

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

IS THIS AN AMENDMENT? Yes

ection 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.

⊠ No

(CFA-4) Summary Sheet

FILE NUMBER

TOTAL PAGES IN ENTIRE CFA-4 REPORT

	COMMITTEE INFORMATION				
2. Acronym or Abbrevlated Name (if any) 4. Mailing Address (Address where all campaign finance correspondence is received.) 4. Mailing Address (Address where all campaign finance correspondence is received.) 4. Mailing Address (Address where all campaign finance correspondence is received.) 4. Mailing Address (Address where all campaign finance correspondence is received.) 5. City, State, ZIP Code CANDIDATE INFORMATION (For Candidate's Committees Only) 7. Full Name of Candidate (Include any nickname.) CANDIDATE INFORMATION (For Candidate's Committees Only) 9. Office Sought (Include district number, if any, Not required for exploratory committee.) TYPE OF REPORT 10. County of Residence TYPE OF REPORT 11. Check one: Pre-Primary Pre-Election Annual Nomination Other Final / Disbands Committee (Lies 18, 18, and 20 nust be '0') Outgoing Treasurer (White ten [19) days amend Statement of Organization.) COLUMN B. This Peritod 12. Reporting Period (mm/dd/yy): From: 1 2 2 2 Through: 1/18/2022 13. Cash on hand and investments at the beginning of this reporting period. 851. Y5 COUNTAL STATE OF REPORT COUNTAL STATE OF REPORT COUNTAL STATE OF REPORT 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.) EXPENDITURES (Note: These amounts include in-kind expenditures and loan repsyments.) 17a. Itemized (Use Schedule B.) (Futilic Question: use Schedule C.) 17b. Unitemized 17c. Add lines 17a and 17b in both columns. SUBTOTAL SUBTOT	1. Full Name of Committee (as on Statement of Organization)	v name.			
4. Mailing Address (Address where all campaign finance correspondence is received.) 1. Me(1)	The Friends of Christopher Nancarrow				
4. Mailing Address (Address where all campaign finance correspondence is received.) Yeb 1	2. Acronym or Abbreviated Name (if any)	3. Con	, ·		
S. City, State, ZIP Code For Wayne IN Y6835 CANDIDATE INFORMATION (For Candidate's Committees Only) 7. Full Name of Candidate (Include any nickname.) S. Office Sought (Include strict number, if any. Not required for exploratory committee.) S. Office Sought (Include strict number, if any. Not required for exploratory committee.) S. Office Sought (Include strict number, if any. Not required for exploratory committee.) S. Office Sought (Include strict number, if any. Not required for exploratory committee.) S. Office Sought (Include strict number, if any. Not required for exploratory committee.) S. Office Sought (Include strict number, if any. Not required for exploratory committee.) S. Office Sone: S. Office S		(26	0) 615 972	7	
Convention Pre-Convention Pre-Conv	4607 Rose Hill Lane	Check if to	his is a new address.		
CANDIDATEINFORMATION (For Candidate's Committees Only) 7. Full Name of Candidate (Include any nickname.) Chris" Michael Noncarrow Perbulation	5. City, State, ZIP Code				
CANDIDATEINFORMATION (For Candidate's Committees Only) 7. Full Name of Candidate (Include any nickname.) Chris" Michael Noncarrow Perbulation	Fort Wayne IN 46835				
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TYPE OF REPORT CONVENTION CANDIDATES ONLY Check one: Check one: Pre-Convention Post-Convention Post-Convent	7. Full Name of Candidate (Include any nickname.)	8. Part	y Affiliation or If Independe	nt Candidate	
TYPE OF REPORT CONVENTION CANDIDATES ONLY Check one: Check one: Pre-Convention Post-Convention Post-Convent	Christopher "Chris" Michael Noncarrow	1	-		
11. Check one: Pre-Primary Pre-Election Annual Nomination Other Pre-Convention Pre-Convention	9. Office Sought (Include district number, if any. Not required for exploratory committee.) Clerk of the Allen Circuit Court	10. Co			
Pre-Primary Pre-Election Annual Nomination Other Pre-Convention Pre-Conventine Pre-Convention Pre-Convention Pre-Conventine Pre-Conventine Pre-Conve	TYPE OF REPORT		CONVENTIO	N CANDIDATES ONLY	
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19. Debts OWED BY the committee (Use Schedule D.) 4508.25	17c. Add lines 17a and 17b in both columns.	BTOTAL.	508,25	508.25	
	18. Cash on hand and investments at close of this reporting period (Subtract 17c from 16 in both columns.)	TOTAL	2241.45	2241.45	
	19. Debts OWED BY the committee (Use Schedule D.)		4508.25		
	20. Debts OWED TO the committee (Use Schedule E.)				

