

REPORT OF RECEIPTS AND EXPENDITURES OF A POLITICAL COMMITTEE

State Form 4606 (R15 / 5-19) 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? ✓ Yes Νo

Julilliary Silect			
FILE NUMBER			
TAL PAGES IN ENTIRE CFA-4 REPORT			

COMMITTEE INFORMATION					
Full Name of Committee (as on Statement of Organization) Committee to Elect Audrey Davis to FW City Council Check if this is a new	ame.				
2. Acronym or Abbreviated Name (if any)	3. Committee Telephone Number (260) 366-3659				
4. Mailing Address (Address where all campaign finance correspondence is received.) Check if this is a new address.					
5. City, State, ZIP Code Fort Wayne, IN 46804	6. Party Affiliation (if applicable) Democratic				
CANDIDATE INFORMATION (For Candidate's Committees Only)					
7. Full Name of Candidate (Include any nickname.) Audrey Rose Davis	Party Affiliation or if Independent Candidate Democratic				
9. Office Sought (Include district number, if any. Not required for exploratory committee.) Fort Wayne City Council (At-large)	10. County of Residence Allen				
TYPE OF REPORT		CONVENTION	CANDIDATES ONLY		
11. Check one: Pre-Primary Pre-Election Annual Nomination Other		Check one: Pre-Convention			
Final / Disbands Committee (Lines 16, 19, and 20 must be 10.) Utgoing Treasurer (Within ten (10) days amend Statement of Organization.)					
12. Reporting Period (mm/dd/yy): From: 01/01/2023 Through: 04/07/2023		COLUMN A This Period	COLUMN B Year to Date		
13. Cash on hand and investments at the beginning of this reporting period.		5,104.83			
14. Cash on hand and investments January 1, current year. 5,104.83					
CONTRIBUTIONS AND RECEIPTS					
(Note: these amounts include in-kind contributions and loans, as well as cash contributions.)		44.050.67	44.050.67		
15a. Itemized (Use Schedule A.)		14,959.67 1,748.96	14,959.67 1,748.96		
15b. Uniternized	OTA:	16,703,63	16.703.63		
15c, Add lines 15a and 15b in both columns.	·····		21,808.46		
	OTAL	21,808.46	21,000.40		
(Note: These amounts include in-kind expenditures and loan repayments.)					
17a. Itemized (Use Schedule B.) (Public Question: use Schedule C.)		8,310,91	8,310,91		
17b. Unitemized	· · · · · · · · · · · · · · · · · · ·	445.12	445.12		
	OTAL	8,756.03	8,756.03		
18. Cash on hand and investments at close of this reporting period (Subtract 17c from 16 in both columns.)	TOTAL	13,057.43	13,057.43		
19. Debts OWED BY the committee (Uso Schedule D.)		1,539.06			
20. Debts OWED TO the committee (Use Schedule E.)					
		COL	A ACCIDE MAC AND V		

	CERTIFICATION	
FCERTIFY THAT THAY E EXAMINED THIS STATEMENT, TO	THE BEST OF MY KNOWLEDGE AND BELL	EF IT IS TRUE, CORRECT AND COMPLETE.
Matura Surar	Title Treasurer	Date (mm/dd/yy) 04/15/2023
Signature of Candidate (if applicable)	~j~	Oate (mm/dd/xy)
WARNING: Any information contained in this report may not	be copied for sale or used for any commercia	i purpose. (IC 3-9-4-5) A gerson who knowingly

files a fraudulent report commits a Level 6 falony. (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 misdameanor. (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)

necipient information

To: To Whom it May Concern Fax #: 12604497908

Sender Information

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