



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) Summary Sheet

FILE NUMBER

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.

TOTAL PAGES IN ENTIRE CFA-4 REPORT

IS THIS AN AMENDMENT? Yes No

COMMITTEE INFORMATION

| | | |
|---|--|---|
| 1. Full Name of Committee (as on Statement of Organization) Arp for Mayor | | <input type="checkbox"/> Check if this is a new name. |
| 2. Acronym or Abbreviated Name (if any) | | 3. Committee Telephone Number (260) 210-0310 |
| 4. Mailing Address (Address where all campaign finance correspondence is received.) 12135 Glen Lake Drive | | <input type="checkbox"/> Check if this is a new address. |
| 5. City, State, ZIP Code Fort Wayne, IN 46814 | | 6. Party Affiliation (if applicable) |

CANDIDATE INFORMATION (For Candidate's Committees Only)

| | |
|---|---|
| 7. Full Name of Candidate (Include any nickname.) Jason Arp | 8. Party Affiliation or If Independent Candidate Republican |
| 9. Office Sought (Include district number, if any. Not required for exploratory committee.) Mayor, City of Fort Wayne | 10. County of Residence Allen |

TYPE OF REPORT

11. Check one:

Pre-Primary Pre-Election Annual Nomination Other

Final / Disbands Committee (Lines 18, 19, and 20 must be "0") Outgoing Treasurer (Within ten (10) days amend Statement of Organization.)

CONVENTION CANDIDATES ONLY

Check one:

Pre-Convention

Post-Convention

| | | |
|--|-------------------------|--------------------------|
| 12. Reporting Period (mm/dd/yy): From: 01/01/22 Through: 12/31/22 | COLUMN A This Period | COLUMN B Year to Date |
| 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.) | 74,709.36 | 74,709.36 |
| 15b. Unitemized | 65.00 | 65.00 |
| 15c. Add lines 15a and 15b in both columns. SUBTOTAL | 74,774.36 | 74,774.36 |
| 16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B. TOTAL | 74,774.36 | 74,774.36 |

EXPENDITURES

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

| | | |
|---|------------------|------------------|
| 17a. Itemized (Use Schedule B.) (Public Question: use Schedule C.) | 7,155.76 | 7,155.76 |
| 17b. Unitemized | 128.15 | 128.15 |
| 17c. Add lines 17a and 17b in both columns. SUBTOTAL | 7,283.91 | 7,283.91 |
| 18. Cash on hand and investments at close of this reporting period (Subtract 17c from 16 in both columns.) TOTAL | 67,490.45 | 67,490.45 |
| 19. Debts OWED BY the committee (Use Schedule D.) | 0.00 | |
| 20. Debts OWED TO the committee (Use Schedule E.) | 0.00 | |

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 | Title | Date (mm/dd/yy) |
| Signature of Candidate (if applicable) | | Date (mm/dd/yy) |

FOR OFFICE USE ONLY

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 3-14-1-3) 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)

FILED ELECTION BOARD
23 JAN 18 AM 11:34



**REPORT OF RECEIPTS AND EXPENDITURES
OF A POLITICAL COMMITTEE**
State Form 4806 (R15 / 5-10)
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 _____ of _____

