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

State Form 400E (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.

**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

   **Committee to Elect GARLAND GRAVES**

2. Acronym or Abbreviated Name (if any)  □ Check if this is a new address

3. Committee Telephone Number

   ( )

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

   404 Green Meadow Drive

   Indianapolis IN 46219

5. City, State, ZIP Code

6. Party Affiliation (if applicable)

   Democratic Party

7. Full Name of Candidate (include any nickname)

   GARLAND E. GRAVES

8. Party Affiliation or if Independent Candidate

   Democratic Party

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

   WARREN TOWNSHIP SMALL COUNTRY MARY

10. County of Residence

**CANDIDATE INFORMATION (For Candidate's Committees Only)**

**TYPE OF REPORT**

11. Check one:

   □ Pre-Primary  □ Nomination  □ Other

   □ Pre-Election  □ Annual

   □ Final/Disbursing Committee (lines 18, 19, and 20 must be “0”)  □ Outgoing Treasurer (within 10 days amend Statement of Organization)

**CONVENTION CANDIDATES ONLY**

12. Reporting Period:

   From: 10/10/2014  Through: 12/31/2014

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

   $3,534.49  $1,525.10

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)

   $0

15b. Unitemized

   $275.00

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

   SUBTOTAL

   $275.00  $275.00

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

   TOTAL

   $3,814.49  $3,814.49

**EXPENDITURES**

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

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

   $395.15  $395.15

17b. Unitemized

   $2,660.65  $2,660.65

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

   SUBTOTAL

   $2,695.80  $2,695.80

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

   TOTAL

   $9,600.00

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

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

**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

Signature of Candidate (if applicable)

Date

Date

FOR OFFICE USE ONLY

JAN 20 2015

FILED
### REPORT OF RECEIPTS AND EXPENDITURES

**OF A POLITICAL COMMITTEE**
State Form 4606 (R13/11-05)
Indiana Election Commission (IC 3-9-5-14)

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**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 committees). 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.

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**FILE NUMBER**

**Page 1 of 2**

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<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>
<tbody>
<tr>
<td><strong>Code</strong> Marion County Democratic Party 135 E. Market St. Indianapolis, IN 46204</td>
<td></td>
<td>☐ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other Purpose:</td>
<td>$945.00</td>
<td>11/7/2014</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>☐ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other Purpose:</td>
<td>$3,400.00</td>
<td>11/9/2014</td>
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<tr>
<td></td>
<td></td>
<td>☐ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other Purpose:</td>
<td>$381.15</td>
<td>10/18/2014</td>
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<tr>
<td></td>
<td></td>
<td>☐ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other Purpose:</td>
<td>$109.00</td>
<td>10/18/2014</td>
<td></td>
</tr>
</tbody>
</table>

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**SUBTOTAL THIS PAGE OF SCHEDULE B** $1386.15

**TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY**

(Enter total on ITEM 17a of the Summary Sheet) $1385.15
### 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. List all debts and loans, regardless of the amount OWED TO the committee during the reporting period. Include all amounts the committee has loaned to others.

<table>
<thead>
<tr>
<th>BORROWER'S NAME &amp; MAILING ADDRESS (street, number, city, state, ZIP code)</th>
<th>CO-SIGNER'S NAME &amp; MAILING ADDRESS (if any) (street, number, city, state, ZIP code)</th>
<th>ORIGINAL AMOUNT</th>
<th>NATURE OF DEBT</th>
<th>DATE DEBT INCURRED</th>
<th>CUMULATIVE PAID YEAR-TO-DATE</th>
<th>OUTSTANDING BALANCE THIS PERIOD</th>
</tr>
</thead>
<tbody>
<tr>
<td>Garland E. Graves 6132 E. 9th St. Indianapolis, IN 46219</td>
<td></td>
<td></td>
<td>Loan</td>
<td></td>
<td>$84,000</td>
<td></td>
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</tbody>
</table>

**SUBTOTAL THIS PAGE OF SCHEDULE E** $89,600.00

**TOTAL OF ALL PAGES OF SCHEDULE E ON THE LAST PAGE ONLY** $89,600.00

*(Enter total on ITEM 20 of the Summary Sheet)*