

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)

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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.

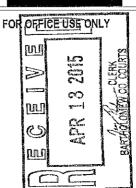
TOTAL PAGES IN ENTIRE CFA-4 REPORT

IS THIS AN AMENDMENT? Yes

P. O. Box 1972 5. City, State, ZIP Code Columbus, TN H7202 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 11. Check one: Pre-Primary Pre-Election Annual Nomination Other Pre-Convention Final/Disbands Committee (innes 1s, 19, and 20 must be 19) Outgoing Treasurer (within 10 days amond Statement of Organization) 12. Reporting Period: From: Jan. 2015 Through: Apri 10, 2015 This Period 14. Cash on hand and investments at the beginning of this reporting period. 15. Itemized (use Schedule A) 15. Add lines 15a and 15b in both columns 16. Add lines 15a and 15b in both columns 17. Suppose Pre-Primary Pre-Primary	COMMITTEE INFORMATION						
Bartholomes County Democratic Central Committee Telephone Number (812) 343-5049	1. Full Name of Committee (as on Statement of Organization) Check if this is a new	name	O				
2. Acronym or Abbreviated Name (if any) 3. Committee Telephone Number (8(2) 343-5049 4. Malling Address (address where all campaign finance correspondence is received) Check if this is a new address P. O. Box 1972 5. City, State, ZIP Code 6. Party Affiliation (if applicable) Democyal Candidate (include any nickname) 8. Party Affiliation or If Independent Candidate 7. Full Name of Candidate (include any nickname) 8. Party Affiliation or If Independent Candidate 8. Party Affiliation or If Independent Candidate 9. Office Sought (include district number, if any, Not required for exploratory committee.) 10. Countly of Residence TYPE OF REPORT CONVENTION CANDIDATES ONLY 11. Check one: Check one: Pre-Convention Pre-Convention Pre-Convention 12. Reporting Period: Through: Apri 10, 2015 Through: Apri 10, 2015 13. Cash on hand and investments at the beginning of this reporting period. 3/666, 14 14. Cash on hand and investments alanuary 1, current year. CONTRIBUTIONS AND RECEIPTS (Note: these amounts include in-kind contributions and loans, as well as cash contributions.) 15a. Itemized (use Schedule A) 3/0,50 3/0,50 15b. Odd lines 15a and 15b in both columns Subtotal Ay, 036, 64 Ay, 036, 64 EXPENDITURES (Note: These amounts include in-kind expenditures and loan repayments.) 17a. Itemized (use Schedule B) (Public Question: use Schedule C) 3,087,80 3,087,80 3,087,80 3,087,80 3,087,80 3,087,50 30.55							
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	17c. Add lines 17a and 17b in both columns	BTOTAL	3,168.55	3,168,55			
18. Cash on hand and investments at close of this reporting period (subtract 17c from 16 in both columns) TOTAL \$68.09	18. Cash on hand and investments at close of this reporting period (subtract 17c from 16 in both columns)	TOTAL	86809	868.09			
19. Debts OWED BY the committee (use Schedule D)	19. Debts OWED BY the committee (use Schedule D)						
20. Debts OWED TO the committee (use Schedule E)	20. Debts OWED TO the committee (use Schedule E)						

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LOURTHAY I HAVE EXAMINED THIS STATEMENT. TO THE BEST OF MY KNOWLEDGE AND BELIEF IT IS TRUE, CORRECT AND COMPLETE,						
Signature of Treasurer A. Thompson	Title Treasure	Date HIIIS				
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)





REPORT OF RECEIPTS AND EXPENDITURES OF A POLITICAL COMMITTEE

State Form 4606 (R13/11-05) Indiana Election Commission (IC 3-9-5-14 (CHA-4 SCHEDULE B)

CLERK

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this schedule; 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						
Page _	1	of	<u> </u>			

RECIPIENT'S NAME AND MAILING ADDRESS (streef, number, city, state, ZIP code)	RECIPIENT'S OCCUPATION OFFICE SOUGHT (if applicable)	TYPE OF EXPENDITURE and PURPOSE (be specific)	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE OF EXPENDITURE
Comcast 1470 Jackson St. Columbus, ID 47201	Internet/Phone	Direct In-Kind Payment of Debt Returned Contribution Other Purpose:	49.52 274.45 98.26 109.57 531.80		1/7/15 1/26/15 2/13/15 3/11/15
50cial Works		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:	1317.00		Halis
Columbus, IN 477201 code Carpenter's Union 431 s. mapleton St. 1155 Columbus, IN 47201	Rent	Direct In-Kind Payment of Debt Returned Contribution Other Purpose:	725.00 225.00 225.00 675.00		1/21/15 1/31/15 3/4/15
Granny Connection Ask your Mama Treeline Columbus, IN 47201	Table	Direct in-Kind Payment of Debt Returned Contribution Other Purpose:	250.00		al9115
Columbus Parks & Rec P.O. Box 858 Columbus, IN 47202	Room Rental	Direct In-Kind Payment of Debt Returned Contribution Other Purpose:	a14.00		<u> ચીવી 15</u>
The College Democrats of Indiana		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:	100.00		गिक्षाड
Code		Direct In-Kind In-Kind In-Kind Returned Contribution Other Purpose:			
SUBTOTAL THIS PAGE OF SCHEDULE B TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY					
(Enter total on ITEM 17a of the Summary Sheet)					