



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

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.

FILE NUMBER
TOTAL PAGES IN ENTIRE CFA-4 REPORT
1

IS THIS AN AMENDMENT? Yes No

COMMITTEE INFORMATION	
1. Full Name of Committee (as on Statement of Organization) <input type="checkbox"/> Check if this is a new name <i>Committee to Elect Gregory Jones</i>	3. Committee Telephone Number <i>(765) 480 1650</i>
2. Acronym or Abbreviated Name (if any)	6. Party Affiliation (if applicable) <i>Republican</i>
4. Mailing Address (address where all campaign finance correspondence is received) <input type="checkbox"/> Check if this is a new address <i>914 W Lincoln RD</i>	6. Party Affiliation (if applicable) <i>Republican</i>
5. City, State, ZIP Code <i>Kokomo, IN 46902</i>	6. Party Affiliation (if applicable) <i>Republican</i>

CANDIDATE INFORMATION (For Candidate's Committees Only)	
7. Full Name of Candidate (include any nickname) <i>Gregory Alan Jones</i>	8. Party Affiliation or If Independent Candidate <i>Republican</i>
9. Office Sought (include district number, if any. Not required for exploratory committee.) <i>City of Kokomo, Common Council, District 4</i>	10. County of Residence <i>Howard</i>

TYPE OF REPORT	CONVENTION CANDIDATES ONLY
11. Check one: <input checked="" type="checkbox"/> Pre-Primary <input type="checkbox"/> Pre-Election <input type="checkbox"/> Annual <input type="checkbox"/> Nomination <input type="checkbox"/> Other _____ <input type="checkbox"/> Final/Disbands Committee (lines 18, 19, and 20 must be "0") <input type="checkbox"/> Outgoing Treasurer (within 10 days amend Statement of Organization)	Check one: <input type="checkbox"/> Pre-Convention <input type="checkbox"/> Post-Convention

12. Reporting Period:	COLUMN A This Period	COLUMN B Year to Date
From: _____ Through: _____		
13. Cash on hand and investments at the beginning of this reporting period.	\$ 0	
14. Cash on hand and investments January 1, current year.		\$ 0

CONTRIBUTIONS AND RECEIPTS		
<i>(Note: these amounts include in-kind contributions and loans, as well as cash contributions.)</i>		
15a. Itemized (use Schedule A)	\$ 0	\$ 0
15b. Unitemized	\$ 0	\$ 0
15c. Add lines 15a and 15b in both columns	SUBTOTAL	\$ 0
16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B	TOTAL	\$ 0

EXPENDITURES		
<i>(Note: These amounts include in-kind expenditures and loan repayments.)</i>		
17a. Itemized (use Schedule B) (Public Question: use Schedule C)	\$ 0	\$ 0
17b. Unitemized	\$ 0	\$ 0
17c. Add lines 17a and 17b in both columns	SUBTOTAL	\$ 0
18. Cash on hand and investments at close of this reporting period (subtract 17c from 16 in both columns)	TOTAL	\$ 0
19. Debts OWED BY the committee (use Schedule D)	\$ 0	
20. Debts OWED TO the committee (use Schedule E)	\$ 0	

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 <i>[Signature]</i>	Title <i>Candidate</i>	Date <i>4-15-15</i>
Signature of Candidate (if applicable)		Date

FOR OFFICE USE ONLY
FILED
APR 16 2015
KIM WILSON

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 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, IC 3-9-4-17, IC 3-9-4-18)

Clerk Howard Cir. Court



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(CFA-4)
Summary Sheet

FILE NUMBER
TOTAL PAGES IN ENTIRE CFA-4 REPORT
3

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) <input type="checkbox"/> Check if this is a new name <i>Committee To Elect Gregory Jones</i>	3. Committee Telephone Number <i>(765) 480 1650</i>
2. Acronym or Abbreviated Name (if any)	6. Party Affiliation (if applicable) <i>Republicans</i>
4. Mailing Address (address where all campaign finance correspondence is received) <input type="checkbox"/> Check if this is a new address <i>914 W Lincoln Rd</i>	5. City, State, ZIP Code <i>Monroeville IN 46902</i>

CANDIDATE INFORMATION (For Candidate's Committees Only)	
7. Full Name of Candidate (include any nickname) <i>Gregory A Jones</i>	8. Party Affiliation or If Independent Candidate <i>Republicans</i>
9. Office Sought (Include district number, if any. Not required for exploratory committee.) <i>District 4 Common Council</i>	10. County of Residence <i>Howard</i>

