

## REPORT OF RECEIPTS AND EXPENDITURES OF A POLITICAL COMMITTEE

KLEWHENZ

47201

LARRY KLETWITEW 2—
9. Office Sought (Include district number, if any. Not required for exploratory committee.)

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

18. Cash on hand and investments at close of this reporting period (subtract 17c from 16 in both columns)

TYPE OF REPORT

13. Cash on hand and investments at the beginning of this reporting period.

16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B

17a. Itemized (use Schedule B) (Public Question: use Schedule C)

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

Pre-Election Annual Nomination Other

BARTHOLOMON COUNTY COMMISSIONUR-1ST DISTIBLE

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

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.

4. Mailing Address (address where all campaign finance correspondence is received).

IS THIS AN AMENDMENT? ☐ Yes No

1. Full Name of Committee (as on Statement of Organization)

COMMITTEE FOR

1302 N 500 W

7. Full Name of Candidate (include any nickname)

10-15-11

15c. Add lines 15a and 15b in both columns

17c. Add lines 17a and 17b in both columns

19. Debts OWED BY the committee (use Schedule D)

14. Cash on hand and investments January 1, current year.

2. Acronym or Abbreviated Name (if any)

5. City, State, ZIP Code

11. Check one:

Pre-Primary

From:

12. Reporting Period:

15b. Unitemized

17b. Unitemized

15a. Itemized (use Schedule A)

COLUMBUS

(CFA-4) Summary Sheet

FILE NUMBER TOTAL PAGES IN ENTIRE CFA COMMITTEE INFORMATION Check if this is a new name 3. Committee Telephone Number 8121 Check if this is a new address 6. Party Affiliation (if applicable) REPUBLICAN CANDIDATE INFORMATION (For Candidate's Committees Only) 8. Party Affiliation or If Independent Candidate REPUBLIUM 10. County of Residence BARTHOLOMEN CONVENTION CANDIDATES ONL Check one: Pre-Convention Post-Convention Final/Disbands Committee (tines 18, 19, and 20 must be "0") Outgoing Treasurer (within 10 days amend Statement of Organization) **COLUMN B** COLUMN A GONTRIBUTIONS AND RECEIPTS SUBTOTAL TOTAL SUBTOTAL TOTAL

20. Debts OWED TO the committee (use Schedule E)		
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I CERTIFY THAT I HAVE EXAMINED THIS STATEMENT.	TO THE BEST OF MY KNOWLEDGE AND BELIE	FIT IS TRUE, CORRECT AND COMPLETE.
Signature of Treasures	Title TREASURER	Date / - //- /2
Signature of Candidate for abolicable)		Date /2-/2.
WARNING: Any information contained in this report may riles a fraudulent report commits a Class D felony. (IC 3	of be copied for sale or used for any commercial 44-1-13) A person who fails to file a complete.	or accurate report as required by the indiana

Through: /2-3/-1/