

Signature of Treasurer

Signature of Candidate (if applicable)

REPORT OF RECEIPTS AND EXPENDITURES OF A POLITICAL COMMITTEE

State Form 4606 (R13/11-05) Indiana Election Commission (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.

(CFA-4) **Summary Sheet**

FILE NUMBER TOTAL PAGES IN ENTIRE CFA-4 REPORT

IS THIS AN AMENDMENT? Yes No			2				
COMMITTEE INFORMATION							
1. Full Name of Committee (as on Statement of Organization)	ame						
Committee to Elect Jones							
			mmittee Telephone Number				
2. Acionym of Abbrotiaced Name (ii ally)	()	260-258-9922					
4. M. Illian Address where all composin finance correspondence is received.	<u> </u>						
4. Mailing Address (address where all campaign finance correspondence is received) Check if this is a new address							
9517 Stowaway Cove	6 Party	Affiliation (if a	nnlicable)				
5. City, State, Zir Code			Anniation (ii applicable)				
Fort Wayne Indiana 46835							
CANDIDATE INFORMATION (For Candidate's Co	THE RESERVE THE PERSON NAMED IN		f landara and and	Condidate			
7. Full Name of Candidate (monace any monace)			Affiliation or If Independent Candidate				
Regenia Jones	Non P	artisan (School Board)					
9. Office Sought (Include district number, if any. Not required for exploratory committee.)	10. Cou	unty of Residence					
FWCS Board - District 2	Allen						
TYPE OF REPORT			ONVENTION	CANDIDATES ONLY			
			check one:				
11. Check one: Pre-Primary Pre-Election Annual Nomination Other			Pre-Convention				
Final/Disbands Committee (lines 18, 19, and 20 must be "0") Outgoing Treasurer (within 10 days amend Statement of	Organization)	, [Post-Conv	vention			
12. Reporting Period:		COLÚ		COLUMN B			
From: January 24, 2022 Through: May 2, 2022			eriod	Year to Date			
13. Cash on hand and investments at the beginning of this reporting period.		\$14.63					
14. Cash on hand and investments January 1, current year.				\$14.63			
CONTRIBUTIONS AND RECEIPTS							
(Note: these amounts include in-kind contributions and loans, as well as cash contributions.)							
15a. Itemized (use Schedule A)							
15b. Unitemized							
15c. Add lines 15a and 15b in both columns SUBT		01100)	C44 C2			
16. Add lifes 15 and 150 in Coldmit A and lifes 14 and 160 in Coldmit	TOTAL	\$14.63		\$14.63			
EXPENDITURES							
(Note: These amounts include in-kind expenditures and loan repayments.)		A 1 1 00		044.00			
17a. Itemized (use Schedule B) (Public Question: use Schedule C)		\$14.63		\$14.63			
17b. Unitemized		()	0			
176. Add lifes 174 and 175 in Sour Colamins	TOTAL	\$14.63		\$14.63			
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)		(
20. Debts OWED TO the committee (use Schedule E)		()				
CERTIFICATION			F	OR 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.

Date

Date



REPORT OF RECEIPTS AND EXPENDITURES OF A POLITICAL COMMITTEE

State Form 4606 (R13/11-05) Indiana Election Commission (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 NUMBER								
Page _	2_	_ of	2					

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
Code0		☐ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other Bank Fees purpose:	\$14.63	\$14.63	
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 PAGE OF SCHEDULE B			\$ 14.63		
TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY (Enter total on ITEM 17a of the Summary Sheet)		\$ 14.63			