



# 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

**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 ENTIRE CFA-4 REPORT  
2

### COMMITTEE INFORMATION

1. Full Name of Committee (as on Statement of Organization)  Check if this is a new name  
**Friends of Bill Nash**

2. Acronym or Abbreviated Name (if any)

3. Committee Telephone Number

4. Mailing Address (address where all campaign finance correspondence is received)  Check  
**685 Greystone Ct.**

5. City, State, ZIP Code  
**Columbus, IN 47201**

6. Party Affiliation (if applicable)  
**Republican**

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

7. Full Name of Candidate (include any nickname)  
**William M. (Bill) Nash**

8. Party Affiliation or If Independent Candidate  
**Republican**

9. Office Sought (include district number, if any. Not required for exploratory committee.)  
**Prosecuting Attorney - 9th Judicial Circuit**

10. County of Residence  
**Bartholomew**

### 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)

12. Reporting Period:  
From: **Jan. 1, 2012** Through: **Dec. 31, 2012**

### CONVENTION CANDIDATES ONLY

Check one:  
 Pre-Convention  
 Post-Convention

	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, current year.	<b>5,609.65</b>	

### CONTRIBUTIONS AND RECEIPTS

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

	COLUMN A This Period	COLUMN B Year to Date
15a. Itemized (use Schedule A)		
15b. Unitemized		
15c. Add lines 15a and 15b in both columns	<b>0</b>	<b>0</b>
16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B	<b>0</b>	<b>0</b>
<b>SUBTOTAL</b>	<b>0</b>	<b>0</b>
<b>TOTAL</b>	<b>5,609.65</b>	<b>5,609.65</b>

### EXPENDITURES

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

	COLUMN A This Period	COLUMN B Year to Date
17a. Itemized (use Schedule B) (Public Question: use Schedule C)		
17b. Unitemized		
17c. Add lines 17a and 17b in both columns	<b>1,600.00</b>	<b>1,600.00</b>
18. Cash on hand and investments at close of this reporting period (subtract 17c from 16 in both columns)	<b>0</b>	<b>0</b>
19. Debts OWED BY the committee (use Schedule D)	<b>1,600.00</b>	<b>1,600.00</b>
20. Debts OWED TO the committee (use Schedule E)	<b>4,009.65</b>	<b>4,009.65</b>
<b>SUBTOTAL</b>	<b>0</b>	<b>0</b>
<b>TOTAL</b>	<b>4,009.65</b>	<b>4,009.65</b>

### CERTIFICATION

CERTIFY THAT I HAVE EXAMINED THIS STATEMENT, TO THE BEST OF MY KNOWLEDGE AND BELIEF IT IS TRUE, CORRECT AND COMPLETE.

Signature of Treasurer: **WN**

Signature of Candidate (if applicable): **WN**

Title: **Candidate**

Date: **1/9/13**

FOR OFFICE USE ONLY

FILE

JAN - 9 2013

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 makes a fraudulent report commits a Class D felony. (IC 3-14-1-13) A person who fails to file a complete Campaign Finance Law commits a Class B misdemeanor. (IC 3-14-1-14)

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OF A POLITICAL COMMITTEE**

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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 <i>(street, number, city, state, ZIP code)</i>	RECIPIENT'S OCCUPATION	TYPE OF EXPENDITURE and PURPOSE <i>(be specific)</i>	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE OF EXPENDITURE
	OFFICE SOUGHT <i>(if applicable)</i>				
Code <u>C</u> Jim Worton For Judge, 716 3rd St. Suite No. 9, Columbus, IN 47201	Judge of Bartholo- mew Superior Ct. No-1	<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: contribution	1,000	1,000	Jan. 5, 2012
Code <u>C</u> Friends of Dewayne Hines, 2031 S 400 E, Columbus, IN 47201	Bartholomew County Commissioner	<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: contribution	100	100	Feb. 24, 2012
Code <u>C</u> Friends of Dewayne Hines "	"	<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: contribution	400	500	Apr. 11, 2012
Code <u>C</u> Columbus Reg- ional Hospital Found- ation, 2400 E 17th St. Columbus, IN 47201	N/A	<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: contribution	100	100	July 13, 2012
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:			
<b>SUBTOTAL THIS PAGE OF SCHEDULE B</b>			\$ 1,600		
<b>TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY</b> <i>(Enter total on ITEM 17a of the Summary Sheet)</i>			\$ 1,600		