REPORT OF RECEIPTS AND EXPENDITURES OF A POLITICAL COMMITTEE

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

(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

COMMITTEE INFORMATION

1. Full Name of Committee (as on Statement of Organization)   ☐ Check if this is a new name.

Curtis for County Council

2. Acronym or Abbreviated Name (if any)

3. Committee Telephone Number

(260) 444-6883

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

2523 Belfast Drive

5. City, State, ZIP Code

Fort Wayne IN 46805

6. Party Affiliation (if applicable)

Democrat

CANDIDATE INFORMATION (For Candidate's Committees Only)

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

Curtis James Nash

8. Party Affiliation or If Independent Candidate

Democrat

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

10. County of Residence

Allen

TYPE OF REPORT

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.)

CONVENTION CANDIDATES ONLY

Check one:

☐ Pre-Convention

☐ Post-Convention

	COLUMN A This Period	COLUMN B Year to Date
12. Reporting Period (mm/dd/yy): From: 10/14/22 Through: 12/31/22		
13. Cash on hand and investments at the beginning of this reporting period.	73.48	
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.)		
15a. Itemized (Use Schedule A.)	0	
15b. Unitemized	0	
15c. Add lines 15a and 15b in both columns. SUBTOTAL	0	
16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B. TOTAL	73.48	
EXPENDITURES		
(Note: These amounts include in-kind expenditures and loan repayments.)		
17a. Itemized (Use Schedule B.) (Public Question: use Schedule C.)	73.48	73.48
17b. Unitemized		
17c. Add lines 17a and 17b in both columns. SUBTOTAL	73.48	73.48
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.)		
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 _____   Title _____   Date (mm/dd/yy) 01/12/23

Signature of Candidate (if applicable) _____   Date (mm/dd/yy) 01/12/23

FILED ELECTION BOARD
'23 JAN 13 AM 11:09

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 4606 (R15 / 5-19)
Indiana Election Division (IC 3-9-5-14)

(CFA-4 SCHEDULE B)
ITEMIZED EXPENDITURES

FILE NUMBER

Page __2__ of __2__

RECIPIENT'S NAME AND MAILING ADDRESS (street, number, city, state, ZIP code)	RECIPIENT'S OCCUPATION / OFFICE SOUGHT (if applicable)	TYPE OF EXPENDITURE and PURPOSE (be specific)	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE OF EXPENDITURE (mm/dd/yy)
Code **C** Humane Fort Wayne 1333 Maycrost Dr Fort Wayne IN 46805	Animal Shelter Clinic	☒ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other ___ Purpose:	73.48	73.48	12/31/22
Code ___		☐ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other ___ Purpose:			
Code ___		☐ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other ___ Purpose:			
Code ___		☐ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other ___ Purpose:			
Code ___		☐ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other ___ Purpose:			
Code ___		☐ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other ___ Purpose:			
Code ___		☐ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other ___ Purpose:			
SUBTOTAL THIS PAGE OF SCHEDULE B			$		
TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY *(Enter total on ITEM 17a of the Summary Sheet.)*			$		