| 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>(month/day)</i> RECEIVED BY |
|--|---|-----------------------------------|--|--|
| 1. Don Carpenter 3350 ELMHURST DR FORT WAYNE IN 46809 Contributor's Occupation <i>(if required)</i> _____ | Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <i>(describe)</i> _____ Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous <i>(specify)</i> _____ | \$200.00 | \$200.00 | 9/6/22 Jason Arp |
| 2. Jonathan Taylor 3918 Live Oak Blvd. Fort Wayne IN 46804 Contributor's Occupation <i>(if required)</i> _____ | Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <i>(describe)</i> _____ Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous <i>(specify)</i> _____ | \$1,000.00 | \$1,000.00 | 9/6/22 Jason Arp |
| 3. Mike McArdle 14303 Stonebriar CV Fort Wayne IN 46814 Contributor's Occupation <i>(if required)</i> _____ | Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <i>(describe)</i> _____ Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous <i>(specify)</i> _____ | \$750.00 | \$750.00 | 9/16/22 Jason Arp |
| 4. Jason Arp 12135 Glen Lake Dr. Fort Wayne IN 46814 Contributor's Occupation <i>(if required)</i> _____ | Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <i>(describe)</i> _____ Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous <i>(specify)</i> _____ | \$50.00 | \$50.00 | 10/26/22 Jason Arp |
| 5. Matt Boyd 1420 E Ridgewood Dr Columbia City IN 46725 Contributor's Occupation <i>(if required)</i> _____ | Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <i>(describe)</i> _____ Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous <i>(specify)</i> _____ | \$5,000.00 | \$5,000.00 | 12/5/22 Jason Arp |
| SUBTOTAL THIS PAGE OF SCHEDULE A | | \$ 7,000.00 | | |
| TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY <i>(Enter total on ITEM 15a of the Summary Sheet.)</i> | | \$ | | |



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

State Form 4806 (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 related 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.

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|---------------------|
| FILE NUMBER |
| |
| Page _____ of _____ |

| 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/yy)</i> |
|--|---|-----------------------------------|--|------------------------------------|
| | | | | RECEIVED BY |
| 1. Mark Oetting 3414 Rolston St Fort Wayne IN 46805 Contributor's Occupation <i>(if required)</i> _____ | Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <i>(describe)</i> _____ Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous <i>(specify)</i> _____ | \$500.00 | \$500.00 | 12/8/22 |
| | | | | Jason Arp |
| 2. J. Brett Freeze 4605 Walnut Knoll Drive Matthews NC 28105 Contributor's Occupation <i>(if required)</i> _____ | Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <i>(describe)</i> _____ Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous <i>(specify)</i> _____ | \$200.00 | \$200.00 | 12/9/22 |
| | | | | Jason Arp |
| 3. Chris Hiatt 1716 N Wheeling Ave Ste 6 Muncie IN 47303 Contributor's Occupation <i>(if required)</i> _____ | Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <i>(describe)</i> _____ Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous <i>(specify)</i> _____ | \$100.00 | \$100.00 | 12/10/22 |
| | | | | Jason Arp |
| 4. Dave Arp Troy Eason Farm Lane Lillington NC 27546 Contributor's Occupation <i>(if required)</i> _____ | Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <i>(describe)</i> _____ Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous <i>(specify)</i> _____ | \$500.00 | \$500.00 | 12/12/22 |
| | | | | Jason Arp |
| 5. Ryan Cummings 420 Meadows Dr Terre Haute IN 47803 Contributor's Occupation <i>(if required)</i> _____ | Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <i>(describe)</i> _____ Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous <i>(specify)</i> _____ | \$250.00 | \$250.00 | 12/12/22 |
| | | | | Jason Arp |
| SUBTOTAL THIS PAGE OF SCHEDULE A | | \$ 1,550.00 | | |
| TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY <i>(Enter total on ITEM 15a of the Summary Sheet.)</i> | | \$ | | |



