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

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

(CFA-4) Summary Sheet

FILE NUMBER

TOTAL PAGES IN ENTIRE CFA-4 REPORT 4

COMMITTEE INFORMATION

1. Full name of committee (*as on Statement of Organization*) ☐ Check if this is a new name: SHARP FOR COUNCIL
2. Acronym or abbreviated name, if any:
3. Committee telephone number: (317) 843-2496
4. Mailing address (*address where all campaign finance correspondence is received*) ☐ Check if this is a new address: 1481 STORMY RIDGE CT.
5. City, state, ZIP code: CARMEL, IN 46032
6. Party affiliation (*if applicable*): REPUBLICAN

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

7. Full name of candidate (*include any nickname*): RICHARD L. SHARP (RICK)
8. Party affiliation or if independent: REPUBLICAN
9. Office sought (*include district number, if any. Not required for exploratory committee.*): CARMEL CITY COUNCIL - DISTRICT 1
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, 2003 Through: APRIL 11, 2003

	COLUMN A This Period	COLUMN B Year to Date
13. Cash on hand and investments at the beginning of this reporting period.	Ø	
14. Cash on hand and investments January 1, current year.	Ø	Ø
CONTRIBUTIONS AND RECEIPTS (Note: these amounts include in-kind contributions and loans, as well as cash contributions.)		
15a. Itemized (use Schedule A)	$204.82	$204.82
15b. Unitemized	Ø	Ø
15c. Add lines 15a, and 15b in both columns SUBTOTAL	$204.82	$204.82
16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B TOTAL	$204.82	$204.82
EXPENDITURES (Note: These amounts include in-kind expenditures and loan repayments.)		
17a. Itemized (use Schedule B) (Public Question: use Schedule C)	$196.79	$196.79
17b. Unitemized	$8.03	$8.03
17c. Add lines 17a and 17b in both columns SUBTOTAL	$204.82	$204.82
18. Cash on hand and investments at close of this reporting period (subtract 17c from 16 in both columns) TOTAL	Ø	Ø
19. Debts OWED BY the committee (use Schedule D)	$204.82	
20. Debts OWED TO the committee (use Schedule E)	Ø	

CERTIFICATION

Signature on File

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[illegible] 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 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 totaled 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 4

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. RICHARD L. SHARP 1481 STORMY RIDGE CT. CARMEL, IN 46032 Contributor's Occupation (if required)	Contributions: ☐ Direct ☐ In-Kind (*describe*) Other Receipts: ☐ Interest ☒ Loan ☐ Misc (*specify*)	$204.82	$204.82	4-2-03 RICHARD SHARP
2. Contributor's Occupation (if required)	Contributions: ☐ Direct ☐ In-Kind (*describe*) Other Receipts: ☐ Interest ☐ Loan ☐ Misc (*specify*)			
3. Contributor's Occupation (if required)	Contributions: ☐ Direct ☐ In-Kind (*describe*) Other Receipts: ☐ Interest ☐ Loan ☐ Misc (*specify*)			
4. Contributor's Occupation (if required)	Contributions: ☐ Direct ☐ In-Kind (*describe*) Other Receipts: ☐ Interest ☐ Loan ☐ Misc (*specify*)			
Contributor's Occupation (if required)	Contributions: ☐ Direct ☐ In-Kind (*describe*) Other Receipts: ☐ Interest ☐ Loan ☐ Misc (*specify*)			
	SUB TOTAL THIS PAGE OF SCHEDULE A	$ 204.82		
	TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY (*Enter total on ITEM 15a of the Summary Sheet*)	$ 204.82		

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(CFA-4 SCHEDULE B) Itemized Expenditures

FILE NUMBER

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 A HARCOURT INDUSTRIES, INC 7765 S. 175 W P.O. BOX 128 MILROY, IN 46156-0128	PRINTER	☒ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other Purpose: PURCHASE SIGNS	$196 79	$196 79	4-2-03
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:			
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	$196 79		
		TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY (*Enter total on ITEM 17a of the Summary Sheet*)	$196 79		

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(CFA-4 SCHEDULE D)
Debts Owed by This Committee

FILE NUMBER

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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.* List all debts and loans, regardless of the amount, OWED BY the committee during the reporting period. Include all amounts owed for or to lending 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.

CREDITOR'S OR LENDER'S NAME & MAILING ADDRESS (street, number, city, state, ZIP code)	ENDORSER'S OR VENDOR'S NAME & MAILING ADDRESS (if any) (street, number, city, state, ZIP code)	AMOUNT / NATURE OF DEBT	DATE DEBT INCURRED	CUMULATIVE PAID YEAR-TO-DATE	OUTSTANDING BALANCE THIS PERIOD
RICHARD L. SHARP 1481 STORMY RIDGE CT. CARMEL, IN 46032 LENDERS OCCUPATION:		$204.82 LOAN	4-2-03	ϕ	$204.82
LENDERS OCCUPATION:					—
LENDERS OCCUPATION:					
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SUB TOTAL THIS PAGE OF SCHEDULE D	$ 204 82
TOTAL OF ALL PAGES OF SCHEDULE D ON THE LAST PAGE ONLY (Enter total on ITEM 19 of the Summary Sheet)	$ 204 82