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
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 2002 Through: DEC 31 2002

	COLUMN A This Period	COLUMN B Year to Date
13. Cash on hand and investments at the beginning of this reporting period.	2111.05	
14. Cash on hand and investments January 1, current year.		2111.05
CONTRIBUTIONS AND RECEIPTS		
(Note: these amounts include in-kind contributions and loans, as well as cash contributions.)		
15a. Itemized (use Schedule A)	—	—
15b. Unitemized	15.35	15.35
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	2126.40	2126.40
EXPENDITURES		
(Note: These amounts include in-kind expenditures and loan repayments.)		
17a. Itemized (use Schedule B) (Public Question: use Schedule C)	180.00	180.00
17b. Unitemized	164.57	164.57
17c. Add lines 17a and 17b in both columns SUBTOTAL	344.57	344.57
18. Cash on hand and investments at close of this reporting period (subtract 17c from 16 in both columns) TOTAL	1781.83	1781.83
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

FOR OFFICE USE ONLY

FILED
2003 JA 15 AM 10:00
CLERK, HAMILTON COUNTY COURTS

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

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 ___ ROKITA ELECTION CMTE. P.O. BOX 3332 MUNSTER, IN 46321	CANDIDATE / SEC. OF STATE	☑ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other ___ Purpose:	100.00	100.00	8-6-02
Code ___ INDIANA REPUBLICAN STATE CMTE 200 S. MERIDIAN ST. INDPLS, IN 46225		☑ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other ___ Purpose:	80.00	80.00	6-10-02
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:			
SUB TOTAL THIS PAGE OF SCHEDULE B			$ 180.00		
TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY (*Enter total on ITEM 17a of the Summary Sheet*)			$ 180.00		