**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 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.

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| 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/yy)</i> |
|---|---|-----------------------------------|--|------------------------------------|
| | | | | RECEIVED BY |
| 1. Brandon Harnish 225 Harrison St Bluffton IN 46714 Contributor's Occupation <i>(if required)</i> _____ | Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <i>(describe)</i> _____ Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous <i>(specify)</i> _____ | \$500.00 | \$500.00 | 12/15/22 |
| | | | | Jason Arp |
| 2. Justin Ross 1851 E Brookside Trail Columbia City IN 46725 Contributor's Occupation <i>(if required)</i> _____ | Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <i>(describe)</i> _____ Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous <i>(specify)</i> _____ | \$100.00 | \$100.00 | 12/15/16 |
| | | | | Jason Arp |
| 3. Justin Ross 1851 E Brookside Trail Columbia City IN 46725 Contributor's Occupation <i>(if required)</i> <u>Business Owner</u> | Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <i>(describe)</i> _____ Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous <i>(specify)</i> _____ | \$1,200.00 | \$1,200.00 | 12/16/22 |
| | | | | Jason Arp |
| 4. Jim Arp 5840 Alpine Ct Hoschton GA 30548 Contributor's Occupation <i>(if required)</i> _____ | Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <i>(describe)</i> _____ Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous <i>(specify)</i> _____ | \$200.00 | \$200.00 | 12/15/22 |
| | | | | Jason Arp |
| 5. Fred Glynn 3042 Apilita Ct Carmel IN 46033 Contributor's Occupation <i>(if required)</i> _____ | Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <i>(describe)</i> _____ Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous <i>(specify)</i> _____ | \$200.00 | \$200.00 | 12/17/22 |
| | | | | Jason Arp |
| SUBTOTAL THIS PAGE OF SCHEDULE A | | \$ 2,200.00 | | |
| TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY <i>(Enter total on ITEM 15a of the Summary Sheet.)</i> | | \$ | | |



**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
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| 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/yy)</i> |
|---|---|-----------------------------------|--|------------------------------------|
| | | | | RECEIVED BY |
| 1. Michelle Mena 6308 Castlebrooke Ln Linden NC 28356 Contributor's Occupation <i>(if required)</i> _____ | Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <i>(describe)</i> _____ Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous <i>(specify)</i> _____ | \$100.00 | \$100.00 | 12/18/22 |
| | | | | Jason Arp |
| 2. Jason Arp 12135 Glen Lake Dr. Fort Wayne IN 46814 Contributor's Occupation <i>(if required)</i> <u>Self Employed</u> | Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <i>(describe)</i> _____ Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous <i>(specify)</i> _____ | \$50,000.00 | \$50,100.00 | 12/19/22 |
| | | | | Jason Arp |
| 3. Curt Nisly 2178 E 1100 N Milford IN 46542 Contributor's Occupation <i>(if required)</i> _____ | Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <i>(describe)</i> _____ Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous <i>(specify)</i> _____ | \$100.00 | \$100.00 | 12/19/22 |
| | | | | Jason Arp |
| 4. Ric Runestad 16730 Pine Ridge Pass Leo IN 46765 Contributor's Occupation <i>(if required)</i> _____ | Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <i>(describe)</i> _____ Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous <i>(specify)</i> _____ | \$5,000.00 | \$5,000.00 | 12/20/22 |
| | | | | Jason Arp |
| 5. Tim Bruening 12018 Sycamore Lakes CT Fort Wayne IN 46814 Contributor's Occupation <i>(if required)</i> _____ | Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <i>(describe)</i> _____ Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous <i>(specify)</i> _____ | \$2,000.00 | \$2,000.00 | 12/20/22 |
| | | | | Jason Arp |
| SUBTOTAL THIS PAGE OF SCHEDULE A | | \$ 57,200.00 | | |
| TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY <i>(Enter total on ITEM 15a of the Summary Sheet.)</i> | | \$ | | |



