CANDIDATE'S STATEMENT OF ORGANIZATION AND
DESIGNATION OF PRINCIPAL COMMITTEE OR EXPLORATORY COMMITTEE

State Form 4604 (R13/9-10)
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.

<table>
<thead>
<tr>
<th>FILE NUMBER</th>
</tr>
</thead>
</table>

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 Miller-Penquite
   First Name Terri
   Middle Name Joanne
   Nickname

4. Mailing Address 7838 Potomac Ave.
   City Indianapolis
   State IN
   ZIP Code 46226
   County Marion

5. FAX (Optional)

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

7. City Indianapolis
   State IN
   ZIP Code 46226
   County Marion

8. County

9. Telephone (Day) (317) 824-6312
   Telephone (Evening)

11. Party Affiliation Democratic □ Libertarian □ Republican □ Other

12. Office Sought (Include district number, if any. Not required for an exploratory committee.) City-County Council Dist. 13

SECTION B. COMMITTEE INFORMATION: Fill in all applicable boxes as fully and accurately as possible.

13. Full Name of Committee (Do not abbreviate) Friends to Elect Terri Miller-Penquite for Council

14. Mailing Address 7838 Potomac Ave.
   City Indianapolis
   State IN
   ZIP Code 46226
   County Marion

15. FAX (Optional)

16. E-mail Address (Optional) tpenquite@gmail.com

17. City Indianapolis
   State IN
   ZIP Code 46226
   County Marion

18. County

19. Telephone (Day) (317) 824-6312
   Telephone (Evening) 02-23-15

21. Chairperson's Full Name □ Designate Candidate as Chairperson □ Check if this is a new chairperson

22. Mailing Address □ Check if this is a new address

23. FAX (Optional)

24. E-mail Address (Optional)

25. City
   State
   ZIP Code
   County

26. County

27. Telephone (Day)

28. Telephone (Evening)

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

30. Exploratory Committee (Give brief statement explaining purpose 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 foregoing committee, appoint the following person as Treasurer of the Committee.

   Person Appointed Treasurer Terri Miller-Penquite

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

35. FAX (Optional)

36. E-mail Address (Optional)

37. City
   State
   ZIP Code
   County

38. County

39. Telephone (Day)

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 this Committee. I am not the chairperson of a campaign finance committee (except as permitted for a candidate committee under IC 3-9-1-7).

   Signature of Person Accepting Appointment

   Terry Miller-Penquite

SECTION E. CERTIFICATION OF STATEMENT

We certify as the candidate and the duly appointed Chairperson of the Committee 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 Terri Miller-Penquite
   Signature of Chairperson
   Date (MM-DD-YY)

43. Typed or Printed Name of Candidate Terri Miller-Penquite
   Signature of Candidate
   Date (MM-DD-YY)

Warning: State law requires that any change in this information be reported within 10 days of the change (IC 3-9-1-10). 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, and IC 3-9-4-18).

FOR OFFICE USE ONLY

FILED
FEB 24 2015
Tbe a. Eldridge
**REPORT OF RECEIPTS AND EXPENDITURES OF A POLITICAL COMMITTEE**

State Form 408 (R13-11-05)  
Indiana Election Commission (IC 3-9-6-14)

**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)  [ ] Check if this is a new name

**MASCARI CITY COUNCIL**

2. Acronym or Abbreviated Name (if any)

3. Committee Telephone Number

(317) 287-0477  (317) 788-0200

4. Mailing Address (address where all campaign finance correspondence is received)  [ ] Check if this is a new address

**1/11 PINE MEADOW CT**

5. City, State, ZIP Code

**BEECH GROVE IN 46107**

6. Party Affiliation (if applicable)

**DEMOCRAT**

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

7. Full Name of Candidate (include any nickname)

**FRANK MASCARI**

8. Party Affiliation or If Independent Candidate

**DEMOCRAT**

9. Office Sought (include district number, if any. Not required for exploratory committees.)

**CITY COUNCIL DISTRICT 2**

10. County of Residence

**TYPE OF REPORT**

11. Check one:

[ ] Pre-Primary  [ ] Pre-Election  [ ] Annual  [ ] Nomination  [ ] Other

[ ] Outgoing Treasurer (within 10 days of final Statement of Organization)

**CONVENTION CANDIDATES ONLY**

12. Reporting Period:

From: 1/1/15  Through: 2/14/15

**CONTRIBUTIONS AND RECEIPTS**

(Note: these amounts include in-kind contributions and loans, as well as cash contributions.)

