TAMMY BAITZ
CLERK
HAMILTON COUNTY COURTS

REPORT OF RECEIPTS AND EXPENDITURES OF A POLITICAL COMMITTEE

State Form 4606 (R13/11-05)
Indiana Election Commission (IC 3-9-5-14)

2016 JAN 19 PM 1:00

(CFA-4)
Summary Sheet

FILE NUMBER
TOTAL PAGES IN ENTIRE CFA-4 REPORT

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 For Terry Tolle

2. Acronym or Abbreviated Name *(if any)*
0

3. Committee Telephone Number
(317) 442-1515

4. Mailing Address *(address where all campaign finance correspondence is received)* ☐ Check if this is a new address
14889 Harvest Knoll ct

5. City, State, ZIP Code
Fishers IN 46037

6. Party Affiliation *(if applicable)*

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

7. Full Name of Candidate *(include any nickname)*
Terry Tolle

8. Party Affiliation or if Independent Candidate

9. Office Sought *(include district number, if any. Not required for exploratory committee.)*
HSE School Board

10. County of Residence
Hamilton

TYPE OF REPORT

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)*

CONVENTION CANDIDATES ONLY

Check one:
☐ Pre-Convention
☐ Post-Convention

12. Reporting Period: From: 01/01/15 Through: 12/31/15

	COLUMN A This Period	COLUMN B Year to Date
13. Cash on hand and investments at the beginning of this reporting period.	7013.94	
14. Cash on hand and investments January 1, current year.		7013.94
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 SUBTOTAL	0 0.00	0
16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B TOTAL	7013.94	7013.94
EXPENDITURES		
(Note: These amounts include in-kind expenditures and loan repayments.)		
17a. Itemized *(use Schedule B) (Public Question: use Schedule C)*	3600.00	3600.00
17b. Unitemized		
17c. Add lines 17a and 17b in both columns SUBTOTAL	3600.00	3600.00
18. Cash on hand and investments at close of this reporting period *(subtract 17c from 16 in both columns)* TOTAL	$3413.94	3413.94
19. Debts OWED BY the committee *(use Schedule D)*	$7000.00	
20. Debts OWED TO the committee *(use Schedule E)*	0	

CERTIFICATION

I CE[redacted]HE BEST OF MY KNOWLEDGE AND BELIEF IT IS TRUE, CORRECT AND COMPLETE.

Sign[redacted] Title Treasurer Date 1-17-16

Sign[redacted] Date 1-17-16

WAR[redacted] 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

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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 (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
Terry Tolle 14883 Harvest Knoll Ct Fishers In 46037 Doctor LENDER'S OCCUPATION:		$7000 / loan	10-14-14	0	7000.00
LENDER'S OCCUPATION:					
LENDER'S OCCUPATION:					
LENDER'S OCCUPATION:					
LENDER'S OCCUPATION:					
LENDER'S OCCUPATION:					
LENDER'S OCCUPATION:					
SUBTOTAL THIS PAGE OF SCHEDULE D					$ 0.00
TOTAL OF ALL PAGES OF SCHEDULE D ON THE LAST PAGE ONLY (Enter total on ITEM 19 of the Summary Sheet)					$ 7000.00

X

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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

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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 O Chuck Brewer for Mayor Indianapolis, IN	Restaurant owner / Mayor of Indianapolis	[X] Direct [ ] In-Kind [ ] Payment of Debt [ ] Returned Contribution [ ] Other Purpose:	1000.00	1000.00	2/15/15
Code O Todd Huston for State Rep Fishers IN. 46037	Ed. Business / State Rep	[X] Direct [ ] In-Kind [ ] Payment of Debt [ ] Returned Contribution [ ] Other Purpose:	250.00	250.00	8/29/15
Code O Friends of Colleen Fanning Indianapolis IN	— / Indy City Council	[X] Direct [ ] In-Kind [ ] Payment of Debt [ ] Returned Contribution [ ] Other Purpose:	$100.00	100.00	9/24/15
Code O Friends of Jeff Hern Fishers IN 46037	Johnsonville / Hamilton County Council	[X] Direct [ ] In-Kind [ ] Payment of Debt [ ] Returned Contribution [ ] Other Purpose:	1,000.00	$1,000.00	10/1/15
Code O Todd Huston for State Rep Fishers IN 46037	Education Business / State Rep	[X] Direct [ ] In-Kind [ ] Payment of Debt [ ] Returned Contribution [ ] Other Purpose:	250.00	$500.00	10/20/15
Code O Advance HSE Fishers IN.	/ Referendum HSE schools	[X] Direct [ ] In-Kind [ ] Payment of Debt [ ] Returned Contribution [ ] Other Purpose:	$1000.00	$1000.00	12/9/15
Code		[ ] Direct [ ] In-Kind [ ] Payment of Debt [ ] Returned Contribution [ ] Other Purpose:			
SUBTOTAL THIS PAGE OF SCHEDULE B			3600.00		
TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY *(Enter total on ITEM 17a of the Summary Sheet)*			$3600.00		