

REPORT OF RECEIPTS AND EXPENDITURES OF A POLITICAL COMMITTEE

State Form 4606 (R14 / 10-17) Indiana Election Division (IC 3-9-5-14)

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

(CFA-4) Summary Sheet

FILE NUMBER

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TOTAL PAGES IN ENTIRE CFA-4 REPORT

ANNUTED WEARINGS				
COMMITTEE INFORMATION				
1. Full Name of Committee (as on Statement of Organization)	name.			
Robert & SuperMAN HAMILTON	3. Committee Telephone Number			
2. Acronym or Abbreviated Name (if any)	3. Committee Tele	epnone Number		
		L.L.		
4, Ivialiting Address (Address where all campaign mande conceptations is received.)	Check if this is a new	address.		
2730 SchAALAV	LOD LASSIFICATION	(if annliaghla)		
5. City, State, ZIP Code	6. Party Affiliation (if applicable)			
TERREHAURIN 47803	2 Corles	V V V		
CANDIDATE INFORMATION (For Candidate's Committees Only)				
7. Full Name of Candidate (Include any nickname.)	8. Party Affiliation or If Independent Candidate			
Roberta Superman Hamilton	Den.			
9. Office Sought (Include district number, if any. Not required for exploratory committee.)	10. County of Residence			
Mayor	1170		CANDIDATES ONLY	
TYPE OF REPORT	E X 1 = 400 PM		CANDIDATES ONLT	
11, Check one:		Check one:	antion	
Pre-Primary Pre-Election Annual Nomination Other Pre-Convention				
Final / Disbands Committee (Lines 18, 19, and 20 must be "0".) Utgoing Treasurer (Within ten (10) days amend Sta	atement of Organization.)	T Post-Cont	vention .	
12. Reporting Period (mm/dd/yy):		LUMN A	COLUMN B Year to Date	
From: Through:	110	is Period	Teal to Date	
13. Cash on hand and investments at the beginning of this reporting period.				
14. Cash on hand and investments January 1, current year.				
CONTRIBUTIONS AND RECEIPTS				
(Note: these amounts include in-kind contributions and loans, as well as cash contributions.)		QL.	0	
15a. Itemized (Use Schedule A.)		ň	0	
15b. Unitemized	TOTAL	8	2	
Toc. Add liftes Toa and Tob in both columns.	TOTAL	60	80	
16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B.	TOTAL	0	Q	
EXPENDITURES				
(Note: These amounts include in-kind expenditures and loan repayments.)	تسلس السالم	5.0		
17a. Itemized (Use Schedule B.) (Public Question: use Schedule C.)		4		
17b. Unitemized		79.		
17C. Add liftes 17a and 17b in both coldinas.	BTOTAL	200		
18. Cash on hand and investments at close of this reporting period (Subtract 17c from 16 in both columns.)	TOTAL	X		
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 Candidate (if applicable)		Date (mm/dd/yy) 7 - Z - 19	
WARNING: Any information contained in this report may not be co files a fraudulent report commits a Level 6 felony. (IC 3-14-1-13,	A person who fails to file a	complete or accurate report as required by the indiana	

FILED
VIGO COUNTY SUPERIOR COURT

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