16a. Itemized (use Schedule A)

16b. Unitemized

16c. Add lines 16a and 16b 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 (subtracted 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

**TREASURER**

Date: 2/19/15

Signature of Candidate (if applicable)

Date: 2/19/15

**WARNING:** Any information contained in this report may not be copied for sale or used for any commercial purpose. (IC 3-3-14-13) 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 Indiana Campaign Finance Law commits a Class B misdemeanor. (IC 3-14-1-14), and may be subject to civil penalties. (IC 3-3-4-16, IC 3-3-4-17, IC 3-3-4-19)

**FILED**

FEB 19 2015

**Received Time Feb. 19, 2015 3:46PM No. 7836**
CANDIDATE'S STATEMENT OF ORGANIZATION AND
DESIGNATION OF PRINCIPAL COMMITTEE OR EXPLORATORY COMMITTEE

State Form 4604 (R13-9-10)
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
   First Name
   Middle Name
   Nickname

4. Mailing Address
   808 Spring Valley Dr.

7. City
   State
   ZIP Code
   County

9. Telephone (Day)
   317-258-1114
10. Telephone (Evening)
   317-258-1114

11. Party Affiliation
   Democratic ☒ Libertarian ☐ Republican ☐ Other ☐
12. Office Sought (Include district number, if any. Not required for an exploratory committee.)
   City Council 22

SECTION B. COMMITTEE INFORMATION: Fill in all applicable boxes as fully and accurately as possible.

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

14. Mailing Address
   Same

17. City
   State
   ZIP Code
   County

19. Telephone
   317-258-1114

21. Chairperson's Full Name
   Designate Candidate as Chairperson ☐ Check if this is a new chairperson

22. Mailing Address
   Same

25. City
   State
   ZIP Code
   County

27. Telephone (Day)
   ( )

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

30. Exploratory Committee (Give brief statement explaining purpose 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

33. Treasurer's Full Name
   Designate candidate as treasurer ☐ Check if this is a new treasurer

34. Mailing Address
   808 Spring Valley Dr.

37. City
   State
   ZIP Code
   County

39. Telephone (Day)
   317-258-1114

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

41. I give notice that I accept the duties and responsibilities of Treasurer of this committee.
   Signature of Person Accepting Appointment
   Date (MM-DD-YY)

SECTION E. CERTIFICATION OF STATEMENT

We certify as the candidate and the duly appointed Chairperson of the Committee 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
   Signature of Chairperson
   Date (MM-DD-YY)
   2-5-15

43. Typed or Printed Name of Candidate
   Signature of Candidate
   Date (MM-DD-YY)
   2-5-15

Warning: State law requires that any change in this information be reported within 10 days of the change (IC 3-9-1-10). 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, and IC 3-9-4-18).

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FILED
FEB 1 3 2015

Myra A. Eldridge
# Political Action Committee

**OR LEGISLATIVE CAUCUS COMMITTEE**

**STATEMENT OF ORGANIZATION**

State Form 28251 (R9/09)

Indiana Election Commission (IC 3-9-1-3 and IC 3-9-1-4)

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

<table>
<thead>
<tr>
<th>FILE NUMBER</th>
</tr>
</thead>
</table>

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

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

- **2. Full Name of Committee (Do not abbreviate)**
  
  YES 4 Beech Grove City Schools

- **3. Acronym or Abbreviated Name (if any)**
  
  7717 Dornock Dr.

- **4. Mailing Address (Address where all campaign finance correspondence is received)**
  
