



REPORT OF RECEIPTS AND EXPENDITURES A POLITICAL COMMITTEE

State Form 4606 (R14 / 10-17)
Indiana Election Division (IC 3-9-5-14)

OF

(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.

IS THIS AN AMENDMENT? Yes No

| FILE NUMBER |
|------------------------------------|
| |
| TOTAL PAGES IN ENTIRE CFA-4 REPORT |
| |

COMMITTEE INFORMATION

| | |
|--|--|
| 1. Full Name of Committee (as on <i>Statement of Organization</i>) <input type="checkbox"/> Check if this is a new name. Thomas J Felts for Circuit Court Judge Committee | |
| 2. Acronym or Abbreviated Name (if any) <i>Felts for Circuit Court Judge</i> | 3. Committee Telephone Number () 260-740-2745 |
| 4. Mailing Address (Address where all campaign finance correspondence is received.) <input type="checkbox"/> Check if this is a new address. 1701 Fairfield Ave | |
| 5. City, State, ZIP Code Fort Wayne, IN 46802 | 6. Party Affiliation (if applicable) <i>Republican</i> |

CANDIDATE INFORMATION (For Candidate's Committees Only)

| | |
|---|--|
| 7. Full Name of Candidate (Include any nickname.) Thomas J Felts | 8. Party Affiliation or If Independent Candidate Republican |
| 9. Office Sought (Include district number, if any. Not required for exploratory committee.) Judge, Allen Circuit Court | 10. County of Residence Allen |

TYPE OF REPORT

| | |
|--|--|
| 11. Check one: <input type="checkbox"/> Pre-Primary <input type="checkbox"/> Pre-Election <input checked="" type="checkbox"/> Annual <input type="checkbox"/> Nomination <input type="checkbox"/> Other _____ <input checked="" type="checkbox"/> Final / Disbands Committee (Lines 18, 19, and 20 must be "0".) <input type="checkbox"/> Outgoing Treasurer (Within ten (10) days amend Statement of Organization.) | CONVENTION CANDIDATES ONLY Check one: <input type="checkbox"/> Pre-Convention <input type="checkbox"/> Post-Convention |
|--|--|

| | | |
|---|--------------------------------|---------------------------------|
| 12. Reporting Period (mm/dd/yy): From: 1/1/2021 Through: 12/31/2021 | COLUMN A This Period | COLUMN B Year to Date |
| 13. Cash on hand and investments at the beginning of this reporting period. | \$3,538.36 | |
| 14. Cash on hand and investments January 1, current year. | | |

CONTRIBUTIONS AND RECEIPTS

| | | |
|---|---|--|
| (Note: these amounts include in-kind contributions and loans, as well as cash contributions.) | | |
| 15a. Itemized (Use Schedule A.) | 0 | |
| 15b. Unitemized | 0 | |
| 15c. Add lines 15a and 15b in both columns. SUBTOTAL | 0 | |
| 16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B. TOTAL | 0 | |

EXPENDITURES

| | | |
|---|------------|--|
| (Note: These amounts include in-kind expenditures and loan repayments.) | | |
| 17a. Itemized (Use Schedule B.) (Public Question: use Schedule C.) | \$3,538.36 | |
| 17b. Unitemized | | |
| 17c. Add lines 17a and 17b in both columns. SUBTOTAL | \$3,538.36 | |
| 18. Cash on hand and investments at close of this reporting period (Subtract 17c from 16 in both columns.) TOTAL | \$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 <i>[Signature]</i> | Title <i>Treasurer</i> | Date (mm/dd/yy) <i>01-02-2022</i> |
| Signature of Candidate (if applicable) <i>[Signature]</i> | | Date (mm/dd/yy) <i>01-02-2022</i> |

FOR OFFICE USE ONLY

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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Election Division (IC 3-9-5-14)

State
Indiana

**(CFA-4 SCHEDULE B)
ITEMIZED EXPENDITURES**

INSTRUCTIONS: 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 expenditures totaled on **ITEM 17a** of the Summary Sheet. All cumulative expenses paid to individuals, businesses, labor organizations and other entities **OVER \$100** per recipient, within a calendar year **MUST** be itemized on this schedule (*over \$200, if regular party committee*). All cumulative expenses, including in-kind, regardless of amount paid to political committees, (*such as transfers-out from candidate, legislative caucus, political action, or regular party committees*) **MUST** be itemized on this schedule.

FILE NUMBER

Page _____ of _____

| RECIPIENT'S NAME AND MAILING ADDRESS <i>(street, number, city, state, ZIP code)</i> | RECIPIENT'S OCCUPATION | TYPE OF EXPENDITURE and PURPOSE <i>(be specific)</i> | COLUMN A AMOUNT THIS PERIOD | COLUMN B CUMULATIVE YEAR-TO-DATE | DATE OF EXPENDITURE <i>(mm/dd/yy)</i> |
|---|--------------------------------------|--|-----------------------------------|--|---|
| | OFFICE SOUGHT <i>(if applicable)</i> | | | | |
| Code <u> C </u> Allen County Problem Solving Court 201 W Superior Street Fort Wayne, IN 46802 | | <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: | \$3,500 | \$3,500 | 8/23/21 |
| Code _____ Chase Bank Fees | | <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: | \$38.36 | \$3,538.36 | 9/3/21 |
| Code _____ | | <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: | | | |
| Code _____ | | <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: | | | |
| Code _____ | | <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: | | | |
| Code _____ | | <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: | | | |
| Code _____ | | <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: | | | |
| Code _____ | | <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: | | | |
| SUBTOTAL THIS PAGE OF SCHEDULE B | | | \$3,538.36 | | |
| TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY <i>(Enter total on ITEM 17a of the Summary Sheet.)</i> | | | \$3,538.36 | | |