



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

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 Amy Anker City Council Dist 1

2. Acronym or Abbreviated Name (if any)

3. Committee Telephone Number
862-828-1505

4. Mailing Address (address where all campaign finance correspondence is received) ☐ Check if this is a new address
1307 S. 24th Street, Terre Haute, IN 47803

5. City, State, ZIP Code
Terre Haute, IN 47803

6. Party Affiliation (if applicable)
Democrat

CANDIDATE INFORMATION (For Candidate's Committees Only)

7. Full Name of Candidate (include any nickname)
Amy Anker

8. Party Affiliation or If Independent Candidate
Democrat

9. Office Sought (Include district number, if any. Not required for exploratory committee.)
City Council Dist 1

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

12. Reporting Period:
From: **April 11, 2015** Through: **October 9, 2015**

13. Cash on hand and investments at the beginning of this reporting period.

14. Cash on hand and investments January 1, current year.

COLUMN A
This Period

COLUMN B
Year to Date

CONTRIBUTIONS AND RECEIPTS

(Note: these amounts include in-kind contributions and loans, as well as cash contributions.)

15a. Itemized (use Schedule A)	400.00	1400.00
15b. Unitemized	0	0
15c. Add lines 15a and 15b in both columns	400.00	1400.00
SUBTOTAL	400.00	1400.00
16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B	1104.67	1400.00
TOTAL	1104.67	1400.00

EXPENDITURES

(Note: These amounts include in-kind expenditures and loan repayments.)

17a. Itemized (use Schedule B) (Public Question: use Schedule C)	386.00	681.33
17b. Unitemized	300.20	300.20
17c. Add lines 17a and 17b in both columns	686.20	981.53
SUBTOTAL	686.20	981.53
18. Cash on hand and investments at close of this reporting period (subtract 17c from 16 in both columns)	418.47	418.47
TOTAL	418.47	418.47
19. Debts OWED BY the committee (use Schedule D)	0	0
20. Debts OWED TO the committee (use Schedule E)	0	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 <i>[Signature]</i>	Title Candidate	Date 10/12/15
Signature of Candidate (if applicable) <i>[Signature]</i>		Date 10/12/15

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
FILED

VIGO COUNTY SUPERIOR COURT

OCT 13 2015

[Signature]
CLERK



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**(CFA-4 SCHEDULE A-3)
CONTRIBUTIONS BY
LABOR ORGANIZATIONS**

Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY LABOR ORGANIZATIONS 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 labor organizations 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).

FILE NUMBER

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CONTRIBUTOR'S FULL NAME AND 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. Carpenter Local #133 Political Action Fund 118 N. 3rd St Terre Haute IN	Contributions: ☒ Direct ☐ In-Kind (describe) Other Receipts: ☐ Interest ☐ Loan ☐ Misc. (specify)	200.00		4/28
2. Laborers International Union Political Fund 401 Poplar Terre Haute IN 47607	Contributions: ☒ Direct ☐ In-Kind (describe) Other Receipts: ☐ Interest ☐ Loan ☐ Misc. (specify)	200.00		4/17
3.	Contributions: ☐ Direct ☐ In-Kind (describe) Other Receipts: ☐ Interest ☐ Loan ☐ Misc. (specify)			
4.	Contributions: ☐ Direct ☐ In-Kind (describe) Other Receipts: ☐ Interest ☐ Loan ☐ Misc. (specify)			
5.	Contributions: ☐ Direct ☐ In-Kind (describe) Other Receipts: ☐ Interest ☐ Loan ☐ Misc. (specify)			
SUBTOTAL THIS PAGE OF SCHEDULE A		\$		
TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY (Enter total on ITEM 15a of the Summary Sheet)		\$		



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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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RECIPIENT'S NAME AND MAILING ADDRESS (street, number, city, state, ZIP code)	RECIPIENT'S OCCUPATION OFFICE SOUGHT (if applicable)	TYPE OF EXPENDITURE and PURPOSE (be specific)	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE OF EXPENDITURE
Code <u>H</u> <u>Ribune Star</u> <u>222 S. 7th St</u> <u>Terre Haute IN</u>	<u>Newspaper</u> <u>City Council Dist 1</u>	☒ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other _____ Purpose:	<u>336.00</u>		<u>336.00</u>
Code <u>D</u> <u>Wabash Valley Lenten</u> <u>Labor 401 Poplar St</u> <u>Terre Haute IN</u>	<u>Union/Parade</u> <u>City Council Dist 1</u>	☒ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other _____ Purpose:	<u>50.00</u>		<u>50.00</u>
Code _____		☐ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other _____ Purpose:			
Code _____		☐ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other _____ Purpose:			
Code _____		☐ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other _____ Purpose:			
Code _____		☐ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other _____ Purpose:			
Code _____		☐ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other _____ Purpose:			
Code _____		☐ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other _____ Purpose:			
SUBTOTAL THIS PAGE OF SCHEDULE B			\$		
TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY (Enter total on ITEM 17a of the Summary Sheet)			\$		