



# REPORT OF RECEIPTS AND EXPENDITURES OF A POLITICAL COMMITTEE

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

TAMMY BAITZ  
CLERK  
HAMILTON COUNTY COURTS

(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.

2016 JAN 14 PM 2:28

FILE NUMBER

TOTAL PAGES IN ENTIRE CFA-4 REPORT

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 <u>Committee to Elect Brian Ayer for City Council</u>	
2. Acronym or Abbreviated Name (if any)	3. Committee Telephone Number <u>(317) 773-1895</u>
4. Mailing Address (address where all campaign finance correspondence is received) <input type="checkbox"/> Check if this is a new address <u>77 So. 9th St.</u>	
5. City, State, ZIP Code <u>Noblesville, IN 46060</u>	6. Party Affiliation (if applicable) <u>Republican</u>

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

7. Full Name of Candidate (include any nickname) <u>Brian Keith Ayer</u>	8. Party Affiliation or If Independent Candidate <u>Republican</u>
9. Office Sought (include district number, if any. Not required for exploratory committee.) <u>Noblesville Common Council At-Large</u>	10. County of Residence <u>Hamilton</u>

### TYPE OF REPORT

### CONVENTION CANDIDATES ONLY

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/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
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12. Reporting Period: From: <u>Oct. 10, 2015</u> Through: <u>Dec. 31, 2015</u>	<b>COLUMN A</b> This Period	<b>COLUMN B</b> Year to Date
13. Cash on hand and investments at the beginning of this reporting period.	<u>1126.00</u>	
14. Cash on hand and investments January 1, current year.		<u>0</u>

### CONTRIBUTIONS AND RECEIPTS

(Note: these amounts include in-kind contributions and loans, as well as cash contributions.)		
15a. Itemized (use Schedule A)	<u>0</u>	<u>2500.00</u>
15b. Unitemized	<u>0</u>	<u>0</u>
15c. Add lines 15a and 15b in both columns	<b>SUBTOTAL</b>	<u>2500.00</u>
16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B	<b>TOTAL</b>	<u>2500.00</u>

### EXPENDITURES

(Note: These amounts include in-kind expenditures and loan repayments.)		
17a. Itemized (use Schedule B) (Public Question: use Schedule C)	<u>1126.00</u>	<u>2483.00</u>
17b. Unitemized	<u>0</u>	<u>17.00</u>
17c. Add lines 17a and 17b in both columns	<b>SUBTOTAL</b>	<u>2500.00</u>
18. Cash on hand and investments at close of this reporting period (subtract 17c from 16 in both columns)	<b>TOTAL</b>	<u>0</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, TAMMY BAITZ, CLERK OF MY KNOWLEDGE AND BELIEF IT IS TRUE, CORRECT AND COMPLETE.

Title: Treasurer Date: 1/14/16

Date: 1/14/16

for sale or used for any commercial purpose. (IC 3-9-4-5) A person who knowingly person who fails to file a complete or accurate report as required by the Indiana 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 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> Good Samaritan Network of Hamilton Co. 12933 Parkside Dr Fishers, IN 46038	Not-for-Profit	<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:	563.00	563.00	12/9/15
Code <u>C</u> Fire fighter's Legacy Fund Noblesville Fire Dept. Noblesville, IN 46060	Not-for-Profit	<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:	563.00	563.00	12/9/15
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:			
<b>SUBTOTAL THIS PAGE OF SCHEDULE B</b>			\$1126.00		
<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>			\$1126.00		