# Report of Receipts and Expenditures of a Political Committee

**State Form 4606 (R13/11/05)**
Indiana Election Commission (IC 3-9-5-14)

**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): **Reelect Judge Annie Christ-Garcia Committee**
2. Acronym or Abbreviated Name (if any):
3. Committee Telephone Number: (317) 340-5728
4. Mailing Address (address where all campaign finance correspondence is received): P.O. Box 44032
5. City, State, ZIP Code: Indianapolis, Indiana 4244
6. Party Affiliation (if applicable): **Democrat**

## Candidate Information (For Candidate’s Committees Only)
7. Full Name of Candidate (include any nickname): **Annie Christ-Garcia**
8. Party Affiliation or If Independent Candidate: **Democrat**
9. Office Sought (Include district number, if any. Not required for exploratory committee.): **Marion Superior Court Judge**
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)

## Reporting Period
12. Reporting Period:
- From: October 11, 2014
- Through: December 31, 2014
13. Cash on hand and investments at the beginning of this reporting period: **424.53**
14. Cash on hand and investments January 1, current year: **6,426.65**

## Contributions and Receipts
(Note: these amounts include in-kind contributions and loans, as well as cash contributions.)
15a. Itemized (use Schedule A): **250.00**
15b. Unitemized: **0.00**
15c. Add lines 15a and 15b in both columns
- **SUBTOTAL**: **250.00**
16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B
- **TOTAL**: **674.53**

## Expenditures
(Note: These amounts include in-kind expenditures and loan repayments.)
17a. Itemized (use Schedule B) (Public Question: use Schedule C): **360.00**
17b. Unitemized: **0.00**
17c. Add lines 17a and 17b in both columns
- **SUBTOTAL**: **360.00**
18. Cash on hand and investments at close of this reporting period (subtract 17c from 16 in both columns)
- TOTAL: **314.53**
19. Debts OWED BY the committee (use Schedule D): **0.00**
20. Debts OWED TO the committee (use Schedule E): **0.00**

## 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:**

**Signature of Candidate (if applicable):**

**Date:** 1/21/15

**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 3-9-4-14) and may be subject to civil penalties. (IC 3-9-4-16, IC 3-9-4-17, IC 3-9-4-18)

**Filed:** JAN 21 2015

**Myra A. Eledge**
<table>
<thead>
<tr>
<th>CONTRIBUTOR’S FULL NAME AND OCCUPATION</th>
<th>TYPE OF CONTRIBUTION OR OTHER RECEIPT</th>
<th>COLUMN A AMOUNT THIS PERIOD</th>
<th>COLUMN B CUMULATIVE YEAR-TO-DATE</th>
<th>DATE RECEIVED</th>
</tr>
</thead>
<tbody>
<tr>
<td>Larsen J. Comstock</td>
<td>Contributions:</td>
<td>250</td>
<td>250</td>
<td>10/12/2014</td>
</tr>
<tr>
<td>1321 North Meridian Street, #212</td>
<td>Direct</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Indianapolis, IN 46202</td>
<td>In-Kind (describe)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Other Receipts:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Interest</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Loan</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Misc. (specify)</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

| Contributor’s Occupation (if required) |                             |                             |                                  |               |

| 2.                                    | Contributions:               |                             |                                  |               |
|                                       | Direct                      |                             |                                  |               |
|                                       | In-Kind (describe)          |                             |                                  |               |
|                                       | Other Receipts:             |                             |                                  |               |
|                                       | Interest                   |                             |                                  |               |
|                                       | Loan                       |                             |                                  |               |
|                                       | Misc. (specify)            |                             |                                  |               |

| Contributor’s Occupation (if required) |                             |                             |                                  |               |

| 3.                                    | Contributions:               |                             |                                  |               |
|                                       | Direct                      |                             |                                  |               |
|                                       | In-Kind (describe)          |                             |                                  |               |
|                                       | Other Receipts:             |                             |                                  |               |
|                                       | Interest                   |                             |                                  |               |
|                                       | Loan                       |                             |                                  |               |
|                                       | Misc. (specify)            |                             |                                  |               |

| Contributor’s Occupation (if required) |                             |                             |                                  |               |

