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
4

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? X **Yes** ☐ **No**

COMMITTEE INFORMATION

1. Full Name of Committee (as on *Statement of Organization*) ☐ Check if this is a new name
Friends Of Chuck Harris

2. Acronym or Abbreviated Name *(if any)*
None

3. Committee Telephone Number
(219) 405-8377

4. Mailing Address *(address where all campaign finance correspondence is received)* ☐ Check if this is a new address
3351 Blue Jay Dr.

5. City, State, ZIP Code
Valparaiso IN 46383

6. Party Affiliation *(if applicable)*
Republican

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

7. Full Name of Candidate *(include any nickname)*
Chuck Harris

8. Party Affiliation or If Independent Candidate
Republican

9. Office Sought *(Include district number, if any.* ***Not required for exploratory committee.)***
Treasurer

10. County of Residence Porter

TYPE OF REPORT

11. Check one:
X 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)*

CONVENTION CANDIDATES ONLY

Check one:
☐ Pre-Convention
☐ Post-Convention

12. Reporting Period: Annual
From: 1/24/2016 Through:4/8/2016

	COLUMN A This Period	COLUMN B Year to Date
13. Cash on hand and investments at the beginning of this reporting period.	$892.20	
14. Cash on hand and investments January 1, current year.		$892.20
CONTRIBUTIONS AND RECEIPTS		
(Note: these amounts include in-kind contributions and loans, as well as cash contributions.)		
15a. Itemized *(use Schedule A)*	$1,000.00	$1,000.00
15b. Unitemized Uncashed Checks	$0.0	$0.00
15c. Add lines 15a and 15b in both columns **SUBTOTAL**	$1,000.00	$1,000.00
16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B (Matches Bank Balance) **TOTAL**	$1,892.20	$1,892.20
EXPENDITURES		
(Note: These amounts include in-kind expenditures and loan repayments.)		
17a. Itemized *(use Schedule B) (Public Question: use Schedule C)*	$250.00	$250.00
17b. Unitemized	$0.00	$0.00
17c. Add lines 17a and 17b in both columns **SUBTOTAL**	$250.00	$250.00
18. Cash on hand and investments at close of this reporting period *(subtract 17c from 16 in both columns)* **TOTAL**	$1642.20	$1642.20
19. Debts OWED BY the committee *(use Schedule D)* (See Attached Letters)	$1,000.00	
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	Title	Date
[signature]	Treasure	5/27/16
Signature of Candidate *(if applicable)*		Date 5/27/16

FOR OFFICE USE ONLY

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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 2 of 3

CONTRIBUTOR'S FULL NAME AND OCCUPATION FULL MAILING ADDRESS *(street, number, city, state, ZIP code)*	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED / RECEIVED BY
1. **Chuck Harris** **3351 Blue Jay Dr.** **Valparaiso, IN 46383** **Contributor's Occupation** *(if required)* **Candidate**	Contributions: Direct ☐ In-Kind *(describe)* ____ Other Receipts: ☐ Interest X Loan ☐ Misc. *(specify)* ____	**$1,000.00**	**$1,000.00**	**2/1/16** / **C. Harris**
2. **Contributor's Occupation** *(if required)*	Contributions: ☐ Direct ☐ In-Kind *(describe)* ____ Other Receipts: ☐ Interest Loan ☐ Misc. *(specify)* ____			
3. **Contributor's Occupation** *(if required)*	Contributions: ☐ Direct ☐ In-Kind *(describe)* ____ Other Receipts: ☐ Interest ☐ Loan ☐ Misc. *(specify)* ____			
4. **Contributor's Occupation** *(if required)*	Contributions: ☐ Direct ☐ In-Kind *(describe)* ____ Other Receipts: ☐ Interest ☐ Loan ☐ Misc. *(specify)* ____			
5. **Contributor's Occupation** *(if required)*	Contributions: ☐ Direct ☐ In-Kind *(describe)* ____ Other Receipts: ☐ Interest ☐ Loan ☐ Misc. *(specify)* ____			
SUBTOTAL THIS PAGE OF SCHEDULE A		**$1,000.00**		
TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY ***(Enter total on ITEM 15a of the Summary Sheet)***		**$1,000.00**		

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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

Page 3 of 3

RECIPIENT'S NAME AND MAILING ADDRESS *(street, 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
Code O Suzy Barnhart 7151 Madison Street Merrillville, IN 46410	Consultant	X Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other Purpose: Campaign Planning	$250.00	$250.00	3/16/16
Code		Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other Purpose:			
Code		Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other Purpose:			
Code		☐ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other Purpose:			
Code		☐ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other Purpose:			
Code		☐ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other Purpose:			
Code		☐ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other Purpose			
		SUBTOTAL THIS PAGE OF SCHEDULE B	$250.00		
		TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY ***(Enter total on ITEM 17a of the Summary Sheet)***	$250.00		

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(CFA-4 SCHEDULE D) DEBTS OWED BY THIS COMMITTEE

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 4 of 4

CREDITOR'S OR LENDER'S NAME & MAILING ADDRESS *(street, number, city, state, ZIP code)*	ENDORSER'S OR VENDOR'S NAME & MAILING ADDRESS *(if any)* *(street, number, city, state, ZIP code)*	AMOUNT / NATURE OF DEBT	DATE DEBT INCURRED	CUMULATIVE PAID YEAR-TO-DATE	OUTSTANDING BALANCE THIS PERIOD
Chuck Harris 3351 Blue Jay Dr Valparaiso IN 46383 LENDER'S OCCUPATION:		$1,000.00 Loan	2/1/2016	0.00	$1,000.00
LENDER'S OCCUPATION:					
LENDER'S OCCUPATION:					
LENDER'S OCCUPATION:					
LENDER'S OCCUPATION:					
LENDER'S OCCUPATION:					
LENDER'S OCCUPATION:					
				SUBTOTAL THIS PAGE OF SCHEDULE D	**$1,000.00**
				TOTAL OF ALL PAGES OF SCHEDULE D ON THE LAST PAGE ONLY ***(Enter total on ITEM 19 of the Summary Sheet)***	**$1,000.00**