CER	TIFICATION	
I CERTIFY THAT I HAVE EXAMINED THIS STATEMENT. TO THE BES	ST OF MY KNOWLEDGE AND BELIEF IT IS TRUE, CO	ORRECT AND COMPLETE.
Signature of Treasurer M. Naren	Title	Date (mm/dd/yy)
Signature of Candidate (if applicable)		Date (mm/dd/yy) 4/18/2-622
WARNING: And information contained in this report may not be copied		

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)

FOR OFFICE USE ONLY

FILED ELECTION BOARD '22 APR 18 AH9:19

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

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_	2	of	6	

CONTRIBUTOR'S FULL NAME AND OCCUPATION FULL MAILING ADDRESS	TYPE OF CONTRIBUTION	COLUMN A	COLUMN B	DATE RECEIVED (mm/dd/yy)
(street, number, city, state, ZIP code)	OR OTHER RECEIPT	AMOUNT THIS PERIOD	CUMULATIVE YEAR-TO-DATE	RECEIVED BY
1 Nancy Eshcoff Boyer	Contributions: Direct In-Kind (describe)	100.00	100.00	1/4/2022
Contributor's Occupation (if required) Lettred Judge	Other Receipts: Interest Loan Miscellaneous (specify)		100.	CMN
2. Thomas P. Boyer	Contributions: Direct In-Kind (describe)	100.	100.00	1/4/2022
Contributor's Occupation (if required) Retires Magistrate	Other Receipts: Interest Loan Miscellaneous (specify)			CMN
3 Mary Giant 4319 Franke Rd	Contributions: Direct In-Kind (describe)	250.00	250.00	1/13/2622
New Haven, IN 46774 contributor's Occupation (if required) Director of Operations	Other Receipts: Interest Loan Miscellaneous (specify)			CMN
* Michele + Christopher Loop 324 Pentolina Dave	Contributions: Direct In-Kind (describe)	100.00	100, 00	2/1/2022
Fort Wayne IN 46845 Contributor's Occupation (if required) Admin Asst + Retired	Other Receipts: Interest Loan Miscellaneous (specify)			CMN
Michael + Cynthia Nancarrow 6516 Newburgh Place	Contributions: Direct In-Kind (describe)	500.50	500. 00	4/1/2022
Fort Wayne IN 46835 Contributor's Occupation (if required) Retriel	Other Receipts: Interest Loan Miscellaneous (specify)			CMN
	HIS PAGE OF SCHEDULE A	\$ 1050.00		
TOTAL OF ALL PAGES OF SCHEDULE A		\$		



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

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	NUMB	ER	
Page	3	of	6	

CONTRIBUTOR'S FULL NAME AND OCCUPATION FULL MAILING ADDRESS	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS	COLUMN B	DATE RECEIVED (mm/dd/yy)
(street, number, city, state, ZIP code)	OR OTHER RECEIPT	PERIOD	YEAR-TO-DATE	RECEIVED BY
1. Charles + Farrell Heiny	Contributions: Direct			3/28/2022
5340 Century Court	In-Kind (describe)	40,00	40.00	71 /
Fort Wayne IN 46807	Other Receipts:	1 - '	10.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
/	Interest Loan			,
	Miscellaneous (specify)	,		CMN
Contributor's Occupation (if required) Attorney				
2 Hearher Faith Mettert	Contributions: Direct			
1150 Enny St.	In-Kind (describe)		0.0	3/29/2022
Ast Inte		50,00	50.00	
Fort Wayne, IN 46802	Other Receipts:			
fort wayne, 2.	Miscellaneous (specify)			CMN
Contributor's Occupation (if required) Attorney				<u></u>
3.	Contributions:			
John Spencer Feighner	Direct In-Kind (describe)			3/29/2022
2020 Lake Front Dome		50,00	50.00	
Fort Wayne IN 46804	Other Receipts:	701	/ / /	
	Miscellaneous (specify)			CMN
Contributor's Occupation (if required)				,
[4]	Contributions:			
Suzanne Wagner + Mark Luttik	Direct		00-	2/2/2
10617 Hickory Tree Ct		50.00	50.00	3/30/2002
· · · · · · · · · · · · · · · · · · ·	Other Receipts:			
Fort Wayne IN 46845	Interest Loan			(10.0)
Λ.,	Miscellaneous (specify)			2/11/0
Contributor's Occupation (if required)				
John + Margaret Feighner	Contributions: Direct			
, ·	☐ In-Kind (describe)	50.00	00	4/6/2023
7110 Woodcroft La. Fort Wayne IN Y6804	Other Receipts:	501	50.	
7-210	☐ Interest ☐ Loan ☐ Miscellaneous (specify)			(MA/
Contributor's Occupation (if required) Attorney	14119CEIIAIIEOUS (SPECIFY)			
	THIS PAGE OF SCHEDULE A	\$ 240.00		
TOTAL OF ALL PAGES OF SCHEDULE A	ON THE LAST PAGE ONLY	\$		
(Enter total on ITEM	15a of the Summary Sheet.)	T		

