## Report of Receipts and Expenditures

**OF A POLITICAL COMMITTEE**

State Form 4605 (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
   - **Committee to Elect Joe Simpson**

2. **Acronym or Abbreviated Name (If any)**
   - **(317) 710-3612**

3. **Mailing Address (address where all campaign finance correspondence is received)**
   - **4525 Guilford Ave**

4. **City, State, ZIP Code**
   - **Indianapolis, IN 46205**

5. **Committee Telephone Number**
   - **(317) 710-3612**

6. **Party Affiliation (If applicable)**
   - **Democratic**

### Candidate Information (For Candidate’s Committees Only)

1. **Full Name of Candidate (Include any nickname)**
   - **Joseph E. (Joe) Simpson**

2. **Office Sought (Include district number, if any. Not required if exploratory committee.)**
   - **City County Council District 9 Marion**

3. **Party Affiliation or If Independent Candidate**
   - **Democratic**

### Type of Report

- [ ] Pre-Primary  
- [ ] Pre-Election  
- [x] 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

- **From:** 1-1-14  
- **Through:** 12-31-14

### Contributions and Receipts

<table>
<thead>
<tr>
<th>LINE</th>
<th>COLUMN A</th>
<th>COLUMN B</th>
</tr>
</thead>
<tbody>
<tr>
<td>15a. Itemized (use Schedule A)</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>15b. Unitemized</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>15c. Add lines 15a and 15b in both columns</td>
<td>SUBTOTAL 0</td>
<td>0</td>
</tr>
<tr>
<td>16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B</td>
<td>TOTAL 0</td>
<td>0</td>
</tr>
</tbody>
</table>

### Expenditures

<table>
<thead>
<tr>
<th>LINE</th>
<th>COLUMN A</th>
<th>COLUMN B</th>
</tr>
</thead>
<tbody>
<tr>
<td>17a. Itemized (use Schedule B) (Public Question: use Schedule C)</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>17b. Unitemized</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>17c. Add lines 17a and 17b in both columns</td>
<td>SUBTOTAL 72.45</td>
<td>72.45</td>
</tr>
<tr>
<td>18. Cash on hand and investments at close of this reporting period (subtract 17c from 16 in both columns)</td>
<td>TOTAL 72.45</td>
<td>72.45</td>
</tr>
<tr>
<td>19. Debts OWED by the committee (use Schedule D)</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>20. Debts OWED TO the committee (use Schedule E)</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

### 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:  
Wright, Sue**

**Title:  
Treasurer**

**Date:** 1-13-15

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

**Title:  
Joe Simpson**

**Date:** 1-13-15

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**FOR OFFICE USE ONLY**

**FILED  
JAN 13 2015**

**Myra A. Edinger**