



**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**

**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.

FILE NUMBER
TOTAL PAGES IN ENTIRE CFA-4 REPORT
3

IS THIS AN AMENDMENT?  Yes  No

**COMMITTEE INFORMATION**

1. Full Name of Committee (as on Statement of Organization)  Check if this is a new name.  
**Nicole Keesling for Allen County**

2. Acronym or Abbreviated Name (if any)

3. Committee Telephone Number  
( 260 ) 797-3092

4. Mailing Address (Address where all campaign finance correspondence is received.)  Check if this is a new address.  
127 Estero Road

5. City, State, ZIP Code  
Fort Wayne, IN 46845

6. Party Affiliation (if applicable)  
Republican

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

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

8. Party Affiliation or if Independent Candidate  
Republican

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

10. County of Residence  
Allen

**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 Statement of Organization.)

Check one:  
 Pre-Convention  
 Post-Convention

12. Reporting Period (mm/dd/yy): From: 10/22/2022 Through: 12/31/2022	COLUMN A This Period	COLUMN B Year to Date
13. Cash on hand and investments at the beginning of this reporting period.	\$3240.76	
14. Cash on hand and investments January 1, current year.		\$3950.76

**CONTRIBUTIONS AND RECEIPTS**

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

15a. Itemized (Use Schedule A.)	\$700.00	\$700.00
15b. Unitemized		
15c. Add lines 15a and 15b in both columns. SUBTOTAL	\$700.00	\$700.00
16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B. TOTAL	\$3940.76	\$4650.76

**EXPENDITURES**

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

17a. Itemized (Use Schedule B.) (Public Question: use Schedule C.)	\$250.00	\$960.00
17b. Unitemized		
17c. Add lines 17a and 17b in both columns. SUBTOTAL	\$250.00	\$960.00
18. Cash on hand and investments at close of this reporting period (Subtract 17c from 16 in both columns.) TOTAL	\$3690.76	\$3690.76
19. Debts OWED BY the committee (Use Schedule D.)		
20. Debts OWED TO the committee (Use Schedule E.)		

**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: *[Signature]* Title: *Treasurer* Date (mm/dd/yy): *1-17-23*

Signature of Candidate (if applicable): *[Signature]* Date (mm/dd/yy): *1/17/2023*

FILED ELECTION BOARD  
'23 JAN 17 PM 1:14



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Indiana Election Division (IC 3-9-5-14)

**(CFA-4 SCHEDULE A-4)  
CONTRIBUTIONS BY  
POLITICAL ACTION COMMITTEES  
Itemized Contributions and Other Receipts**

**INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY POLITICAL ACTION COMMITTEES 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 political action committees **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 political action 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*).

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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. <b>Indiana Realtors Political</b> <b>143 W. Market Street, Suite 100</b> <b>Indianapolis, IN 46204</b>	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> _____	<b>\$700.00</b>	<b>\$700.00</b>	<b>11/23/22</b>
				<b>SJC</b>
2.	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> _____			
3.	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> _____			
4.	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> _____			
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> _____			
<b>SUBTOTAL THIS PAGE OF SCHEDULE A</b>		<b>\$ 700.00</b>		



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State  
Indiana

**(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

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RECIPIENT'S NAME AND MAILING ADDRESS <i>(street, number, city, state, ZIP code)</i>	RECIPIENT'S OCCUPATION	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>
	OFFICE SOUGHT <i>(if applicable)</i>				
Code <u>C</u> Indiana Leadership Forum (Samantha Chenery) PO Box 3021 Indianapolis, IN 46206	Chief Deputy Treasurer	<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:	\$250.00	\$250.00	12/20/22
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:			
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:			
<b>SUBTOTAL THIS PAGE OF SCHEDULE B</b>			\$250.00		
<b>TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY</b>					