



REPORT OF RECEIPTS AND EXPENDITURES OF A POLITICAL COMMITTEE

State Form 4606 (R15 / 5-19)

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

(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

4

COMMITTEE INFORMATION

1. Full Name of Committee (as on <i>Statement of Organization</i>) <input type="checkbox"/> Check if this is a new name. Committee to Elect Austin Knox	
2. Acronym or Abbreviated Name (if any)	3. Committee Telephone Number (260) 413 - 6531
4. Mailing Address (<i>Address where all campaign finance correspondence is received.</i>) <input type="checkbox"/> Check if this is a new address. 1830 Wayne Trace	
5. City, State, ZIP Code Fort Wayne, IN 46803	6. Party Affiliation (if applicable) Democrat

CANDIDATE INFORMATION (For Candidate's Committees Only)

7. Full Name of Candidate (<i>Include any nickname.</i>) Austin R. Knox	8. Party Affiliation or If Independent Candidate Democrat
9. Office Sought (<i>Include district number, if any. Not required for exploratory committee.</i>) Wayne Township Trustee	10. County of Residence Allen

TYPE OF REPORT

CONVENTION CANDIDATES ONLY

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 type="checkbox"/> Final / Disbands Committee (<i>Lines 18, 19, and 20 must be "0".</i>) <input type="checkbox"/> Outgoing Treasurer (<i>Within ten (10) days amend Statement of Organization.</i>)	Check one: <input type="checkbox"/> Pre-Convention <input type="checkbox"/> Post-Convention
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12. Reporting Period (mm/dd/yy): From: 01/01/2021 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.	\$ 0.00	
14. Cash on hand and investments January 1, current year.		\$6,732.71

CONTRIBUTIONS AND RECEIPTS

<i>(Note: these amounts include in-kind contributions and loans, as well as cash contributions.)</i>		
15a. Itemized (Use Schedule A.)	\$3,158.00	
15b. Unitemized	\$3,574.71	
15c. Add lines 15a and 15b in both columns. SUBTOTAL	\$6,732.71	\$ 0.00
16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B. TOTAL	\$6,732.71	\$6,732.71

EXPENDITURES

<i>(Note: These amounts include in-kind expenditures and loan repayments.)</i>		
17a. Itemized (Use Schedule B.) (Public Question: use Schedule C.)	\$1,220.72	
17b. Unitemized	\$ 0.00	
17c. Add lines 17a and 17b in both columns. SUBTOTAL	\$1,220.72	
18. Cash on hand and investments at close of this reporting period (<i>Subtract 17c from 16 in both columns.</i>) TOTAL	\$5,511.99	\$5,511.99
19. Debts OWED BY the committee (Use Schedule D.)	\$0.00	
20. Debts OWED TO the committee (Use Schedule E.)	\$0.00	

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 Treasurer	Date (mm/dd/yy) 1/19/2022
Signature of Candidate (if applicable)		Date (mm/dd/yy) 1/19/2022

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

**(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 **totalled 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 <u>2</u> of <u>4</u>	

CONTRIBUTOR'S FULL NAME AND OCCUPATION FULL MAILING ADDRESS <i>(street, number, city, state, ZIP code)</i>	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED <i>(mm/dd/yy)</i>
				RECEIVED BY
1. Karen Knox 6203 Buckners Pass Fort Wayne, IN 46818 Contributor's Occupation (if required) <u>Retire School Teacher</u>	Contributions: <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) _____ Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input checked="" type="checkbox"/> Miscellaneous (specify) <u>Online/Electronic Xfr</u>	\$900.00	\$900.00	05/01 thru 12/01/2021, ARK
2. Dominique Dickey 1716 Carlow Court Fort Wayne, IN 46815 Contributor's Occupation (if required) <u>Deputy Trustee</u>	Contributions: <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) _____ Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input checked="" type="checkbox"/> Miscellaneous (specify) <u>Online/Electronic Xfr</u>	\$200.00	\$200.00	06/18/2021, 08/11/2021 ARK
3. Bruce N. Stier 116 E Berry St, Ste 500 Fort Wayne, IN 46802-2410 Contributor's Occupation (if required) <u>Attorney</u>	Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) _____ Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify) _____	\$200.00	\$200.00	08/11/2021 ARK
4. Sharon L. Tucker 2725 Palisade Dr. Fort Wayne, IN 46806 Contributor's Occupation (if required) <u>City Councilwoman</u>	Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) _____ Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify) _____	\$250.00	\$250.00	04/06/2021 ARK
5. _____ Contributor's Occupation (if required) _____	Contributions: <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) _____ Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify) _____			
SUBTOTAL THIS PAGE OF SCHEDULE A		\$	\$1,550.00	
TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY <i>(Enter total on ITEM 15a of the Summary Sheet.)</i>		\$	\$1,550.00	



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State Form 4606 (R15 / 5-19)

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

Indiana

**(CFA-4 SCHEDULE A-2)
CONTRIBUTIONS BY CORPORATIONS
Itemized Contributions and Other Receipts**

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY CORPORATIONS 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 corporations **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*).

FILE NUMBER	
Page <u> 3 </u> of <u> 4 </u>	

CONTRIBUTOR'S FULL NAME AND FULL MAILING ADDRESS <i>(street, number, city, state, ZIP code)</i>	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED <i>(mm/dd/yy)</i>
				RECEIVED BY
1. Upstate Recycling PO Box 11227 Fort Wayne, IN 46856	Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <i>(describe)</i> _____ Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous <i>(specify)</i> _____	\$300.00	\$300.00	08/11/2021
				ARK
2. Henry Holiday, Inc. d/b/a Deer Park Pub 1530 Leesburg Road Fort Wayne, IN 46808	Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <i>(describe)</i> _____ Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous <i>(specify)</i> _____	\$1,308.00	\$1,308.00	08/17/2021
				ARK
3.	Contributions: <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind <i>(describe)</i> _____ Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous <i>(specify)</i> _____			
4.	Contributions: <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind <i>(describe)</i> _____ Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous <i>(specify)</i> _____			
5.	Contributions: <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind <i>(describe)</i> _____ Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous <i>(specify)</i> _____			
SUBTOTAL THIS PAGE OF SCHEDULE A		\$	\$1,608.00	
TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY <i>(Enter total on ITEM 15a of the Summary Sheet.)</i>		\$	\$1,608.00	



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

State Form

**(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 4 of 4

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 _____ Pure Unlimited Graphics LA Center, KY 24621		<input type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input checked="" type="checkbox"/> Other _____ Purpose: Campaign shirts	\$1,034.79	\$1,034.79	08/10/2021, 11/04/2021
Code _____ Hoosier Jiffy Print 1417 w Kem Road Marion, IN 46952		<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: Campaign flyers	\$185.93	\$185.93	08/27/2021
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			\$ 1,220.72		
TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY <i>(Enter total on ITEM 17a of the Summary Sheet.)</i>			\$ 1,220.72		