

REPORT OF RECEIPTS AND EXPENDITURES OF A POLITICAL COMMITTEE

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

assistance in completing this form, see instructions on the reverse side.

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this form. For

Signature of Canddate (if applicable)

X No

(CFA-4) **Summary Sheet**

FILE NUMBER

TOTAL PAGES IN ENTIRE CFA-4 REPORT

Date (mm/dd/yy)

01/19/2022

	OMMITTEE INFORMATION				
Full Name of Committee (as on Statement of Organization) .	Check if this is a new n	name			
Committee to Elect Paul Ensk	Cy				
2. Acronym or Abbreviated Name (if any)	/		ttee Telephone Numb		
		(d60) 415 -517	5	
4. Mailing Address (Address where all campaign finance corres	pondence is received.) C	heck if this	is a new address.		
5. City, State, ZIP Code			ffiliation (if applicable)		
Fort Waxne IN 46815			dican	6 1 C	
	MATION (For Candidate's C	· · · · · · · · · · · · · · · · · · ·			
7-Full Name of Candidate (Include any nickname.)		(2) .	ffiliation or If Independ	ient Candidate	
9. Office Sought (Include district number, if any. Not required for FW City Council District	or exploratory committee.)	10. Count	y of Residence		
TYPE OF REF	PORT		CONVENT	ION CANDIDATES ONLY	
11. Check one:			Check one.	:	
Pre-Primary Pre-Election Annual Nomination Othe	r		Pre-Co	onvention	
Final / Disbands Committee (Lines 18, 19, and 20 must be "0".) Outgoin	g Treasurer (Within ten (10) days amend Stat	ement of Organi	zation.) Post-C	convention	
12. Reporting Period (mm/dd/yy):	1. 1.		COLUMN A	COLUMN B	
From: 01/01/2021 Through:	12/31/2021		This Period	Year to Date	
13. Cash on hand and investments at the beginning of this repo	orting period.		7381.74		
14. Cash on hand and investments January 1, current year.				7381.74	
CONTRIBUTIONS AND RE					
(Note: these amounts include in-kind contributions and loans, a	s well as cash contributions.)		1000,00	1000 00	
15a. Itemized (Use Schedule A.)			1000.00	1000.00	
15b. Unitemized 15c. Add lines 15a and 15b in both columns.	SUP	TOTAL	/pap 05	/200 00	
			1000.00	1000.00	
16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column A	Joiumn B.	IUIAL /	381.74	8361.74	
EXPENDITURES	novmonto)				
(Note: These amounts include in-kind expenditures and loan re- 17a, Itemized (Use Schedule B.) (Public Question: use Schedu			0	Ö	
17a. Remized (Ose Schedule B.) (Public Question, use Schedule 17b. Unitemized	ie o.)		154.00	154.00	
17c. Add lines 17a and 17b in both columns.	SUB	TOTAL	154.00	154.00	
		TOTAL	8227.74	8227.74	
18. Cash on hand and investments at close of this reporting period (Subt	tract fre from 16 in both columns.)	IOIAL		002117	
19. Debts OWED BY the committee (Use Schedule D.)			<u> </u>		
20. Debts OWED TO the committee (Use Schedule E.)			<u> </u>		
CERTIFICATION FOR OFFICE USE ONLY					
I CERTIFY THAT I HAVE EXAMINED THIS STATEMENT. TO THE BEST O					
Signature of Treasurer Ti	itle	Dat	te (mm/dd/yy)		

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 misdemeanor, (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)



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(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.

FILE NUMBER						
Page	a	of	a			

CONTRIBUTOR'S FULL NAME AND OCCUPATION 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 (mm/dd/yy) RECEIVED BY
1. 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Contributions: Direct In-Kind (describe)		દકુમાં પ્રાથમ ફેર્ડ	09/15/21
Ric Runestead 9726 St. Joseph St. Leo, IN 46765	Other Receipts: Interest Loan Miscellaneous (specify)	1000.00	1000.00	P. Ensley
Contributor's Occupation (if required)			11	
2.	Contributions: Direct In-Kind (describe)			
Contributor's Occupation (if required)	Other Receipts: Interest Loan Miscellaneous (specify)			
	Contributions: Direct In-Kind (describe)			
Contributor's Occupation (if required)	Other Receipts: Interest Loan Miscellaneous (specify)	^		
	017171			
	Contributions: Direct In-Kind (describe)			
Contributor's Occupation (if required)	Other Receipts: Interest Loan Miscellaneous (specify)			
5.	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest Loan Miscellaneous (specify)			
Contributor's Occupation (if required)			e e e	V 1 V
	THIS PAGE OF SCHEDULE A	\$ 1000.00		
TOTAL OF ALL PAGES OF SCHEDULE A (Enter total on ITEM)	A ON THE LAST PAGE ONLY I 15a of the Summary Sheet.)	\$ 1000.00		