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 X No

COMMITTEE INFORMATION
1. Full Name of Committee (as on Statement of Organization) Jim Dunmire, Warren Township
2. Acronym or Abbreviated Name (if any)
3. Committee Telephone Number (387) 608-856
4. Mailing Address (address where all campaign finance correspondence is received) 5621 Kyle Ct
5. City, State, ZIP Code Indianapolis, IN 46235
6. Party Affiliation (If Applicable) Republican

CANDIDATE INFORMATION (For Candidate’s Committees Only)
7. Full Name of Candidate (Include any nickname) James David Dubard
8. Party Affiliation or If Independent Candidate Republican
9. Office Sought (Include district number, if any. Not required for exploratory committee.) Warren Township Advisory Board
10. County of Residence Marion

TYPE OF REPORT
11. Check one:
□ Pre-Primary □ Pre-Election □ Annual □ Nomination □ Other
□ Final/Disbands Committee (Lines 16, 19, and 20 must be '0') □ Outgoing Treasurer (within 10 days amend Statement of Organization)

12. Reporting Period:
From: 1-01-14 Through: 12-31-14

13. Cash on hand and investments at the beginning of this reporting period.
14. Cash on hand and investments January 1, current year.

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

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 \( \text{SUBTOTAL} \)
18. Cash on hand and investments at close of this reporting period (subtract 17c from 16 in both columns) \( \text{TOTAL} \)
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
Title: Treasurer
Date: 1-21-15

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 3-14-1-14) and may be subject to civil penalties. (IC 3-9-4-16, IC 3-9-4-17, IC 3-9-4-18)