**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**

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| 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/yy)</i> |
|---|---|-----------------------------------|--|------------------------------------|
| | | | | RECEIVED BY |
| 1. Jeff Lewis 1823 Silver Linden Ct Fort Wayne IN 46804 Contributor's Occupation <i>(if required)</i> _____ | Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <i>(describe)</i> _____ Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous <i>(specify)</i> _____ | \$200.00 | \$200.00 | 12/27/22 |
| | | | | Jason Arp |
| 2. Larry Long 4835 W 800 S South Whitley IN 46787 Contributor's Occupation <i>(if required)</i> _____ | Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <i>(describe)</i> _____ Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous <i>(specify)</i> _____ | \$100.00 | \$100.00 | 12/27/22 |
| | | | | Jason Arp |
| 3. Dan Thiele 200 Ln 150 Little Otter Lk Fremont IN 46737 Contributor's Occupation <i>(if required)</i> _____ | Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <i>(describe)</i> _____ Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous <i>(specify)</i> _____ | \$1,000.00 | \$1,000.00 | 12/29/22 |
| | | | | Jason Arp |
| 4. Pam Galloway 3496 S SR 15 Warsaw IN 46580 Contributor's Occupation <i>(if required)</i> _____ | Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <i>(describe)</i> _____ Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous <i>(specify)</i> _____ | \$1,000.00 | \$1,000.00 | 12/29/22 |
| | | | | Jason Arp |
| 5. Jeff Jones 6321 Black Oak Blvd Fort Wayne IN 46835 Contributor's Occupation <i>(if required)</i> _____ | Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <i>(describe)</i> _____ Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous <i>(specify)</i> _____ | \$1,000.00 | \$1,000.00 | 12/29/22 |
| | | | | Jason Arp |
| SUBTOTAL THIS PAGE OF SCHEDULE A | | \$ 3,300.00 | | |
| TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY <i>(Enter total on ITEM 15a of the Summary Sheet.)</i> | | \$ | | |



**REPORT OF RECEIPTS AND EXPENDITURES
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State Form 4806 (R15 / 5-19)
Indiana Election Division (IC 3-9-5-14)

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

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| FILE NUMBER |
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| Page _____ of _____ |

| 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/yy)</i> RECEIVED BY |
|---|---|-----------------------------------|--|---|
| 1. Erin Tuttle 545 E 70th St Indianapolis IN 46220 Contributor's Occupation (if required) _____ | Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) _____ Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify) _____ | \$100.00 | \$100.00 | 12/21/22 Jason Arp |
| 2. Joe Walburn Contributor's Occupation (if required) <u>Financial Services</u> | Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) _____ Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify) _____ | \$1,000.00 | \$1,000.00 | 12/30/22 Jason Arp |
| 3. Jonathan Taylor Contributor's Occupation (if required) _____ | Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) _____ Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify) _____ | \$500.00 | \$1,500.00 | 12/30/22 Jason Arp |
| 4. Contributor's Occupation (if required) _____ | Contributions: <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) _____ Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify) _____ | | | |
| 5. Contributor's Occupation (if required) _____ | Contributions: <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) _____ Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify) _____ | | | |
| SUBTOTAL THIS PAGE OF SCHEDULE A | | \$ 1,600.00 | | |
| TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY <i>(Enter total on ITEM 15a of the Summary Sheet.)</i> | | \$ | | |



**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-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 totalled 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*).

| FILE NUMBER | |
|---------------------|--|
| | |
| Page _____ of _____ | |

| CONTRIBUTOR'S FULL NAME AND 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/yy)</i> |
|---|---|--------------------------------|-------------------------------------|------------------------------------|
| | | | | RECEIVED BY |
| 1. Friends of Jason Arp 12135 Glen Lake Dr. Fort Wayne IN 46814 | Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <i>(describe)</i> _____ Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous <i>(specify)</i> _____ | \$1,405.65 | \$1,405.65 | 8/29/22 |
| | | | | Jason Arp |
| 2. Committee 85 to Elect Stan Jones 18824 Bishop Rd Spenserville IN 46788 | Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <i>(describe)</i> _____ Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous <i>(specify)</i> _____ | \$100.00 | \$100.00 | 9/16/22 |
| | | | | Jason Arp |
| 3. James Shcortgen for school board 1100 E Wildwood Dr Columbia City IN 46725 | Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <i>(describe)</i> _____ Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous <i>(specify)</i> _____ | \$103.71 | \$103.71 | 12/12/22 |
| | | | | Jason Arp |
| 4. Kelly, Tappy Design, LLC 116 East Berry St Ste 700 Fort Wayne IN 46802 | Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <i>(describe)</i> _____ Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous <i>(specify)</i> _____ | \$250.00 | \$250.00 | 12/22/22 |
| | | | | Jason Arp |
| 5. | Contributions: <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind <i>(describe)</i> _____ Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous <i>(specify)</i> _____ | | | |
| | | | | |
| SUBTOTAL THIS PAGE OF SCHEDULE A | | \$ 1,859.36 | | |
| TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY <i>(Enter total on ITEM 15a of the Summary Sheet.)</i> | | \$ 74,709.36 | | |