  Indianapolis, IN 46237

- **5. E-mail Address (Optional)**
  
  7717 Dornock Dr.

- **6. City**
  
  State 17

- **7. FAX (Optional)**
  
  717-317-1808

- **8. Telephone**
  
  717-317-850-5249

- **9. Committee Organization Date**
  
  11-09-2015

- **10. Is this committee registered with the Federal Election Commission? [ ] Yes [ ] No**

- **11. Is this committee a "Legislative Caucus Committee" under IC 3-5-7-27.1? [ ] Yes [ ] No**

- **12. State the purpose of the committee and on which issues the committee expects to focus.**

  Operating and Construction Referendum for Beech Grove City Schools

- **13. Name and address of any connected, affiliated, sponsoring organization, corporation, group, or individual.**

- **14. Is this committee supporting a political party's entire ticket? [ ] Yes [ ] No**

- **Check party affiliation if applicable: [ ] Democratic [ ] Libertarian [ ] Republican [ ] Other**

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

- **16. Chairperson's Name**
  
  Harvey Warrner

- **17. E-mail Address (Optional)**
  
  hoosier_harv@yahoo.com

- **18. Mailing Address**
  
  135 E. Brunswick Ave, Indpls, 46237

- **19. Telephone (Day)**
  
  317-317-1808

- **20. Telephone (Evening)**
  
  317-317-850-5249

- **21. Treasurer's Name**
  
  Cathy Statzer

- **22. E-mail Address (Optional)**
  
  cstatzer@bgs.com, K12. IN. US

- **23. Mailing Address**
  
  7717 Dornock Dr, Indpls, IN 46237

- **24. Telephone (Day)**
  
  317-788-4481

- **25. Telephone (Evening)**
  
  317-850-5249

- **26. Custodian of Records' Name**
  
  Cathy Statzer

- **27. E-mail Address (Optional)**
  
  cstatzer@bgs.com, K12. IN. US

- **28. Mailing Address**
  
  7717 Dornock Dr, Indpls, IN 46237

- **29. Telephone (Day)**
  
  317-788-4481

- **30. Telephone (Evening)**
  
  317-850-5249

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

- **31. Bank or Other Depositories (List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.)**

**SECTION D. CERTIFICATION OF STATEMENT**

- **35. Typed or Printed Name of Chairperson**
  
  Harvey Warrner

- **36. Signature of Chairperson**
  
  Harvey Warrner

- **37. Date**
  
  11/26/15

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**FOR OFFICE USE ONLY**

**FILED**

FEB 19 2015

Mary A. Eddinger
Candidate's Statement of Organization and Designation of Principal Committee or Exploratory Committee

State Form 4604 (R13-9-10)
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.

**Section A: Candidate Information**

- **Last Name:** Schneider
- **First Name:** Lana
- **Middle Name:** Jane

**Mailing Address:**
10739 Chesapeake Dr S.

**City:** Lawrence
**State:** IN
**Zip Code:** 46236

**Telephone (Day):** 317-473-6550

**Fax:** (Optional)
**E-mail Address:** (Optional)

**Office Sought:**
- [ ] Committee's Principal Committee
- [ ] Exploratory Committee

**Committee Information:** Fill in all applicable boxes as fully and accurately as possible.

- **Full Name of Committee:** Committee to Elect Lana Schneider
- **Mailing Address:**
10739 Chesapeake Dr S.

- **City:** Lawrence
**State:** IN
**Zip Code:** 46236
**County:** Marion
**Telephone:** 317-473-6550

**Fax:** (Optional)
**E-mail Address:** (Optional)

**Committee Organization Date:** 9-20-15

**Designated Candidate as Chairperson:** Chairperson's Full Name

**Bank or Other Depositories:**
- [ ] List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

**Other Depositories:**

- [ ] Exploratory Committee (Give brief statement explaining purpose of an exploratory committee only.)

