

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 X No

1. Full Name of Committee (as on Statement of Organization) Check if this is a new name. Committee to elect Patricia (Pat) Turner to Wayne Township Board

2. Acronym or Abbreviated Name (if any)

3. Committee Telephone Number (260 ) 466-1123

4. Mailing Address (Address where all campaign finance correspondence is received.)

Check if this is a new address.

314 East Williams

5. City, State, ZIP Code

Fort Wayne, IN, 46803

6. Party Affiliation (if applicable)

Democrat

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

Patricia Turner

8. Party Affiliation or if Independent Candidate

Democrat

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

Wayne Township Board

10. County of Residence, Allen

11. Check one:

Pre-Primary Pre-Election x Annual Nomination Other

Check one:

Pre-Convention

Post-Convention

Final / Disbands Committee (Lines 18, 19, and 20 must be "0") Outgoing Treasurer (Within ten (10) days amend Statement of Organization.)

12. Reporting Period (mm/dd/yy):

From: 10/15/22

Through: 12/31/22

13. Cash on hand and investments at the beginning of this reporting period.

0

14. Cash on hand and investments January 1, current year.

0

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

15a. Itemized (Use Schedule A.)

0

0

15b. Unitemized

0

0

15c. Add lines 15a and 15b in both columns.

0

0

SUBTOTAL

16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B.

0

0

TOTAL

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

17a. Itemized (Use Schedule B.) (Public Question: use Schedule C.)

0

0

17b. Unitemized

0

0

17c. Add lines 17a and 17b in both columns.

0

0

SUBTOTAL

18. Cash on hand and investments at close of this reporting period (Subtract 17c from 16 in both columns.)

0

0

TOTAL

19. Debts OWED BY the committee (Use Schedule D.)

0

20. Debts OWED TO the committee (Use Schedule E.)

0

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

[Handwritten Signature]

Title Date Candidate (mm/dd/yy) 1/18/23