**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 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 _____ of _____

| RECIPIENT'S NAME AND MAILING ADDRESS <i>(street, number, city, state, ZIP code)</i> | RECIPIENT'S OCCUPATION <i>OFFICE SOUGHT (if applicable)</i> | TYPE OF EXPENDITURE and PURPOSE <i>(be specific)</i> | COLUMN A AMOUNT THIS PERIOD | COLUMN B CUMULATIVE YEAR-TO-DATE | DATE OF EXPENDITURE <i>(mm/dd/yy)</i> |
|---|--|---|-----------------------------------|--|---|
| Code <u>0</u> Proton AG Route de la Galaise 32 1228 Plan-les-Ouates, Geneva, CH | Electronic Comms | <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: | \$155.76 | \$155.76 | 10/25/22 |
| Code <u>0</u> SISU Public Affairs 1100 East Main St. Suite 906 2860, Richmond, VA | Public Affairs | <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: | \$5,000.00 | \$5,000.00 | 12/7/22 |
| Code <u>A</u> Foxwind Films LLC 7157 Kingswood Ct. # 107 Indianapolis, IN 46256 | Videography | <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: | \$2,000.00 | \$2,000.00 | 12/27/22 |
| 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 | | | \$ 7,155.76 | | |
| TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY <i>(Enter total on ITEM 17a of the Summary Sheet.)</i> | | | \$ 7,155.76 | | |



CANDIDATE'S STATEMENT OF ORGANIZATION AND DESIGNATION OF PRINCIPAL COMMITTEE OR EXPLORATORY COMMITTEE

(CFA-1)

State Form 4604 (R15 / 5-19)
Indiana Election Division (IC 3-9-1-3; IC 3-9-1-4; IC 3-9-1-5)

PLEASE TYPE OR PRINT LEGIBLY IN BLACK INK. SEE INSTRUCTIONS ON REVERSE SIDE.

FILE NUMBER

1. IS THIS AN AMENDMENT? Yes No *If Yes, please enter the file number in this box. →*

SECTION A. CANDIDATE INFORMATION: Fill in all applicable boxes as fully and accurately as possible.

| | | | | | | | |
|---|--|----------------------------|--------------------------|--|----------|---|--|
| 2. Last Name Arp | | First Name Jason | | Middle Name David | Nickname | 3. Type of Committee (Check one) <input type="checkbox"/> Candidate's Principal Committee <input checked="" type="checkbox"/> Exploratory Committee | |
| 4. Mailing Address (number and street, city, state, and ZIP code) 12135 Glen Lake Drive | | | | 5. FAX (Optional) () | | 6. E-mail Address (Optional) jasonarp99@gmail.com | |
| 7. City Fort Wayne | | State IN | ZIP Code 46814 | 8. County Allen | | 9. Telephone (Day) (260) 210-0310 | |
| 11. Party Affiliation <input type="checkbox"/> Democratic <input type="checkbox"/> Libertarian <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Other | | | | 12. Office Sought (include district number, if any. Not required for an exploratory committee.) Fort Wayne Mayor | | | |

SECTION B. COMMITTEE INFORMATION: Fill in all applicable boxes as fully and accurately as possible.

