finance committee (except as permitted for a candidate committee under IC 3-9-1-7).  
Signature of Person Accepting Appointment  
*Mary C. Bowser*

**SECTION E. CERTIFICATION OF STATEMENT**

We certify as the candidate and the duly appointed Chairperson of the Committee and that we have examined this statement. To the best of our knowledge and belief it is true, correct and complete.			FOR OFFICE USE ONLY  04 MAR - 4 PM 2:45  MARION COUNTY CLERK
42. Typed or printed name of Chairperson <b>ROGER W. BOWSER</b>	Signature of Chairperson <i>RWB</i>	Date (MM-DD-YY) <b>3/4/04</b>	
43. Typed or printed name of Candidate <b>ROGER W. BOWSER</b>	Signature of Candidate <i>RWB</i>	Date (MM-DD-YY) <b>3/4/04</b>	
Warning: State law requires that any change in this information be reported within 10 days of the change (IC 3-9-1-10). 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, and IC 3-9-4-18).			