

REPORT OF RECEIPTS AND EXPENDITURES A POLITICAL COMMITTEE

State Form 4606 (R14 / 10-17) 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?

(CFA-4) **Summary Sheet**

FILE NUMBER TOTAL PAGES IN ENTIRE CFA-4 REPORT

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COMMITTEE INFORMATION							
1. Full Name of Committee (as on Statement of Organization)							
Curtis for County Council	train Autoritation acts						
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 Fact Wayne IN 46805	6. Party Affiliation (if applicable) O e Mo crat						
CANDIDATE INFORMATION (For Candidate's Committees Only)							
7. Full Name of Candidate (Include any nickname.)	8. Party Affiliation or If Independent Candidate Democrat						
Office Sought (Include district number, if any. Not required for exploratory committee.)	10. County of Residence						
TYPE OF REPORT	CONVENTION CANDIDATES ONLY						
11. Check one: Pre-Primary Pre-Election MAnnuel Nomination Other	Check one: 15, 1975 A. 111 A.						
Final / Disbands Committee (Lines 18, 19, and 20 must be "0") Outgoing Treasurer (Within ten (10) days amend State.	ment of Organization.)* Post-Convention (1994) (1994)						
12. Reporting Period (mm/dd/yy): From: /0/14/22 Through: /2/31/22	COLUMN A COLUMN B This Period Year to Date						
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.	in a continuation of the c						
CONTRIBUTIONS AND RECEIPTS							
(Note: these amounts include in-kind contributions and loans, as well as cash contributions.)	the second of th						
15a. Itemized (Use Schedule A.)							
15b. Unitemized	<u> </u>						
15c. Add lines 15a and 15b in both columns.							
	OTAL 73-98						
EXPENDITURES (Note: These amounts include in-kind expenditures and loan repayments.)							
	72 49 72 48 AM						
17h Unitemized	7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7						
17c. Add lines 17a and 17b in both columns.	OTAL 73.48 73.48						
	TOTAL (/						
19. Debts OWED BY the committee (Use Schedule D.)							
20. Debts OWED TO the committee (Use Schedule E.)	The state of the s						
CERTIFICATION FOR OFFICE USE ONLY							
I CERTIFY THAT I HAVE EXAMINED THIS STATEMENT. TO THE BEST OF MY KNOWLEDGE AND BELIEF IT IS TR Signature of Treesurer Title	Date (m/n/dd/yy)						
Sign of the at Condition (if of liver the	Date (fam/dd/ed)						
Signature of Campidate (if applicable)	101//2/2 LECTION BURRD						

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 3-94-14) and may be subject to civil penalties. (IC 3-94-16, IC 3-94-17, IC 3-94-18)



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

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.

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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)
Humane Fort Wayne 1333 Maycrost Dr Fort Wayne IN 46805	Animal She Hell Clinic	Payment of Debt Returned Contribution Other Purpose:			12/31/
Code 13 100 50 50 100 50 50 100 50 50 100 50 50 100 50 50 100 50 100 50 100 50 100 50 100 50 100 50 100 50 100 50 100 50 100 50 100 50 100 50 100 50 100 50 100 50 100 50 50 100 50 50 50 100 50 50 50 50 50 50 50 50 50 50 50 50 5	and the fetting of the State of	Direct In-Kind Payment of Debt Returned Contribution Other Add St. 65 Purpose:	1, 44,50, 466	e Blace and Comment	i strategrafik
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<u> </u>	SUBTOTAL THIS PAG	E OF SCHEDULE B	\$		
TOTAL OF ALL PA	GES OF SCHEDULE B ON THE (Enter total on ITEM 17a of the		\$		