



OF A POLITICAL COMMITTEE

State Form 4806 (R13/11-05)
Indiana Election Commission (IC 3-9-5-14)

Summary Sheet

FILE NUMBER

TOTAL PAGES IN ENTIRE CFA-4 REPORT

1 of 2

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
BUSKIRK for County Council

2. Acronym or Abbreviated Name (if any)

3. Committee Telephone Number
(260) 622-6333

4. Mailing Address (address where all campaign finance correspondence is received) Check if this is a new address
11015 Coverdale Rd

5. City, State, ZIP Code
Fort Wayne, IN 46809-9955

6. Party Affiliation (if applicable)
Republican

CANDIDATE INFORMATION (For Candidate's Committees Only)

7. Full Name of Candidate (include any nickname)
Roy A Buskirk

8. Party Affiliation or If Independent Candidate
Republican

9. Office Sought (include district number, if any. Not required for exploratory committee.)
COUNTY COUNCIL at Large

10. County of Residence
Allen

TYPE OF REPORT

CONVENTION CANDIDATES ONLY

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)

Check one:
 Pre-Convention
 Post-Convention

12. Reporting Period: From: JAN 1, 20 Through: Dec 31, 20	COLUMN A This Period	COLUMN B Year to Date
13. Cash on hand and investments at the beginning of this reporting period.	232.68	
14. Cash on hand and investments January 1, current year.		232.68

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	1.-	1.-
15c. Add lines 15a and 15b in both columns	1.-	1.-
16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B	233.68	233.68

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	-0-	-0-
18. Cash on hand and investments at close of this reporting period (subtract 17c from 16 in both columns)	233.68	233.68
19. Debts OWED BY the committee (use Schedule D)	\$ 1,700.-	
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: **Karen J. Buskirk** Title: **Treasurer** Date: **1-18-11**

Signature of Candidate (if applicable): **Roy A. Buskirk** Date: **1-18-11**

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)

FOR OFFICE USE ONLY

2011 JAN 18 AM 9:25

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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. List all debts and loans, regardless of the amount, OWED BY the committee during the reporting period. Include all amounts owed for or to lend institutions, individuals, credit purchases, committee credit card accounts, etc. List each vendor paid by credit card issued in the name of the committee in the ENDORSER'S column. A lender's occupation is required if an individual makes loans of at least \$1,000 during the calendar year. Otherwise, this is optional.

FILE NUMBER _____

Page 2 of 2

CREDITOR'S OR LENDER'S NAME & MAILING ADDRESS <i>(street, number, city, state, ZIP code)</i>	ENDORSER'S OR VENDOR'S NAME & MAILING ADDRESS <i>(if any)</i> <i>(street, number, city, state, ZIP code)</i>	AMOUNT NATURE OF DEBT	DATE DEBT INCURRED	CUMULATIVE PAID YEAR-TO-DATE	OUTSTANDING BALANCE THIS PERIOD
Roy A Buskirk 11015 Coverdale Rd. Ft. Wayne, IN 46809 LENDER'S OCCUPATION:	NONE	\$1,500. ⁰⁰ Loan	2-4-02	-0-	\$1,500. ⁰⁰
Roy A Buskirk 11015 Coverdale Rd Ft. Wayne, IN 46809 LENDER'S OCCUPATION:	NONE	\$200.- Loan	1-22-09	-0-	\$200.-
LENDER'S OCCUPATION:					
LENDER'S OCCUPATION:					
LENDER'S OCCUPATION:					
LENDER'S OCCUPATION:					
LENDER'S OCCUPATION:					
SUBTOTAL THIS PAGE OF SCHEDULE D					\$1,700.-
TOTAL OF ALL PAGES OF SCHEDULE D ON THE LAST PAGE ONLY <i>(Enter total on ITEM 19 of the Summary Sheet)</i>					\$1,700.-