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

**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)  
☐ Check if this is a new name  

   Raymond Kennedy

2. Acronym or Abbreviated Name (if any)

3. Committee Telephone Number

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

   5025 S. Edgemill St

5. City, State, Zip Code  
   Indianapolis, IN. 46221

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)  
   Same

8. Party Affiliation or if Independent Candidate  
   Democrat

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

10. County of Residence  
    Marion

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### 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: **10-11-2014**  
   Through: **12-30-2014**

<table>
<thead>
<tr>
<th>COLUMN A</th>
</tr>
</thead>
<tbody>
<tr>
<td>This Period</td>
</tr>
<tr>
<td>15732</td>
</tr>
</tbody>
</table>

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### CONTRIBUTIONS AND RECEIPTS

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

<table>
<thead>
<tr>
<th>Item</th>
<th>COLUMN A</th>
</tr>
</thead>
<tbody>
<tr>
<td>Itemized (use Schedule A)</td>
<td>0</td>
</tr>
<tr>
<td>Unitemized</td>
<td>0</td>
</tr>
<tr>
<td>Add lines 15a and 15b in both columns</td>
<td>0</td>
</tr>
<tr>
<td>TOTAL</td>
<td>15732</td>
</tr>
</tbody>
</table>

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### EXPENDITURES

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

<table>
<thead>
<tr>
<th>Item</th>
<th>COLUMN A</th>
</tr>
</thead>
<tbody>
<tr>
<td>Itemized (use Schedule B)</td>
<td>14000</td>
</tr>
<tr>
<td>Unitemized</td>
<td>1100</td>
</tr>
<tr>
<td>Add lines 17a and 17b in both columns</td>
<td>15732</td>
</tr>
<tr>
<td>TOTAL</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**  
Raymond Kennedy  
**Title**  
Candidate  
**Date**  
12-30-14

**Signature of Candidate (if applicable)**

**Date**

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**FOR OFFICE USE ONLY**

**FILED**  
DEC 30 2014

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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 3-14-1-13) 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)
**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>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>Code: Westside Community News Paper</td>
<td>Code: Westside Community News Paper</td>
<td>Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other ☐ Purpose:</td>
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<td>12-3-14</td>
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<td>2660</td>
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<td>Code:</td>
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<tr>
<td>Code:</td>
<td>Code:</td>
<td>Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other ☐ Purpose:</td>
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<tr>
<td>Code:</td>
<td>Code:</td>
<td>Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other ☐ Purpose:</td>
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</tr>
<tr>
<td>Code:</td>
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<td>Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other ☐ Purpose:</td>
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<td></td>
<td></td>
</tr>
</tbody>
</table>

**SUBTOTAL THIS PAGE OF SCHEDULE B**  
$146.00

**TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY**  
(Enter total on ITEM 17a of the Summary Sheet)  
$146.00