



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

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) Check if this is a new name

Kerley for Council

2. Acronym or Abbreviated Name (if any)

KFC

3. Committee Telephone Number

(260)239-6797

1502 Pemberton

5. City, State, ZIP Code

Fort Wayne, IN 46805

6. Party Affiliation (if applicable). Republican

CANDIDATE INFORMATION (For Candidate's Committees Only)

7. Full Name of Candidate (include any nickname)

Kyle Kerley

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

11. Check one:

Pre-Primary Pre-Election Annual Nomination Other _____
 Final/Disbands Committee (lines 18, 19, and 20 must be "0") Outgoing Treasurer (within 10 days amend Statement of Organization)

CONVENTION CANDIDATES ONLY

Check one:

Pre-Convention
 Post-Convention

12. Reporting Period:

From: January 1, 2023 Through: December 31, 2023

COLUMN A
This Period

COLUMN B
Year to Date

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

871.62

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

871.62

CONTRIBUTIONS AND RECEIPTS

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

15a. Itemized (use Schedule A)

1000

1000

15b. Unitemized

0

0

4

1000

1000

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

TOTAL

1871.62

1871.62

EXPENDITURES

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

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

168

168

17b. Unitemized

50

50

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

SUBTOTAL

218

218

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

TOTAL

1653.62

1653.62

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

1064.08

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

/s/ Jon J. Olinger

Title Treasurer

01/17/2023

Signature of Candidate (if applicable)

/s/ Kyle Kerley

Date 01/17/2023

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)

FOR OFFICE USE ONLY



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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> 1 </u> of <u> 1 </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. David Long 2919 Covington Hollow Fort Wayne, IN 46814 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) _____ | 1000 | 1000 | 12/29/2023 KK |
| 2. Contributor's Occupation (if required) _____ | Contributions: <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) _____ Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc. (specify) _____ | | | |
| 3. Contributor's Occupation (if required) _____ | Contributions: <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) _____ Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc. (specify) _____ | | | |
| 4. Contributor's Occupation (if required) _____ | Contributions: <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) _____ Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc. (specify) _____ | | | |
| 5. Contributor's Occupation (if required) _____ | Contributions: <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) _____ Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc. (specify) _____ | | | |
| SUBTOTAL THIS PAGE OF SCHEDULE A | | 1000 | | |
| TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY <i>(Enter total on ITEM 15a of the Summary Sheet)</i> | | \$1000 | | |



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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 |
|-----------------------------------|
| |
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| 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> 0 </u> SquareSpace Website Hosting | | <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: Logo Design/Flyers | 168 | 168 | 02/27/23 |
| 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: Political Consulting | | | |
| 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: Campaign Finance | | | |
| 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: Bean Dinner Tables | | | |
| 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 | | | \$168 | | |
| TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY <i>(Enter total on ITEM 17a of the Summary Sheet)</i> | | | \$168 | | |