



**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

2017-36

TOTAL PAGES IN ENTIRE CFA-4 REPORT

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
Monroe County Republican Women

2. Acronym or Abbreviated Name (if any) MCRW

3. Committee Telephone Number

4. Mailing Address (address where all campaign finance correspondence is received) Check if this is a new address
PO 2132

5. City, State, ZIP Code Bloomington IN 47402

6. Party Affiliation (if applicable) Republican

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:
 Pre-Primary Pre-Election Annual Nomination Other
 Final/Disbands Committee (see IC 3-9-5-14 and 3-9-5-15) Outgoing Treasurer (with 11 days' advance Statement of Organization)

Check one:
 Pre-Convention Post-Convention

12. Reporting Period	COLUMN A This Period	COLUMN B Year to Date
From: <u>10/15/16</u> Through: <u>12/31/16</u>		
13. Cash on hand and investments at the beginning of this reporting period	<u>388.90</u>	
14. Cash on hand and investments January 1, current year		<u>1662.34</u>

CONTRIBUTIONS AND RECEIPTS

(Note: these amounts include in-kind contributions and loans, as well as cash contributions.)

15a. Itemized (use Schedule A)	<u>0</u>	<u>678.00</u>
15b. Unitemized	<u>80.00</u>	<u>134.06</u>
15c. Add lines 15a and 15b in both columns	SUBTOTAL	<u>812.06</u>
16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B	TOTAL	<u>1874.34</u>

EXPENDITURES

(Note: These amounts include in-kind expenditures and loan repayments.)

17a. Itemized (use Schedule B) (Public Question, use Schedule C)	<u>290.49</u>	<u>1576.14</u>
17b. Unitemized	<u>0</u>	<u>119.27</u>
17c. Add lines 17a and 17b in both columns	SUBTOTAL	<u>1695.41</u>
18. Cash on hand and investments at close of this reporting period (subtract 17c from 16 in both columns)	TOTAL	<u>178.93</u>
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 Treasurer: [Signature] Title: Treasurer Date: 1-16-17

Signature of Candidate (if applicable): _____ Date: _____

FILED
 FOR OFFICIAL USE
 JAN 17 2017



**REPORT OF RECEIPTS AND EXPENDITURES
OF A POLITICAL COMMITTEE**

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

**(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

Page 2 of 2

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 <u>0</u> INDIANA ELECTION DIVISION, 302 West Washington St. RE 24 INDIANAPOLIS 46204	ELECTION BOARD	<input type="checkbox"/> Direct <input type="checkbox"/> In Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose LATE FEE	\$250.47		October 2016
Code <u>0</u> Michael Hill Storage 5396 W. Yorks Ct. Bloomington IN 47404	Business Owner	<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 Storage	\$140.00	\$1726.00	10/24/16
Code _____		<input type="checkbox"/> Direct <input type="checkbox"/> In Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose			
Code _____		<input type="checkbox"/> Direct <input type="checkbox"/> In Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose			
Code _____		<input type="checkbox"/> Direct <input type="checkbox"/> In Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose			
Code _____		<input type="checkbox"/> Direct <input type="checkbox"/> In Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose			
Code _____		<input type="checkbox"/> Direct <input type="checkbox"/> In Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose			

SUBTOTAL THIS PAGE OF SCHEDULE B \$ 290.47

TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY
(Enter total on ITEM 17a of the Summary Sheet)

\$