



**REPORT OF RECEIPTS AND EXPENDITURES
A POLITICAL COMMITTEE**

State Form 4606 (R14 / 10-17)
Indiana Election Division (IC 3-9-5-14)

OF

**(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) <input type="checkbox"/> Check if this is a new name. <i>Friends to Elect Kara Kitts - McKibben</i>	
2. Acronym or Abbreviated Name (if any)	3. Committee Telephone Number (<i>765</i>) <i>860-4018</i>
4. Mailing Address (Address where all campaign finance correspondence is received.) <input type="checkbox"/> Check if this is a new address. <i>3511 Melody Lane East</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>Kara Nicole Kitts - McKibben</i>	8. Party Affiliation or If Independent Candidate
9. Office Sought (Include district number, if any. Not required for exploratory committee.) <i>City Council at Large</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 ten (10) days amend Statement of Organization.)	Check one: <input type="checkbox"/> Pre-Convention <input type="checkbox"/> Post-Convention
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12. Reporting Period (mm/dd/yy): From: <i>1-1-19</i> Through: <i>4-12-19</i>	COLUMN A This Period	COLUMN B Year to Date
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13. Cash on hand and investments at the beginning of this reporting period.	<i>0</i>	<i>0</i>
14. Cash on hand and investments January 1, current year.		<i>0</i>

CONTRIBUTIONS AND RECEIPTS

<i>(Note: these amounts include in-kind contributions and loans, as well as cash contributions.)</i>		
15a. Itemized (Use Schedule A.)	<i>1,579.62</i>	<i>1,579.62</i>
15b. Unitemized	<i>3,305.73</i>	<i>3,305.73</i>
15c. Add lines 15a and 15b in both columns. SUBTOTAL	<i>4,885.35</i>	<i>4,885.35</i>
16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B. TOTAL	<i>4,885.35</i>	<i>4,885.35</i>

EXPENDITURES

<i>(Note: These amounts include in-kind expenditures and loan repayments.)</i>		
17a. Itemized (Use Schedule B.) (Public Question: use Schedule C.)	<i>2,277.82</i>	<i>2,277.82</i>
17b. Unitemized	<i>0</i>	<i>0</i>
17c. Add lines 17a and 17b in both columns. SUBTOTAL	<i>2,277.82</i>	<i>2,277.82</i>
18. Cash on hand and investments at close of this reporting period (Subtract 17c from 16 in both columns.) TOTAL	<i>2,607.53</i>	<i>2,607.53</i>
19. Debts OWED BY the committee (Use Schedule D.)	<i>0</i>	
20. Debts OWED TO the committee (Use Schedule E.)	<i>0</i>	

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>Kara Kitts-McKibben</i>	Title <i>Treasurer/Candidate</i>	Date (mm/dd/yy) <i>4-22-19</i>
Signature of Candidate (if applicable) <i>Kara Kitts-McKibben</i>		Date (mm/dd/yy) <i>4-22-19</i>

FOR OFFICE USE ONLY
FILED
APR 22 2019
DEBBIE STEWART
Clerk Howard Cir. Court

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



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Form 4606 (R14 / 10-17)
Election Division (IC 3-9-5-14)

State
Indiana

**(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	TYPE OF EXPENDITURE and PURPOSE <i>(be specific)</i>	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE OF EXPENDITURE <i>(mm/dd/yy)</i>
	OFFICE SOUGHT <i>(if applicable)</i>				
Code <u>A</u> Horoho Printing 500 N. Phillips St. Kokomo, In 46902	Yard Signs	<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:	1,451.99		3/22/19
Code <u>A</u> Sticker Mule www.stickermule.com	Magnets / Pins	<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:	64.00		4/12/19
Code <u>A</u> Clifford Signs 1115 E. Markland Ave Kokomo, In 46902	Yard Signs	<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:	311.83		3/27/19
Code <u>A</u> Kokomo Perspective 209 N. Main St. Kokomo, In 46901	Newspaper	<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:	450.00		3/27/19
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			\$2277.82		
TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY <i>(Enter total on ITEM 17a of the Summary Sheet.)</i>			\$		

FILED
APR 22 2019
DEBBIE STEWART
Clerk Howard Cir.



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State Form 4606 (R14 / 10-17)
Election Division (IC 3-9-5-14)

Indiana

**(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 _____	of _____

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 <i>(mm/dd/yy)</i>
				RECEIVED BY
1. Jacob + Amber Lipinski 6702 W. 00 N.S. Kokomo, In 46901 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"/> Miscellaneous (specify) _____	125.00		5/23/19
2. Christopher + Erynn O'Neil 4601 W. 180 S. Russiaville, In 46979 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"/> Miscellaneous (specify) _____	100.00		2/23/19
3. Christopher + Erynn O'Neil 4601 W. 180 S. Russiaville, In 46979 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"/> Miscellaneous (specify) _____	50.00	150.00	4/4/19
4. Jim Krajewski 1704 S. Indiana St. Kokomo, 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 type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify) _____	125.00		4/4/19
5. Jack Dodd 2215 Westdale Ct. Kokomo, In 46901 Contributor's Occupation (if required) _____	Contributions: <input type="checkbox"/> Direct <input checked="" type="checkbox"/> In-Kind (describe) T.V. _____ Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify) _____	200.00		4/4/19
SUBTOTAL THIS PAGE OF SCHEDULE A		\$ 600.00		
TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY <i>(Enter total on ITEM 15a of the Summary Sheet.)</i>		\$		



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Indiana Election Division (IC 3-9-5-14)

(Business)
**(CFA-4 SCHEDULE A-2)
CONTRIBUTIONS BY CORPORATIONS
Itemized Contributions and Other Receipts**

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY CORPORATIONS 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 corporations 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).

FILE NUMBER

Page _____ of _____

CONTRIBUTOR'S FULL NAME AND 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 <i>(mm/dd/yy)</i>
				RECEIVED BY
1. J.D. Transfer Joseph D. Kitts 605 Somerset Drive Kokomo, In 46902	Contributions: <input type="checkbox"/> Direct <input checked="" type="checkbox"/> In-Kind (describe) <u>Postcards</u> Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify)	229.62		2-15-19
2. 3D Transfer INC. Daniel L. Groome 1100 N Hickory Ln Kokomo, In 46901	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"/> Miscellaneous (specify)	200.00		2/23/19
3. 3D Transfer INC. 3D Transfer INC. Daniel Groome 1100 N. Hickory Ln Kokomo, In 46901	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"/> Miscellaneous (specify)	150.00	350.00	4/4/19
4. Revive Salon 3023 S. Lafountain St. Kokomo, In 46902	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"/> Miscellaneous (specify)	300.00		4/4/19
5. Indiana Pit Martial Arts and Elite Fitness Center, LLC Terry L. Gruel or Carrie A. 411 Arnold Ct. Kokomo, In 46902	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"/> Miscellaneous (specify)	100.00		4/6/19
979.62 SUBTOTAL THIS PAGE OF SCHEDULE A		\$ 979.62		
TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY <i>(Enter total on ITEM 15a of the Summary Sheet.)</i>		\$		

