# REPORT OF RECEIPTS AND EXPENDITURES OF A POLITICAL COMMITTEE

**State Form 4506 (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 form. For assistance in completing this form, see instructions on the reverse side.

**IS THIS AN AMENDMENT?**

- [ ] Yes
- [ ] No

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**COMMITTEE INFORMATION**

1. Full Name of Committee (as on Statement of Organization)
   - Elect Monroe Gray
   - [ ] Check if this is a new name

2. Acronym or Abbreviated Name (if any)

3. Committee Telephone Number
   - (317) 297-1155
   - [ ] Check if this is a new address

4. Mailing Address (address where all campaign finance correspondence is received)
   - 4811 Seville Dr.
   - [ ] Check if this is a new address

5. City, State, ZIP Code
   - Indianapolis IN 46228

6. Party Affiliation (if applicable)
   - Democrat

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

7. Full Name of Candidate (include any nickname)
   - Monroe Gray

8. Party Affiliation or If Independent Candidate
   - Democrat

9. Office Sought (Include district number, if any)
   - City-County Council District #8
   - Not required for exploratory committee.

10. County of Residence
    - Marion

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**TYPE OF REPORT**

- [ ] Pre-Primary
- [ ] Pre-Election
- [ ] Annual
- [ ] Nomination
- [ ] Other

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11. Check one:
- [ ] Final/Disbands Committee (lines 18, 19, and 20 must be ‘0’)
- [ ] Outgoing Treasurer (within 10 days amend Statement of Organization)

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12. Reporting Period:
   - From: 1-1-14
   - Through: 12-31-14

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**CONTRIBUTIONS AND RECEIPTS**

(Not: these amounts include in-kind contributions and loans, as well as cash contributions.)

<table>
<thead>
<tr>
<th>Line</th>
<th>Description</th>
<th>Column A This Period</th>
<th>Column B Year to Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>15a</td>
<td>Itemized (use Schedule A)</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>15b</td>
<td>Unitemized</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>15c</td>
<td>Add lines 15a and 15b in both columns</td>
<td>753.53</td>
<td>753.53</td>
</tr>
<tr>
<td>16</td>
<td>Add lines 13 and 15c in Column A and lines 14 and 15c in Column B</td>
<td>753.53</td>
<td>753.53</td>
</tr>
</tbody>
</table>

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**EXPENDITURES**

(Not: These amounts include in-kind expenditures and loan repayments.)

<table>
<thead>
<tr>
<th>Line</th>
<th>Description</th>
<th>Column A This Period</th>
<th>Column B Year to Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>17a</td>
<td>Itemized (use Schedule B) (Public Question: use Schedule C)</td>
<td>230.00</td>
<td>230.00</td>
</tr>
<tr>
<td>17b</td>
<td>Unitemized</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>17c</td>
<td>Add lines 17a and 17b in both columns</td>
<td>230.00</td>
<td>230.00</td>
</tr>
<tr>
<td>18</td>
<td>Cash on hand and investments at close of this reporting period (subtract 17c from 16 in both columns)</td>
<td>523.53</td>
<td>523.53</td>
</tr>
<tr>
<td>19</td>
<td>Debts OWED by the committee (use Schedule D)</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>20</td>
<td>Debts OWED TO the committee (use Schedule E)</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

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**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**

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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 3-9-14-1-13) 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 3-9-14-1-14) and may be subject to civil penalties. (IC 3-9-4-16, IC 3-9-4-17, IC 3-9-4-18)

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**FILED**

**Signature**

**Date**

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

State Form 4506 (R13/11-95)
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 totaling over $100 per recipient, within a calendar year, 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 1 of

<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 C</strong> John Layton for Sheriff</td>
<td>Sheriff</td>
<td>☐ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other: Purpose:</td>
<td>50.00</td>
<td>10-6-14</td>
<td></td>
</tr>
<tr>
<td><strong>Code C</strong> Marion County Democratic Central Committee 155 E. Market St., Suite 400</td>
<td>Chairman's dues</td>
<td>☐ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other: Purpose:</td>
<td>180.00</td>
<td>9-25-14</td>
<td></td>
</tr>
</tbody>
</table>

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<thead>
<tr>
<th>Code:</th>
<th>☐ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other: Purpose:</th>
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***SUBTOTAL THIS PAGE OF SCHEDULE B*** $ 230.00

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

(Enter total on ITEM 17a of the Summary Sheet) $ 230.00