REPORT OF RECEIPTS AND EXPENDITURES OF A POLITICAL COMMITTEE

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 🗵 No

(CFA-4) Summary Sheet

FILE NUMBER

TOTAL PAGES IN ENTIRE CFA-4 REPORT

COMMITTEE INFORMATION							
1. Full Name of Committee (as on Statement of Organization)							
2. Acronym or Abbrevizted Name (if any)	mmittee Telephane Number						
ALL STATES AND ALL ST	جا2 📗	0)639 3 317	nak tejimen n. a. ramamelalutustilistilastilistilastilastilastilastila				
4. Mailing Address (Address where all campaign finance correspondence is received.) 12819 WINCHESTER ROAD Check if this is a new address.							
6. Party Affiliation (if applicable)							
FORT WAYNE, N 46819							
CANDIDATE INFORMATION (For Candidate's Committees Only)							
7. Full Name of Candidate (Include any nickname.)	Party Affiliation or If Independent Candidate						
9. Office Sought (Include district number, If any. Not required for exploratory committee.)	10. County of Residence						
TYPE OF REPORT		CONVENTIO	ON CANDIDATES ONLY				
11. Check one:	Check one:						
Pre-Primary Pre-Election Annual Nomination Other	Pre-Convention						
Final / Disbands Committee (Lines 18, 19, and 20 must be "0".) Dutgoing Treasurer (Within ten (10) days amend Statement of Organization.)							
12. Reporting Period (mm/dd/yy):		COLUMN A	COLUMN B				
From: Through:		This Period	Year to Date				
13. Cash on hand and investments at the beginning of this reporting period.	12.428.25						
14. Cash on hand and investments January 1, current year.			12,428.25				
CONTRIBUTIONS AND RECEIPTS							
(Note: these amounts include in-kind contributions and loans, as well as cash contributions.)			_				
15a. Itemized (Use Schedule A.)			-9-				
15b. Uniternized	-6-	<u></u>					
15c. Add lines 15a and 15b in both columns. SUBTOTAL 16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B. TOTAL			-0-				
16. Add lines 13 and 15c in Column A and tines 14 and 15c in Column B.	12,428,25	12,428.25					
EXPENDITURES							
(Note: These amounts include in-kind expenditures and loan repayments.)		10 420 25	13 1120 ar				
17a. Itemized (Use Schedule B.) (Public Question: use Schedule C.)		12,428.25	12,428.25				
17b. Unitemized	-0-	12.428.25					
17c. Add lines 17a and 17b in both columns. SUBTOTAL 19. Ceeh as bond and investments at class of this reporting period (Subtrect 17c from 16 in both columns.) TOTAL		12.428.25	-0-				
18. Cash on hand and investments at close of this reporting period (Subtract 17c from 16 in both columns.)	TOTAL						
19. Debts OWED BY the committee (Use Schedule D.)	<u> </u>						
20. Debts OWED TO the committee (Use Schedule E.)	,,	-0-					
CERTIFICATION			FOR OFFICE USE ONLY				
I CERTIFY THAT I HAVE EXAMINED THIS STATEMENT, TO THE BEST OF MY KNOWLEDGE AND BELIEF IT IS	TRUE, COR	RECT AND COMPLETE.					
Signature of Treasurer Title TREASURE R		Date (mm/ga/yy)					
Harry Wyss 12.28.2022		\2.28.202.2 Date (mm/dd/yy)					
Signature of Candidate (if applicable)	ŀ						
WARNING: Any information contained in this report may not be copied for sale or used for any commercial purpose. (IC 3-94-5) 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 divil penalties. (IC 3-9-4-16, IC 3-9-4-17, IC 3-9-4-18)							

Dec. 29 2022 11:27AM P1

FAX NO. :1225

12,42B.25

(Enter total on ITEM 17a of the Summary Sheet.)

TOTAL OF ALL PAGES OF SCHEDULE C ON THE LAST PAGE ONLY



REPORT OF RECEIPTS AND EXPENDITURES OF A POLITICAL COMMITTEE

PO BOX 1290

Code C

Code C

Code

Code ____

Code

State Form 4608 (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 assistance in completing this schedule, see instructions on the reverse side. All cumulative expenses or transfers out, regardless of amount paid to political committees supporting or opposing a public question, MUST be itemized on this schedule.

completing this schedule, see instructions on the reverse side. All cumulative expenses or transfers-out, regardless of importance in importan				or i done guestions		
imount paid to political committees supporting or opposing a public question, MUST be Itemized on this schedule.				FILE NUMBER		
ALLEN COUNTY NO	EXTENSION AND A PROPERTY OF THE PROPERTY OF TH	ON INFORMATION	Page	100000000000000000000000000000000000000		
Enter Text of Public Question. 5H	AULA ALLEN CAN.		HAVE A	سب رسر در د د د		
EXECUTIVE IN PLACE	e of the prese	HT THREE COUL	THY COMM	ission/ers	3 crossed	
Type of Question: Statewide Position: Supported X Opp	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)	
COUR C HOOSIERS FEEDING THE HUNGRY HUMON STATERTE. 327 GARRETT, IN HUT38	CHARITABLE ORGANIZATION	Direct In-Kind Payment or Direct Returned Contribution Other Purpose:	\$2,000.00	\$Z600+06		
COMMUNITY HARVEST FOOD BANK OF N.E. INDIANA P.O. BOX LOGGT FORT WAYNE, IN 46855	CHARITABLE	Direct In-Kind Payment of Debt Returned Contribution Other Purpose:	\$2,000.00	2,600.00	12.13.22	
ODE C NOTABLE FARM BUREAU AGELECT OBEX 1290 NOTABLE FOR HUZOLO	SEC 527 STATE POLITICAL ACTION COMMITTEE	Direct In-Kind Payment of Debt Returned Contribution Other Purpose:	\$ 8,428,25	\$ 8,428.25	12115,22	
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ode		Direct In-Kind Peyment of Debt Returned Contribution Other Purpose:	,	TOTAL PROPERTY OF STATE OF STA	1	
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