5

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

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
KLEIN FOR SCHOOL BOARD

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

3. Committee Telephone Number
(317) 816-0178

4. Mailing Address *(address where all campaign finance correspondence is received)* ☐ Check if this is a new address
456 LEEDS CIRCLE

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)*
ANDREW R. KLEIN

8. Party Affiliation or If Independent Candidate

9. Office Sought *(Include district number, if any. **Not required for exploratory committee.**)*
CARMEL CLAY 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: 4/12/08 Through: 11/25/08

	COLUMN A This Period	COLUMN B Year to Date
13. Cash on hand and investments at the beginning of this reporting period.	1400.00	
14. Cash on hand and investments January 1, current year.		0
CONTRIBUTIONS AND RECEIPTS *(Note: these amounts include in-kind contributions and loans, as well as cash contributions.)*		
15a. Itemized *(use Schedule A)*	400.00	3000.00
15b. Unitemized	0	0
15c. Add lines 15a and 15b in both columns SUBTOTAL	400.00	3000.00
16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B TOTAL	1800.00	3000.00
EXPENDITURES *(Note: These amounts include in-kind expenditures and loan repayments.)*		
17a. Itemized *(use Schedule B) (Public Question: use Schedule C)*	1800.00	3000.00
17b. Unitemized		
17c. Add lines 17a and 17b in both columns SUBTOTAL	1800.00	3000.00
18. Cash on hand and investments at close of this reporting period *(subtract 17c from 16 in both columns)* TOTAL	0	0
19. Debts OWED BY the committee *(use Schedule D)*	0	
20. Debts OWED TO the committee *(use Schedule E)*	0	

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CERTIFICATION

ST OF MY KNOWLEDGE AND BELIEF IT IS TRUE, CORRECT AND COMPLETE.

Signature on File

Title

Date 11.25.08

Date 11.25.08

for sale or used for any commercial purpose. *(IC 3-9-4-5)* A person who knowingly
person who fails to file a complete or accurate report as required by the Indiana
) and may be subject to civil penalties. *(IC 3-9-4-16, IC 3-9-4-17, IC 3-9-4-18)*

FOR OFFICE USE ONLY

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HAMILTON CO. CLERK OF CIRCUIT 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 totaled on ITEM 15a 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

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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. ANDREW R. KLEIN 456 LEEDS CIRCLE CARMEL, IN 46032 Contributor's Occupation *(if required)*	Contributions: ☒ Direct ☐ In-Kind *(describe)* Other Receipts: ☐ Interest ☐ Loan ☐ Misc. *(specify)*	400.00	500.00	5/8/08 ANDREW R. KLEIN
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)*			
5. Contributor's Occupation *(if required)*	Contributions: ☐ Direct ☐ In-Kind *(describe)* Other Receipts: ☐ Interest ☐ Loan ☐ Misc. *(specify)*			
	SUBTOTAL THIS PAGE OF SCHEDULE A	$ 400.00		
	TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY *(Enter total on ITEM 15a of the Summary Sheet)*	$ 400.00		

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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 A CONSTANT CONTACT 1601 TRAPELO RD. #329 WALTHAM, MA 02451		☒ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other Purpose: E-MAIL SERVICE	60.00	60.00	4/15/08 5/15/08
Code A FED EX KINKOS 530 E. CARMEL DR. CARMEL, IN 46032		☒ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other Purpose: LEAFLETS	523.77	523.77	4/30/08
Code A INDIANAPOLIS STAR 307 N. PENNSYLVANIA ST. INDIANAPOLIS, IN 46204		☒ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other Purpose: ADVERTISEMENT	556.94	556.94	5/1/08
Code A PEOPLES PROMOTIONS P.O. BOX 10 BROWNSBURG, IN 46112		☒ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other Purpose: BUTTONS	147.66	147.66	4/29/08
Code A CURRENT IN CARMEL 1 SOUTH RANGELINE RD. SUITE 220 CARMEL, IN 46032		☒ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other Purpose: ADVERTISEMENT	423.00	423.00	4/30/08
Code O FIFTH THIRD BANK P.O. BOX 630900 CINCINNATI, OH 45263		☒ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other Purpose: CHECK PRINTING	19.95	19.95	4/30/08
Code C CARMEL CLAY EDUCATION FOUNDATION 5201 E. 131st ST. CARMEL, IN 46033		☐ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☒ Other DONATION Purpose:	68.68	68.68	10/21/08
		SUBTOTAL THIS PAGE OF SCHEDULE B	$1800.00		
		TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY *(Enter total on ITEM 17a of the Summary Sheet)*	$1800.00		