**Salaries and Reimbursements:**
- [ ] Will the committee pay the candidate a salary or reimbursement for lost wages? Yes
- [ ] No

**Section C: Appointment of Treasurer**

- **Person Appointed Treasurer:** Helen A. Taylor

- **Treasurer's Full Name:**

- **Designated as Treasurer:**

**Mailing Address:**
16533 Sparrowood Ct

**City:** Lawrence
**State:** IN
**Zip Code:** 46236
**County:** Marion
**Telephone:** 317-823-5693

**Fax:** (Optional)
**E-mail Address:** (Optional)

**Section D: Acceptance of Appointment**

- **Signature of Person Accepting Appointment:** Helen A. Taylor

**Section E: Certification of Statement**

- **Typed or Printed Name of Chairperson:**

- **Signature of Chairperson:**

- **Date:** 1-21-15

- **Typed or Printed Name of Candidate:**

- **Signature of Candidate:**

- **Date:** 1-21-15

Warning: State law requires that any change in this information be reported within 10 days of the change (IC 3-9-1-10). A person who knowingly fails to report a change or who fails to file a complete or accurate report as required by the Indiana Campaign Finance Law 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 3-9-1-16, IC 3-9-1-17, and IC 3-9-1-18).
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) □ Check if this is a new name
   Odle for School Board

2. Acronym or Abbreviated Name (if any)
3. Committee Telephone Number

4. Mailing Address (address where all campaign finance correspondence is received) □ Check if this is a new address
   3939 Priority Way S. De 46010

5. City, State, ZIP Code
   Indianapolis, IN 46240
6. Party Affiliation (if applicable)

CANDIDATE INFORMATION (For Candidate's Committees Only)

7. Full Name of Candidate (include any nickname)
   Samuel L. Odle

8. Party Affiliation or If Independent Candidate

9. Office Sought (Include district number, if any) Not required for exploratory committee.
   IPS School Board at-large

10. County of Residence

TYPE OF REPORT

11. Check one:
   □ Pre-Primary  □ Pre-Election  X Annual  □ Nomination  □ Other
   □ Final/Closeout Committee (lines 18, 19, and 20 must be 0)  □ Outgoing Treasurer (within 10 days amend Statement of Organization)

   Check one:
   □ Pre-Convention  □ Post-Convention

12. Reporting Period:
   From: January 1, 2014 Through: December 31, 2014

13. Cash on hand and investments at the beginning of this reporting period.
   2,275.44

14. Cash on hand and investments January 1, current year.
   2,275.44

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)
   1,200.00

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
   1,075.44

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
Date 2/10/15

Signature of Candidate (if applicable)
Date

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)

FILED
FEB 19 2015

Myla 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 **totalled 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.

### Itemized Expenditures

<table>
<thead>
<tr>
<th>Recipient's Name and Mailing Address</th>
<th>Recipient's Occupation</th>
<th>Type of Expenditure and Purpose (if applicable)</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><strong>Pete Buttigieg</strong></td>
<td></td>
<td>Direct</td>
<td>$500</td>
<td>$500</td>
<td>10/17/14</td>
</tr>
<tr>
<td><strong>Echols</strong></td>
<td></td>
<td>Direct</td>
<td>$250</td>
<td>$250</td>
<td>10/14/14</td>
</tr>
<tr>
<td><strong>Committee to Elect David Hampton</strong></td>
<td></td>
<td>Direct</td>
<td>$200</td>
<td>$200</td>
<td>10/20/14</td>
</tr>
</tbody>
</table>

**Subtotal This Page of Schedule B** $1,200.00

**Total of All Pages of Schedule B on the Last Page Only**

(Enter total on **ITEM 17a** of the Summary Sheet) $1,700.00
### REPORT OF RECEIPTS AND EXPENDITURES OF A POLITICAL COMMITTEE

State Form 4625 (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) ☐ Check if this is a new name
   **Friends of Chuck Brewer**

