

REPORT OF RECEIPTS AND EXPE OF A POLITICAL COMMITTEE

State Form 4506 (R13/11-05) Indiana Election Commission (IC 3-9-5-14) MAR : 0 2009

(CFA-4)

Summary Sheet

FILE NUMBER

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this t assistance in completing this form, see instructions on the reverse side.

TOTAL PAGES IN ENTIRE CFA-4 RE IS THIS AN AMENDMENT? Yes COMMITTEE INFORMATION 1. Full Name of Committee (as on Statement of Organization) Check if this is a new name Carl Lienhoup for Commissioner 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 andress 20434 E- 50N 6. Party Affiliation (if applicable) 5. City, State, ZIP Code 47244 Republican Hartsville. CANDIDATE INFORMATION (For Candidate's Committees Only) 7. Full Name of Candidate (include any nickname) 8. Party Affiliation or If Independent Candidate Lienhoop Herman Republican 9. Office Sought (Include district number, if any. Not required for exploratory committee.) 10. County of Residence Bartholomew Commissioner - 2nd District TYPE OF REPORT CONVENTION CANDIDATES ONLY Check one: 11. Check one: Pre-Primary Pre-Election Annual Nomination Other Pre-Convention Final/Disbands Committee (lines 18, 19, and 20 must be "0") U Outgoing Treasurer (within 10 days amend Statement of Organization) Post-Convention COLUMN A 12. Reporting Period: COLUMN B Through: December 31, 2007 This Period Year to Date 1.2007 From: January 4279.64 13. Cash on hand and investments at the beginning of this reporting period. 14. Cash on hand and investments January 1, current year. 4279.64 CONTRIBUTIONS AND RECEIPTS (Note: these amounts include in-kind contributions and loans, as well as cash contributions.) 200,00 200.00 15a, Itemized (use Schedule A) 15b. Unitemized SUBTOTAL 200.00 15c. Add lines 15a and 15b in both columns 200,00 4479.64 4479.64 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. Uniternized SUBTOTAL 17c. Add lines 17a and 17b in both columns 4479.64 4479.64 18. Cash on hand and investments at close of this reporting period (subtract 17c from 15 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 Candidate (if applicable)

Date 3/28/09

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 C 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 benalties (IC 3-9-4-16 IC 3-9-4-17 IC 3-9-4-18)

FOR OFFICE USE ONL'



REPORT OF RECEIPTS AND EXPENDITURES OF A POLITICAL COMMITTE

State Form 4608 (R9 / 11-99) Indiana Election Commission (IC 3-9-5-14) Approved by State Board of Accounts 1999

(CFA-4 SCHEDULE A-1) CONTRIBUT NS BY INDIVIDUALS Itemized Contributions and Other ST

ENSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY INDIVIDUALS ON THIS SCHEDULE. Please type or print legibly IN BLACK RNK all information on his 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.

	F/	LE NUMBE	P S A	
	•			Ī
Page		Of many		

CONTRIBUTOR'S FULL NAME AND OCCUPATION FULL MAILING ADDRESS (street, number, city; state, ZIP code)	I TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS	COLUMN B GLMULATIVE YEAR TO DATE	DATE RECEIVE
(street number, city state, ZIP code)	Contributions:	PERIOD	A CONTRACTOR OF THE CONTRACTOR	NELEVEN 61
Gary & longa Pohl	De Direct □ In-Kind (describe)	10000		3 12 0
* Gary € Tonya Pohl 7896 Amsterdam Ct.	White in the control of the control			7-12-07
Avon, IN 46123	Other Receipts: Elinterest ElLoan Misc (specify)			Carl Sunbago
Contributor's Occupation (I required)	Contributions:		and the state of t	
2 Bradley D. Watson	(POwers () in-Kind (describe)	10000		7-12-07
2 Bradley D. Watson 11986 Weathered Edge Dr.	- op-intermediatelische de Geberration de gebie erte (des eine des des intermediates de geberration de geben de geben de geberration de geben de ge			
Fishers, M46037	Other Receipts: ☐ Interest ☐ Loan ☐ Misc (specify)			Carl Tumbago
Contributor's Occupation (required and an advantage of the second and advantage of the	THE ANGLE SECURITY OF A STATE OF			
3.	Contributions: Direct In-Kind (describe)	, , , , , , , , , , , , , , , , , , ,		
	Other Receipts:			
	Cinterest Closn Misc (specify)			
Contributor's Occupation (if required)	The state of the s	erija 1990. – 1990 berrins Salvino II dielektrikanska salvininanska vitoraansk	altinia menocani delikita dikiena come man s ist car omnis.	
4.	Contributions: Direct In-Kind (describe)			
	स्त्रीत पूर्व प्रतिकार क्षार्थिय क्षेत्र कृति क्षेत्र क्ष्या स्त्रीत क्षेत्र क्ष्या स्त्राच्या क्ष्या क्ष्या क	_		
	Other Receipts:			
	Linterest Elloan Li Misc (specify)			
Constibutor's Occupation (frequired)	er dramiter alliées mindres annéliée de sant d	-		
Pro-	Contributions:	terral part of the self-of-Mayer American services program (or self-of-	ويرود ودرود ودرود و دود و دود و دود و درود و درو و دود و	الموالد والدعاء الموالد والموالد
	☐ Direct ☐ In-Kind (describe)			
•	Other Receipts:	-		e describit ripo en la mensa del como ante comencia de la Mille de Como
	Einterest Cloan Einterest Cloan	1		
Contributor's Occupation (# required)	to the sun of a reasonable demonstration and a transport to the state of the sun of the			
SUB TOTAL.	THIS PAGE OF SCHEDULE A	\$ 20000		
TOTAL OF ALL PAGES OF SCHEDULE (Enter total on ITEM 15s of the Summer	\$ 200 000			