



**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)  
**Summary Sheet**

<b>FILE NUMBER</b>
<b>TOTAL PAGES IN ENTIRE CFA-4 REPORT</b>
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  
*Committee to Elect Tom Kenley Trustee*

2. Acronym or Abbreviated Name (if any)  Check if this is a new address

3. Committee Telephone Number  
*(317) 340-9955*

4. Mailing Address (address where all campaign finance correspondence is received)  Check if this is a new address  
*19517 Jena Drive*

5. City, State, ZIP Code  
*Noblesville, IN 46062*

6. Party Affiliation (if applicable)  
*Republican*

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

7. Full Name of Candidate (include any nickname)  
*Thomas E Kenley 'Tom'*

8. Party Affiliation or If Independent Candidate  
*Republican*

9. Office Sought (include district number, if any. Not required for exploratory committee.)  
*Noblesville Township Trustee*

10. County of Residence  
*Hamilton*

**TYPE OF REPORT** **CONVENTION CANDIDATES ONLY**

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)

Check one:  
 Pre-Convention  
 Post-Convention

12. Reporting Period: From: <i>1/1/15</i> Through: <i>12/31/15</i>	<b>COLUMN A This Period</b>	<b>COLUMN B Year to Date</b>
13. Cash on hand and investments at the beginning of this reporting period.	<i>442.17</i>	
14. Cash on hand and investments January 1, current year.		<i>387.84</i>

**CONTRIBUTIONS AND RECEIPTS**

(Note: these amounts include in-kind contributions and loans, as well as cash contributions.)

15a. Itemized (use Schedule A)	0	0
15b. Unitemized	0	0
15c. Add lines 15a and 15b in both columns <b>SUBTOTAL</b>	0	0
16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B <b>TOTAL</b>	0	0

**EXPENDITURES**

(Note: These amounts include in-kind expenditures and loan repayments.)

17a. Itemized (use Schedule B) (Public Question: use Schedule C)	<i>54.33</i>	<i>54.33</i>
17b. Unitemized	0	0
17c. Add lines 17a and 17b in both columns <b>SUBTOTAL</b>	<i>54.33</i>	<i>54.33</i>
18. Cash		
19. Debt		
20. Debt		
<b>TOTAL</b>	<i>387.84</i>	<i>387.84</i>
	<i>2500.00</i>	

I CERTIFY Signature	IS TRUE, CORRECT AND COMPLETE.	Date	FOR OFFICE USE ONLY
Signature		Date	2016 JAN 14 AM 10:36 HAMILTON COUNTY COURTS TANNY BAITZ CLERK
		<i>1-13-16</i>	
WARNING files a fraud Campaign	se. (IC 3-9-4-5) A person who knowingly urate report as required by the Indiana 3-9-4-16, IC 3-9-4-17, IC 3-9-4-18)		



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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
Page <u>1</u> of <u>1</u>

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>0</u> Key BANK PO Box 93885 Cleveland, OH 44101	BANK	<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: BANK CHARGES	54.33	54.33	11/1/15 thru 12/31/15
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:			
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>			\$ 54.33		
<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>			\$		

2015 JAN 14 PM 1:16  
 THOMAS BARTZ  
 CLERK  
 HAMILTON COUNTY COURTS



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**(CFA-4 SCHEDULE D)  
DEBTS OWED BY THIS COMMITTEE**

**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. List all debts and loans, regardless of the amount, OWED BY the committee during the reporting period. Include all amounts owed for or to lend institutions, individuals, credit purchases, committee credit card accounts, etc. List each vendor paid by credit card issued in the name of the committee in the ENDORSER'S column. A lender's occupation is required if an individual makes loans of at least \$1,000 during the calendar year. Otherwise, this is optional.

**FILE NUMBER**

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CREDITOR'S OR LENDER'S NAME & MAILING ADDRESS <i>(street, number, city, state, ZIP code)</i>	ENDORSER'S OR VENDOR'S NAME & MAILING ADDRESS <i>(if any)</i> <i>(street, number, city, state, ZIP code)</i>	AMOUNT	DATE DEBT INCURRED	CUMULATIVE PAID YEAR-TO-DATE	OUTSTANDING BALANCE THIS PERIOD
		NATURE OF DEBT			
Thomas E Kenley 19517 Jena Dr. Noblesville, IN 46062 <small>LENDER'S OCCUPATION:</small>	—	\$2500	11/15/14	- 0 -	\$2500
		LOAN	to 10/30/14		
<small>LENDER'S OCCUPATION:</small>					
<small>LENDER'S OCCUPATION:</small>					
<small>LENDER'S OCCUPATION:</small>					
<small>LENDER'S OCCUPATION:</small>					
<small>LENDER'S OCCUPATION:</small>					
<small>LENDER'S OCCUPATION:</small>					
<b>SUBTOTAL THIS PAGE OF SCHEDULE D</b>					\$ 2500.00
<b>TOTAL OF ALL PAGES OF SCHEDULE D ON THE LAST PAGE ONLY</b> <i>(Enter total on ITEM 19 of the Summary Sheet)</i>					\$ 2500.00