

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

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 V No

(CFA-4) Summary Sheet

FILE NUMBER	
TOTAL PAGES IN ENTIRE CFA-4 REPORT	
10	

1. Full Name of Committee (as on Statement of Organization) Scott Connally for Cedar Creek Trownship Trustee 2. Acronym or Abbreviated Name (if any) 4. Mailing Address (Address where all campaign finance correspondence is received.) 900 Hosler Road 5. City, State, 2IP Code 6. Parry Affiliation (if applicables Road 6. City, State, 2IP Code 7. Full Name of Candidate (include any inclusioner) 8. Parry Affiliation or If Independent Candidate Scott Alain Connally 9. Office Sought (Include district number, if any. Not required for exploratory committees) 9. Office Sought (Include district number, if any. Not required for exploratory committees) 9. Office Sought (Include district number, if any. Not required for exploratory committee) 9. Office Sought (Include district number, if any. Not required for exploratory committee) 9. Office Sought (Include district number, if any. Not required for exploratory committee) 9. Office Sought (Include district number, if any. Not required for exploratory committee) 9. Office Sought (Include district number, if any. Not required for exploratory committee) 9. Office Sought (Include district number, if any. Not required for exploratory committee) 9. Office Sought (Include district number, if any. Not required for exploratory committee) 9. Office Sought (Include district number, if any. Not required for exploratory committee) 9. Office Sought (Include Include Include in Nothination Office	COMMITTEE INFORMATION				
4. Mailing Address (Audress where all campaign finance correspondence is received.) 9000 Hoster Road 5. City, State, ZIP Code Leo, IN, 48765 CANDIDATE INFORMATION (For Candidate's Committees Only) 7. Full Name of Candidate (Include any nickname.) Scott Alan Connally 9. Office Sought (Include district number, if any. Not required for exploratory committee). 10. Courty of Residence Allen 11. Check one: Pre-Primary Pre-Election Annual Nomination Other Pre-Primary Pre-Plend (Inmidde's) Pre-Primary Pre-Plend (name.			599-55035-4300-6 56W 37 536C
4. Mailing Address (Address where all campaign finance correspondence is received.) 5. City, State, ZIP Code Leo, IN, 46765 CANDIDATE INFORMATION (For Candidate's Committees Only) 7. Full Name of Candidate (Include any nickname.) S. Parry Affiliation or If Independent Candidate Cont Alan Connally 9. Office Sought (Include district number, if any, Not required for exploratory committee.) TYPE OF REPORT 10. County of Residence Allen TYPE OF REPORT 11. Check one: Pre-Primary Pre-Election Annual Nomination Other From: 01/01/2022 Through: 04/08/2022 Throu	2. Acronym or Abbreviated Name (if any)	3. Com			
Section Sect		(26	0) 449	-0567	
Leo, IN, 46765 CANDIDATE INFORMATION (For Candidate's Committees Only) 1. Full Name of Candidate (Include any nickname.) Scott Alan Connally 9. Office Sought (Include district number, if any. Not required for exploratory committee.) Cedar Creek Township Trustee TYPE OF REPORT CONVENTION CANDIDATES ONLY 11. Check one: Pre-Primary Pre-Election Annual Momination Other Final / Disboards Committee (Lines 18, 19, and 20 must be 101) Outgoing Treasuror (Within for (10) days amond Statement of Organication.) 12. Reporting Period (mm/dd/yy): From: 01/01/2022 Through: 04/08/2022 Through: 04/08/2022 13. Cash on hand and investments at the beginning of this reporting period. 14. Cash on hand and investments adnuary 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.) 15b. Unitemized 0.00 15c. Add lines 15a and 15b in both columns. SUBTOTAL 0.00 0.00 17c. Add lines 17a and 17b in both columns. SUBTOTAL 0.00 0.00 17c. Add lines 17a and 17b in both columns. SUBTOTAL 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.		Check if th	nis is a new	address.	
CANDIDATE INFORMATION (For Candidate's Committees Only) 7. Full Name of Candidate (Include any nickname.) Scott Alan Connally 9. Office Sought (Include district number, if any, Not required for exploratory committee.) Cedar Creek Township Trustee TYPE OF REPORT CONVENTION CANDIDATES ONLY 11. Check one: Pre-Primary Pre-Election Annual Nomination Other Pre-Convention 12. Reporting Period (Imm/dd/yy): Through: 04/08/2022 Through: 04				(if applicable)	
7. Full Name of Candidate (Include any nickname.) Scott Alan Connally 9. Office Sought (Include district number, if any. Not required for exploratory committee.) Cedar Creek Township Trustee TYPE OF REPORT CONVENTION CANDIDATES ONLY 11. Check one: Per-Primary Per-Election Annual Nomination Other Final / Disbards Committee (Lines 16, 19, and 20 must be °0°) Outgoing Treasurer (Within fen (10) days amond Statement of Organization.) 12. Reporting Period (mm/dct/yy): From: 01/01/2022 Through: 04/08/2022	Leo, IN, 46765	Repu	blican		
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Convention Con	Scott Alan Connally	<u> </u>			
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11. Check one: Pre-Primary Pre-Election Annual Nomination Other Pre-Primary Pre-Election Annual Nomination Other Pre-Convention Pre-	Cedar Creek Township Trustee	Allen			
Pre-Primary Pre-Election Annual Nomination Other Pre-Convention Prost-Convention Prost-Convention	TYPE OF REPORT			CONVENTION	N CANDIDATES ONLY
Final / Disbands Committee (Lines 18, 18, and 20 must be '0') Outgoing Treasurer (Within fan (10) days amend Statement of Organization.) 12. Reporting Period (mm/dd/yy): From: 01/01/2022 Through: 04/08/2022 Through: 04/08/202	11. Check one:			Check one:	
12. Reporting Period (mm/dd/yy): From: 01/01/2022 Through: 04/08/2022 Through: 04/08/2	Pre-Primary Pre-Election Annual Nomination Other			Pre-Conv	ention
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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 (Note: these amounts include in-kind contributions and loans, as well as cash contributions.) 15a. Itemized (Use Schedule A.) 0.00 0.00 15b. Unitemized 0.00 0.00 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 (Note: These amounts include in-kind expenditures and loan repayments.) 17a. Itemized (Use Schedule B.) (Public Question: use Schedule C.) 0.00 0.00 17b. Unitemized 0.00 0.00 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. Debte OWED BY the committee (Use Schedule D.) 0.00 0.00 0.00			coi	UMN A	COLUMN B
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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. Debte OWED BY the committee (Use Schedule D.)	17a. Itemized (Use Schedule B.) (Public Question: use Schedule C.)			0.00	0.00
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19. Debts OWED BY the committee (Use Schedule D.) 0.00	17c. Add lines 17a and 17b in both columns.	TOTAL		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
20. Debts OWED TO the committee (Use Schedule E.)	19. Debts OWED BY the committee (Use Schedule D.)			0.00	
	20. Debts OWED TO the committee (Use Schedule E.)		5000 VEEL 10	0.00	

