



REPORT OF RECEIPTS AND EXPENDITURES OF A POLITICAL COMMITTEE

(CFA-4)

Summary Sheet

FILE NUMBER

TOTAL PAGES IN ENTIRE CFA-4 REPORT

2

INSTRUCTIONS: Please type or print legibly IN BLACK INK... assistance in completing this form, see instructions on the reverse side.

IS THIS AN AMENDMENT? [] Yes [X] No

COMMITTEE INFORMATION

1. Full Name of Committee (as on Statement of Organization) Ayers for Council
2. Acronym or Abbreviated Name (if any)
3. Committee Telephone Number (317) 844-5744
4. Mailing Address (address where all campaign finance correspondence is received) 59 Bennett Rd.
5. City, State, ZIP Code Carmel, IN 46032
6. Party Affiliation (if applicable) Republican

CANDIDATE INFORMATION (For Candidate's Committees Only)

7. Full Name of Candidate (include any nickname) Paul William Ayers
8. Party Affiliation or If Independent Candidate Republican
9. Office Sought (include district number, if any. Not required for exploratory committee.) Hamilton County Council, District 4
10. County of Residence Hamilton

TYPE OF REPORT

CONVENTION CANDIDATES ONLY

11. Check one: [] Pre-Primary [] Pre-Election [X] Annual [] Nomination [] Other
[X] Final/Disbands Committee (lines 18, 19, and 20 must be "0") [] Outgoing Treasurer (within 10 days amend Statement of Organization)
Check one: [] Pre-Convention [] Post-Convention

12. Reporting Period: From: 10/9/10 Through: 12/31/10

Table with 3 columns: Description, COLUMN A This Period, COLUMN B Year to Date. Row 13: Cash on hand and investments at the beginning of this reporting period. Row 14: Cash on hand and investments January 1, current year.

CONTRIBUTIONS AND RECEIPTS

Table with 3 columns: Description, COLUMN A This Period, COLUMN B Year to Date. Rows 15a: Itemized (use Schedule A), 15b: Unitemized, 15c: Add lines 15a and 15b in both columns SUBTOTAL, 16: Add lines 13 and 15c in Column A and lines 14 and 15c in Column B TOTAL.

EXPENDITURES

Table with 3 columns: Description, COLUMN A This Period, COLUMN B Year to Date. Rows 17a: Itemized (use Schedule B) (Public Question: use Schedule C), 17b: Unitemized, 17c: Add lines 17a and 17b in both columns SUBTOTAL, 18: Cash on hand and investments at close of this reporting period (subtract 17c from 16 in both columns) TOTAL, 19: Debts OWED BY the committee (use Schedule D), 20: Debts OWED TO the committee (use Schedule E).

CERTIFICATION

OF MY KNOWLEDGE AND BELIEF IT IS TRUE, CORRECT AND COMPLETE.

Title: Treasurer Date: 12-29-10
Date: 12-29-10

FOR OFFICE USE ONLY

or sale or used for any commercial purpose. (IC 3-9-4-5) A person who knowingly... and may be subject to civil penalties. (IC 3-9-4-16, IC 3-9-4-17, IC 3-9-4-18)



**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 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
Page <u>2</u> of <u>2</u>

RECIPIENT'S NAME AND MAILING ADDRESS <i>(street, number, city, state, ZIP code)</i>	RECIPIENT'S OCCUPATION <i>OFFICE SOUGHT (if applicable)</i>	TYPE OF EXPENDITURE and PURPOSE <i>(be specific)</i>	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE OF EXPENDITURE
Code _____ Paul W. Ayers 59 Bennett Rd. Carmel, IN 46032		<input type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input checked="" type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: <u>Loan Repayment</u>	5.00	407.07	12/9/10
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			\$ 5.00		
TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY <i>(Enter total on ITEM 17a of the Summary Sheet)</i>			\$ 5.00		