



REPORT OF RECEIPTS AND EXPENDITURES OF A POLITICAL COMMITTEE

State Form 4608 (R15/5-10)

Indiana Election Division (IC 3-8-14)

(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.

IS THIS AN AMENDMENT? Yes No

FILE NUMBER
TOTAL PAGES IN ENTIRE CFA-4 REPORT
5

COMMITTEE INFORMATION

1. Full Name of Committee (see on Statement of Organization) Check if this is a new name.
Scottmyersmd.com

2. Acronym or Abbreviated Name (if any)

3. Committee Telephone Number
 (202) 874-0011

4. Mailing Address (Address where all campaign finance correspondence is received) Check if this is a new address.
2003 Lake Front Dr.

5. City, State, ZIP Code
Fort Wayne, IN 46804

6. Party Affiliation (if applicable)

CANDIDATE INFORMATION (For Candidate's Committees Only)

7. Full Name of Candidate (Include any nickname.)
Dr. Scott Myers

8. Party Affiliation or if Independent Candidate
Republican

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

10. County of Residence
Allen

TYPE OF REPORT

11. Check one:
 Pre-Primary Pre-Election Annual Nomination Other
 Final / Disbands Committee (Lines 16, 18, and 20 must be "0") Outgoing Treasurer (Within ten (10) days amend Statement of Organization)

CONVENTION CANDIDATES ONLY
 Pre-Convention Post-Convention

12. Reporting Period (mm/dd/yy): From: 10/15/2022 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.	1,861.94	2,102.18
14. Cash on hand and investments January 1, current year.		

CONTRIBUTIONS AND RECEIPTS

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

15a. Itemized (Use Schedule A.)	19,549.00	49,940.99
15b. Unitemized		
15c. Add lines 15a and 15b in both columns.	SUBTOTAL 19,549.00	
16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B.	TOTAL 21,410.94	52,043.12

EXPENDITURES

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

17a. Itemized (Use Schedule B.) (Public Question: use Schedule C.)	15,549.00	46,181.18
17b. Unitemized		
17c. Add lines 17a and 17b in both columns.	SUBTOTAL 15,549.00	46,181.18
18. Cash on hand and investments at close of this reporting period (Subtract 17c from 16 in both columns.)	TOTAL 5861.94	5861.94
19. Debts OWED BY the committee (Use Schedule D.)	21,549.00	
20. Debts OWED TO the committee (Use Schedule E.)		

CERTIFICATION

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 _____ Title _____ Date (mm/dd/yy) _____

Signature of Candidate (if applicable) *Scott Myers* Date (mm/dd/yy) **01/15/23**

FOR OFFICE USE ONLY

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)



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

State Form 4805 (R10/9-19)

Indiana Election Division (IC 3-2-5-14)

**(CFA-4 SCHEDULE A-1)
CONTRIBUTIONS BY INDIVIDUALS
Itemized Contributions and Other Receipts**

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY INDIVIDUALS 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 report contributions and receipts listed on **ITEM 15a** of the Summary Sheet. All cumulative contributions from individuals **OVER \$100** per contributor, within a calendar year **MUST** be itemized on this schedule (over \$200, if regular party committee). 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). A contributor's occupation is required if an individual makes at least \$1,000 in contributions during the calendar year. Otherwise, this is optional.

FILE NUMBER _____
Page 2 of 5

CONTRIBUTOR'S FULL NAME AND OCCUPATION 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>(month/year)</i> RECEIVED BY
1. Dr. Scott Myers 2003 Lake Front Dr Fort Wayne, IN 46814 Contributor's Occupation (if required) _____	Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) _____ Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify) _____	3,000.00	25,000.00	12/29/2022 Dr. Scott Myers
2. Dr. Scott Myers 2003 Lake Front Dr Fort Wayne, IN 46814 Contributor's Occupation (if required) _____	Contributions: <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) _____ Other Receipts: <input type="checkbox"/> Interest <input checked="" type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify) _____	15,549.00	40,549.00	12/01/2022 Dr. Scott Myers
3. Contributor's Occupation (if required) _____	Contributions: <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) _____ Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify) _____			
4. Contributor's Occupation (if required) _____	Contributions: <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) _____ Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify) _____			
5. Contributor's Occupation (if required) _____	Contributions: <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) _____ Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify) _____			
SUBTOTAL THIS PAGE OF SCHEDULE A		\$ 18,549.00		
TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY <i>(Enter total on ITEM 15a of the Summary Sheet.)</i>		\$		



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

State Form 4628 (R15 / 5-16)

