07-23-15A11:22 RCVD

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: 84-15-12-W

TOTAL PAGES IN ENTIRE CFA-4 REPORT: 6

COMMITTEE INFORMATION

1. Full Name of Committee (as on Statement of Organization) ☐ Check if this is a new name: Sheila Pearl Boatman
2. Acronym or Abbreviated Name *(if any)*: -0-
3. Committee Telephone Number: (812) 230-1105
4. Mailing Address *(address where all campaign finance correspondence is received)* ☐ Check if this is a new address: 623 So. 9th St
5. City, State, ZIP Code: West Terre Haute, IN 47885
6. Party Affiliation *(if applicable)*:

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

7. Full Name of Candidate *(include any nickname)*: Sheila Pearl Boatman
8. Party Affiliation or If Independent Candidate: Democrat
9. Office Sought *(include district number, if any. Not required for exploratory committee.)*: Town Board
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: 01-01-15 Through: 12-28-15

	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)*	$361.12	$361.12
15b. Unitemized	-0-	-0-
15c. Add lines 15a and 15b in both columns SUBTOTAL	$361.12	$361.12
16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B TOTAL	$361.12	$361.12
EXPENDITURES *(Note: These amounts include in-kind expenditures and loan repayments.)*		
17a. Itemized *(use Schedule B) (Public Question: use Schedule C)*	$368.12	$368.12
17b. Unitemized	0	0
17c. Add lines 17a and 17b in both columns SUBTOTAL	361.12	361.12
18. Cash on hand and investments at close of this reporting period *(subtract 17c from 16 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: Sheila P. Boatman	Title: Candidate	Date: 7-22-15
Signature of Candidate *(if applicable)*: Sheila P. Boatman		Date: 7-22-15

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
JUL 23 2015
David R. Crockett
CLERK

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
Page _____ of _____

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. Sheila P. Beatman 623 S. 9th St. West Terre Haute, IN 47885 Contributor's Occupation *(if required)* _____	Contributions: ☒ Direct ☐ In-Kind *(describe)* Other Receipts: ☐ Interest ☐ Loan ☐ Misc. *(specify)*	$361.12	$361.12	7-15-15 Sheila Beatman
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	$361.12		
	TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY *(Enter total on ITEM 15a of the Summary Sheet)*	$361.12		

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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

Page ______ of ______

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 A Sheila Boatman 623 S. 9th St West Terre Haute In 47885	PFT Tech Town Board	☒ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other ______ Purpose:	#361.12	#361.12	7-15-15
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	$361.12		
		TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY *(Enter total on ITEM 17a of the Summary Sheet)*	$361.12		

SignExpress®
2212 South 3rd Street • Terre Haute, IN 47802
Phone/Fax 812-235-1340

INVOICE 32448

DATE 7/21/15 ORDER NO.

SHIP TO

TO Boatman

TERMS: NET 30

QUANTITY	DESCRIPTION	UNIT PRICE	AMOUNT
8	18x24 Corx 25.00		150.00
	Paid 100 ºº Cash		
Auth 823001	60.50 CC		

PD CASH

Thank You

PLEASE PAY FROM THIS INVOICE. NO STATEMENT WILL BE SENT.

SUBTOTAL	150.00
TAX	10.50
TOTAL	160.50

"I understand that the charge for this job is due and payable upon completion, and interest shall accrue on all past due accounts at the rate of 1.5 percent per month. In the event payment is not made and the account is referred to a collection agency or attorney, I will pay the costs of collection including attorney's fees and cost incurred."

PRINT YOUR NAME DATE SIGN YOUR NAME DATE

WHITE - CUSTOMER YELLOW - FILE COPY PINK - FOLLOW-UP

SignExpress®
2212 South 3rd Street • Terre Haute, IN 47802
Phone/Fax 812-235-1340

INVOICE 32435

DATE 7/15/15 ORDER NO.

SHIP TO

TO Boatman

TERMS: NET 30

QUANTITY	DESCRIPTION	UNIT PRICE	AMOUN
15	18x24 Corx Sign	12.50	187.
	Paid $100 ºº 7/15		
	Auth 043663		

Thank You

PLEASE PAY FROM THIS INVOICE. NO STATEMENT WILL BE SENT.

SUBTOTAL	187.
TAX	13.
TOTAL	200.

"I understand that the charge for this job is due and payable upon completion, and interest shall accrue on all past due accounts at the rate of 1.5 percent per month. In the event payment is not made and the account is referred to a collection agency or attorney, I will pay the costs of collection including attorney's fees and cost incurred."

PRINT YOUR NAME DATE SIGN YOUR NAME DATE

WHITE - CUSTOMER YELLOW - FILE COPY PINK - FOL

QUANTITY			AMOUNT
15	18 x 24 Coro Sign	16.50	187.52
	[illegible]		
	[illegible]		

Thank You	PLEASE PAY FROM THIS INVOICE. NO STATEMENT WILL BE SENT.	SUBTOTAL	187.52
		TAX	13.10
		TOTAL	200.62

"I understand that the charge for this job is due and payable upon completion, and interest shall accrue on all past due accounts at the rate of 1.5 percent per month. In the event payment is not made and the account is referred to a collection agency or attorney. I will pay the costs of collection including attorney's fees and cost incurred."

PRINT YOUR NAME ____________ DATE ____________ SIGN YOUR NAME ____________ DATE ____________

WHITE - CUSTOMER YELLOW - FILE COPY PINK - FOLLOW-UP