REPORT OF RECEIPTS AND EXPENDITURES OF A POLITICAL COMMITTEE

State Form 4606 (R9 /11-99)
Indiana Election Commission (IC 3-9-5-14)
Approved by State Board of Accounts 1999

(CFA-4)
Summary Sheet

FILE NUMBER

TOTAL PAGES IN ENTIRE CFA-4 REPORT: 2

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: Joe Griffiths For Carmel City Council
2. Acronym or abbreviated name, if any:
3. Committee telephone number: (317) 575-1799
4. Mailing address (address where all campaign finance correspondence is received) ☐ Check if this is a new address: 5814 Annandale DR
5. City, state, ZIP code: Carmel, IN 46033
6. Party affiliation (if applicable): Republican

CANDIDATE INFORMATION (For Candidate's Committees Only)

7. Full name of candidate (include any nickname): Joseph C. Griffiths
8. Party affiliation or if independent: Republican
9. Office sought (include district number, if any. Not required for exploratory committee.): Carmel City Council - District 4
10. County of residence: Hamilton

TYPE OF REPORT

11. Check one:
☐ Pre-Primary ☐ Pre-Election ☒ Annual ☐ 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: January 1, 2004 Through: December 31, 2004

		COLUMN A This Period	COLUMN B Year to Date
13. Cash on hand and investments at the beginning of this reporting period.		$ 553.17	
14. Cash on hand and investments January 1, current year.			0.00
CONTRIBUTIONS AND RECEIPTS (Note: these amounts include in-kind contributions and loans, as well as cash contributions.)			
15a. Itemized (use Schedule A)		0.00	0.00
15b. Unitemized		0.00	0.00
15c. Add lines 15a and 15b in both columns	SUBTOTAL	0.00	0.00
16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B	TOTAL	$ 553.17	0.00
EXPENDITURES (Note: These amounts include in-kind expenditures and loan repayments.)			
17a. Itemized (use Schedule B) (Public Question: use Schedule C)		$ 45.83	
17b. Unitemized		0.00	
17c. Add lines 17a and 17b in both columns	SUBTOTAL	$ 45.83	
18. Cash on hand and investments at close of this reporting period (subtract 17c from 16 in both columns)	TOTAL	507.34	
19. Debts OWED BY the committee (use Schedule D)		0.00	
20. Debts OWED TO the committee (use Schedule E)		0.00	

CERTIFICATION

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

Signature on File

FOR OFFICE USE ONLY

FILED 2005 JA 18 AM 9:45 CLERK OF HAMILTON COUNTY, INDIANA

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, 3-9-4-17, 3-9-4-18.)

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(CFA-4 SCHEDULE B)
Itemized Expenditures

FILE NUMBER

Page 2 of 2

STRUCTIONS: Please type or print legibly IN BLACK INK all information on this form. For assistance in completing this hedule, see instructions on the reverse side. This schedule is used to document expenditures totaled on ITEM e of the Summary Sheet.All cumulative expenses paid to individuals, businesses, labor organizations and her entities OVER $100 per recipient, within a calendar year MUST be itemized on this schedule (over $200, egular party committee). All cumulative expenses, including in-kind, regardless of amount paid to political mmittees (such as transfers-out from candidate, legislative caucus, political action, or regular party committee) JST be itemized on this schedule.

Joe Griffiths For Carmel City Council

RECIPIENT'S NAME AND MAILING ADDRESS (street, number, city, state, ZIP code)	BUSINESS OCCUPATION (if applicable)	TYPE OF EXPENDITURE and PURPOSE (required)	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR TO DATE	DATE OF EXPENDITURE
ode F Costco Wholesale 465 and Michigan Rd Indianapolis, IN	Vendor	☐ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☒ Other Candy Purchase Purpose: For Candy used in Carmelfest Parade	$45.83	$45.83	7-7-04
ode		☐ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other Purpose:			
ode		☐ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other Purpose:			
de		☐ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other Purpose:			
de		☐ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other Purpose:			
de		☐ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other Purpose:			
de		☐ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other Purpose:			
SUB TOTAL THIS PAGE OF SCHEDULE B			$ 45.83		
TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY			$ 45.83		