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

**(CFA-4 SCHEDULE A-5)
CONTRIBUTIONS BY
OTHER ORGANIZATIONS**

Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY ORGANIZATIONS OTHER THAN CORPORATIONS, LABOR ORGANIZATIONS, POLITICAL ACTION COMMITTEES AND INDIVIDUALS 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 listed on **ITEM 15a** of the Summary Sheet. All cumulative contributions from other entities **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 candidate's, legislative caucus, and regular party committees **MUST be itemized on this schedule.** All cumulative receipts, (such as loan proceeds and repayments, refunds, receipts, 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).**

FILE NUMBER:

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CONTRIBUTOR'S FULL NAME AND FULL MAILING ADDRESS (street number, city, state, zip code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED (month/year) RECEIVED BY
1 Bob Morris for State Representative 6344 E. State Blvd. Fort Wayne	Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify)	1000.00	1,000.00	12/29/2022 Dr. Scott Myers
2	Contributions: <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify)			
3	Contributions: <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify)			
4	Contributions: <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify)			
5	Contributions: <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify)			

SUBTOTAL THIS PAGE OF SCHEDULE A \$ 1,000.00

TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY \$ 19,549.00
(Enter total on ITEM 15a of the Summary Sheet.)



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

4008 (R16 / 5-19)
Indiana Election Division (IC 3-4-4-14)

State Form

**(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 (listed 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 <i>(OFFICE SOUGHT - if applicable)</i>	TYPE OF EXPENDITURE <i>(ONE - PURPOSE REQUIRED)</i>	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE OF EXPENDITURE <i>(mm/dd/yy)</i>
Code <u>A</u> Specialized Printed Products 716 Metro Park Dr N Fort Wayne, IN 46818	Printer	<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other Purpose: Printing and mailing	1,008.00	8,745.85	12/01/2022
Code <u>A</u> Specialized Printed Products 716 Metro Park Dr N Fort Wayne, IN 46818	Printer	<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other Purpose: Printing and mailing	2,344.00	11,089.85	12/01/2022
Code <u>A</u> Specialized Printed Products 716 Metro Park Dr N Fort Wayne, IN 46818	Printer	<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other Purpose: Printing and mailing	3,355.00	14,444.85	12/01/2022
Code <u>A</u> Specialized Printed Products 716 Metro Park Dr N Fort Wayne, IN 46818	Printer	<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other Purpose: Printing and mailing	6,353.00	20,797.85	10/17/2022
Code <u>O</u> Hoot Consulting 14534 Minnich Rd Hoagland, IN 46745	Campaign Consultant	<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other Purpose: Campaign Consultant	325.00	325.00	10/31/2022
Code <u>A</u> Right Strategies 201 Robert S Kerr Ave Suite 710, Oklahoma City, OK 73102	Tech Communications	<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other Purpose: Direct messaging	251.00	251.00	11/03/2022
Code <u>A</u> Bott Radio		<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other Purpose: Radio	1,340.00	2,339.25	10/17/2022
SUBTOTAL THIS PAGE OF SCHEDULE B			\$14,976.00		
TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY <i>(Enter total on ITEM 17a of the Summary Sheet.)</i>			\$		

REPORT OF RECEIPTS AND EXPENDITURES OF A POLITICAL COMMITTEE

OMB (181) 1-10
 Release under E.O. 13526

Form

**(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 (based on ITEM 17a of the Summary Sheet). All cumulative expenses paid to individuals, institutions, 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 campaign expenses, including in-kind, regardless of amount paid to political committees, (such as transfers out from committees, legislative caucuses, political action, or regular party committees) MUST be itemized on this schedule.

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RECIPIENT'S NAME AND MAILING ADDRESS <small>(Street number, city, state, ZIP code)</small>	INDUSTRY'S OCCUPATION <small>OFFICE SYMBOL (if applicable)</small>	TYPE OF EXPENDITURE <small>(Direct, In-Kind, Payment of Debt, Returned Contribution, Other)</small>	COLUMN 4 AMOUNT PERIOD	COLUMN 5 CUMULATIVE (\$22 TO DATE)	DATE OF TRANSACTION
Code <u>A</u> WOWO, Fort Wayne, IN	Radio	<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other Purpose: Radio Ads	450.00	4,700.00	10/27/2022
Code <u>C</u> Allen County GOP	GOP	<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other Purpose:	75.00	732.50	10/27/2022
Code <u>O</u> Google/Gmail	Tech provider	<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other Purpose: Email monthly charges	18.00	38.00	12/01/2022
Code <u>O</u> Fifth Third Bank 5925 Illinois Rd, Fort Wayne, IN 46804	Bank	<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other Purpose: Bank fee	30.00	128.00	12/01/2022
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:			
SUBTOTAL THIS PAGE OF SCHEDULE B			\$ 573.00		
TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY <i>(Enter total on ITEM 17a of the Summary Sheet.)</i>			\$ 15,549.00		