| | | | | | | | |
|---|--|--------------------|--------------------------|---|--|--|--|
| 13. Full Name of Committee (Do not abbreviate.) <input checked="" type="checkbox"/> Check if this is a new name. Arp for Mayor | | | | | | | |
| 14. Mailing Address (number and street, city, state, and ZIP code) <input type="checkbox"/> Check if this is a new address. 12135 Glen Lake Drive | | | | 15. FAX (Optional) () | | 16. E-mail Address (Optional) jasonarp99@gmail.com | |
| 17. City Fort Wayne | | State IN | ZIP Code 46814 | 18. County Allen | | 19. Telephone (260) 210-0310 | |
| 20. Committee Organization Date (mm/dd/yy) | | | | | | | |
| 21. Chairperson's Full Name <input checked="" type="checkbox"/> Designate Candidate as Chairperson. <input type="checkbox"/> Check if this is a new chairperson. Jason Arp | | | | | | | |
| 22. Mailing Address (number and street, city, state, and ZIP code) <input type="checkbox"/> Check if this is a new address. SAME AS ABOVE | | | | 23. FAX (Optional) () | | 24. E-mail Address (Optional) | |
| 25. City | | State | ZIP Code | 26. County | | 27. Telephone (Day) | |
| | | | | | | 28. Telephone (Evening) | |
| 29. Bank or Other Depositories (List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.) PNC | | | | | | | |
| 30. Exploratory Committee (Give brief statement explaining purpose of an exploratory committee only.) Fundraising for future Mayoral Campaign | | | | 31. Salaries and Reimbursements (Will the committee pay the candidate a salary or reimbursement for lost wages? If Yes, attach a copy of the contract.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |

SECTION C. APPOINTMENT OF TREASURER (IC 3-9-1-14)

| | | | |
|--|--|----------------------------|--|
| 32. I, as Chairperson of the foregoing committee, appoint the following person as Treasurer of the Committee. | | Person Appointed Treasurer | Signature of the Committee Chairperson |
| 33. Treasurer's Full Name <input checked="" type="checkbox"/> Designate candidate as treasurer. <input type="checkbox"/> Check if this is a new treasurer. | | | |

| | | | | | | | |
|---|--|-------|----------|---------------------------|--|-------------------------------|--|
| 34. Mailing Address (number and street, city, state, and ZIP code) <input type="checkbox"/> Check if this is a new address. | | | | 35. FAX (Optional) () | | 36. E-mail Address (Optional) | |
| 37. City | | State | ZIP Code | 38. County | | 39. Telephone (Day) | |
| | | | | | | 40. Telephone (Evening) | |

SECTION D. ACCEPTANCE OF APPOINTMENT (IC 3-9-1-15)

| | | |
|--|--|---|
| 41. I give notice that I accept the duties and responsibilities of Treasurer of this Committee. I am not the chairperson of a campaign finance committee (except as permitted for a candidate committee under IC 3-9-1-7). | | Signature of Person Accepting Appointment |
|--|--|---|

SECTION E. CERTIFICATION OF STATEMENT

We certify as the candidate and the duly appointed Chairperson of the Committee and that we have examined this statement. To the best of our knowledge and belief it is true, correct and complete.

| | | | |
|--|--|--------------------------|------------------------------------|
| 42. Typed or Printed Name of Chairperson Jason Arp | | Signature of Chairperson | Date (mm/dd/yy) 08/25/22 |
| 43. Typed or Printed Name of Candidate Jason Arp | | Signature of Candidate | Date (mm/dd/yy) 08/25/22 |

FOR OFFICE USE ONLY

FILED ELECTION BOARD
22 AUG 25 PM 1:00

Warning: State law requires that any change in this information be reported within ten (10) days of the change (IC 3-9-1-10). A person who knowingly files a fraudulent report commits a Level 6 D 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, and IC 3-9-4-18).