



# 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
3

**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  
*Committee to Elect Allen D. Frisinger*

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  
*6026 Greenwell Rd*

5. City, State, ZIP Code  
*Hunterstown, In. 46748*

6. Party Affiliation (if applicable)

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

7. Full Name of Candidate (include any nickname)  
*Allen D. Frisinger*

8. Party Affiliation or If Independent Candidate  
*Republican*

9. Office Sought (include district number, if any. Not required for exploratory committee.)  
*Allen County Surveyor*

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:	COLUMN A	COLUMN B
From: <i>04/14/12</i> Through: <i>10/12/12</i>	This Period	Year to Date
13. Cash on hand and investments at the beginning of this reporting period.	<i>150.73</i>	
14. Cash on hand and investments January 1, current year.		<i>150.73</i>

### CONTRIBUTIONS AND RECEIPTS

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

15a. Itemized (use Schedule A)	<i>-0-</i>	<i>-0-</i>
15b. Unitemized	<i>-0-</i>	<i>-0-</i>
15c. Add lines 15a and 15b in both columns	<b>SUBTOTAL</b>	<i>-0-</i>
16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B	<b>TOTAL</b>	<i>150.73</i>

### EXPENDITURES

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

17a. Itemized (use Schedule B) (Public Question: use Schedule C)	<i>250.00</i>	<i>250.00</i>
17b. Unitemized	<i>-0-</i>	<i>-0-</i>
17c. Add lines 17a and 17b in both columns	<b>SUBTOTAL</b>	<i>250.00</i>
18. Cash on hand and investments at close of this reporting period (subtract 17c from 16 in both columns)	<b>TOTAL</b>	<i>(99.27)</i>
19. Debts OWED BY the committee (use Schedule D)	<i>99.27</i>	
20. Debts OWED TO the committee (use Schedule E)	<i>0</i>	

### 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: *Mary S. Frisinger* Title: *Treasurer* Date: *10-19-12*

Signature of Candidate (if applicable): *Allen D. Frisinger* Date: *10/19/12*

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  
OCT 19 2012  
10:18 AM



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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 \_\_\_\_\_

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RECIPIENT'S NAME AND MAILING ADDRESS <i>(street number, city, state, ZIP code)</i>	RECIPIENT'S OCCUPATION OFFICE SOUGHT <i>(if applicable)</i>	TYPE OF EXPENDITURE and PURPOSE <i>(be specific)</i>	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE OF EXPENDITURE
Code _____ Republican Party of Allen County Main St Ft. Wayne, In 46845		<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: Fund Raiser	250. <sup>00</sup>		08/27/12
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:			
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:			
<b>SUBTOTAL THIS PAGE OF SCHEDULE B</b>			<b>\$250.<sup>00</sup></b>		
<b>TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY</b> <i>(Enter total on ITEM 17a of the Summary Sheet)</i>			<b>\$250.<sup>00</sup></b>		



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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

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CREDITOR'S OR LENDER'S NAME & MAILING ADDRESS <small>(street, number, city, state, ZIP code)</small>	ENDORSER'S OR VENDOR'S NAME & MAILING ADDRESS <small>(if any)</small> <small>(street, number, city, state, ZIP code)</small>	AMOUNT  NATURE OF DEBT	DATE DEBT INCURRED	CUMULATIVE PAID YEAR-TO-DATE	OUTSTANDING BALANCE THIS PERIOD
<i>Allen D. Frisinger 6026 Greenwood Rd Hunterstown, Ind. 46748</i> LENDER'S OCCUPATION: <i>County Surgeon</i>		<i>99.<sup>27</sup></i> <i>Golf Dobing Fund Raiser</i>	<i>02/23/12</i>	<i>- 0 -</i>	<i>99.<sup>27</sup></i>
LENDER'S OCCUPATION:					
LENDER'S OCCUPATION:					
LENDER'S OCCUPATION:					
LENDER'S OCCUPATION:					
LENDER'S OCCUPATION:					
<b>SUBTOTAL THIS PAGE OF SCHEDULE D</b>					<b>\$ 99.<sup>27</sup></b>
<b>TOTAL OF ALL PAGES OF SCHEDULE D ON THE LAST PAGE ONLY</b> <small>(Enter total on ITEM 19 of the Summary Sheet)</small>					<b>\$ 99.<sup>27</sup></b>