REPORT OF RECEIPTS AND EXPENDITURES
OF A POLITICAL COMMITTEE
State Form 4005 (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
   Committee To Elect Tracy McCarthy
2. Acronym or Abbreviated Name (if any)
3. Committee Telephone Number  (317) 696-0465
4. Mailing Address (address where all campaign finance correspondence is received)  □ Check if this is a new address
   3415 Mechanicsburg Dr
5. City, State, ZIP Code
   Indpls IN  46227
6. Party Affiliation (if applicable)
   Republican

CANDIDATE INFORMATION (For Candidate's Committees Only)
7. Full Name of Candidate (include any nickname)
   Tracy L McCarthy
8. Party Affiliation or If Independent Candidate
   Republican
9. Office Sought (include district number if any. Not required for exploratory committee.)
   Auditor
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)

COLUMNA  COLUMNB
12. Reporting Period:
   From: 10/11/14  Through: 12/31/14
   COLUMN A  COLUMN B
   This Period  Year to Date
   0  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  0  0
15c. Add lines 15a and 15b in both columns  SUBTOTAL  0  0
16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B  TOTAL  0  0

EXPENDITURES
(Note: These amounts include in-kind expenditures and loan repayments.)
17a. Itemized (use Schedule B) (Public Question: use Schedule C)  0  0
17b. Unitemized  0  0
17c. Add lines 17a and 17b in both columns  SUBTOTAL  0  0
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  0
20. Debts OWED TO the committee (use Schedule E)  0  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  Title  Date 1/5/15

Signature of Candidate (if applicable)  Date 1/5/15

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 false or 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
JAN 05 2015

[Signature] A. Eldridge