REPORT OF RECEIPTS AND EXPENDITURES OF A POLITICAL COMMITTEE

State Form 4606 (R15 / 5-19) Indiana Election Division (IC 3-9-5-14)

Signature of Candidate (if applicable)

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

(CFA-4) Summary Sheet

FILE NUMBER

TOTAL PAGES IN ENTIRE CFA-4 REPORT

| | <u> </u> | ł | | | | | |
|--|-------------------------------------|-------|---|-------------------|----------------|-------|--|
| | COMMITTEE INFORMATION | | | | | | |
| 1. Full Name of Committee (as on Statement of Organization | | | | | | | |
| ALLEN COUNTY NO TO ONE | | | | | | ÷ | |
| Acronym or Abbreviated Name (if any) | | | Committee Telephone Number | | | | |
| | | | 60)639-3317 | | | | |
| 4. Mailing Address (Address where all campaign finance correspondence is received.) 12819 WINCHESTER ROAD | | | | | | | |
| | | | ty Affiliation (if applicable) | | | | |
| FORT WAYNE, IN 46819 | | | | | | | |
| CANDIDATE INFORMATION (For Candidate's Committees Only) | | | | | | | |
| 7. Full Name of Candidate (Include any nickname.) 8. Pa | | | rty Affiliation or If Independent Candidate | | | | |
| 9. Office Sought (Include district number, if any. Not required for exploratory committee.) 10. Co | | | ounty of Res | unty of Residence | | | |
| TYPE OF | REPORT | | | CONVENT | ION CANDIDATES | ONLY | |
| 11. Check one: | | | | Check one: | | | |
| Pre-Primary Pre-Election Annual Nomination Other | | | Pre-Convention | | | | |
| Final / Disbands Committee (Lines 18, 19, and 20 must be "0".) Using Treasurer (Within ten (10) days amend Statement of Organization.) | | | | | | | |
| 12. Reporting Period (mm/dd/yy): | | | | _UMN A | COLUMN | | |
| From: 1-1-2021 Through: 12-31-2021 | | | This | s Period | Year to Da | te | |
| 13. Cash on hand and investments at the beginning of this reporting period. | | | 12 | ,428.2 | 5 | | |
| 14. Cash on hand and investments January 1, current year. | | | | | 12,428. | 25 | |
| CONTRIBUTIONS AND RECEIPTS | | | | | | | |
| (Note: these amounts include in-kind contributions and loan | ns, as well as cash contributions.) | | | | | | |
| 15a. Itemized (Use Schedule A.) | | | - | <u>o-</u> | -0- | | |
| 15b. Uniternized | | | | <u> </u> | -0- | | |
| 5c. Add lines 15a and 15b in both columns. SUBTOTAL | | | -(| -00 | | | |
| 16. Add lines 13 and 15c in Column A and lines 14 and 15c | in Column B. | TOTAL | . 12 | ,428 . 2 | 5 12,428 | 3.25 | |
| EXPENDITUR | ES | | | | | | |
| (Note: These amounts include in-kind expenditures and loa | n repayments.) | | | | | | |
| 17a. Itemized (Use Schedule B.) (Public Question: use Schedule C.) | | | _ | 0 - | -0- | · | |
| 17b. Unitemized http://doi.org/10.100 | | | | -00- | | | |
| 17c. Add lines 17a and 17b in both columns. SUBTOTAL | | | | 6 - | -0- | | |
| 18. Cash on hand and investments at close of this reporting period (Subtract 17c from 16 in both columns.) TOTAL | | | | 428.25 | 5 12,428 | •25 | |
| 19. Debts OWED BY the committee (Use Schedule D.) | | | | 0- | | | |
| 20. Debts OWED TO the committee (Use Schedule E.) | | | - | o | | | |
| | | | | | | AMI V | |
| CERTIFICATION FOR OFFICE USE ONLY 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 Title Date (mm/dd/yy) | | | | | | | |
| Homes I Wyss | TREASURER | | 1-14-2 | | | | |

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 Level 6 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 misdemeenor, (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)

Date (mm/dd/yy)