



# REPORT OF RECEIPTS AND EXPENDITURES OF A POLITICAL COMMITTEE

State Form 4606 (R13/11-05)  
Indiana Election Commission (IC 3-9-5-14)

(CFA-4)  
**Summary Sheet**

FILE NUMBER

TOTAL PAGES IN ENTIRE CFA-4 REPORT

3

**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) <input type="checkbox"/> Check if this is a new name <b>Home Builders Assoc. of Fort Wayne Build PAC</b>	
2. Acronym or Abbreviated Name (if any)	3. Committee Telephone Number <b>(260) 420-2020</b>
4. Mailing Address (address where all campaign finance correspondence is received) <input type="checkbox"/> Check if this is a new address <b>305 W. Main Street</b>	
5. City, State, ZIP Code <b>Fort Wayne, IN 46802</b>	6. Party Affiliation (if applicable)

### CANDIDATE INFORMATION (For Candidate's Committees Only)

7. Full Name of Candidate (include any nickname)	8. Party Affiliation or If Independent Candidate
9. Office Sought (Include district number, if any. Not required for exploratory committee.)	10. County of Residence

### TYPE OF REPORT

### CONVENTION CANDIDATES ONLY

11. Check one: <input type="checkbox"/> Pre-Primary <input checked="" type="checkbox"/> Pre-Election <input type="checkbox"/> Annual <input type="checkbox"/> Nomination <input type="checkbox"/> Other <input type="checkbox"/> Final/Disbands Committee (lines 18, 19, and 20 must be "0") <input type="checkbox"/> Outgoing Treasurer (within 10 days amend Statement of Organization)	Check one: <input type="checkbox"/> Pre-Convention <input type="checkbox"/> Post-Convention
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12. Reporting Period: From: <b>4-11-15</b> Through: <b>10-9-15</b>	COLUMN A This Period	COLUMN B Year to Date
13. Cash on hand and investments at the beginning of this reporting period.	<b>11062.17</b>	
14. Cash on hand and investments January 1, current year.		<b>9562.46</b>

### CONTRIBUTIONS AND RECEIPTS

(Note: these amounts include in-kind contributions and loans, as well as cash contributions.)		
15a. Itemized (use Schedule A)	<b>1262.09</b>	<b>2227.97</b>
15b. Unitemized	<b>8500.00</b>	<b>9070.00</b>
15c. Add lines 15a and 15b in both columns	<b>9762.09</b>	<b>11297.97</b>
16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B	<b>20824.26</b>	<b>20860.43</b>

### EXPENDITURES

(Note: These amounts include in-kind expenditures and loan repayments.)		
17a. Itemized (use Schedule B) (Public Question: use Schedule C)	<b>11157.00</b>	<b>11193.17</b>
17b. Unitemized	<b>0.00</b>	<b>0.00</b>
17c. Add lines 17a and 17b in both columns	<b>11157.00</b>	<b>11193.17</b>
18. Cash on hand and investments at close of this reporting period (subtract 17c from 16 in both columns)	<b>9667.26</b>	<b>9667.26</b>
19. Debts OWED BY the committee (use Schedule D)		
20. Debts OWED TO the committee (use Schedule E)		

### CERTIFICATION

CERTIFY THAT I HAVE EXAMINED THIS STATEMENT. TO THE BEST OF MY KNOWLEDGE AND BELIEF IT IS TRUE, CORRECT AND COMPLETE.

Signature of Treasurer <i>Lawrence Hill</i>	Title <b>Executive Director</b>	Date <b>10-14-15</b>
Signature of Candidate (if applicable)		Date

FOR OFFICE USE ONLY

2015 OCT 14 PM 1:11  
FILED  
ELECTION BOARD

**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)



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(CFA-4 SCHEDULE A-1) CONTRIBUTIONS BY INDIVIDUALS Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY 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 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, this is optional.

FILE NUMBER
Page 1 of 1

Table with 5 columns: CONTRIBUTOR'S FULL NAME AND OCCUPATION, TYPE OF CONTRIBUTION OR OTHER RECEIPT, COLUMN A AMOUNT THIS PERIOD, COLUMN B CUMULATIVE YEAR-TO-DATE, DATE RECEIVED RECEIVED BY. Rows include Home Builders Association and 3 Rivers Federal Cr. Union.

SUBTOTAL THIS PAGE OF SCHEDULE A \$1262.09
TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY \$1262.09



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

**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 totaled 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.

**FILE NUMBER**

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Page 1 of 1

RECIPIENT'S NAME AND MAILING ADDRESS <i>(street, number, city, state, ZIP code)</i>	RECIPIENT'S OCCUPATION	TYPE OF EXPENDITURE and PURPOSE <i>(be specific)</i>	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE OF EXPENDITURE
	OFFICE SOUGHT <i>(if applicable)</i>				
Code _____ 3 Rivers Federal Cr Union P.O. Box 2573 Fort Wayne, IN 46801		<input type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input checked="" type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose:	0.00	25.17	3-10-15
Code _____ PNC Bank P.O. Box 609 Pittsburgh, PA 15230		<input type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input checked="" type="checkbox"/> Other <u>Service Fee</u> Purpose:	0.00	11.00	3-31-15
Code _____ IBA 101 W. Ohio St., Ste 710 Indianapolis, IN 46204	35-0920058	<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose:	150.00	150.00	4-17-15
Code _____ A B B I 101 W. Ohio St, Ste 710 Indianapolis, IN 46204	35-2113 673	<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose:	6200.00	6200.00	5-7-15
Code _____ The Sign Shoppe 4619 Lima Road Fort Wayne, IN 46808		<input type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input checked="" type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose:	50.00	50.00	9-16-15
Code _____ Classic Trophy P.O. Box 5487 Fort Wayne, IN 46895		<input type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input checked="" type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose:	99.00	99.00	9-16-15
Code _____ Cedar Creek Golf Club 10000 Garman Road Leo, IN 46765		<input type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input checked="" type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose:	4658.00	4658.00	9-21-15
<b>SUBTOTAL THIS PAGE OF SCHEDULE B</b>			<b>\$ 11157.00</b>		
<b>TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY</b> <i>(Enter total on ITEM 17a of the Summary Sheet)</i>			<b>\$ 11157.00</b>		