



**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
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) Jeff Smead For Town Council	<input type="checkbox"/> Check if this is a new name
2. Acronym or Abbreviated Name (if any)	3. Committee Telephone Number (260) 627-3097
4. Mailing Address (address where all campaign finance correspondence is received) P.O. Box 603	<input type="checkbox"/> Check if this is a new address
5. City, State, ZIP Code Grabill, IN 46741	6. Party Affiliation (if applicable) Republican

CANDIDATE INFORMATION	
7. Full Name of Candidate (include any nickname) Jeffrey David Smead	8. Party Affiliation or If Independent Candidate Republican
9. Office Sought (Include district number, if any. Not required for exploratory committee.) Grabill Town Council	10. County of Residence Allen

TYPE OF REPORT		CONVENTION CANDIDATES ONLY	
11. Check one: <input type="checkbox"/> Pre-Primary <input checked="" type="checkbox"/> Pre-Election <input type="checkbox"/> Annual <input type="checkbox"/> Nomination <input type="checkbox"/> Other _____ <input type="checkbox"/> Final/Disbands Committee (lines 18, 19, and 20 must be "0") <input type="checkbox"/> Outgoing Treasurer (within 10 days amend Statement of Organization)		Check one: <input type="checkbox"/> Pre-Convention <input type="checkbox"/> Post-Convention	
12. Reporting Period: From: April 9, 2011 Through: October 14, 2011			
13. Cash on hand and investments at the beginning of this reporting period.		\$ 0	
14. Cash on hand and investments January 1, current year.			0

CONTRIBUTIONS AND RECEIPTS			
(Note: these amounts include in-kind contributions and loans, as well as cash contributions.)			
15a. Itemized (use Schedule A)	\$ 5.00	\$ 5.00	
15b. Unitemized	0	0	
15c. Add lines 15a and 15b in both columns	SUBTOTAL	0	0
16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B	TOTAL	\$ 5.00	\$ 5.00

EXPENDITURES			
(Note: These amounts include in-kind expenditures and loan repayments.)			
17a. Itemized (use Schedule B) (Public Question: use Schedule C)	0	0	
17b. Unitemized	0	0	
17c. Add lines 17a and 17b in both columns	SUBTOTAL	0	0
18. Cash on hand and investments at close of this reporting period (subtract 17c from 16 in both columns)	TOTAL	\$ 5.00	\$ 5.00
19. Debts OWED BY the committee (use Schedule D)	0		
20. Debts OWED TO the committee (use Schedule E)	0		

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 Sara A. Smead	Title Treasurer	Date 10-19-11
Signature of Candidate (if applicable) Jeffrey D. Smead		Date 10-19-11
<p>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)</p>		

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 ELECTIONS



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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 _____

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LINE NO.	NAME AND ADDRESS	CONTRIBUTION TYPE	AMOUNT	DATE RECEIVED	NAME OF CONTRIBUTOR
1.	Jeff Smead P.O. Box 603 Grabill, IN 46741	Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe)	\$ 5.00	\$ 5.00	04/11/11
	Contributor's Occupation (if required) _____	Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc. (specify)			Jeff Smead
2.		Contributions: <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe)			
	Contributor's Occupation (if required) _____	Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc. (specify)			
3.		Contributions: <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe)			
	Contributor's Occupation (if required) _____	Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc. (specify)			
4.		Contributions: <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe)			
	Contributor's Occupation (if required) _____	Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc. (specify)			
5.		Contributions: <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe)			
	Contributor's Occupation (if required) _____	Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc. (specify)			
SUBTOTAL THIS PAGE OF SCHEDULE A			\$ 5.00		
TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY (Enter total on ITEM 15a of the Summary Sheet)			\$ 5.00		