CER	TIFICATION	
I CERTIFY THAT I HAVE EXAMINED THIS STATEMENT. TO THE BES	T OF MY KNOWLEDGE AND BELIEF IT IS TRU	E, CORRECT AND COMPLETE.
Signature of Featurer a Many	Title Candidate	Date (mm/dd/yy) 04/18/22
Signature of Candinate) (if applicable)		Date (mm/dd/yy) 04/18/22

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 falls 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)

FOR OFFICE USE ONLY



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

(CFA-4 SCHEDULE A-1) CONTRIBUTIONS BY INDIVIDUALS Itemized Contributions and Other Receipts

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 ioan 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	NUME	BER	
		8-31		
Page	2	of	10	

	Service V			
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.	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest Loan Miscellaneous (specify)			
Contributor's Occupation (if required)				
2.	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest Loan Miscellaneous (specify)			
Contributor's Occupation (if required)				***
3.	Contributions: Direct In-Kind (describe)			
Contributor's Occupation (if required)	Other Receipts: Interest Loan Miscellaneous (specify)			
4.	Contributions: Direct In-Kind (describe)			
Contributor's Occupation (if required)	Other Receipts: Interest Loan Miscellaneous (specify)			
5.	Contributions:			, , , , , , , , , , , , , , , , , , , ,
	☐ Direct ☐ In-Kind (describe)		81	
	Other Receipts: Interest Loan Miscellaneous (specify)			
Contributor's Occupation (if required)		2 2 2		
SUBTOTAL	THIS PAGE OF SCHEDULE A	\$ 0.00		
TOTAL OF ALL PAGES OF SCHEDULE A	ON THE LAST PAGE ONLY	\$ 0.00		



