



REPORT OF RECEIPTS AND EXPENDITURES OF A POLITICAL COMMITTEE (CFA-4) Summary Sheet

(CFA-4) Summary Sheet

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.

FILE NUMBER
TOTAL PAGES IN ENTIRE CFA-4 REPORT
1

IS THIS AN AMENDMENT? [] Yes [X] No

COMMITTEE INFORMATION

1. Full Name of Committee (as on Statement of Organization) Robert Arnold for Washington Township Trustee
2. Acronym or Abbreviated Name (if any)
3. Committee Telephone Number (260) 469-9311
4. Mailing Address (Address where all campaign finance correspondence is received) 2016 August Dr
5. City, State, ZIP Code Fort Wayne, IN 46818
6. Party Affiliation (if applicable) Republican

CANDIDATE INFORMATION (For Candidate's Committees Only)

7. Full Name of Candidate (Include any nickname) Robert E Arnold "Bob"
8. Party Affiliation or if Independent Candidate Republican
9. Office Sought (Include district number, if any. Not required for exploratory committee) Washington Township Trustee
10. County of Residence Allen

TYPE OF REPORT

11. Check one:
[] Pre-Primary [X] Pre-Election [X] Annual [] Notification [] Other
[] Final / Disbands Committee (Lines 13, 14, and 15 must be "0") [] Outgoing Treasurer (Within ten (10) days of Statement of Organization)
Check one:
[] Pre-Convention [] Post-Convention

12. Reporting Period (month/year): From 01/01/21 Through 12/31/21
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. 0.00

CONTRIBUTIONS AND RECEIPTS

15a. Itemized (Use Schedule A)
15b. Unitemized
15c. Add lines 15a and 15b in both columns. SUBTOTAL 0.00 0.00
16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B. TOTAL 0.00 0.00

EXPENDITURES

17a. Itemized (Use Schedule B.) (Public Question: use Schedule C)
17b. Unitemized
17c. Add lines 17a and 17b in both columns. SUBTOTAL 0.00 0.00
18. Cash on hand and investments at close of this reporting period (Subtract 17c from 16 in both columns) TOTAL 0.00 0.00
19. Debts OWED BY the committee (Use Schedule D)
20. Debts OWED TO the committee (Use Schedule E)

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: [Signature] Title: [] Date (month/year): []
Signature of Candidate (if applicable): [Signature] Date (month/year): 01-19-22

WARNING: Any information contained in this report may not be copied for sale or used for any commercial purpose. (IC 3-9-4) A person who knowingly files a fraudulent report commits a Level 6 felony. (IC 3-14-13) 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 3-14-16) and may be subject to civil penalties. (IC 3-9-4-16, IC 3-9-4-17, IC 3-9-4-18)