| 4.                                    | Contributions:               |                             |                                  |               |
|                                       | Direct                      |                             |                                  |               |
|                                       | In-Kind (describe)          |                             |                                  |               |
|                                       | Other Receipts:             |                             |                                  |               |
|                                       | Interest                   |                             |                                  |               |
|                                       | Loan                       |                             |                                  |               |
|                                       | Misc. (specify)            |                             |                                  |               |

| Contributor’s Occupation (if required) |                             |                             |                                  |               |

| 5.                                    | Contributions:               |                             |                                  |               |
|                                       | Direct                      |                             |                                  |               |
|                                       | In-Kind (describe)          |                             |                                  |               |
|                                       | Other Receipts:             |                             |                                  |               |
|                                       | Interest                   |                             |                                  |               |
|                                       | Loan                       |                             |                                  |               |
|                                       | Misc. (specify)            |                             |                                  |               |

| Contributor’s Occupation (if required) |                             |                             |                                  |               |

|                                                                 | SUBTOTAL THIS PAGE OF SCHEDULE A | $250.00                      |
|                                                                 | TOTAL OF ALL PAGES OF SCHEDULE A | $250.00                      |

(Enter total on ITEM 15a of the Summary Sheet)
**REPORT OF RECEIPTS AND EXPENDITURES**
**OF A POLITICAL COMMITTEE**
State Form 4606 (R13/11-05)
Indiana Election Commission (IC 3-9-5-14)

**INSTRUCTIONS:** Please type or print clearly 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.

<table>
<thead>
<tr>
<th>RECIPIENT’S NAME AND MAILING ADDRESS (street, number, city, state, ZIP code)</th>
<th>RECIPIENT’S OCCUPATION</th>
<th>TYPE OF EXPENDITURE and PURPOSE (be specific)</th>
<th>COLUMN A AMOUNT THIS PERIOD</th>
<th>COLUMN B CUMULATIVE YEAR-TO-DATE</th>
<th>DATE OF EXPENDITURE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Code 0</td>
<td>n/a</td>
<td>Direct ☑, In-Kind ☐, Returned Contribution ☐, Other ☐</td>
<td>360</td>
<td>360</td>
<td>11/20/14</td>
</tr>
<tr>
<td>Marion County Democratic Party</td>
<td></td>
<td>Purpose: Pre payment of Chairman’s Club Dues</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>148 E Market Street</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Indianapolis, IN 46204</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Code</td>
<td></td>
<td>Direct ☐, In-Kind ☐, Payment of Debt ☐, Returned Contribution ☐, Other ☐</td>
<td>Purpose:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Code</td>
<td></td>
<td>Direct ☐, In-Kind ☐, Payment of Debt ☐, Returned Contribution ☐, Other ☐</td>
<td>Purpose:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Code</td>
<td></td>
<td>Direct ☐, In-Kind ☐, Payment of Debt ☐, Returned Contribution ☐, Other ☐</td>
<td>Purpose:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Code</td>
<td></td>
<td>Direct ☐, In-Kind ☐, Payment of Debt ☐, Returned Contribution ☐, Other ☐</td>
<td>Purpose:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Code</td>
<td></td>
<td>Direct ☐, In-Kind ☐, Payment of Debt ☐, Returned Contribution ☐, Other ☐</td>
<td>Purpose:</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**SUBTOTAL THIS PAGE OF SCHEDULE B** $360.00

**TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY** (Enter total on **ITEM 17a** of the Summary Sheet) $360.00
CANDIDATE’S STATEMENT OF ORGANIZATION AND
DESIGNATION OF PRINCIPAL COMMITTEE OR EXPLORATORY COMMITTEE

State Form 4604 (R129-95)
Indiana Election Commission (IC 3-9-1-3; IC 3-9-1-4; IC 3-9-1-5)

PLEASE TYPE OR PRINT LEGIBLY IN BLACK INK. SEE INSTRUCTIONS ON REVERSE SIDE.

FILE NUMBER

1. IS THIS AN AMENDMENT? [ ] No [ ] Yes If Yes, please enter the file number in this box →

SECTION A. CANDIDATE INFORMATION: Fill in all applicable boxes as fully and accurately as possible.

