REPORT OF RECEIPTS AND EXPENDITURES
OF A POLITICAL COMMITTEE
State Form 4606 (R13-11-55)
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.

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
Claudia Fuentes for Treasurer

2. Acronym or Abbreviated Name (if any)

3. Committee Telephone Number
(317) 250-7015

4. Mailing Address (address where all campaign finance correspondence is received) ☐ Check if this is a new address
8320 Country Ridge Drive

5. City, State, ZIP Code
Indianapolis, IN 46234

6. Party Affiliation (if applicable)
Democratic

CANDIDATE INFORMATION (For Candidate’s Committees Only)
7. Full Name of Candidate (include any nickname)
Claudia O. Fuentes

8. Party Affiliation or If Independent Candidate
Democratic

9. Office Sought (Include district number, if any. Not required for exploratory committee.)
Treasurer of Marion County

10. County of Residence
Marion

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)

12. Reporting Period:
From: January 1, 2014 Through: December 31, 2014

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

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

CONTRIBUTIONS AND RECEIPTS
(Note: these amounts include in-kind contributions and loans, as well as cash contributions.)
15a. Itemized (use Schedule A)

15b. Unitemized

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

SUBTOTAL

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

TOTAL 940.2 940.2

EXPENDITURES
(Note: These amounts include in-kind expenditures and loan repayments.)
17a. Itemized (use Schedule B) (Public Question, use Schedule C)

17b. Unitemized

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

SUBTOTAL 368.0 368.0

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

TOTAL 572.2 572.2

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

20. Debts OWED TO the committee (use Schedule E)

CERTIFICATION
1. 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

Signature of Candidate (if applicable)

Date
1/20/2015
1/20/2015

WARNING: Any information contained in this report may not be copied for sale or used for any commercial purpose. (IC 3-9-4-5) Any 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

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

<table>
<thead>
<tr>
<th>FILE NUMBER</th>
<th>Page 2 of 2</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>RECIPIENT’S NAME AND MAILING ADDRESS</th>
<th>RECIPIENT’S OCCUPATION</th>
<th>TYPE OF EXPENDITURE and PURPOSE (be specific)</th>
<th>COLUMN A AMOUNT THIS PERIOD</th>
<th>COLUMN B CUMULATIVE YEAR-TO-DATE</th>
<th>DATE OF EXPENDITURE</th>
</tr>
</thead>
</table>
| Code C  
Renee Pack For Trustee  
2244 Goldeneye Circle  
Indianapolis, IN 46234 | Candidate  
Wayne Township Trustee | ☑ Direct  
☐ In-Kind  
☐ Payment of Debt  
☐ Returned Contribution  
☐ Other Purpose: | $100.00  
$100.00 | 5/2 |
| Code USPS  
P.O. Box  
Clermont, IN 46234 | Post Office Box | ☐ Direct  
☐ In-Kind  
☐ Payment of Debt  
☐ Returned Contribution  
☐ Other Purpose: | $142.00  
$142.00 | 9/17 |
| Code C  
Committee to elect Kute Sweeney  
2654 N. Delaware St  
Indianapolis, IN 46203-3504 | Candidate for  
Marion County Recorder | ☑ Direct  
☐ In-Kind  
☐ Payment of Debt  
☐ Returned Contribution  
☐ Other Purpose: | $50.00  
$50.00 | 10/7 |
| Code C  
Layton for Sheriff  
103 E. Washington St, Suite 100  
Indianapolis, IN 46204 | Sheriff | ☑ Direct  
☐ In-Kind  
☐ Payment of Debt  
☐ Returned Contribution  
☐ Other Purpose: | $100.00  
$100.00 | 10/29 |
| Code ☐ PNC Bank | | ☐ Direct  
☐ In-Kind  
☐ Payment of Debt  
☐ Returned Contribution  
☐ Other Purpose: | $54.00  
$54.00 | 9/1-12/1 |

**SUBTOTAL THIS PAGE OF SCHEDULE B**  
$306.00  

**TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY**  
(Enter total on ITEM 17a of the Summary Sheet)  
$306.00