



REPORT OF RECEIPTS AND EXPENDITURES OF A POLITICAL COMMITTEE

State Form 4806 (R13/11-05)
Indiana Election Commission (IC 3-9-5-14)

(CFA-4)
Summary Sheet

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

FILE NUMBER
TOTAL PAGES IN ENCLURE (CFA-4 REPORT)
1 OF 1

COMMITTEE INFORMATION

1. Full Name of Committee (as on Statement of Organization) <input type="checkbox"/> Check if this is a new name The Committee to elect Don Bobay for City Council	
2. Acronym or Abbreviated Name (if any)	3. Committee Telephone Number 269 704-8374
4. Mailing Address (address where all campaign finance correspondence is received) <input type="checkbox"/> Check if this is a new address 11574 Trails North Dr.	
5. City, State, ZIP Code Fort Wayne, IN 46804	6. Party Affiliation (if applicable) REPUBLICAN

CANDIDATE INFORMATION (For Candidate's Committees Only)

7. Full Name of Candidate (include any nickname) Donald Keith Bobay	8. Party Affiliation or if Independent Candidate REPUBLICAN
9. Office Sought (include district number, if any. Not required for exploratory committee.) FT. WAYNE CITY COUNCIL - 2nd District	10. County of Residence Allen

TYPE OF REPORT

11. Check one: <input type="checkbox"/> Pre-Primary <input type="checkbox"/> Pre-Election <input type="checkbox"/> Annual <input type="checkbox"/> Nomination <input type="checkbox"/> Other <input checked="" type="checkbox"/> Final/Disbande 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
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12. Reporting Period: From: JAN 1, 2011 Through: FEB 15, 2011	
13. Cash on hand and investments at the beginning of this reporting period.	62.18
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.)

15a. Itemized (use Schedule A)	0	
15b. Unitemized	0	
15c. Add lines 15a and 15b in both columns	0	SUBTOTAL
16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B	62.18	TOTAL

EXPENDITURES

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

17a. Itemized (use Schedule B) (Public Question: use Schedule C)	62.18	
17b. Unitemized	0	
17c. Add lines 17a and 17b in both columns	62.18	SUBTOTAL
18. Cash on hand and investments at close of this reporting period (subtract 17c from 16 in both columns)	0	TOTAL
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 Treasurer	Date 4/17/11	Date 2-15-11
Signature of Candidate (if applicable) 		Date 4/17/11	Date 2-15-11

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



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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 committee) **MUST** be itemized on this schedule.

FILE NUMBER

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Code	ST. Vincent's FT. WAYNE, IN	CLOSE OUT CAMPAIGN	<input type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input checked="" type="checkbox"/> Other Purpose: <u>Chemtob</u> <u>Contribution</u>	602 ¹⁸	602 ¹⁸	4/17/11 CK 4813
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:			
SUBTOTAL THIS PAGE OF SCHEDULE B			\$			
TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY (Enter total on ITEM 17a of the Summary Sheet)			\$			