2. Last Name Michael
   First Name Brenda
   Middle Name Chair
   Nickname

3. Type of Committee (Check one)
   ☐ Candidate’s Principal Committee
   ☐ Exploratory Committee

4. Mailing Address
   1503 Yazzoo Dr

5. FAX (Optional)
   ☐ Yes
   ☐ No

6. E-mail Address (Optional)
   bcsmichael@gmail.com

7. City
   Beech Grove
   State IN
   ZIP Code 46107
   8. County Marion
   9. Telephone (Day) 317-381-1334
   10. Telephone (Evening)

11. Party Affiliation
   ☐ Democratic
   ☐ Libertarian
   ☐ Republican
   ☐ Other

12. Office Sought (Include district number, if any. Not required for an exploratory committee.)
   Clerk-Treasurer Beech Grove

13. Full Name of Committee (Do not abbreviate) [ ] Check if this is a new name
   Brenda Michael

14. Mailing Address [ ] Check if this is a new address
   1503 Yazzoo Dr

15. FAX (Optional)
   ☐ Yes
   ☐ No

16. E-mail Address (Optional)
   ☐ Yes
   ☐ No

17. City
   Beech Grove
   State IN
   ZIP Code 46107
   18. County Marion
   19. Telephone 317-381-1354
   20. Committee Organization Date (MM/DD/YY) 1/18/15

21. Chairperson’s Full Name [ ] Designate Candidate as Chairperson [ ] Check if this is a new chairperson
   Ryan A. Michael

22. Mailing Address [ ] Check if this is a new address
   1503 Yazzoo Dr

23. FAX (Optional)
   ☐ Yes
   ☐ No

24. E-mail Address (Optional)
   ☐ Yes
   ☐ No

25. City
   Beech Grove
   State IN
   ZIP Code 46107
   26. County Marion
   27. Telephone (Day) 317-381-1395
   28. Telephone (Evening)

29. Bank or Other Depositories (List all banks or other depository institutions in which the committee deposits funds; holds accounts, rents safety deposit boxes or maintains funds.)

30. Exploratory Committee (Give brief statement explaining purposes of an exploratory committee only.)

31. Salaries and Reimbursements (Will the committee pay the candidate a salary or reimbursement for lost wages? If Yes, attach a copy of the contract.) [ ] No [ ] Yes

SECTION C. APPOINTMENT OF TREASURER (IC 3-9-1-14)

32. I, as Chairperson of the following committee, appoint the following person as Treasurer of the Committee.
   Person Appointed Treasurer
   Signature of the Committee Chairperson
   Brenda Michael
   Ryan Michael

33. Treasurer’s Full Name [ ] Designate candidate as treasurer [ ] Check if this is a new treasurer

34. Mailing Address [ ] Check if this is a new address
   1503 Yazzoo Dr

35. FAX (Optional)
   ☐ Yes
   ☐ No

36. E-mail Address (Optional)
   ☐ Yes
   ☐ No

37. City
   Beech Grove
   State IN
   ZIP Code 46107
   38. County Marion
   39. Telephone (Day) 317-381-1354
   40. Telephone (Evening)

SECTION D. ACCEPTANCE OF APPOINTMENT (IC 3-9-1-15)

41. I give notice that I accept the duties and responsibilities of Treasurer of the Committee.
   Signature of Person Accepting Appointment
   Ryan Michael

SECTION E. CERTIFICATION OF STATEMENT

We certify as candidate and the duly appointed Chairperson of the Committee and that we have examined this statement. To the best of our knowledge and belief it is true, correct and complete.

42. Typed or Printed Name of Chairperson
    Ryan Michael
    Signature of Chairperson
    Ryan Michael
    Date (MM-DD-YY) 1/18/15

43. Typed or Printed Name of Candidate
    Brenda Michael
    Signature of Candidate
    Brenda Michael
    Date (MM-DD-YY) 1/18/15

Warning: State law requires that any change in this information be reported within 16 days of the change (IC 3-9-1-19). A person who knowingly files a fraudulent report commits a Class D felony (IC 3-9-1-13). A person who fails to file a complete or accurate report as required by this Indiana Campaign FinanceLaw commits a Class B misdemeanor (IC 3-9-1-14), and may be subject to civil penalties (IC 3-9-1-15, IC 3-9-1-16, IC 3-9-1-17, and IC 3-9-1-18).

FILED
JAN 21 2015

Received Time Jan 21, 2015 11:32AM No. 7772