

## 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			
Full Name of Committee (as on Statement of Organization)  Check if this is a new n	ame.		
Friend's of Sean Johnson for Change		7.1.1	
Acronym or Abbreviated Name (if any)	3. Committee Telephone Number (260) 348-3667		
4. Mailing Address (Address where all campaign finance correspondence is received.)	heck if this is a	new address.	
1213 Taylor St Fort, Wayne IN 46802			
5. City, State, ZIP Code Fort Warful, 1N 46802	6. Party Affiliation (if applicable)  demo wati		
CANDIDATE INFORMATION (For Candidate's Co	ommittees O	nly)	
7. Full Name of Candidate (Include any nickname.)	Party Affiliation or If Independent Candidate		
Sean Johnson	denocratic.		
Office Sought (Include district number, if any. Not required for exploratory committee.)	10. County of Residence All-en		
TYPE OF REPORT		CONVEN	ITION 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".) Outgoing Treasurer (Within ten (10) days amend Statement of Organization.)			
12. Reporting Period (mm/dd/yy):		COLUMN A	COLUMN B
From: 10/15/2022 Through: 12/31/2022		This Period	Year to Date
13. Cash on hand and investments at the beginning of this reporting period.		\$ 33	
14. Cash on hand and investments January 1, current year.			0
CONTRIBUTIONS AND RECEIPTS			
(Note: these amounts include in-kind contributions and loans, as well as cash contributions.)		5.00	
15a. Itemized (Use Schedule A.)		491	0
15b. Uniternized		0	0
15c. Add lines 15a and 15b in both columns.	7	# 91	0
16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B.	OTAL \$	130	0
EXPENDITURES			
(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.	OTAL	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	
CERTIFICATION			FOR OFFICE USE ONLY
I CERTIFY THAT I HAVE EXAMINED THIS STATEMENT. TO THE BEST OF MY KNOWLEDGE AND BELIEF IT IS TRUE.	UE, CORRECT AND COMPLETE.  Date (mm/dd/yy)		
Signature of Treasurer  Title  Treasurer	Ol/	18/23	
Signature of Candidate (if applicable)	Date (n	nm/dd/yy)	

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)