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

COMMITEE INFORMATION
1. Full Name of Committee (as on Statement of Organization) ☐ Check if this is a new name
Helen Marchal for Judge

2. Acronym or Abbreviated Name (if any)

3. Committee Telephone Number
(317) 723-3499

4. Mailing Address (address where all campaign finance correspondence is received) ☐ Check if this is a new address
P.O. Box 2943

5. City, State, ZIP Code
Indianapolis, IN 46201

6. Party Affiliation (if applicable)
Republican

CANDIDATE INFORMATION (For Candidate's Committees Only)
7. Full Name of Candidate (include any nickname)
Helen Marchal

8. Party Affiliation or If Independent Candidate
Republican

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

12. Reporting Period:
From: 1/1/14 Through: 12/31/14

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
SUBTOTAL

16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B
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
SUBTOTAL

18. Cash on hand and investments at close of this reporting period (subtract 17c from 16 in both columns)
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 1/14/15

Signature of Candidate (if applicable)

Date 1/15/15

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 Act 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

JAN 20 2015

Maia A. Eldridge
## 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 schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document expenditures **total** 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. **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 committeees) must** be itemized on this schedule.

### Schedule B

<table>
<thead>
<tr>
<th>Recipient's Name and Mailing Address</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>PNC Bank 155 E. Market Indianapolis, IN 46204</td>
<td>Office Sought (if applicable)</td>
<td>Direct □ In-Kind □ Payment of Debt □ Returned Contribution □ Other ________ Purpose: Bank Fee</td>
<td>$14.00</td>
<td>$14.00</td>
<td>11/3/14</td>
</tr>
<tr>
<td>PNC Bank 155 E. Market Indianapolis, IN 46204</td>
<td></td>
<td>□ Direct □ In-Kind □ Payment of Debt □ Returned Contribution □ Other ________ Purpose: Bank Fee</td>
<td>$14.00</td>
<td>$28.00</td>
<td>12/1/14</td>
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</table>

**Subtotal This Page of Schedule B** $28.00

**Total of All Pages of Schedule B on the Last Page Only** (Enter total on Item 17a of the Summary Sheet) $28.00