

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 in all information on this form. For assistance in completing this form, see instructions on the reverse side.

No

IS THIS AN AMENDMENT? Yes

(CFA-4) Summary Sheet

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TOTAL PAGES IN ENTIRE CFA-4 REPORT

1

COMMITTEE INFORMATION							
Full Name of Committee (as on Statement of Organization) Hoosiers for Jerika Clawson Check if this is a new name.							
2. Acronym or Abbreviated Name (if any)		3. Committee Telephone Number 260)609-5899					
Mailing Address (Address where all campaign finance correspondence is received.) 12024 Fisher Road	Check if this is a new	w address.					
5. City, State, ZIP Code Fort Wayne, IN 46818	6. Party Affiliation Republicar						
CANDIDATE INFORMATION (For Candidate's C	ommittees Only		The state of the s				
7 Full Name of Candidate (Include any nickname.) Jerika Clawson	8. Party Affiliation Republication	filiation or If Independent Candidate					
 Office Sought (Include district number, if any. Not required for exploratory committee.) Lake Township Trustee 	10. County of Res	sidence					
TYPE OF REPORT		CONVENTION	CANDIDATES ONLY				
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 State	ement of Organization.)	Check one: Pre-Convention Post-Convention					
12. Reporting Period (mm/dd/yy): From: 10/15/2022 Through: 12/31/2022		OLUMN A is Period	COLUMN B Year to Date				
13. Cash on hand and investments at the beginning of this reporting period.		0					
 Cash on hand and investments January 1, current year. 	想是全国		0				
CONTRIBUTIONS AND RECEIPTS							
(Note: these amounts include in-kind contributions and loans, as well as cash contributions.)			联系发展的表现态				
15a. Itemized (Use Schedule A.)		0	0				
15b. Unitemized		0	0				
15c. Add lines 15a and 15b in both columns.	OTAL	0	0				
16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B.	TOTAL	0	0				
EXPENDITURES			10 Sec. 12.11				
(Note: These amounts include in-kind expenditures and loan repayments.)							
17a. Itemized (Use Schedule B.) (Public Question: use Schedule C.)		0	0				
17b. Unitemized		0	0				
17c. Add lines 17a and 17b in both columns	TOTAL	0	0				
18. Cash on hand and investments at close of this reporting period (Subtract 17c from 16 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	T 22 84 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4				

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 Candidate (if applicable)

Signature of Candidate (if applicable)

Treasurer

Title

Treasurer

Title

Treasurer

Date (mm/dd/yy)

1/16/2023

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