

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.

4. Mailing Address (Address where all campaign finance correspondence is received.)

9. Office Sought (Include district number, if any. Not required for exploratory committee.)

TYPE OF REPORT

CONTRIBUTIONS AND RECEIPTS

EXPENDITURES

(Note: these amounts include in-kind contributions and loans, as well as cash contributions.)

18. Cash on hand and investments at close of this reporting period (Subtract 17c from 16 in both columns.)

IS THIS AN AMENDMENT? Yes No

1. Full Name of Committee (as on Statement of Organization)

Hoosiers for Hannah

2510 Green Ash Court

7. Full Name of Candidate (Include any nickname.)

Pre-Primary Pre-Election Annual Nomination Other

14. Cash on hand and investments January 1, current year.

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

16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B.

(Note: These amounts include in-kind expenditures and loan repayments.) 17a. Itemized (Use Schedule B.) (Public Question: use Schedule C.)

2. Acronym or Abbreviated Name (if any)

5. City, State, ZIP Code

11. Check one:

15b. Unitemized

17b. Uniternized

From:

12. Reporting Period (mm/dd/yy):

15a. Itemized (Use Schedule A.)

15c. Add lines 15a and 15b in both columns.

17c. Add lines 17a and 17b in both columns.

19. Debts OWED BY the committee (Use Schedule D.)

20. Debts OWED TO the committee (Use Schedule E.)

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Summary	Shee	et ''	

FILE NUMBER TOTAL PAGES IN ENTIRE CFA-4 REPORT COMMITTEE INFORMATION Check if this is a new name. 3. Committee Telephone Number (260)602-6200Check if this is a new address 6. Party Affiliation (if applicable) Fort Wayne, IN 46845 Repub

CANDIDATE INFORMATION (For Candidate's Committees Only) Republican 8. Party Affiliation or If Independent Candidate Kenublican 10. County of Residence Allen CONVENTION CANDIDATES ONLY Check one: Pre-Convention Post-Convention Final / Disbands Committee (Lines 18, 19, and 20 must be *0".) Outgoing Treasurer (Within ten (10) days amend Statement of Organization.) COLUMN A COLUMN B This Period Year to Date 160.66 160.66 0.00 0.00 SUBTOTAL TOTAL 0.00 SUBTOTAL **TOTAL** 00,0 0.00 FOR OFFICE USE ONLY

CERTIFICATION		FOR OFFICE USE ONLY
I CERTIFY THAT I HAVE EXAMINED THIS STATEMENT. TO THE BEST OF MY KNOWLEDGE AND BELIEF IT IS TRU	JE, CORRECT AND COMPLETE.	
Signature of Treasurer Title Treasurer	Date (mm/dd/yy) 01/16/23	
Signature of Candidate (if applicable)	Date (mm/dd/yy)	ILED ELECTION BOARD '23 JAN 19 AM9:23

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)