TYPE OF REPORT	CONVENTION CANDIDATES ONLY
11. Check one: <input type="checkbox"/> Pre-Primary <input checked="" type="checkbox"/> Pre-Election <input type="checkbox"/> Annual <input type="checkbox"/> Nomination <input type="checkbox"/> Other _____ <input type="checkbox"/> Final/Disbands Committee (lines 18, 19, and 20 must be "0") <input type="checkbox"/> Outgoing Treasurer (within 10 days amend Statement of Organization)	Check one: <input type="checkbox"/> Pre-Convention <input type="checkbox"/> Post-Convention

12. Reporting Period:	COLUMN A This Period	COLUMN B Year to Date
From: <i>April 1, 2015</i> Through: <i>10-14-15</i>	0	0
13. Cash on hand and investments at the beginning of this reporting period.		
14. Cash on hand and investments January 1, current year.		

CONTRIBUTIONS AND RECEIPTS		
<i>(Note: these amounts include in-kind contributions and loans, as well as cash contributions.)</i>		
15a. Itemized (use Schedule A)	531.50	
15b. Unitemized		
15c. Add lines 15a and 15b in both columns SUBTOTAL	531.50	
16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B TOTAL	531.50	

EXPENDITURES		
<i>(Note: These amounts include in-kind expenditures and loan repayments.)</i>		
17a. Itemized (use Schedule B) (Public Question: use Schedule C)	346.00	
17b. Unitemized		
17c. Add lines 17a and 17b in both columns SUBTOTAL	346.00	
18. Cash on hand and investments at close of this reporting period (subtract 17c from 16 in both columns) TOTAL	185.50	
19. Debts OWED BY the committee (use Schedule D)		
20. Debts OWED TO the committee (use Schedule E)		

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 <i>[Signature]</i>	Title <i>Candidate</i>	Date <i>10-14-15</i>
Signature of Candidate (if applicable) <i>[Signature]</i>		Date <i>10-14-15</i>
<small>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 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, IC 3-9-4-17, IC 3-9-4-18)</small>		

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OCT 16 2015
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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	
Page <u>2</u> of <u>3</u>	

CONTRIBUTOR'S FULL NAME AND OCCUPATION FULL MAILING ADDRESS <i>(street, number, city, state, ZIP code)</i>	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED RECEIVED BY
1. James Gibb 212 21st New Castle, TN Contributor's Occupation (if required) <u>Disabled</u>	Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc. (specify)	250.00	250.00	4-15-15 G Jones G Jones
2. Gray Jones 4914 W Lincoln Rd Mokemo, IN 46902 Contributor's Occupation (if required) _____	Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) Other Receipts: <input type="checkbox"/> Interest <input checked="" type="checkbox"/> Loan <input type="checkbox"/> Misc. (specify)	150.50	460.00 150.50	5-7-15 G Jones
3. Gray Jones 914 W Lincoln Rd Mokemo, IN 46902 Contributor's Occupation (if required) _____	Contributions: <input type="checkbox"/> Direct <input checked="" type="checkbox"/> In-Kind (describe) <u>PO Box</u> Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc. (specify)	31.00	181.50	5-7-15 G Jones
4. Carroll Lucille Family 6971 SR 38 E New Castle, TN Contributor's Occupation (if required) _____	Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc. (specify)	50.00	50.00	6-6-15 G Jones
5. Anonymous 4944 Hwy 4 Contributor's Occupation (if required) _____	Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc. (specify)	50.00		9-1-15 G Jones
SUBTOTAL THIS PAGE OF SCHEDULE A		\$ 531.50		
TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY <i>(Enter total on ITEM 15a of the Summary Sheet)</i>		\$ 531.50		



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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
Page <u>3</u> of <u>3</u>

RECIPIENT'S NAME AND MAILING ADDRESS <i>(street, number, city, state, ZIP code)</i>	RECIPIENT'S OCCUPATION	TYPE OF EXPENDITURE and PURPOSE <i>(be specific)</i>	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE OF EXPENDITURE
	OFFICE SOUGHT <i>(if applicable)</i>				
Code <u>C</u> You'd sighs.com online	Printer	<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:	210.00		4-16-15
Code <u>C</u> USPS 2101 Swabston Muncie IN 46902	Postal service	<input type="checkbox"/> Direct <input checked="" type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose:	31.00		5-7-15
Code <u>C</u> Wal Mart 1920 E Mainland Ave Muncie IN 46901	Store	<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:	50.00		8-15-15
Code <u>C</u> <u>APP-Rep</u> 3720 S Reed Rd Muncie IN 46902	Artist	<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input checked="" type="checkbox"/> Other _____ Purpose: <u>Plugging Conventions</u>	55.00		7-20-15
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			\$346.00		
TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY <i>(Enter total on ITEM 17a of the Summary Sheet)</i>			\$346.00		