



REPORT OF RECEIPTS AND EXPENDITURES OF A POLITICAL COMMITTEE

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

FILED
2013 JAN 16 AM 11:21

**(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
THOMAS FOR COUNTY COUNCIL

2. Acronym or Abbreviated Name (if any) _____

3. Committee Telephone Number
(317) 205 6061

4. Mailing Address (address where all campaign finance correspondence is received) Check if this is a new address
7 Coal Creek Circle

5. City, State, ZIP Code
Carmel IN 46033

6. Party Affiliation (if applicable)
Republican

CANDIDATE INFORMATION (For Candidate's Committees Only)

7. Full Name of Candidate (Include any nickname)
Ronald Wayne Thomas

8. Party Affiliation or If Independent Candidate
Republican

9. Office Sought (Include district number, if any. Not required for exploratory committees.)
Hamilton County Council District 4

10. County of Residence
Hamilton

TYPE OF REPORT

CONVENTION CANDIDATES ONLY

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)

Check one:
 Pre-Convention Post-Convention

12. Reporting Period:
From: **1-1-2012** Through: **12-31-2012**

| | COLUMN A This Period | COLUMN B Year to Date |
|---|-------------------------|--------------------------|
| 13. Cash on hand and investments at the beginning of this reporting period. | 111.27 | |
| 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.)

| | COLUMN A This Period | COLUMN B Year to Date |
|---|-------------------------|--------------------------|
| 15a. Itemized (use Schedule A) | 0 | 0 |
| 15b. Unitemized | 0 | 0 |
| 15c. Add lines 15a and 15b in both columns | 0 | 0 |
| SUBTOTAL | 0 | 0 |
| 16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B | 111.27 | 0 |
| TOTAL | 111.27 | 0 |

EXPENDITURES

(Note: These amounts include in-kind expenditures and loan repayments.)

| | COLUMN A This Period | COLUMN B Year to Date |
|---|-------------------------|--------------------------|
| 17a. Itemized (use Schedule B) (Public Question: use Schedule C) | 111.27 | 0 |
| 17b. Unitemized | 0 | 0 |
| 17c. Add lines 17a and 17b in both columns | 111.27 | 0 |
| SUBTOTAL | 111.27 | 0 |
| 18. Cash on hand and investments at close of this reporting period (subtract 17c from 16 in both columns) | 0 | 0 |
| TOTAL | 0 | 0 |
| 19. Debts OWED BY the committee (use Schedule D) | 0 | |
| 20. Debts OWED TO the committee (use Schedule E) | 0 | |

CERTIFICATION

FOR OFFICE USE ONLY

I CERTIFY THAT OF MY KNOWLEDGE AND BELIEF IT IS TRUE, CORRECT AND COMPLETE.

| | |
|---------------------------|------------------------|
| Title TREASURER | Date 1-16-13 |
| | Date |

or 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)



**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 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

Page _____ of _____

| RECIPIENT'S NAME AND MAILING ADDRESS <i>(street, number, city, state, ZIP code)</i> | RECIPIENT'S OCCUPATION <i>OFFICE SOUGHT (if applicable)</i> | TYPE OF EXPENDITURE and PURPOSE <i>(be specific)</i> | COLUMN A AMOUNT THIS PERIOD | COLUMN B CUMULATIVE YEAR-TO-DATE | DATE OF EXPENDITURE |
|--|--|---|-----------------------------------|--|------------------------|
| Code _____ <i>Rev Thomas</i> | | <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: | <i>111.27</i> | <i>111.27</i> | <i>8-16-12</i> |
| Code _____ | | <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: | | | |
| Code _____ | | <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: | | | |
| Code _____ | | <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: | | | |
| Code _____ | | <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: | | | |
| Code _____ | | <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: | | | |
| Code _____ | | <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: | | | |
| SUBTOTAL THIS PAGE OF SCHEDULE B | | | \$111.27 | | |
| TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY <i>(Enter total on ITEM 17a of the Summary Sheet)</i> | | | \$111.27 | | |



**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 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

Page _____ of _____

| CREDITOR'S OR LENDER'S NAME & MAILING ADDRESS <i>(street, number, city, state, ZIP code)</i> | ENDORSER'S OR VENDOR'S NAME & MAILING ADDRESS <i>(if any)</i> <i>(street, number, city, state, ZIP code)</i> | AMOUNT NATURE OF DEBT | DATE DEBT INCURRED | CUMULATIVE PAID YEAR-TO-DATE | OUTSTANDING BALANCE THIS PERIOD |
|---|--|--------------------------|-----------------------|------------------------------------|---------------------------------------|
| Ken Thomas | | loan | | 11/13/12 | 0 |
| LENDER'S OCCUPATION: | | | | | |
| LENDER'S OCCUPATION: | | | | | |
| LENDER'S OCCUPATION: | | | | | |
| LENDER'S OCCUPATION: | | | | | |
| LENDER'S OCCUPATION: | | | | | |
| LENDER'S OCCUPATION: | | | | | |
| SUBTOTAL THIS PAGE OF SCHEDULE D | | | | | \$ |
| TOTAL OF ALL PAGES OF SCHEDULE D ON THE LAST PAGE ONLY <i>(Enter total on ITEM 19 of the Summary Sheet)</i> | | | | | \$ |

To Whom it may concern,

1-16-2013

I am closing this campaign committee account. I am the sole person or company owed money from this committee and forgive all debt owed to me by this committee. So, this committee's balances for assets and debt are zero.



Treasurer / Candidate

FILED
2013 JAN 16 AM 11:24
PEGGY BEAVER (7)
CLERK & COURTS
HAMILTON COUNTY