



**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
5531
TOTAL PAGES IN ENTIRE CFA-4 REPORT
Draft

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) Hendricks Co. Professional Firefighters PAC		<input type="checkbox"/> Check if this is a new name
2. Acronym or abbreviated name, if any HCPFFP	3. Committee telephone number (317) 446-4099	
4. Mailing address (address where all campaign finance correspondence is received) 6319 E. US HWY 36, STE. 2		<input type="checkbox"/> Check if this is a new address
5. City, state, ZIP code AVON IN 46123	6. Party affiliation (if applicable)	

CANDIDATE INFORMATION (For Candidate's Committee Only)

7. Full name of candidate (include any nickname)	8. Party affiliation or if independent
9. Office sought (include district number, if any. Not required for exploratory committee.)	10. County of residence

TYPE OF REPORT

CONVENTION CANDIDATES ONLY

11. PrePrimary	12. Check one: <input type="checkbox"/> Pre-Convention <input type="checkbox"/> Post-Convention	
12. Reporting period: From: 01/01/2024 Through: 04/12/2024	COLUMN A This Period	COLUMN B Year to Date
13. Cash on hand and investments at the beginning of this reporting period.	60,035.14	
14. Cash on hand and investments January 1, current year.		60,035.14

CONTRIBUTIONS AND RECEIPTS

(Note: These amounts include in-kind contributions and loans, as well as cash contributions.)

15a. Itemized (use Schedule A)	140.00	140.00
15b. Unitemized	5,877.39	5,877.39
15c. Add lines 15a, and 15b in both columns	6,017.39	6,017.39
SUBTOTAL		
16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B	TOTAL 66,052.53	66,052.53

EXPENDITURES

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

17a. Itemized (use Schedule B) (Public Question: use Schedule C)	0.00	0.00
17b. Unitemized	0.00	0.00
17c. Add lines 17a and 17b in both columns	0.00	0.00
SUBTOTAL		
18. Cash on hand and investments at close of this reporting period (subtract 17c from 16 in both columns)	TOTAL 66,052.53	66,052.53
19. Debts OWED BY the committee (use Schedule D)	0.00	
20. Debts OWED TO the committee (use Schedule E)	0.00	

CERTIFICATION

I CERTIFY THAT I HAVE EXAMINED THIS STATEMENT, TO THE BEST OF MY KNOWLEDGE AND BELIEF IT IS TRUE, CORRECT AND COMPLETE.

Signature of Treasurer	Title Treasurer	Date
Signature of Candidate (if applicable)		Date

FOR OFFICE USE ONLY

2024 APR 15 AM 8:13
 Draft Copy
 4/13/2024 11:59:06
 FILED
 DEPT OF INDIANA COURTS
 Morgan Pike

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 Level 6 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**

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.

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Draft - 2

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
Kyle Edie 9480 Shady Bend Brownsburg IN 46112 Contributor's Occupation (if required): Firefighters/Paramedics	Contribution: Direct	10.00	10.00	02/21/2024
				Lau Rich
Justin knox IN Contributor's Occupation (if required):	Contribution: Direct	10.00	10.00	02/21/2024
				Lau Rich
Carlie Sneed 202 W Broadway St Greenwood In 46142 Contributor's Occupation (if required): Firefighters/Paramedics	Contribution: Direct	10.00	10.00	02/21/2024
				Lau Rich
Kevin Whitt 201 Wakefield Dr E Greenwood IN 46142 Contributor's Occupation (if required): Firefighters/Paramedics	Contribution: Direct	10.00	10.00	02/21/2024
				Lau Rich
Kyle Edie 9480 Shady Bend Brownsburg IN 46112 Contributor's Occupation (if required): Firefighters/Paramedics	Contribution: Direct	10.00	20.00	03/07/2024
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TOTAL OF ALL PAGES OF A1: **140.00**