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: 7

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 David Ray

2. Acronym or Abbreviated Name *(if any)*

3. Committee Telephone Number
(317) 442-1574

4. Mailing Address *(address where all campaign finance correspondence is received)* ☐ Check if this is a new address
915 Burbank Rd

5. City, State, ZIP Code
Indpls, IN 46219

6. Party Affiliation *(if applicable)*
Democrat

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

7. Full Name of Candidate *(include any nickname)*
David Michael Ray

8. Party Affiliation or If Independent Candidate
Democrat

9. Office Sought *(Include district number, if any.* ***Not required for exploratory committee.)***
City - County Council, District #19

10. County of Residence
Marion

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: October 10, 2015 Through: December 31, 2015

	COLUMN A This Period	COLUMN B Year to Date
13. Cash on hand and investments at the beginning of this reporting period.	$13,776.21	
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)*	$750.00	$20,521.42
15b. Unitemized	$300.00	$2,675.15
15c. Add lines 15a and 15b in both columns **SUBTOTAL**	$1,050.00	$23,196.57
16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B **TOTAL**	$14,826.21	$23,196.57
EXPENDITURES		
(Note: These amounts include in-kind expenditures and loan repayments.)		
17a. Itemized *(use Schedule B) (Public Question: use Schedule C)*	$15,768.18	$24,138.54
17b. Unitemized	0	0
17c. Add lines 17a and 17b in both columns **SUBTOTAL**	$15,768.18	$24,138.54
18. Cash on hand and investments at close of this reporting period *(subtract 17c from 16 in both columns)* **TOTAL**	$941.97	$941.97
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	Title	Date
Josh Hooker	Treasurer	01/19/2016
Signature of Candidate *(if applicable)* David M. Ray		Date 01/19/2016

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

Myla A. Eldridge

11:30am JAN 20 2016

FILED

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State Form 4606 (R13/11-05)
Indiana Election Commission (IC 3-9-5-14)

(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. Nick Bozzelli 8830 Calumet Dr. Indpls, IN 46236 Contributor's Occupation *(if required)* Insurance Agent	Contributions: ☑ Direct ☐ In-Kind *(describe)* Other Receipts: ☐ Interest ☐ Loan ☐ Misc. *(specify)*	$100	$100	11/01/2015 DMR
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		$ 100		
TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY ***(Enter total on ITEM 15a of the Summary Sheet)***		$		

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(CFA-4 SCHEDULE A-3) CONTRIBUTIONS BY LABOR ORGANIZATIONS

Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY LABOR ORGANIZATIONS 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 labor organizations **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. Central Labor Council 701 N. 18th Street Indpls, IN 46202	Contributions: ☑ Direct ☐ In-Kind *(describe)* Other Receipts: ☐ Interest ☐ Loan ☐ Misc. *(specify)*	$400	$400	10/17/2015 DMR
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		$ 400		
TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY *(Enter total on ITEM 15a of the Summary Sheet)*		$		

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(CFA-4 SCHEDULE A-4) CONTRIBUTIONS BY POLITICAL ACTION COMMITTEES

Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY POLITICAL ACTION COMMITTEES 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 political action committees **OVER $100** per contributor, within a calendar year **MUST** be itemized on this schedule *(over $200, if regular party committee)*. All transfers-in and in-kind contributions regardless of amount from political action committees **MUST** be itemized on this schedule. 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)*.

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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. Leaders of Equality & Progress 42 N. Hawthorne Lane Indpls, IN 46219	Contributions: ☑ Direct ☐ In-Kind *(describe)* Other Receipts: ☐ Interest ☐ Loan ☐ Misc. *(specify)*	$250	$250	09/25/2015 DMR
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		$ 250		
TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY ***(Enter total on ITEM 15a of the Summary Sheet)***		$ 750		

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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 *(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 A EZ Mailing 1832 Executive Dr. Indpls, IN 46241		☑ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other Purpose:	$944.03	$5,195.51	10/14/2015
Code A Don Distel Photography 693 E. 82nd Street Indpls, IN 46240		☑ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other Purpose:	$400.00	$400.00	10/14/2015
Code A EZ Mailing 1832 Executive Dr. Indpls, IN 46241		☑ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other Purpose:	$1,169.47	$5,195.51	10/19/2015
Code A EZ Mailing 1832 Executive Dr. Indpls, IN 46241		☑ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other Purpose:	$1,169.47	$5,195.51	10/22/2015
Code A EZ Mailing 1832 Executive Dr. Indpls, IN 46241		☑ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other Purpose:	$474.78	$5,195.51	10/22/2015
Code A Savel Design 125 Shore Drive Ogden Dunes, IN 46368		☑ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other Purpose:	$840.00	$1,690.00	10/26/2015
Code A EZ Mailing 1832 Executive Dr. Indpls, IN 46241		☑ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other Purpose:	$944.03	$5,195.51	10/26/2015
		SUBTOTAL THIS PAGE OF SCHEDULE B	$ 5,941.78		
		TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY *(Enter total on ITEM 17a of the Summary Sheet)*	$		

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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 A EZ Mailing 1832 Executive Dr. Indpls, IN 46241		☑ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other ____ Purpose:	$944.03	$5,195.51	10/29/2015
Code A EZ Mailing 1832 Executive Dr. Indpls, IN 46241		☑ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other ____ Purpose:	$712.17	$5,195.51	10/29/2015
Code A Jewett Printing 219 W. Main St. Farmersburg, IN 47850		☑ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other ____ Purpose:	$4,071.69	$5,086.12	11/03/2015
Code D Dan Quakenbush 4649 Hinsley Ave. Indpls, IN 46208		☑ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other ____ Purpose:	$1,000.00	$3,960.00	11/03/2015
Code O Irish Mutt 7041 10th St Indpls, IN 46219		☑ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other ____ Purpose:	$319.77	$971.44	11/03/2015
Code O Ike & Jonsays 17 W. Jackson St Indpls, IN 46225		☑ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other ____ Purpose:	$82.25	$82.25	11/03/2015
Code O The Sexton Group 321 N. Clark St. #500 Chicago, IL 60618		☑ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other ____ Purpose:	$1,767.60	$1,767.60	11/05/2015
		SUBTOTAL THIS PAGE OF SCHEDULE B	$8,896.74		
		TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY *(Enter total on ITEM 17a of the Summary Sheet)*	$		

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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 A Saxel Design 125 Shore Drive Ogden Dunes, IN 46368		☑ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other Purpose:	$ 210.00	$ 1,690.00	11/06/2015
Code Marion County Dems 155 E Market St. 400 Indpls, IN 46204		☑ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other Purpose:	$ 720.00	$ 720.00	
Code		☐ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other Purpose:			
Code		☐ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other Purpose:			
Code		☐ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other Purpose:			
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	$ 930.00		
		TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY *(Enter total on ITEM 17a of the Summary Sheet)*	$ 15,768.18		