



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

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
O'Day for Assessor Committee

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 address
12707 Croquet Ct

5. City, State, ZIP Code Fort Wayne, IN 46845 6. Party Affiliation (if applicable) Republican

CANDIDATE INFORMATION (For Candidate's Committees Only)

7. Full Name of Candidate (include any nickname) Stacey Jo O'Day 8. Party Affiliation or If Independent Candidate Republican

9. Office Sought (Include district number, if any. Not required for exploratory committee.) County Assessor 10. County of Residence Allen

TYPE OF REPORT

CONVENTION CANDIDATES ONLY

11. Check one:
 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)

Check one:
 Pre-Convention Post-Convention

12. Reporting Period:
From: 10/11/14 Through: 12/31/14

	COLUMN A This Period	COLUMN B Year to Date
13. Cash on hand and investments at the beginning of this reporting period.	<u>5,227.59</u>	
14. Cash on hand and investments January 1, current year.		<u>78.28</u>

CONTRIBUTIONS AND RECEIPTS

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

	COLUMN A This Period	COLUMN B Year to Date
15a. Itemized (use Schedule A)	<u>0</u>	<u>16,299.29</u>
15b. Unitemized	<u>.66</u>	<u>214.14</u>
15c. Add lines 15a and 15b in both columns	<u>.66</u>	<u>16,513.43</u>
SUBTOTAL		
16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B	<u>5,228.25</u>	<u>16,591.71</u>
TOTAL		

EXPENDITURES

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

	COLUMN A This Period	COLUMN B Year to Date
17a. Itemized (use Schedule B) (Public Question: use Schedule C)	<u>3,771.15</u>	<u>15,077.01</u>
17b. Unitemized	<u>0</u>	<u>57.60</u>
17c. Add lines 17a and 17b in both columns	<u>3,771.15</u>	<u>15,134.61</u>
SUBTOTAL		
18. Cash on hand and investments at close of this reporting period (subtract 17c from 16 in both columns)	<u>1,457.10</u>	<u>1,457.10</u>
TOTAL		
19. Debts OWED BY the committee (use Schedule D)		
20. Debts OWED TO the committee (use Schedule E)		

CERTIFICATION

FOR OFFICE USE ONLY

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 of Candidate (if applicable)		Date

Stacey O'Day 1-14-15

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)

FILED
ELECTION BOARD
JAN 14 PM 12:10



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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 _____ of _____

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>A</u> Menards 7702 Southtown Crossing Fort Wayne, IN 46816	Home Center	<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: Sign Posts	21.86	94.28	10/22/14
Code <u>A</u> WOWO 2915 Maples Road Fort Wayne, IN 46816	Radio Station	<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: Radio Ad	825.00	825.00	10/21/14
Code <u>A</u> USPS Fort Wayne Post Office Fort Wayne, IN 46802	Post Office	<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: Mail payment	16.95	16.95	10/23/14
Code <u>C</u> Kelly for Indiana	Indiana State Treasurer	<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>Transfer Out</u> Purpose:	50.00	50.00	10/22/14
Code <u>A</u> Gridiron Communications 3903 Portage Rd Suite C#262 South Bend, IN 46628	Printer	<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: Mailer	2,361.48	2,361.48	10/23/14
Code <u>A</u> Custom Art 2800 Wayne Trace Fort Wayne, IN 46803	Printer	<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: Signs	425.86	4,465.91	11/13/14
Code <u>C</u> Downtown GOP Club 135 W Main St Fort Wayne, IN 46802	Political Club	<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>Transfer Out</u> Purpose: sponsor Luncheon	70.00	70.00	12/17/14
SUBTOTAL THIS PAGE OF SCHEDULE B			\$ 3,771.15		
TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY <i>(Enter total on ITEM 17a of the Summary Sheet)</i>			\$ 3,771.15		