REPORT OF RECEIPTS AND EXPENDITURES OF A POLITICAL COMMITTEE

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

(CFA-4) Summary Sheet

FILE NUMBER 4923387

TOTAL PAGES IN ENTIRE CFA-4 REPORT 2

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: Elect Earl
2. Acronym or abbreviated name, if any:
3. Committee telephone number: (317) 241-2200
4. Mailing address (address where all campaign finance correspondence is received) ☐ Check if this is a new address: 6839 Westfield Rd
5. City, state, ZIP code: Indianapolis IN 46241
6. Party affiliation (if applicable): Republican

CANDIDATE INFORMATION (For Candidate's Committees Only)

7. Full name of candidate (include any nickname): Earl William Salisbury
8. Party affiliation or if independent: Republican
9. Office sought (include district number, if any. Not required for exploratory committee.): City County Council Dist 13
10. County of residence: Marion

TYPE OF REPORT

11. Check one:
☐ Pre-Primary ☐ Pre-Election ☐ Annual ☒ Final / Disbands Committee (lines 18, 19, and 20 must be "0")
☐ Outgoing Treasurer (within 10 days amend Statement of Organization)

CONVENTION CANDIDATES ONLY — Check one: ☐ Pre-Convention ☐ Post-Convention

12. Reporting period: From: January 1, 2003 Through: April 1, 2003

	COLUMN A This Period	COLUMN B Year to Date
13. Cash on hand and investments at the beginning of this reporting period.	0	
14. Cash on hand and investments January 1, current year.		0
CONTRIBUTIONS AND RECEIPTS		
(Note: these amounts include in-kind contributions and loans, as well as cash contributions.)		
15a. Itemized (use Schedule A)	0	0
15b. Unitemized	0	0
15c. Add lines 15a, and 15b in both columns SUBTOTAL	0	0
16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B TOTAL	0	0
EXPENDITURES		
(Note: These amounts include in-kind expenditures and loan repayments.)		
17a. Itemized (use Schedule B) (Public Question: use Schedule C)	0	0
17b. Unitemized	0	0
17c. Add lines 17a and 17b in both columns SUBTOTAL	0	0
18. Cash on hand and investments at close of this reporting period (subtract 17c from 16 in both columns) TOTAL	0	0
19. Debts OWED BY the committee (use Schedule D)	0	
20. Debts OWED TO the committee (use Schedule E)	0	

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: Earl Salisbury | Title: | Date:

Signature of Candidate (if applicable): Earl Salisbury | Date:

FOR OFFICE USE ONLY
03 APR 22 PM 3:17
MARION COUNTY CLERK

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.

Salisbury

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(CFA-4 SCHEDULE A-5) CONTRIBUTIONS BY OTHER ORGANIZATIONS

Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY ORGANIZATIONS OTHER THAN CORPORATIONS, LABOR ORGANIZATIONS, POLITICAL ACTION COMMITTEES AND 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 other entities OVER $100 per contributor, within a calendar year MUST be itemized on this schedule (over $200, if regular party committee). All transfers-in and in-kind contributions regardless of the amount from candidate's, legislative caucus, and regular party committees MUST be itemized on this schedule. 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).

FILE NUMBER

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CONTRIBUTOR'S FULL NAME AND FULL MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED / RECEIVED BY
1.	Contributions: ☐ Direct ☐ In-Kind (describe) ____ Other Receipts: ☐ Interest ☐ Loan ☐ Misc (specify) ____			
2.	Contributions: ☐ Direct ☐ In-Kind (describe) ____ Other Receipts: ☐ Interest ☐ Loan ☐ Misc (specify) ____			
3.	Contributions: ☐ Direct ☐ In-Kind (describe) ____ Other Receipts: ☐ Interest ☐ Loan ☐ Misc (specify) ____			
4.	Contributions: ☐ Direct ☐ In-Kind (describe) ____ Other Receipts: ☐ Interest ☐ Loan ☐ Misc (specify) ____			
5.	Contributions: ☐ Direct ☐ In-Kind (describe) ____ Other Receipts: ☐ Interest ☐ Loan ☐ Misc (specify) ____			