



**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**

FILE NUMBER

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) Check if this is a new name
Paula K. Rothrock for Coroner

2. Acronym or Abbreviated Name (if any)

3. Committee Telephone Number
(812) 371-7010

4. Mailing Address (address where all campaign finance correspondence is received) Check if this is a new address
3110 McKinley Ave

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

6. Party Affiliation (if applicable)
Democrat

CANDIDATE INFORMATION (For Candidate's Committees Only)

7. Full Name of Candidate (include any nickname)
Paula K. Rothrock

8. Party Affiliation or if Independent Candidate
Democrat

9. Office Sought (Include district number, if any. Not required for exploratory committee.)
Coroner

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)

CONVENTION CANDIDATES ONLY

Check one:
 Pre-Convention
 Post-Convention

12. Reporting Period:
From: _____ Through: 12-31-2015

	COLUMN A This Period	COLUMN B Year to Date
13. Cash on hand and investments at the beginning of this reporting period.	<u>20.00</u>	
14. Cash on hand and investments January 1, current year.		<u>20.00</u>

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)	<u>20.00</u>	
15b. Unitemized	<u>0</u>	
15c. Add lines 15a and 15b in both columns	<u>20.00</u>	<u>20.00</u>
16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B	<u>20.00</u>	<u>20.00</u>

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)	<u>0</u>	<u>0</u>
17b. Unitemized	<u>0</u>	<u>0</u>
17c. Add lines 17a and 17b in both columns	<u>0</u>	<u>0</u>
18. Cash on hand and investments at close of this reporting period (subtract 17c from 16 in both columns)	<u>20.00</u>	<u>20.00</u>
19. Debts OWED BY the committee (use Schedule D)	<u>0</u>	
20. Debts OWED TO the committee (use Schedule E)	<u>0</u>	

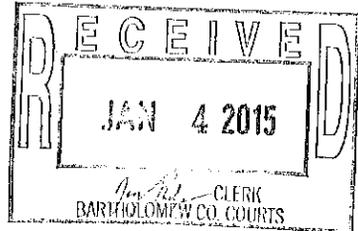
CERTIFICATION

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 <u>Paul P. Rothrock</u>	Title <u>See-Treasurer</u>	Date <u>12-31-15</u>
Signature of Candidate (if applicable) <u>Paula K Rothrock</u>		Date <u>1-3-15</u>

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





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**(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

Page _____ of _____

CONTRIBUTOR'S FULL NAME AND OCCUPATION FULL MAILING ADDRESS <i>(street, number, city, state, ZIP code)</i>	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED RECEIVED BY
1. Paula K. Rothrock Nurse 3110 McKinley Ave Columbus, IN 47201 <small>Contributor's Occupation (if required)</small>	Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) <hr/> Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc. (specify)	20 ⁰⁰		Oct 5 th 2015 PER
2. <small>Contributor's Occupation (if required)</small>	Contributions: <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) <hr/> Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc. (specify)			
3. <small>Contributor's Occupation (if required)</small>	Contributions: <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) <hr/> Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc. (specify)			
4. <small>Contributor's Occupation (if required)</small>	Contributions: <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) <hr/> Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc. (specify)			
5. <small>Contributor's Occupation (if required)</small>	Contributions: <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) <hr/> Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc. (specify)			
SUBTOTAL THIS PAGE OF SCHEDULE A		\$ 20 ⁰⁰		
TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY <i>(Enter total on ITEM 15a of the Summary Sheet)</i>		\$ 20 ⁰⁰		

Member Statement **Pg 1 of 1**
Account Number: 60152216
Statement Period: Oct 15, 2015 - Oct 31, 2015

Account Detail at a Glance
Total Shares: \$20.00
Total Loans: \$0.00
Total Certificates: \$0.00

PAUL E ROTHROCK
3110 MCKINLEY AVE
COLUMBUS IN 47201-6618



PMSB-CENT00-007336

Your Holiday Shopping Just Got Better!

Every time you use your Centra Debit MasterCard® or Visa® Credit Card, you'll be entered to win! From November 1 - December 31, 2015, we'll draw one lucky winner each day to receive their total transaction, up to \$100, back in cash! The minimum payout is \$25. We'll even double your CUReward points on rewards credit and debit cards in November and December.



Date	Transaction Description	Trans Amount	Balance
Main Share SUFFIX 0			
10/15	PREVIOUS BALANCE		\$0.00
10/15	Deposit		5.00
10/31	NEW BALANCE		\$5.00
	Dividends Paid Year to Date \$0.00		

Date	Transaction Description	Trans Amount	Balance
Checking SUFFIX 5			
10/15	PREVIOUS BALANCE		\$0.00
10/15	Deposit	15.00	15.00
	16OCT Member has qualified for the Courtesy Pay program on suffix 5.		
10/31	NEW BALANCE		\$15.00
	0 Withdrawals = \$0.00 1 Deposits = \$15.00 0 Checks Cleared		

Summary - All Accounts

Account Type	Starting Balance	Ending Balance
Main Share S0	\$0.00	\$5.00
Checking S5	\$0.00	\$15.00

Congratulations! You are a Silver Level Member!