2. Acronym or Abbreviated Name (if any)
   **623 Slate Drive, Apt B**

3. Committee Telephone Number
   **(317) 414-2329**

4. Mailing Address (address where all campaign finance correspondence is received)
   **623 Slate Drive, Apt B INDIANAPOLIS IN 46227**

5. City, State, ZIP Code
   **Indianapolis IN 46227**

6. Party Affiliation (if applicable)
   **Republican**

7. Full Name of Candidate (include any nickname) ☐ Check if this is a new name
   **Charles "Chuck" Brewer**

8. Office Sought (include district number, if any. Not required for exploratory committee.)
   **City County Council**

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

10. County of Residence
    **Marion**

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 after Statement of Organization)

#### TYPE OF REPORT

12. Reporting Period:
    **From:** 1/1/15
    **Through:** 2/28/15

13. Cash on hand and investments at the beginning of this reporting period.
    **1100**

14. Cash on hand and investments January 1, current year.
    **1100**

#### CONTRIBUTIONS AND RECEIPTS

15a. Itemized (use Schedule A)
    **6485**

15b. Unitemized

15c. Add lines 15a and 15b in both columns
    **SUBTOTAL:**
    **6485**

16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B
    **TOTAL:**
    **7585**

#### EXPENDITURES

17a. Itemized (use Schedule B) (Public Question: use Schedule C)
    **2055**

17b. Unitemized

17c. Add lines 17a and 17b in both columns
    **SUBTOTAL:**
    **2055**

18. Cash on hand and investments at close of this reporting period (subtract 17c from 16 in both columns)
    **TOTAL:**
    **5529**

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**

**Date** 4/3/15

**Signature of Candidate (if applicable)**

**Title**

**Date** 4/3/15

**WARNING**: Any information contained in this report may not be copied for sale or used for any commercial purpose. (IC 3-9-4-9) 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)

**FILE NUMBER**

**TOTAL PAGES IN ENTIRE CFA-4 REPORT**

**12**

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**FILED**

**FEB 17 2015**

**Megan A. Edlund**
### REPORT OF RECEIPTS AND EXPENDITURES

**OF A POLITICAL COMMITTEE**

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

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**INSTRUCTIONS:** List only contributions by individuals on this schedule. Please type or print legibly in black ink on all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts tied to the Summary Sheet. All cumulative contributions from individuals OVER $100 per contributor, within a calendar year, MUST be itemized on this schedule (over $200, if regular party committee). All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER $100 per contributor, within a calendar year, MUST be itemized on this schedule (over $200 if regular party committee). A contributor's occupation is required if an individual makes at least $1,000 in contributions during the calendar year. Otherwise, it is optional.

---

**CFA-4 SCHEDULE A-1**

**CONTRIBUTIONS BY INDIVIDUALS**

**Itemized Contributions and Other Receipts**

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<th>FILE NUMBER</th>
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<td>Page</td>
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**CONTRIBUTOR'S FULL NAME AND OCCUPATION**

**FULL MAILING ADDRESS**

(street, number, city, state, zip code)

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<th>CON Contributions:</th>
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**Contributor's Occupation (if required)**

---

1. **GORDON SMITH**

- **Address:** 8311 Country Charm Dr., Indianapolis, IN 46234

2. **DALE TAUKE**

- **Address:** 215 Linden Ave, Lake Forest, IL 60045

3. **WILLIAM BRUZZO**

- **Address:** 1851 E. 1st St, 900, Santa Ana, CA 92705

4. **AMY STANFIELD**

- **Address:** 10159 Outrigger Ln, Fishers, IN 46037

5. **CLARK REHME**

- **Address:** 1715 Fox Road Ste 400-153, Indianapolis, IN 46236

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**SUBTOTAL THIS PAGE OF SCHEDULE A**

$525.00

**TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY**

(Enter total on ITEM 15a of the Summary Sheet)

