


**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

84-12-09

TOTAL PAGES IN ENTIRE CFA-4 REPORT

2

 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 Bill Bryan	
2. Acronym or Abbreviated Name (if any)	3. Committee Telephone Number (812) 894-2759
4. Mailing Address (address where all campaign finance correspondence is received) ☐ Check if this is a new address 9300 East Dallas Drive	
5. City, State, ZIP Code Terre Haute, IN 47802	6. Party Affiliation (if applicable) Democrat

CANDIDATE INFORMATION (For Candidate's Committees Only)

7. Full Name of Candidate (include any nickname) William "Bill" C. Bryan Sr	8. Party Affiliation or If Independent Candidate
9. Office Sought (include district number, if any. Not required for exploratory committee.) County Council at Large	10. County of Residence Vigo

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
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12. Reporting Period: From: Jan 1, 2012 Through: April 13, 2012	COLUMN A This Period	COLUMN B Year to Date
13. Cash on hand and investments at the beginning of this reporting period.	112.76	
14. Cash on hand and investments January 1, current year.		112.76

CONTRIBUTIONS AND RECEIPTS

(Note: these amounts include in-kind contributions and loans, as well as cash contributions.)		
15a. Itemized (use Schedule A)	500.00	500.00
15b. Unitemized		
15c. Add lines 15a and 15b in both columns		
SUBTOTAL		
16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B	TOTAL	TOTAL
	612.76	612.76

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		
18. Cash on hand and investments at close of this reporting period (subtract 17c from 16 in both columns)	TOTAL	TOTAL
	612.76	612.76
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 <i>Bryan</i>	Title Treasurer	Date 4/15/12
Signature of Candidate (if applicable) <i>Bill Bryan</i>		Date 4/15/12

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)

FILED
FOR OFFICE USE ONLY

VIGO COUNTY SUPERIOR COURT

APR 16 2012

Patricia M. Munn
CLERK



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**(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

Page 2 of 2

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. Highway 40 Sports Bar 558 West National West Terre Haute, IN 47885 Contributor's Occupation (if required) _____	Contributions: ☒ Direct ☐ In-Kind (describe) _____ Other Receipts: ☐ Interest ☐ Loan ☐ Misc. (specify) _____	500.00	500.00	3/12/12 Bill Bryan
2. Contributor's Occupation (if required) _____	Contributions: ☐ Direct ☐ In-Kind (describe) _____ Other Receipts: ☐ Interest ☐ Loan ☐ Misc. (specify) _____			
3. Contributor's Occupation (if required) _____	Contributions: ☐ Direct ☐ In-Kind (describe) _____ Other Receipts: ☐ Interest ☐ Loan ☐ Misc. (specify) _____			
4. Contributor's Occupation (if required) _____	Contributions: ☐ Direct ☐ In-Kind (describe) _____ Other Receipts: ☐ Interest ☐ Loan ☐ Misc. (specify) _____			
5. Contributor's Occupation (if required) _____	Contributions: ☐ Direct ☐ In-Kind (describe) _____ Other Receipts: ☐ Interest ☐ Loan ☐ Misc. (specify) _____			
SUBTOTAL THIS PAGE OF SCHEDULE A		\$500		
TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY (Enter total on ITEM 15a of the Summary Sheet)		\$500		