01-29-16A08:47 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.

FILE NUMBER: 84-15-07-S

TOTAL PAGES IN ENTIRE CFA-4 REPORT: 2

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
John J. EISMAN

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

3. Committee Telephone Number
(812) 239-7307

4. Mailing Address *(address where all campaign finance correspondence is received)* ☐ Check if this is a new address
9250 E. US Hwy 40

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

6. Party Affiliation *(if applicable)*
Republican

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

7. Full Name of Candidate *(include any nickname)*
John J. EISMAN

8. Party Affiliation or if Independent Candidate
Republican

9. Office Sought *(include district number, if any. Not required for exploratory committees.)*
Seelyville 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: 10-10-15 Through: 12-31-15

	COLUMN A This Period	COLUMN B Year to Date
13. Cash on hand and investments at the beginning of this reporting period.		
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)*	-0-	-0-
15b. Unitemized	164.20	377 11
15c. Add lines 15a and 15b in both columns SUBTOTAL	164.20	377 11
16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B TOTAL	164.20	377 11
EXPENDITURES *(Note: These amounts include in-kind expenditures and loan repayments.)*		
17a. Itemized *(use Schedule B) (Public Question: use Schedule C)*	164.20	377 11
17b. Unitemized	-0-	-0-
17c. Add lines 17a and 17b in both columns SUBTOTAL	164.20	377 11
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: John J. Eisman — Title: Town Council — Date: 1-28-16

Signature of Candidate *(if applicable)*: John J. Eisman — Date: 1-28-16

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

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VIGO COUNTY SUPERIOR COURT
JAN 29 2016
David R. Crockett
CLERK

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Indiana Election Commission (IC 3-9-5-14

(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 1 of 1

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 ___ Valley Press 629 S. 9th St. Terre Haute, IN 47807		☒ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other ___ Purpose: Mailers	32.10	32.10	10/22/15
Code ___ U.S. Postmaster Seelyville, IN		☒ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other ___ Purpose: stamps	132.10	132.10	10/23/15
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:			
SUBTOTAL THIS PAGE OF SCHEDULE B			$ 164.20		
TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY (Enter total on ITEM 17a of the Summary Sheet)			$ 164.20		