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

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				
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CONTRIBUTOR'S FULL NAME AND OCCUPATION FULL MAILING ADDRESS	TYPE OF CONTRIBUTION	COLUMN A	COLUMN B	DATE RECEIVED (mm/dd/yy)
(street, number, city, state, ZIP code)	OR OTHER RECEIPT	AMOUNT THIS PERIOD	YEAR-TO-DATE	RECEIVED BY
1. Martin + Petra Seifert	Contributions:			
2026 Calais Road	In-Kind (describe)	700	50.00	4/10/2022
Fort Wayne, IN 46814	Other Receipts:	50,00	50.	CMN
, , ,	Miscellaneous (specify)			CMN
Contributor's Occupation (if required)	**************************************			4 2 21
Travis + Krista Friend	Contributions:			VIOLO
8423 Cinnabar Court	In-Kind (describe)	50.00	50,00	4/12/2022
Fort Wayne IN 46835	Other Receipts:	2017)	
^	Miscellaneous (specify)			CMN
Contributor's Occupation (if required) Attorney				
3 Chris Nancarrow	Contributions:			01- 1-
4607 Rose HILL Lane	In-Kind (describe)	508.25	204.35	3/24/2-22
Fort Vayne IN 46835	Other Receipts:	700	700-	/
•	Miscellaneous (specify)			CWN
Contributor's Occupation (if required)CUK	<u></u>			
4.	Contributions:			
	In-Kind (describe)			
	Other Receipts:			
	☐ Interest ☐ Loan ☐ Miscellaneous (specify)			
Contributor's Occupation (if required)				
5.	Contributions:			
	☐ In-Kind (describe)			
	Other Receipts:			
	Miscellaneous (specify)			
Contributor's Occupation (if required)		608.257		
SUBTOTAL	THIS PAGE OF SCHEDULE A	\$ 150000 4		
TOTAL OF ALL PAGES OF SCHEDULE A (Enter total on ITEN)	ON THE LAST PAGE ONLY 15a of the Summary Sheet.)	\$ 1990		

State Form

(CFA-4 SCHEDULE B) ITEMIZED EXPENDITURES

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 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				
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RECIPIENT'S NAME AND MAILING ADDRESS (street, number, city, state, ZIP code)	RECIPIENT'S OCCUPATION OFFICE SOUGHT (if applicable)	TYPE OF EXPENDITURE and PURPOSE (be specific)	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE OF EXPENDITURE (mm/dd/yy)
New Haven Point 7531 IN-930 Fort Wayne IN 46803	Pointer	☐ Payment of Debt ☐ Returned Contribution ☐ Other ☐ Purpose:	508.25	508.25	3/24/2022
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 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	E OF SCHEDULE B	\$ 508.25		
TOTAL OF ALL PA	GES OF SCHEDULE B ON THE		\$ 508.25		

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

Indiana

(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.

FILE NUMBER					
Page _	C	of	6		

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
Chris Navarrow 4607 Rose Hill Lane For Wayne IN 46875	r, tt	508.25	3/24/2022	D	4,508.25
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SUBTOTAL THIS PAGE OF SCHEDULE D TOTAL OF ALL PAGES OF SCHEDULE D ON THE LAST PAGE ONLY					\$ 4,508.25 \$ 4,508.25
(Enter total on ITEM 19 of the Summary Sheet.)					\$ 4,508.25