(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, rebetes, 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			
10: 10				
Page	3	_of		

	CONTRIBUTOR'S FULL NAME AND 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.		Contributions: Direct In-Kind (describe) Other Receipts: Interest Loan Miscellaneous (specify)			
2.		Contributions: Direct In-Kind (describe) Other Receipts: Interest Loan Miscellaneous (specify)			
3.		Contributions: Direct In-Kind (describe) Other Receipts: Interest Loan Miscellaneous (specify)			
4.		Contributions: Direct In-Kind (describe) Other Receipts: Interest Loan Miscellaneous (specify)			
5.		Contributions: Direct In-Kind (describe) Other Receipts: Interest Loan Miscellaneous (specify)			
	21 to 12	THIS PAGE OF SCHEDULE A	\$ 0.00		
	TOTAL OF ALL PAGES OF SCHEDULE (Enter total on ITE)	A ON THE LAST PAGE ONLY If 15a of the Summary Sheet.)	\$ 0.00		



(CFA-4 SCHEDULE A-3) CONTRIBUTIONS BY LABOR ORGANIZATIONS

Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY LABOR ORGANIZATIONS 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 labor organizations 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 _	4	of _	10	

	CONTRIBUTOR'S FULL NAME AND 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.		Contributions: Direct In-Kind (describe)			
		Other Receipts: Interest Loan Miscellaneous (specify)			
2.		Contributions: Direct In-Kind (describe)			
		Other Receipts: Interest Loan Miscellaneous (specify)			
3.		Contributions: Direct In-Kind (describe)			
		Other Receipts: Interest Loan Miscellaneous (specify)			
4.		Contributions: Direct In-Kind (describe)			
		Other Receipts: Interest Loan Miscellaneous (specify)			
5.		Contributions: Direct In-Kind (describe)			
		Other Receipts: Interest Loan Miscellaneous (specify)			
		HIS PAGE OF SCHEDULE A	\$ 0.00		
	TOTAL OF ALL PAGES OF SCHEDULE A	ON THE LAST PAGE ONLY	\$ 0.00		



(CFA-4 SCHEDULE A-4) CONTRIBUTIONS BY POLITICAL ACTION COMMITTEES

Itemized Contributions and Other Receipts

instructions: List only contributions by Political action committees on 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 political action committees OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All transfers-in and in-kind contributions regardless of amount from political action committees MUST be itemized on this schedule. 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 _	5	of	10		

CONTRIBUTOR'S FULL NAME AND 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.	Contributions: Direct In-Kind (describe) Other Receipts: Interest Loan Miscellaneous (specify)	LINOD		
2.	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest Loan Miscellaneous (specify)			
3.	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest Loan Miscellaneous (specify)			
4.	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest Loan Miscellaneous (specify)		F 7 F 4	
5.	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest Loan Miscellaneous (specify)			
SUBTOTAL T TOTAL OF ALL PAGES OF SCHEDULE A	HIS PAGE OF SCHEDULE A	\$ 0.00		
	15a of the Summary Sheet.)	\$ 0.00		



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

(CFA-4 SCHEDULE A-5) CONTRIBUTIONS BY OTHER ORGANIZATIONS

Itemized Contributions and Other Receipts

INSTRUCTIONS; LIST ONLY CONTRIBUTIONS BY ORGANIZATIONS OTHER THAN CORPORATIONS, LABOR ORGANIZATIONS, POLITICAL ACTION COMMITTEES AND 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 other entities OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All transfers in and In-kind contributions regardless of amount from candidate's, legislative caucus, and regular party committees MUST be itemized on this schedule. 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).

