



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

State Form 4606 (R14 / 10-17)  
Indiana Election Division (IC 3-9-5-14)

OF

**(CFA-4)  
Summary Sheet**

<b>FILE NUMBER</b>
<b>TOTAL PAGES IN ENTIRE CFA-4 REPORT</b>
1

**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

**COMMITTEE INFORMATION**

1. Full Name of Committee (as on <i>Statement of Organization</i> ) <input type="checkbox"/> Check if this is a new name. <b>Bruce A Hayes</b>	
2. Acronym or Abbreviated Name (if any)	3. Committee Telephone Number (260 )705.4856
4. Mailing Address ( <i>Address where all campaign finance correspondence is received.</i> ) <input type="checkbox"/> Check if this is a new address. 1627 Thistle Lane	
5. City, State, ZIP Code Fort Wayne, IN 46825	6. Party Affiliation (if applicable) Democrat

**CANDIDATE INFORMATION (For Candidate's Committees Only)**

7. Full Name of Candidate ( <i>Include any nickname.</i> ) Bruce A Hayes	8. Party Affiliation or If Independent Candidate Democrat
9. Office Sought ( <i>Include district number, if any. Not required for exploratory committee.</i> ) Washington Township Board	10. County of Residence Allen

**TYPE OF REPORT** **CONVENTION CANDIDATES ONLY**

11. Check one: <input type="checkbox"/> Pre-Primary <input type="checkbox"/> Pre-Election <input checked="" type="checkbox"/> Annual <input type="checkbox"/> Nomination <input type="checkbox"/> Other _____ <input checked="" type="checkbox"/> Final / Disbands Committee ( <i>Lines 18, 19, and 20 must be "0".</i> ) <input type="checkbox"/> Outgoing Treasurer ( <i>Within ten (10) days amend Statement of Organization.</i> )	Check one: <input type="checkbox"/> Pre-Convention <input type="checkbox"/> Post-Convention
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12. Reporting Period (mm/dd/yy): From: 01/01/22 Through: 12/31/22	<b>COLUMN A This Period</b>	<b>COLUMN B Year to Date</b>
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**

<i>(Note: these amounts include in-kind contributions and loans, as well as cash contributions.)</i>		
15a. Itemized (Use Schedule A.)	\$ 0.00	\$ 0.00
15b. Unitemized	\$200.00	\$200.00
15c. Add lines 15a and 15b in both columns. <b>SUBTOTAL</b>	\$200.00	\$200.00
16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B. <b>TOTAL</b>	\$200.00	\$200.00

**EXPENDITURES**

<i>(Note: These amounts include in-kind expenditures and loan repayments.)</i>		
17a. Itemized (Use Schedule B.) ( <i>Public Question: use Schedule C.</i> )		
17b. Unitemized	\$200.00	\$200.00
17c. Add lines 17a and 17b in both columns. <b>SUBTOTAL</b>	\$200.00	\$200.00
18. Cash on hand and investments at close of this reporting period ( <i>Subtract 17c from 16 in both columns.</i> ) <b>TOTAL</b>	\$ 0.00	\$ 0.00
19. Debts OWED BY the committee (Use Schedule D.)	\$ 0.00	
20. Debts OWED TO the committee (Use Schedule E.)	\$ 0.00	

**CERTIFICATION** **FOR OFFICE USE ONLY**

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>Bruce A Hayes</i>	Title Treasurer	Date (mm/dd/yy) 01/19/23
Signature of Candidate (if applicable) <i>Bruce A. Hayes</i>		Date (mm/dd/yy) 01/19/23
<b>WARNING:</b> 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)		