REPORT OF RECEIPTS AND EXPENDITURES
OF A POLITICAL COMMITTEE
State Form 4606 (R13/1/1-05)
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 X No

COMMITTEE INFORMATION
1. Full Name of Committee (as on Statement of Organization)
   Frank Lloyd

2. Acronym or Abbreviated Name (if any)
   For Change

3. Committee Telephone Number (317) 368-5225

4. Mailing Address (address where all campaign finance correspondence is received)
   6161 Sylvan Rd

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

6. Party Affiliation (if applicable)
   Dem

7. Full Name of Candidate (include any nickname)

8. Office Sought (include district number, if any. Not required for exploratory committee.)

9. County of Residence

10. Date of Report

TYPE OF REPORT
11. Check one:
   □ Pre-Primary □ Pre-Election □ Annual □ Nomination □ Other

   □ Final/Disbands Committee (lines 15a, 15b, 15c, and 20 must be "") □ Outgoing Treasurer (within 10 days amend Statement of Organization)

12. Reporting Period:
   From: 11-25-15
   Through: 1-21-15

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

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

SUBTOTAL

TOTAL

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

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

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

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

SUBTOTAL

TOTAL

CERTIFICATION

Received Time Jan. 21, 2015 11:43 AM No. 7776

Opt-Out: +
<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>
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<tbody>
<tr>
<td>Code</td>
<td>Clerk</td>
<td>Direct, In-Kind, Payment of Debt, Returned Contribution, Other Purpose:</td>
<td>500</td>
<td>12/19</td>
<td>500 2/14</td>
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<tr>
<td>Code</td>
<td></td>
<td>Direct, In-Kind, Payment of Debt, Returned Contribution, Other Purpose:</td>
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<td></td>
<td>500 2/14</td>
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<tr>
<td>Code</td>
<td></td>
<td>Direct, In-Kind, Payment of Debt, Returned Contribution, Other Purpose:</td>
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<td>9,050</td>
<td>1,000</td>
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<td>873</td>
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SUBTOTAL THIS PAGE OF SCHEDULE B

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

(Enter total on ITEM 17a of the Summary Sheet)
Marion County Coroner’s Office  
521 W McCarty St, Indianapolis, IN 46225  
Tel: (317) 327-4744; Fax: (317) 327-4563

FAX

<table>
<thead>
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<tr>
<td>ATTN:</td>
<td><a href="mailto:1-317-327-4815@fax.indy.gov">1-317-327-4815@fax.indy.gov</a></td>
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<tr>
<td>PAGES:</td>
<td>3</td>
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<tr>
<td>FROM:</td>
<td>&quot;England, Carrie&quot;</td>
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<tr>
<td>SUBJECT:</td>
<td>Receipts and Expenditures Form</td>
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Note:

From Frank P. Lloyd Jr., M.D.

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