

REPORT OF RECEIPTS AND EXPENDITURES OF A POLITICAL COMMITTEE

(CFA-4)
Summary Sheet

State Form 4606 (R16 / 6-19)
Indiana Election Division (IC 3-9-5-14)

FILE NUMBER
TOTAL PAGES IN ENTIRE CFA-4 REPORT
2

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. FRIENDS OF KEN FRIES	3. Committee Telephone Number (260) 414-1642
2. Acronym or Abbreviated Name (if any)	6. Party Affiliation (if applicable) REPUBLICAN
4. Mailing Address (Address where all campaign finance correspondence is received.) <input type="checkbox"/> Check if this is a new address. 4627 HOLLOWPETER RD	6. Party Affiliation (if applicable) REPUBLICAN
6. City, State, ZIP Code LEO, IN 46045	6. Party Affiliation (if applicable) REPUBLICAN

CANDIDATE INFORMATION (For Candidate's Committees Only)	
7. Full Name of Candidate (Include any nickname.) KENNETH CHARLES FRIES (KEN)	8. Party Affiliation or If Independent Candidate REPUBLICAN
9. Office Sought (Include district number, if any. Not required for exploratory committee.) ALLEN COUNTY COUNCIL AT LARGE	10. County of Residence ALLEN

TYPE OF REPORT	CONVENTION CANDIDATE'S ONLY
11. Check one: <input type="checkbox"/> Pre-Primary <input type="checkbox"/> Pre-Election <input checked="" type="checkbox"/> Annual <input type="checkbox"/> Nomination <input type="checkbox"/> Other <input type="checkbox"/> Final / Disbands Committee (Lines 16, 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

12. Reporting Period (mm/dd/yy):	COLUMN A	COLUMN B
From: 01/01/23 Through: 12/31/23	This Period	Year to Date
13. Cash on hand and investments at the beginning of this reporting period	2440.92	
14. Cash on hand and investments January 1, current year.		2440.92

CONTRIBUTIONS AND RECEIPTS		
(Note: these amounts include in-kind contributions and loans, as well as cash contributions.)		
15a. Itemized (Use Schedule A.)	-0-	-0-
15b. Unitemized	-0-	-0-
15c. Add lines 15a and 15b in both columns. SUBTOTAL	2440.92	2440.92
16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B. TOTAL	2440.92	2440.92

EXPENDITURES		
(Note: These amounts include in-kind expenditures and loan repayments.)		
17a. Itemized (Use Schedule B.) (Public Question: use Schedule C.)	325.00	325.00
17b. Unitemized	60.00	60.00
17c. Add lines 17a and 17b in both columns. SUBTOTAL	385.00	385.00
18. Cash on hand and investments at close of this reporting period (Subtract 17c from 16 in both columns.) TOTAL	2055.92	2055.92
19. Debts OWED BY the committee (Use Schedule D.)	-0-	-0-
20. Debts OWED TO the committee (Use Schedule E.)	-0-	-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 Audrey A. Pugh	Title TREASURER	Date (mm/dd/yy) 01/16/24
Signature of Candidate (if applicable)		Date (mm/dd/yy) 01/16/24
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)		

FOR OFFICE USE ONLY

REPORT OF RECEIPTS AND EXPENDITURES OF A POLITICAL COMMITTEE

4806 (R15 / 6-19)

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

State Form

(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 3 of 2

RECIPIENT'S NAME AND MAILING ADDRESS <small>(street number, city, state, ZIP code)</small>	RECIPIENT'S OCCUPATION <small>OFFICE SOUGHT (if applicable)</small>	TYPE OF EXPENDITURE and PURPOSE (be specific)	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE OF EXPENDITURE <small>(month/day/year)</small>
Code <u>C</u> ALLEN Co. REPUBLICAN PARTY 135 W. MAIN FT. WAYNE, IN 46802	POLITICAL PARTY N/A	<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:	250.00	250.00	3-16-23
Code <u>C</u> ALLEN Co. REPUBLICAN LUNCH CLUB 135 W. MAIN FT. WAYNE, IN 46802	POLITICAL LUNCHEON GROUP N/A	<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:	75.00	75.00	3-30-23
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			\$325.00		
TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY <small>(Enter total on ITEM 17a of the Summary Sheet.)</small>			\$325.00		