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

TOTAL PAGES IN ENTIRE CFA-4 REPORT: 3

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
Common Sense in Education

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

3. Committee Telephone Number
(317) 887-9778

4. Mailing Address *(address where all campaign finance correspondence is received)* ☐ Check if this is a new address
1338 DeSoto Court

5. City, State, ZIP Code
Indianapolis, Indiana 46217

6. Party Affiliation *(if applicable)*

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

7. Full Name of Candidate *(include any nickname)*.
Norman E. Clampitt and Linda A. Huck

8. Party Affiliation or If Independent Candidate
Independent Candidates

9. Office Sought *(include district number, if any. Not required for exploratory committee.)*
Perry Township School Board

10. County of Residence
Marion

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: April 1, 2008 Through: December 31, 2008

	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)*	2293.31	
15b. Unitemized	0	
15c. Add lines 15a and 15b in both columns **SUBTOTAL**	2293.31	2293.31
16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B **TOTAL**	2293.31	2293.31
EXPENDITURES		
(Note: These amounts include in-kind expenditures and loan repayments.)		
17a. Itemized *(use Schedule B) (Public Question: use Schedule C)*	2620.27	2620.27
17b. Unitemized	0	0
17c. Add lines 17a and 17b in both columns **SUBTOTAL**	2620.27	2620.27
18. Cash on hand and investments at close of this reporting period *(subtract 17c from 10 in both columns)* **TOTAL**	0	0
19. Debts OWED BY the committee *(use Schedule D)*	0	
20. Debts OWED TO the committee *(use Schedule E)*	0	

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	Date
Linda A. Huck	Treasurer	1-20-09
Signature of Candidate *(if applicable)*		**Date**

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FOR OFFICE USE ONLY

Elizabeth A. White

JAN 20 2009

FILED

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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

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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. Nancy Walsh 1819 McClarney Ct. Indianapolis, IN 46217 Contributor's Occupation (if required)	Contributions: ☒ Direct ☐ In-Kind (describe) Other Receipts: ☐ Interest ☐ Loan ☐ Misc. (specify)	300.00	300.00	4-27-08 Norman Clampitt
2. Mark Thompson 227 Huddleston Dr. S. Indianapolis, IN 46227 Contributor's Occupation (if required) Bail Bondsman	Contributions: ☐ Direct ☒ In-Kind (describe) Bill Boards Other Receipts: ☐ Interest ☐ Loan ☐ Misc. (specify)	1340.00	1640.00	
3. David Guthrie 7636 Timberhill N. Dr. Indianapolis, IN 46217 Contributor's Occupation (if required)	Contributions: ☐ Direct ☒ In-Kind (describe) Newspaper Ad Other Receipts: ☐ Interest ☐ Loan ☐ Misc. (specify)	387.60	2027.60	
4. Rhonda Tipton 1338 DeSoto Court Indianapolis, IN 46217 Contributor's Occupation (if required)	Contributions: ☐ Direct ☒ In-Kind (describe) Flowers, postage, food, etc Other Receipts: ☐ Interest ☐ Loan ☐ Misc. (specify)	265.71	2293.31	
5. Contributor's Occupation (if required)	Contributions: ☐ Direct ☐ In-Kind (describe) Other Receipts: ☐ Interest ☐ Loan ☐ Misc. (specify)			
SUBTOTAL THIS PAGE OF SCHEDULE A		$2293.31		
TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY		$2293.31		

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(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

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[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
Code A Bush Signs, LLC P.O. Box 9328 Montgomery, AL 36108	Printer of Yard Signs	☒ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other Purpose:	457.00	457.00	4-2-08
Code A Donnalice Photography 5002 Madison Ave. Ste 2 Indianapolis, IN 46227	Photographer	☒ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other Purpose:	130.00	587.00	4-15-09
Code A Harcourt Industries 7765 South 175 West P.O. Box 128 Milroy, IN 46156	Printer of Yard Signs	☒ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other Purpose:	210.26	797.26	4-16-09
Code A Southside Times 301 Main St. Beech Grove, IN 46237	Newspaper	☒ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other Purpose:	743.40	1540.66	4-25-09
Code A The Spotlight 4217 S. Meridian St. Indianapolis, IN 46217	Newspaper	☒ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other Purpose:	720.00	2260.60	4-25-09
Code A Indianapolis Recorder 2901 N. Tacoma Ave. Indianapolis, IN 46218	Newspaper	☒ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other Purpose:	220.00	2480.60	4-20-09
Code A Triangle Printing 460 Virginia Ave. Suite 200 Indianapolis, IN 46203	Printer	☒ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other Purpose:	139.67	2620.27	4-22-09
		SUBTOTAL THIS PAGE OF SCHEDULE B	$2620.27		
		TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY	$2620.27		

LINDA A. HUCK, M.D.
KATHRYN I. KELLER, M.D.
8778 S. MADISON AVENUE, #100
INDIANAPOLIS, INDIANA 46227
PHONE 317-881-0677
FAX 317-881-0690

SOUTHSIDE INTERNAL MEDICINE, P.C.

Fax

To: The Marion Co. Election Board **From:** Linda A. Huck

Fax: 327-4815 **Pages:** 4 (including cover)

Phone: 327-2051 **Date:** 1-20-09

Re: Campaign committee report **CC:**

☐ **Urgent** ☒ **For Review** ☐ **Please Comment** ☐ **Please Reply** ☐ **Please Recycle**

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