



**REPORT OF RECEIPTS AND EXPENDITURES
OF A POLITICAL COMMITTEE**

State Form 4606 (R8 / 8-97)
Indiana Election Commission (IC 3-9-5-14)
Approved by State Board of Accounts 1997

(CFA-4)
Summary Sheet

| |
|---|
| FILE NUMBER |
| AP, 0810 |
| 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) <input type="checkbox"/> Check if this is a new name Committee to Elect Carl Drummer Trustee | |
| 2. Acronym or abbreviated name, if any 2534 Park | 3. Committee telephone number () () |
| 4. Mailing address (address where all campaign finance correspondence is received) <input type="checkbox"/> Check if this is a new address 2534 Park | |
| 5. City, state, ZIP code Indpls IN 46205 | 6. Party affiliation (if applicable) |

CANDIDATE INFORMATION (For Candidate's Committees Only)

| | |
|---|---|
| 7. Full name of candidate (include any nickname) Carl L. Drummer | 8. Party affiliation or if independent Democrat |
| 9. Office sought (Include district number, if any. Not required for exploratory committee.) Center Township Trustee | 10. County of residence Marion |

TYPE OF REPORT

CONVENTION CANDIDATES ONLY

| | |
|--|---|
| 11. Check one: <input type="checkbox"/> Pre-Primary <input type="checkbox"/> Pre-Election <input checked="" type="checkbox"/> Annual <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: 10/10/98 , 19__ Through: 12/31/98 , 19__ | COLUMN A This Period | COLUMN B Year to Date |
| 13. Cash on hand and investments at the beginning of this reporting period. | | |
| 14. Cash on hand and investments January 1, 19__. | | |

CONTRIBUTIONS AND RECEIPTS

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

| | | |
|---|-----------------|--|
| 15a. Itemized (use Schedule A) | | |
| 15b. Unitemized | | |
| 15c. Add lines 15a, and 15b in both column | SUBTOTAL | |
| 16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B | TOTAL | |

EXPENDITURES

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

| | | |
|--|-----------------|----------------|
| 17a. Itemized (use Schedule B) (Public Question: use Schedule C) | | |
| 17b. Unitemized | | |
| 17c. Add lines 17a and 17b in both columns | SUBTOTAL | |
| 18. Cash on hand and investments at close of this reporting period (subtract 17c from 16 in both columns) TOTAL | 1341.00 | 1341.00 |
| 19. Debts OWED BY the committee (use Schedule D) | 0.00 | |
| 20. Debts OWED TO the committee (use Schedule E) | 0.00 | |

to be amended in 24 hours

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 Wilson E. Allen | Title Treasurer | Date 1/20/99 |
| Signature of Candidate (if applicable) | | Date |

FOR OFFICE USE ONLY

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, 3-9-4-17, 3-9-4-18.)

99 JAN 20 AM 11:11
MARION COUNTY CLERK
[Signature]



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State Form 4606 (R8 / 8-97)

Indiana Election Commission (IC 3-9-5-14)

Approved by State Board of Accounts 1997

(CFA-4) Summary Sheet

| |
|---|
| FILE NUMBER |
| |
| TOTAL PAGES IN ENTIRE CFA-4 REPORT |
| 1 |

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) <input type="checkbox"/> Check if this is a new name Committee to Elect Carl Drummer Trustee | |
| 2. Acronym or abbreviated name, if any | 3. Committee telephone number () () |
| 4. Mailing address (address where all campaign finance correspondence is received) <input type="checkbox"/> Check if this is a new address 2534 N. Park | |
| 5. City, state, ZIP code Indpls IN 46205 | 6. Party affiliation (if applicable) Democrat |

CANDIDATE INFORMATION (For Candidate's Committees Only)

| | |
|---|--|
| 7. Full name of candidate (include any nickname) Carl L. Drummer | 8. Party affiliation or if independent |
| 9. Office sought (Include district number, if any. Not required for exploratory committee.) Center Township Trustee | 10. County of residence Marion |

TYPE OF REPORT

| | |
|--|---|
| 11. Check one: <input type="checkbox"/> Pre-Primary <input type="checkbox"/> Pre-Election <input checked="" type="checkbox"/> Annual <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) | CONVENTION CANDIDATES ONLY Check one: <input type="checkbox"/> Pre-Convention <input type="checkbox"/> Post-Convention |
|--|---|

| 12. Reporting period: From: , 19 ____ Through: , 19 ____ | COLUMN A This Period | COLUMN B Year to Date |
|---|-------------------------|--------------------------|
| 13. Cash on hand and investments at the beginning of this reporting period. | | |
| 14. Cash on hand and investments January 1, 19 ____ | | |

CONTRIBUTIONS AND RECEIPTS

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

| | | |
|---|-----------------|--|
| 15a. Itemized (use Schedule A) | | |
| 15b. Unitemized | | |
| 15c. Add lines 15a, and 15b in both columns | SUBTOTAL | |
| 16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B | TOTAL | |

EXPENDITURES

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

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

an amendment to be filed in 24 hours

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 <i>W.S. Cole</i> | Title Treasurer | Date 1/20/98 |
| Signature of Candidate (if applicable) | | Date |

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69 JAN 20 AM 11:03
MARION COUNTY INDIANA
Carl Drummer



SUPPLEMENTAL "LARGE CONTRIBUTION" REPORT BY A CANDIDATE'S COMMITTEE (\$1,000 CONTRIBUTIONS OR MORE)

(CFA-11)

State Form 48492 (8-97)

Indiana Election Commission (IC 3-9-5-20)

Approved by State Board of Accounts 1997

| |
|--|
| FILE NUMBER 49-0810 |
| TOTAL PAGES IN ENTIRE CFA-11 REPORT |

INSTRUCTIONS: All candidates are required to file this report. 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.

COMMITTEE INFORMATION

1. Full name of candidate (Include any nickname) Check if this is a new name
Carl L. Drummer

2. Committee telephone number
 ()

3. Mailing address (address where all campaign finance correspondence is received) Check if this is a new address
2534 N. Park

4. City, state, ZIP code
Indpls IN 46205

5. Party affiliation or if independent
Democrat

6. Office sought (Include district number, if any. Not required for exploratory committee.)
Center Twnshp of Marion Cty Trustee

7. County of residence
Marion

8. Reporting period:
 From: **10/10**, 19 **98** Through: **10/30**, 19 **98**

9. Did the committee receive any "large contributions" since the close of the last reporting period? No Yes

For classification, enter INDV for individual; PAC for political action committee; CORP for corporation; LAB for labor organization; NONE for all entries which are not one of the above categories.

| CONTRIBUTOR'S FULL NAME AND OCCUPATION FULL MAILING ADDRESS (street, number, city, state, ZIP code) | TYPE OF CONTRIBUTION OR OTHER RECEIPT | COLUMN A AMOUNT OF CONTRIBUTION | DATE RECEIVED RECEIVED BY |
|---|---|------------------------------------|------------------------------|
| Classification 1. NONE Contributor's Occupation (if applicable) | Contributions: <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc (specify) | | |
| Classification 2. Contributor's Occupation (if applicable) | Contributions: <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc (specify) | | |
| Classification 3. Contributor's Occupation (if applicable) | Contributions: <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc (specify) | | |

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
Wilson S. Allen Treasurer

Signature of Candidate (if applicable)

Date **Oct 30 1998**

FOR OFFICE USE ONLY

10086

NONN

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