

REPORT OF RECEIPTS AND EXPENDITURES OF A POLITICAL COMMITTEE

(CFA-4)
Summary Sheet

State Form 4806 (R15/5/19)
Indiana Election Division (IC-3-9-14)

| |
|------------------------------------|
| 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) Check if this is a new name.
FRIENDS OF KEN FRIES

2. Acronym or Abbreviated Name (if any)

3. Committee Telephone Number

4. Mailing Address (Address where all campaign financial correspondence is received) Check if this is a new address.
4627 HOLLOWAY RD

5. City, State, ZIP Code
LEO, IN 46765

6. Party Affiliation (if applicable)
REPUBLICAN

CANDIDATE INFORMATION (For Candidate's Committees Only)

7. Full Name of Candidate (Includes any nickname)
KENNETH CHARLES FRIES (KENNY)

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 13, 14, and 20 must be 0) Outgoing Treasurer (Within 90 days amend Statement of Organization)

CONVENTION CANDIDATES ONLY

Check one:
 Pre-Convention Post-Convention

12. Reporting Period (mm/dd/yy):
From: **10-12-24** Through: **12-31-24**

| | COLUMN A This Period | COLUMN B Year to Date |
|---|-------------------------|--------------------------|
| 13. Cash on hand and investments at the beginning of this reporting period. | 4225.92 | |
| 14. Cash on hand and investments January 1, current year. | | 2015.92 |

CONTRIBUTIONS AND RECEIPTS

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

| | COLUMN A This Period | COLUMN B Year to Date |
|--|----------------------------|--------------------------|
| 15a. Itemized (Use Schedule A) | 1000.00 | 7525.75 |
| 15b. Unitemized | -0- | -0- |
| 15c. Add lines 15a and 15b in both columns | SUBTOTAL 1000.00 | 7525.75 |
| 16. Add lines 13 and 14 in Column A and lines 14 and 15c in Column B | TOTAL 5225.92 | 9541.67 |

EXPENDITURES

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

| | COLUMN A This Period | COLUMN B Year to Date |
|---|---------------------------|--------------------------|
| 17a. Itemized (Use Schedule B) (Public Question, use Schedule C) | 436.56 | 4762.01 |
| 17b. Unitemized | 150.75 | 180.75 |
| 17c. Add lines 17a and 17b in both columns | SUBTOTAL 587.31 | 4942.06 |
| 18. Cash on hand and investments at close of this reporting period (Subtract 17c from 16 in both columns) | TOTAL 4638.61 | 4638.61 |
| 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: **Andrew R. Jones** Title: **TREASURER** Date (mm/dd/yy): **01-14-25**

Signature of Candidate (if applicable): **[Signature]** Date (mm/dd/yy): **01/14/25**

WARNING: Any information contained in this report may not be copied for sale or used for any commercial purpose. (IC 3-34-3) A person who knowingly files a fraudulent report commits a Level 6 felony. (IC 3-34-13) 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 3-34-1, 12) and may be subject to civil penalties. (IC 3-34-15, IC 3-34-17, IC 3-34-18)

FOR OFFICE USE ONLY

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

**(CFA-4 SCHEDULE B)
ITEMIZED EXPENDITURES**

4606 (R45 / 5-19)

State Form

Indiana Election Division (IC 3-9-4-14)

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 2 of 2

| RECIPIENT'S NAME AND MAILING ADDRESS <i>(street, number, city, state, ZIP code)</i> | RECIPIENT'S OCCUPATION <i>OFFICE SOUGHT (if applicable)</i> | 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> |
|---|--|--|-----------------------------------|--|---|
| Code: <u>A</u> Custom Print Packaging 3716 CONGRESSIONAL HWY ST. LOUIS, MO 63108 | PLASTIC PRODUCTS ie YARD SIGNS N/A | <input checked="" type="checkbox"/> Other <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other Purpose: YARD SIGNS | 436.56 | 1506.56 | 10-30-24 <i>(Signature)</i> |
| 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: | | | |
| 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 | | | 436.56 | | |
| TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY <i>(Enter total on ITEM 17a of the Summary Sheet.)</i> | | | 436.56 | | |