



REPORT OF RECEIPTS AND EXPENDITURES OF A POLITICAL COMMITTEE

State Form 4006 (R9/11-99)
Indiana Election Commission (IC 3-9-5-14)
Approved by State Board of Accounts 1999

(CFA-4) Summary Sheet

FILE NUMBER

49-2102

TOTAL PAGES IN ENTIRE CFA-4 REPORT

3

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		CONVENTION CANDIDATES ONLY	
1. Full name of committee (as on Statement of Organization) <input type="checkbox"/> Check if this is a new name FRIENDS OF LULA M. PATTON		3. Committee telephone number (317) 299-9488	
2. Acronym or abbreviated name, if any		4. Mailing address (address where all campaign finance correspondence is received) <input type="checkbox"/> Check if this is a new address 7714 LANGWOOD DR	
4. Mailing address (address where all campaign finance correspondence is received) <input type="checkbox"/> Check if this is a new address 7714 LANGWOOD DR		5. City, state, ZIP code Indianapolis IN 46268	
5. City, state, ZIP code Indianapolis IN 46268		6. Party affiliation (if applicable) DEMOCRAT	
CANDIDATE INFORMATION (For Candidate's Committees Only)			
7. Full name of candidate (include any nicknames) LULA M. PATTON		8. Party affiliation or if independent DEMOCRAT	
9. Office sought (include district number, if any. Not required for exploratory committee.) PIKE TOWNSHIP TRUSTEE		10. County of residence MARION	
TYPE OF REPORT		CONVENTION CANDIDATES ONLY	
11. Check one: <input type="checkbox"/> Pre-Primary <input type="checkbox"/> Pre-Election <input checked="" type="checkbox"/> Annual <input type="checkbox"/> Final / Disbands Committee (lines 18, 19, and 20 must be "0")		Check one: <input type="checkbox"/> Pre-Convention <input type="checkbox"/> Post-Convention	
<input type="checkbox"/> Outgoing Treasurer (within 10 days amend Statement of Organization)			
12. Reporting period: From: 1-01-2001 Through: 12-31-2001		COLUMN A This Period	COLUMN B Year to Date
13. Cash on hand and investments at the beginning of this reporting period.		0.00	
14. Cash on hand and investments January 1, current year.			250.00
CONTRIBUTIONS AND RECEIPTS			
(Note: these amounts include in-kind contributions and loans, as well as cash contributions.)			
15a. Itemized (use Schedule A)		100.00	100.00
15b. Unitemized		150.00	150.00
15c. Add lines 15a, and 15b in both columns		250.00	250.00
16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B		TOTAL 250.00	TOTAL 250.00
EXPENDITURES			
(Note: These amounts include in-kind expenditures and loan repayments.)			
17a. Itemized (use Schedule B) (Public Question: use Schedule C)		0.00	0.00
17b. Unitemized		513.00	513.00
17c. Add lines 17a and 17b in both columns		513.00	513.00
18. Cash on hand and investments at close of this reporting period (subtract 17c from 16 in both columns)		TOTAL -263.00	TOTAL -263.00
19. Debts OWED BY the committee (use Schedule D)		513.00	
20. Debts OWED TO the committee (use Schedule E)		0.00	

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 <i>[Signature]</i>	Title Treasurer	Date 1/15/02
Signature of Candidate (if applicable) <i>[Signature]</i>		Date 1/15/02
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, 3-9-4-17, 3-9-4-18.)		

FOR OFFICE USE ONLY

02 JAN 16 AM 8:00
MARION COUNTY CLERK
[Signature]



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State Form 4606 (R9/11-99) Indiana Election Commission (IC 3-9-5-14) Approved by State Board of Accounts 1999

(CFA-4 SCHEDULE A-1) CONTRIBUTIONS BY INDIVIDUALS Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY INDIVIDUALS ON THIS SCHEDULE. 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 contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from individuals OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee). A contributor's occupation is required if an individual makes at least \$1,000 in contributions during the calendar year. Otherwise, this is optional.

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Table with 5 columns: CONTRIBUTOR'S FULL NAME AND OCCUPATION, TYPE OF CONTRIBUTION OR OTHER RECEIPT, COLUMN A AMOUNT THIS PERIOD, COLUMN B CUMULATIVE YEAR-TO-DATE, DATE RECEIVED. Row 1: GREG and Yvette Porter, \$100, 100, 12-10-01, ERIK GONZALEZ, Treasurer. Subtotal: \$100.



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**(CFA-4 SCHEDULE D)
 Debts Owed by This Committee**

FILE NUMBER
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INSTRUCTIONS: Please type or print legibly in BLACK INK all information on this form. For assistance in completing this schedule, see instructions on the reverse side. List all debts and loans, regardless of the amount, OWED BY the committee during the reporting period. Include all amounts owed to or to lending institutions, individuals, credit purchases, committee credit card accounts, etc. List each vendor paid by credit card issued in the name of the committee in the ENDORSER'S column. A lender's occupation is required if an individual makes loans of at least \$1,000 during the calendar year. Otherwise, this is optional.

CREDITOR'S OR LENDER'S NAME & MAILING ADDRESS (street, number, city, state, ZIP code)	ENDORSEER'S OR VENDOR'S NAME & MAILING ADDRESS (if any) (street, number, city, state, ZIP code)	AMOUNT	DATE DEBT INCURRED	CUMULATIVE PAID YEAR-TO-DATE	OUTSTANDING BALANCE THIS PERIOD
LULA M. PATTON		\$513.00	8/2001 to 12/2001	-0-	\$513.00
LENDER'S OCCUPATION:		MISC. OFFICE SUPPLIES + Postage, Advertising materials			
LENDER'S OCCUPATION:					
LENDER'S OCCUPATION:					
LENDER'S OCCUPATION:					
LENDER'S OCCUPATION:					
LENDER'S OCCUPATION:					
LENDER'S OCCUPATION:					
SUB TOTAL THIS PAGE OF SCHEDULE D					5
TOTAL OF ALL PAGES OF SCHEDULE D ON THE LAST PAGE ONLY (Enter total on ITEM 18 of the Summary Sheet)					\$ 513.00