

**REPORT OF RECEIPTS AND EXPENDITURES
OF A POLITICAL COMMITTEE**

Date Form 400 (R15) 5-19
Indiana Election Division (IC 3-8-5-14)

**(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
3

COMMITTEE INFORMATION

1 Full Name of Committee (as on Statement of Organization) Check if this is a new name
Friends of Sergeant George

2 Acronym or Abbreviated Name (if any) _____ 3 Committee Telephone Number _____

4 Mailing Address (Address where all campaign finance correspondence is received) Check if this is a new address
10740 Meteah Trl

5 City, State, ZIP Code **Fort Wayne, IN 46835** 6 Party Affiliation (if applicable) **N/A**

CANDIDATE INFORMATION (For Candidate & Committees Only)

7 Full Name of Candidate (include any nickname)
George Nicklow 8 Party Affiliation or if Independent Candidate _____

9 Office Sought (include district number, if any. Not required for exploratory committee.) **East Allen County School Board IR** 10 County of Residence **Allen**

TYPE OF REPORT

11 Check one:
 Pre-Primary Pre-Election Annual Narrative Other **Closing**
 Final (Candidates Committee (lines 18, 19 and 20 must be "Y") Outgoing Treasurer (when a candidate says annual Statement of Organization)

CONVENTION CANDIDATES ONLY
Check one:
 Pre-Convention Post-Convention

12 Reporting Period (month/year)
From **10/19/2022** Through **12/1/2022**

13 Cash on hand and investments at the beginning of this reporting period **1828**

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.)

	COLUMN A This Period	COLUMN B Prior to Date
15a Itemized (Use Schedule A)		
15b Unitemized	100.00	2,113.52
15c Add lines 15a and 15b in both columns	SUBTOTAL 150.00	618.94
16 Add lines 13 and 15c in Column A and lines 14 and 15c in Column B	TOTAL 268.28	2791.91

EXPENDITURES
(Note: These amounts include in-kind expenditures and loan repayments.)

	COLUMN A This Period	COLUMN B Prior to Date
17a Itemized (Use Schedule B) (Public Questions use Schedule C)		
17b Unitemized	268.28	2,828.52
17c Add lines 17a and 17b in both columns	SUBTOTAL 268.28	2,828.52
18 Cash on hand and investments at close of this reporting period (Subtract 17c from 15 in both columns)	TOTAL 0	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>George Nicklow</i>	Title CANDIDATE/Treasurer	Date (month/year) 11/25/22
Signature of Candidate (if applicable) <i>George Nicklow</i>		Date (month/year) 11/25/22

WARNING: Any information obtained in this report may not be used for sale or used for any commercial purpose (IC 3-9-4-6) A person who knowingly files a fraudulent report commits a Level 6 felony. (IC 3-9-4-12) 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 3-9-4-14) 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



**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 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 listed 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 3

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/yyyy)</i>
				RECEIVED BY
<p>1. Judith Kohrman 9309 Whalerside Ct. New Haven, IN 46774</p> <p>Contributor's Occupation (if required)</p>	<p>Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe)</p> <p>Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify)</p>	<p>100.00</p>	<p>100.00</p>	
<p>2.</p> <p>Contributor's Occupation (if required)</p>	<p>Contributions: <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe)</p> <p>Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify)</p>			
<p>3.</p> <p>Contributor's Occupation (if required)</p>	<p>Contributions: <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe)</p> <p>Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify)</p>			
<p>4.</p> <p>Contributor's Occupation (if required)</p>	<p>Contributions: <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe)</p> <p>Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify)</p>			
<p>5.</p> <p>Contributor's Occupation (if required)</p>	<p>Contributions: <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe)</p> <p>Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify)</p>			
<p>SUBTOTAL THIS PAGE OF SCHEDULE A</p>		<p>\$ 100.00</p>		
<p>TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY <i>(Enter total on ITEM 15a of the Summary Sheet.)</i></p>		<p>\$ 100.00</p>		



**REPORT OF RECEIPTS AND EXPENDITURES
OF A POLITICAL COMMITTEE**

4806 (R15 / 5-19)

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	<u>3</u> of <u>3</u>

RECIPIENT'S NAME AND MAILING ADDRESS <small>(street, number, city, state, ZIP code)</small>	RECIPIENT'S OCCUPATION	TYPE OF EXPENDITURE and PURPOSE (be specific)	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE OF EXPENDITURE <small>(mm/dd/yyyy)</small>
	OFFICE SOUGHT <small>(if applicable)</small>				
Code _____ Vista print 95 Hayden Ave. Lexington, MA 02421	Printing	<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: MKT	218.00	510.30	10/20/22
Code <u>0</u> Jim Banks for Congress, Inc.	Congressional Representative	<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: Donation	50.22	50.22	11/22/2022
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			\$ 268.28		
TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY <small>(Enter total on ITEM 17a of the Summary Sheet.)</small>			\$ 268.28		