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: 5

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: FRIENDS OF KEVIN KIRBY
2. Acronym or abbreviated name, if any:
3. Committee telephone number: (317) 573-9518
4. Mailing address (*address where all campaign finance correspondence is received*) ☐ Check if this is a new address: 231 1st AVE. NE
5. City, state, ZIP code: CARMEL, IN 46032
6. Party affiliation (*if applicable*):

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

7. Full name of candidate (*include any nickname*): KEVIN J. KIRBY
8. Party affiliation or if independent: REPUBLICAN
9. Office sought (*include district number, if any. **Not required for exploratory committee.***)
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: JAN 1 2001 Through: DEC 31 2001

	COLUMN A This Period	COLUMN B Year to Date
13. Cash on hand and investments at the beginning of this reporting period.	1718.75	
14. Cash on hand and investments January 1, current year.		1718.75
CONTRIBUTIONS AND RECEIPTS (Note: these amounts include in-kind contributions and loans, as well as cash contributions.)		
15a. Itemized (use Schedule A)	900	900
15b. Unitemized	116.48	116.48
15c. Add lines 15a, and 15b in both columns SUBTOTAL	1016.48	1016.48
16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B TOTAL	2735.23	2735.23
EXPENDITURES (Note: These amounts include in-kind expenditures and loan repayments.)		
17a. Itemized (use Schedule B) (Public Question: use Schedule C)	455.99	455.99
17b. Unitemized	168.19	168.19
17c. Add lines 17a and 17b in both columns SUBTOTAL	624.18	624.18
18. Cash on hand and investments at close of this reporting period (subtract 17c from 16 in both columns) TOTAL	2111.05	2111.05
19. Debts OWED BY the committee (use Schedule D)	—	
20. Debts OWED TO the committee (use Schedule E)	—	

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

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.)

FOR OFFICE USE ONLY

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CLERK HAMILTON COUNTY COURTS

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(CFA-4 SCHEDULE A-1) CONTRIBUTIONS BY INDIVIDUALS
Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY INDIVIDUALS ON THIS SCHEDULE. *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 contributions and receipts toteled on ITEM15a of the Summary Sheet. All cumulative contributions from individuals **OVER $100** per contributor, within a calendar year **MUST** be itemized on this schedule (*over $200, if regular party committee*). All cumulative receipts, (*such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income*) **OVER** $100 per contributor, within a calendar year, **MUST** be itemized on this schedule (over $200 if regular party committee). A contributor's occupation is required if an individual makes at least $1,000 in contributions during the calendar year. Otherwise, this is optional.

FILE NUMBER

Page 2 of 5

CONTRIBUTOR'S FULL NAME AND OCCUPATION FULL MAILING ADDRESS (*street, number, city, state, ZIP code*)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED / RECEIVED BY
1. DOUGLAS R. BROWN 5902 N. WASHINGTON BLVD. INDIANAPOLIS, IN 46220-2545 Contributor's Occupation (if required)	Contributions: ☑ Direct ☐ In-Kind (*describe*) Other Receipts: ☐ Interest ☐ Loan ☐ Misc (*specify*)	100-	100-	1/8/01 JGS
2. JAY C. LONGENECKER 13618 WOOD MILL CT. CARMEL, IN 46032 Contributor's Occupation (if required)	Contributions: ☑ Direct ☐ In-Kind (*describe*) Other Receipts: ☐ Interest ☐ Loan ☐ Misc (*specify*)	100-	100-	1/10/01 JGS
3. SHEREE L. CAMPBELL 21415 OAKVIEW DR. NOBLESVILLE, IN 46060 Contributor's Occupation (if required)	Contributions: ☑ Direct ☐ In-Kind (*describe*) Other Receipts: ☐ Interest ☐ Loan ☐ Misc (*specify*)	100-	100-	2/28/01 JGS
4. Contributor's Occupation (if required)	Contributions: ☐ Direct ☐ In-Kind (*describe*) Other Receipts: ☐ Interest ☐ Loan ☐ Misc (*specify*)			
5. Contributor's Occupation (if required)	Contributions: ☐ Direct ☐ In-Kind (*describe*) Other Receipts: ☐ Interest ☐ Loan ☐ Misc (*specify*)			
	SUB TOTAL THIS PAGE OF SCHEDULE A	$ 300		
	TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY (*Enter total on ITEM 15a of the Summary Sheet*)	$		

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(CFA-4 SCHEDULE A-2)
CONTRIBUTIONS BY CORPORATIONS
Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY CORPORATIONS ON THIS SCHEDULE. *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 contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from corporations **OVER $100** per contributor, within a calendar year **MUST** be itemized on this schedule (*over $200, if regular party committee*). All cumulative receipts, (*such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income*) **OVER** $100 per contributor, within a calendar year, **MUST** be itemized on this schedule (over $200 if regular party committee).

