FINAL

REPORT OF RECEIPTS AND EXPENDITURES OF A POLITICAL COMMITTEE

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

2010 JA 19 PM 3:02

(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
COMMITTEE TO ELECT JANE BARR FOR NOBLESVILLE SCHOOL BOARD

2. Acronym or Abbreviated Name *(if any)*
COMMITTEE TO ELECT JANE BARR

3. Committee Telephone Number
(317) 773-2791

4. Mailing Address *(address where all campaign finance correspondence is received)* ☐ Check if this is a new address
P.O. BOX 165

5. City, State, ZIP Code
NOBLESVILLE, IN 46061

6. Party Affiliation *(if applicable)*

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

7. Full Name of Candidate *(include any nickname)*
JANE A. BARR

8. Party Affiliation or If Independent Candidate

9. Office Sought *(Include district number, if any. Not required for exploratory committee.)*
NOBLESVILLE SCHOOL BOARD - AT - LARGE

10. County of Residence
HAMILTON

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: 1/1/09 Through: 12/31/09

	COLUMN A This Period	COLUMN B Year to Date
13. Cash on hand and investments at the beginning of this reporting period.	$ 17.02	
14. Cash on hand and investments January 1, current year.		- 0 -
CONTRIBUTIONS AND RECEIPTS *(Note: these amounts include in-kind contributions and loans, as well as cash contributions.)*		
15a. Itemized *(use Schedule A)*		
15b. Unitemized	- 0 -	- 0 -
15c. Add lines 15a and 15b in both columns	- 0 -	- 0 -
16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B — SUBTOTAL	- 0 -	- 0 -
TOTAL	17.02	17.02
EXPENDITURES *(Note: These amounts include in-kind expenditures and loan repayments.)*		
17a. Itemized *(use Schedule B; (Public Question: use Schedule C)*		
17b. Unitemized	17.02	17.02
17c. Add lines 17a and 17b in both columns	- 0 -	- 0 -
18. Cash on hand and investments at close of this reporting period *(subtract 17c from 16 in both columns)* — SUBTOTAL	17.02	17.02
19. Debts OWED BY the committee *(use Schedule D)* — TOTAL	- 0 -	- 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.

Title | Date

Date 1/19/10

FOR OFFICE USE ONLY

...y not be copied for sale or used for any commercial purpose. (IC 3-9-4-5) A person who knowingly ...C 3-14-1-13) A person who fails to file a complete or accurate report as required by the Indiana ...er. (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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OF A POLITICAL COMMITTEE
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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 _____ of _____

RECIPIENT'S NAME AND MAILING ADDRESS *(street, number, city, state, ZIP code)*	RECIPIENT'S OCCUPATION / OFFICE SOUGHT *(if applicable)*	TYPE OF EXPENDITURE and PURPOSE *(be specific)*	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE OF EXPENDITURE
Code D COMMUNITY BANK P.O. BOX 1990 NOBLESVILLE, IN 46060	BANK	☑ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other Purpose: DORMANT ACCT CHARGE	3.00	3.00	AUG TO NOV 2009
Code C NOBLESVILLE SCHOOLS FOUNDATION (501(C)(3) P.O. BOX NOBLESVILLE, IN 46061	501(C)(3) FOUNDATION	☑ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other Purpose: CONTRIBUTION TO CLOSE ACCT.	14.02	14.02	DEC 2009
Code ____		☐ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other Purpose:			
Code ____		☐ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other Purpose:			
Code ____		☐ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other Purpose:			
Code ____		☐ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other Purpose:			
Code ____		☐ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other Purpose:			
		SUBTOTAL THIS PAGE OF SCHEDULE B	$17.02		
		TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY *(Enter total on ITEM 17a of the Summary Sheet)*	$17.02		