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Page	¥_	_ of	

CONTRIBUTOR'S FULL NAME AND 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.	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest Loan Miscellaneous (specify)	e		
2.	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest Loan Miscellaneous (specify)			
3.	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest Loan Miscellaneous (specify)			
4.	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest Loan Miscellaneous (specify)			
5.	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest Loan Miscellaneous (specify)			
SUBTOTAL T	HIS PAGE OF SCHEDULE A	\$ 0.00		
TOTAL OF ALL PAGES OF SCHEDULE A (Enter total on ITEM	ON THE LAST PAGE ONLY 15a of the Summary Sheet.)	\$ 0.00		



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

(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	NUME	BER	
			#:	vi vi
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RECIPIENT'S NAME AND MAILING ADDRESS (street, number, city, state, ZIP code)	RECIPIENT'S OCCUPATION	TYPE OF EXPENDITURE and	COLUMN A AMOUNT THIS	COLUMN B CUMULATIVE	DATE OF EXPENDITURE	
	OFFICE SOUGHT (if applicable)	PURPOSE (be specific)	PERIOD	YFAR-TO-DATF	(mm/dd/yy)	
Code		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:				
Code		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:				
Code		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:				
Code		☐ Direct ☐ tn-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other Purpose:				
Code		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:				
Code		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:				
Code		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:				
	SUBTOTAL THIS PAG	The state of the s	\$ 0.00			
TOTAL OF ALL PA	GES OF SCHEDULE B ON THE		\$ 0.00			
	(Enter total on ITEM 17a of the Summary Sheet.)					



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

(CFA-4 SCHEDULE C)
ITEMIZED EXPENDITURES
For Public Questions

INSTRUCTIONS: Please	type or	print legibly	IN BLACK	INK all	information	on this	schedule.	For a	assistance	in
completing this schedule,	see inst	ructions on th	ne reverse si	de. All c	umulative ex	penses	or transfers	out,	regardless	of
amount paid to political con	mmittees	supporting of	r opposing a	public q	uestion, MUS	ST be ite	mized on the	nis sci	hedule.	

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Enter Text of Public Question.	PUBLIC QUESTIO	N INFORMATION			
Enter Text of Public Question.					
Type of Question: Statewide Position: Supported Oppos	Local				
RECIPIENT'S NAME AND MAILING ADDRESS (street, number, city, state, ZIP code)	RECIPIENT'S OCCUPATION	TYPE OF EXPENDITURE and PURPOSE (be specific)	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE OF EXPENDITURE (mm/dd/yy)
Code		☐ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other Purpose:			
Code		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:			
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Code		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:			
	SUBTOTAL THIS PAG	E OF SCHEDULE C	\$ 0.00		
	ES OF SCHEDULE C ON THE (Enter total on ITEM 17a of the		\$ 0.00		



(CFA-4 SCHEDULE D) DEBTS OWED BY THIS COMMITTEE

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. List all debts and loans, regardless of the amount. OWED BY the committee during the reporting period. Include all amounts owed for or to lend institutions, individuals, credit purchases, committee credit card accounts, etc. List each vendor paid by credit card issued in the name of the committee in the ENDORSER'S column. A lender's occupation is required if an individual makes loans of at least \$1,000 during the calendar year. Otherwise, this is optional.

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CREDITOR'S OR LENDER'S NAME AND MAILING ADDRESS (street: number: city: state, ZIP code)	ENDORSER'S OR VENDOR'S NAME AND MAILING ADDRESS (if any) (street, number, city, state, ZIP code)	AMOUNT	DATE DEBT INCURRED (mm:dd:yy)	CUMULATIVE PAID YEAR-TO-DATE	OUTSTANDING BALANCE THIS PERIOD	
*						
LENDER'S OCCUPATION:						
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TOTAL OF ALL PAGES OF SCHEDULE D ON THE LAST PAGE ONLY (Enter total on ITEM 19 of the Summary Sheet.)						



(CFA-4 SCHEDULE E) DEBTS OWED TO THIS COMMITTEE

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. List all debts and loans, <u>regardless of the amount</u>, **OWED TO** the committee during the reporting period. Include all amounts the committee has loaned to others.

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BORROWER'S NAME AND MAILING ADDRESS (street, number city, state, ZIP code)	CO-SIGNER'S NAME AND MAILING ADDRESS (if any) (street, number, city, state, ZIP code)	ORIGINAL AMOUNT	DATE DEBT INCURRED (mm/dd/yy)	CUMULATIVE PAID YEAR-TO-DATE	BA	TSTANDING LANCE THIS PERIOD
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