

## REPORT OF RECEIPTS AND EXPENDITURES A POLITICAL COMMITTEE

State Form 4606 (R14 / 10-17)

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

Signature of Candidate (if applicable

**INSTRUCTIONS:** Please type or print legibly **IN BLACKINK** all information on this form. For assistance in completing this form, see instructions on the reverse side.

IS THIS AN AMENDMENT? Yes

(CFA-4)

**OF** 

**Summary Sheet** 

| FILE NUMBER                        |
|------------------------------------|
|                                    |
| TOTAL PAGES IN ENTIRE CFA-4 REPORT |
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| COMMITTEE INFORM  | ATION   | 4 5 4 5             | 20 J            |                      |  |  |
|---|---|---------------------|-----------------|----------------------|--|--|
|   | is a new name.  |                     |                 |                      |  |  |
| The Committee to Elect Steve McMichael  |   |                     |                 |                      |  |  |
| 2. Acronym or Abbreviated Name (if any)   |   |                     |                 | elephone Number      |  |  |
|   |   |                     | 602-6606        |                      |  |  |
| 4. Mailing Address (Address where all campaign finance correspondence is received.)                                   | Check if the  | nis is a new a      | address.        |                      |  |  |
| 715 Broadway Street   |   |                     |                 |                      |  |  |
| 5. City, State, ZIP Code 6. Party Affiliation   |   |                     |                 | e) Republican        |  |  |
| ew Haven, IN 46774  |   |                     |                 |                      |  |  |
| CANDIDATE INFORMATION (For Candid   | date's Committe   | ees Only)           |                 |                      |  |  |
| 7. Full Name of Candidate (Include any nickname.)   |   | -                   | ident Candidate |                      |  |  |
| Steven S McMichael  | Repub   | lican               |                 |                      |  |  |
| 9. Office Sought (Include district number, if any. Not required for exploratory committee                             | nclude district number, if any. Not required for exploratory committee.)  10. County of Residence Allen |                     |                 |                      |  |  |
| Mayor-City of New Haven   |   |                     |                 |                      |  |  |
| TYPE OF REPORT  | 1000  |                     | CONVENT         | TION CANDIDATES ONLY |  |  |
| 11. Check one:  Pre-Primary Pre-Election xx Annual Nomination Other   |   |                     | Check one:      |                      |  |  |
|   |   |                     | Pre-Convention  |                      |  |  |
| Final / Disbands Committee (Lines 18, 19, and 20 must be "0".) xxx Outgoing Treasurer (Within ten (10) d              | lays amend Statement of   | Organization.)      | Post-0          | Convention           |  |  |
| 12. Reporting Period (mm/dd/yy):  |   | COL                 | .UMN A          | COLUMN B             |  |  |
| m:12/27/22 Through:12/31/22   |   |                     | Period          | Year to Date         |  |  |
| 13. Cash on hand and investments at the beginning of this reporting period.   |   |                     | 75              |                      |  |  |
| 14. Cash on hand and investments January 1, current year.   | 40,021.77   |                     |                 |                      |  |  |
| CONTRIBUTIONS AND RECEIPTS  |   |                     |                 |                      |  |  |
| (Note: these amounts include in-kind contributions and loans, as well as cash contributions                           | ons.)   | 0                   |                 | 40.050.00            |  |  |
| 15a. Itemized (Use Schedule A.)   |   |                     |                 | 48,852.06            |  |  |
| 15b. Unitemized   |   |                     | <u> </u>        | 404.90               |  |  |
| 15c. Add lines 15a and 15b in both columns.   |   |                     |                 | 49256.96             |  |  |
| 16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B.  | TOTAL   | 0                   |                 | 89,278.73            |  |  |
| EXPENDITURES  |   |                     |                 |                      |  |  |
| (Note: These amounts include in-kind expenditures and loan repayments.)   |   | 0                   |                 | 40,000,00            |  |  |
| 17a. Itemized (Use Schedule B.) (Public Question: use Schedule C.)  |   |                     |                 | 18,062.98            |  |  |
| 17b. Unitemized   |   |                     | 0 18062.08      |                      |  |  |
| 17c. Add lines 17a and 17b in both columns.   | SUBTOTAL  | 0                   |                 | 18062.98             |  |  |
| 18. Cash on hand and investments at close of this reporting period (Subtract 17c from 16 in both colu                 | imns.) TOTAL  | 71,215              | ./5             | 71,215.75            |  |  |
| 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   |   |                     |                 |                      |  |  |
| CERTIFY THAT I HAVE EXAMINED THIS STATEMENT. TO THE BEST OF MY KNOWLEDGE AND BELIEF IT IS TRUE, CORRECT AND COMPLETE. |   |                     |                 |                      |  |  |
| Signature of Treasurer Title/Treasurer  |   | Date <i>01/01/2</i> | 3               |                      |  |  |

Date 01/01/23