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<th>COLUMN B CUMULATIVE YEAR-TO-DATE</th>
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<td><strong>1. JOSEPH PELLMAN</strong>&lt;br&gt;901 N. RILEY AVE.&lt;br&gt;INDIANAPOLIS, IN 46201</td>
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<td><strong>2. TIMOTHY PHELPS</strong>&lt;br&gt;520 E. NEW YORK ST.&lt;br&gt;APT. 4&lt;br&gt;INDIANAPOLIS, IN 46202</td>
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<td><strong>4. COL. JAMES SWEENEY</strong>&lt;br&gt;11 S. MERIDIAN ST.&lt;br&gt;INDIANAPOLIS, IN 46204</td>
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**SUBTOTAL THIS PAGE OF SCHEDULE A** $800.00

**TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY**

($Enter total on ITEM 15a of the Summary Sheet)
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**Itemized Contributions and Other Receipts**

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**Subtotal This Page of Schedule A** $360.00

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| SUBTOTAL THIS PAGE OF SCHEDULE A | $5500 |
| TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY | $
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<th>$ 600.00</th>
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| TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY | $          |
**CONTRIBUTOR'S FULL NAME AND OCCUPATION**

<table>
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<th>Full Name and Occupation</th>
<th>Full Mailing Address</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>
<th>Received By</th>
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<tbody>
<tr>
<td>DANIEL LOPEZ</td>
<td>3209 E. 10th ST., APT 4 BLOOMINGTON, IN 47408</td>
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**Contributor's Occupation**

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

**SUBTOTAL THIS PAGE OF SCHEDULE A**  $100.00

**TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY**  $29,350.00

(Enter total on ITEM 15a of the Summary Sheet)
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<th>COLUMN A AMOUNT THIS PERIOD</th>
<th>COLUMN B CUMULATIVE YEAR-TO-DATE</th>
<th>DATE RECEIVED RECEIVED BY</th>
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<td>3. WRIGHT'S GYMNASTICS</td>
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<td>332 BLUFF RD. GREENWOOD, IN 46142</td>
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<td>In-Kind (describe)</td>
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SUBTOTAL THIS PAGE OF SCHEDULE A $1,050
TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY $1,050
### (CFA-4 SCHEDULE A-4)
#### CONTRIBUTIONS BY
POLITICAL ACTION COMMITTEES

**Itemized Contributions and Other Receipts**

**FILE NUMBER**

<table>
<thead>
<tr>
<th>CONTRIBUTOR'S FULL NAME AND FULL MAILING ADDRESS</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 RECEIVED BY</th>
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<tbody>
<tr>
<td>1. Frost Brown Todd PAC 201 N. Illinois St. Indianapolis, IN 46204</td>
<td>Contributions: □ Direct □ In-Kind (describe)</td>
<td>$100.00</td>
<td>$100.00</td>
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<td>Other Receipts: □ Interest □ Loan □ Misc. (specify)</td>
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<td>4.</td>
<td>Contributions: □ Direct □ In-Kind (describe)</td>
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<tr>
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<td>Other Receipts: □ Interest □ Loan □ Misc. (specify)</td>
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<td>5.</td>
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<td>Other Receipts: □ Interest □ Loan □ Misc. (specify)</td>
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**SUBTOTAL THIS PAGE OF SCHEDULE A** $100.00

**TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY** $100.00
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<tr>
<th>Contributor's Full Name and Full Mailing Address</th>
<th>Type of Contribution or Other Receipt</th>
<th>Amount This Period</th>
<th>Cumulative Year-To-Date</th>
<th>Date Received</th>
<th>Received By</th>
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</thead>
<tbody>
<tr>
<td>1. Friends of Ron Byron 1512 N. Delaware Indianapolis, IN 46202</td>
<td>Contributions: □ Direct</td>
<td>100.00</td>
<td>100.00</td>
<td>1/6/15</td>
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<td>Other Receipts: □ Interest □ Loan □ Misc. (specify)</td>
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<tr>
<td>2. Jose Evans for Indy 7644 Bancaster Indianapolis, IN 46268</td>
<td>Contributions: □ Direct</td>
<td>50.00</td>
<td>50.00</td>
<td>1/15/15</td>
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<td>Other Receipts: □ Interest □ Loan □ Misc. (specify)</td>
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<tr>
<td>3. Friends of Jeff Cardwell 3205 Madison Ave. Indianapolis, IN 46227</td>
<td>Contributions: □ Direct</td>
<td>500.00</td>
<td>500.00</td>
<td>1/15/15</td>
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<td>Other Receipts: □ Interest □ Loan □ Misc. (specify)</td>
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<tr>
<td>4. Friends of Mike McNallen P.O. Box 50022 Indianapolis, IN 46250</td>
<td>Contributions: □ Direct</td>
<td>500.00</td>
<td>500.00</td>
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<td>Other Receipts: □ Interest □ Loan □ Misc. (specify)</td>
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<tr>
<td>5. Samuel Solutions Group P.O. Box 1245 Indianapolis, IN 46206</td>
<td>Contributions: □ Direct</td>
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<td>500.00</td>
<td>1/15/15</td>
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<td>Other Receipts: □ Interest □ Loan □ Misc. (specify)</td>
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Subtotal This Page of Schedule A: $1,650.00

Total of All Pages of Schedule A on the Last Page Only (Enter total on Item 15a of the Summary Sheet): $
# Report of Receipts and Expenditures of a Political Committee

**State Form 4606 (R13/11-06)**
Indiana Election Commission (IC 3-9-5-14)

## Instructions
List only contributions by organizations other than corporations, labor organizations, political action committees and individuals on this schedule. 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 contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from other entities over $100 per contributor, within a calendar year, MUST be itemized on this schedule. All transfers-in and in-kind contributions, unless a amount from candidate's legislative caucus, and regular party committees must be itemized on this schedule. All cumulative receipts, such as loans proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income, over $100 per contributor, within a calendar year, MUST be itemized on this schedule (over $200 if regular party committee).

### Itemized Contributions and Other Receipts

<table>
<thead>
<tr>
<th>Contributor's Full Name and Full Mailing Address</th>
<th>Type of Contribution or Other Receipt</th>
<th>Column A: Amount for This Period</th>
<th>Column B: Cumulative Year-to-Date</th>
<th>Date Received Received By</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1. CRIMSON MERIDIAN LLC</strong>&lt;br&gt;55 Monument Circle&lt;br&gt;Indianapolis, IN 46204</td>
<td></td>
<td>$750.00</td>
<td>$750.00</td>
<td>1/2/15</td>
</tr>
</tbody>
</table>
| **2.** | Contributions:  
- Direct  
- In-Kind (describe) | | | |
| **3.** | Contributions:  
- Direct  
- In-Kind (describe) | | | |
| **4.** | Contributions:  
- Direct  
- In-Kind (describe) | | | |
| **5.** | Contributions:  
- Direct  
- In-Kind (describe) | | | |

**Subtotal This Page of Schedule A**: $750.00

**Total of all pages of Schedule A on the last page only**

*Enter total on ITEM 15a of the Summary Sheet*:

$2,400.00
### REPORT OF RECEIPTS AND EXPENDITURES
OF A POLITICAL COMMITTEE
State Form 4006 (RT13/11-06)
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 listed 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 from candidate, legislative caucus, political action, or regular party committees) MUST be itemized on this schedule.

<table>
<thead>
<tr>
<th>FILE NUMBER</th>
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<td>Page 1 of 1</td>
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</table>

#### (CFA-4 SCHEDULE B)
ITEMIZED EXPENDITURES

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<th>RECEIPT'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>
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<tbody>
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<td>Cross Blue Shield</td>
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<td>In-Kind</td>
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<td>P.O. Box 68086</td>
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**SUBTOTAL THIS PAGE OF SCHEDULE B** $2055.00

**TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY**
(Enter total on Item 17a of the Summary Sheet) $2055.00