FILE NUMBER

Page 3 of 5

CONTRIBUTOR'S FULL NAME AND FULL MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED RECEIVED BY
1. THE ESTRIDGE COMPANIES P.O. BOX 277 CARMEL, IN 46032	Contributions: ☑ Direct ☐ In-Kind (*describe*) Other Receipts: ☐ Interest ☐ Loan ☐ Misc (*specify*)	500	500	1/18/01 FGS
2.	Contributions: ☐ Direct ☐ In-Kind (*describe*) Other Receipts: ☐ Interest ☐ Loan ☐ Misc (*specify*)			
3.	Contributions: ☐ Direct ☐ In-Kind (*describe*) Other Receipts: ☐ Interest ☐ Loan ☐ Misc (*specify*)			
4.	Contributions: ☐ Direct ☐ In-Kind (*describe*) Other Receipts: ☐ Interest ☐ Loan ☐ Misc (*specify*)			
5.	Contributions: ☐ Direct ☐ In-Kind (*describe*) Other Receipts: ☐ Interest ☐ Loan ☐ Misc (*specify*)			
	SUB TOTAL THIS PAGE OF SCHEDULE A	$ 500		
	TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY (*Enter total on ITEM 15a of the Summary Sheet*)	$		

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(CFA-4 SCHEDULE A-4) CONTRIBUTIONS BY POLITICAL ACTION COMMITTEES

Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY POLITICAL ACTION COMMITTEES ON THIS SCHEDULE. *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 contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from political action committees **OVER $100** per contributor, within a calendar year **MUST** be itemized on this schedule (*over $200, if regular party committee*). All transfers-in and in-kind contributions regardless of the amount from political action committees **MUST** be itemized on this schedule. All cumulative receipts, (*such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income*) **OVER** $100 per contributor, within a calendar year, **MUST** be itemized on this schedule (over $200 if regular party committee).

FILE NUMBER
Page 4 of 5

CONTRIBUTOR'S FULL NAME AND FULL MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR TO DATE	DATE RECEIVED RECEIVED BY
1. MARTIN MARIETTA AGGREGATES STATE POLITICAL CONTRIBUTIONS COMMITTEE P.O. BOX 30013 RALEIGH, NC 27622	Contributions: ☑ Direct ☐ In-Kind (describe) Other Receipts: ☐ Interest ☐ Loan ☐ Misc (specify)	100 -	100 -	1/8/01 JLS
2.	Contributions: ☐ Direct ☐ In-Kind (describe) Other Receipts: ☐ Interest ☐ Loan ☐ Misc (specify)			
3.	Contributions: ☐ Direct ☐ In-Kind (describe) Other Receipts: ☐ Interest ☐ Loan ☐ Misc (specify)			
4.	Contributions: ☐ Direct ☐ In-Kind (describe) Other Receipts: ☐ Interest ☐ Loan ☐ Misc (specify)			
6.	Contributions: ☐ Direct ☐ In-Kind (describe) Other Receipts: ☐ Interest ☐ Loan ☐ Misc (specify)			
	SUB TOTAL THIS PAGE OF SCHEDULE A	$ 100		
	TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY (Enter total on ITEM 15a of the Summary Sheet)	$ 900		

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(CFA-4 SCHEDULE B) Itemized Expenditures

FILE NUMBER

Page 5 of 5

INSTRUCTIONS: Please type or print legibly ***IN BLACK INK*** *all information on this form. 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.

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 ___ RITZ CHARLES CATERING 12156 N. MERIDIAN ST. CARMEL, IN 46032		☐ Direct ☐ In-Kind ☑ Payment of Debt ☐ Returned Contribution ☐ Other ___ Purpose:	130.99	130.99	1/12/01
Code ___ HAMILTON COUNTY G.O.P. 441 SOUTH 8th ST. NOBLESVILLE, IN 46060		☑ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other ___ Purpose:	125-	125-	1/17/01
Code ___ FRIENDS OF TOM WYSS P.O. BOX 12411 FT. WAYNE, IN 46863-2411	STATE SENATE	☑ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other ___ Purpose:	200-	200-	6/6/01
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:			
		SUB TOTAL THIS PAGE OF SCHEDULE B	$ 455.99		
		TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY (*Enter total on ITEM 17a of the Summary Sheet*)	$ 455.99		