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: 84-08-08

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
COMMITTEE TO ELECT WILLIAM "BILL" BRYAN

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
9300 E. DALLAS DR.

5. City, State, ZIP Code
TERRE HAUTE, IN. 47802

6. Party Affiliation *(if applicable)*
DEMOCRAT

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

7. Full Name of Candidate *(include any nickname)*
WILLIAM "BILL" BRYAN SR.

8. Party Affiliation or If Independent Candidate
DEMOCRAT

9. Office Sought *(include district number, if any. Not required for exploratory committees.)*
COUNTY COUNCIL AT LARGE

10. County of Residence
VIGO

TYPE OF REPORT

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)*

CONVENTION CANDIDATES ONLY
Check one:
☐ Pre-Convention
☐ Post-Convention

12. Reporting Period:
From: JAN. 1, 2008 Through: 4-11-08

	COLUMN A This Period	COLUMN B Year-to-Date
13. Cash on hand and investments at the beginning of this reporting period.	4154.14	
14. Cash on hand and investments January 1, current year.		4154.14
CONTRIBUTIONS AND RECEIPTS		
(Note: these amounts include in-kind contributions and loans, as well as cash contributions.)		
15a. Itemized *(use Schedule A)*	500.24	500.24
15b. Unitemized	1326.00	1326.00
15c. Add lines 15a and 15b in both columns SUBTOTAL	1826.24	1826.24
16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B TOTAL	5980.38	5980.38
EXPENDITURES		
(Note: These amounts include in-kind expenditures and loan repayments.)		
17a. Itemized *(use Schedule B) (Public Question: use Schedule C)*	1501.87	1501.87
17b. Unitemized	518.76	518.76
17c. Add lines 17a and 17b in both columns SUBTOTAL	2020.63	2020.63
18. Cash on hand and investments at close of this reporting period *(subtract 17c from 16 in both columns)* TOTAL	3959.75	3959.75
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	Title	Date
[signature]	Treasurer	4/17/08
Signature of Candidate *(if applicable)* [signature]		Date 4/17/08

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)*

FOR OFFICE USE ONLY
FILED
VIGO COUNTY SUPERIOR COURT
APR 17 2008
Patricia R. Monnard
CLERK

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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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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. Steve Jones 498 Oak Brooke Lane Greenwood, IN Contributor's Occupation *(if required)* _____	Contributions: ☑ Direct ☐ In-Kind *(describe)* Other Receipts: ☐ Interest ☐ Loan ☐ Misc. *(specify)*	400.00	400.00	4/2/08 Bill Bryan
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		$ 400.00		
TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY ***(Enter total on ITEM 15a of the Summary Sheet)***		$ 400.00		

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(CFA-4 SCHEDULE A-2) CONTRIBUTIONS BY CORPORATIONS
Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY CORPORATIONS 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 corporations **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)*.

FILE NUMBER

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CONTRIBUTOR'S FULL NAME AND 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. First Financial Bank P.O. Box 540 Terre Haute, IN 47808	Contributions: ☐ Direct ☐ In-Kind *(describe)* Other Receipts: ☑ Interest ☐ Loan ☐ Misc. *(specify)*	100.24	100.24	1/14/08 Bill Bryan
2.	Contributions: ☐ Direct ☐ In-Kind *(describe)* Other Receipts: ☐ Interest ☐ Loan ☐ Misc. *(specify)*			
3.	Contributions: ☐ Direct ☐ In-Kind *(describe)* Other Receipts: ☐ Interest ☐ Loan ☐ Misc. *(specify)*			
4.	Contributions: ☐ Direct ☐ In-Kind *(describe)* Other Receipts: ☐ Interest ☐ Loan ☐ Misc. *(specify)*			
5.	Contributions: ☐ Direct ☐ In-Kind *(describe)* Other Receipts: ☐ Interest ☐ Loan ☐ Misc. *(specify)*			
	SUBTOTAL THIS PAGE OF SCHEDULE A	$ 100.24		
	TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY *(Enter total on ITEM 15a of the Summary Sheet)*	$ 100.24		

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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.

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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 Q U.S. Postal Service Rose Station		☑ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other _____ Purpose:	104.02	104.02	3/26/08
Code A C&V Sporting Goods 3399 S 5th St Terre Haute, IN 47803		☑ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other _____ Purpose:	542.87	542.87	468.07 - 3/11 74.20 - 3/31
Code A Flotsam Communications 2120 Second Ave Terre Haute, IN		☑ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other _____ Purpose:	255.00	255.00	4/8/08
Code F Saratoga Restaurant 431 Wabash Ave Terre Haute, IN		☑ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other _____ Purpose:	400.00	400.00	4/3/08
Code ____ Hamilton Ctr 620 Eighth Ave Terre Haute, IN		☐ Direct ☐ In-Kind ☐ Payment of Debt ☑ Returned Contribution ☐ Other _____ Purpose:	200.00	200.00	1/24/08
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	$ 1501.87		
		TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY *(Enter total on ITEM 17a of the Summary Sheet)*	$ 1501.87		

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(CFA-4 SCHEDULE E) DEBTS OWED TO THIS COMMITTEE

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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 TO** the committee during the reporting period. Include all amounts the committee has loaned to others.

BORROWER'S NAME MAILING ADDRESS (street number, city, state, ZIP code)	CO-SIGNER'S NAME & MAILING ADDRESS (if any) (street number, city, state, ZIP code)	ORIGINAL AMOUNT / NATURE OF DEBT	DATE DEBT INCURRED	DEBT AMT. PAID (if paid in full)	OUTSTANDING BALANCE THIS SCHEDULE
Robert Hellmann (Deceased)		2000.00 / Loan	1/15/07	Ø	2,000.-
SUBTOTAL THIS PAGE OF SCHEDULE E					$ 2000.00
TOTAL OF ALL PAGES OF SCHEDULE E ON THE LAST PAGE ONLY *(Enter total on ITEM 20 of the Summary Sheet)*					$ 2000.00