



REPORT OF RECEIPTS AND EXPENDITURES OF A POLITICAL COMMITTEE

State Form 4506 (R15 / 5-18) Indiana Election Division (IC 3-9-5-14)

(CFA-4) Summary Sheet

FILE NUMBER

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.

TOTAL PAGES IN ENTIRE CFA-4 REPORT

IS THIS AN AMENDMENT? Yes No

COMMITTEE INFORMATION

1. Full Name of Committee (as on Statement of Organization)
2. Acronym or Abbreviated Name (if any)
3. Committee Telephone Number
4. Mailing Address (Address where all campaign finance correspondence is received)
5. City, State, ZIP Code
6. Party Affiliation (if applicable)

CANDIDATE INFORMATION (For Candidate's Committee Only)

7. Full Name of Candidate (include any nickname)
8. Party Affiliation or if Independent Candidate
9. 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, Annual, Nomination, Other, Final/Outstanding Committee Lines 13, 14 and 20 must be "Y"
Check one: Pre-Convention, Post-Convention

12. Reporting Period (mm/dd/yy) From: 5/5/2023 Through: 04/10/2023

13. Cash on hand and investments at the beginning of this reporting period.
14. Cash on hand and investments January 1, current year.

CONTRIBUTIONS AND RECEIPTS

15a. Itemized (Use Schedule A.)
15b. Unitemized
15c. Add lines 15a and 15b in both columns. SUBTOTAL
16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B. TOTAL

EXPENDITURES

17a. Itemized (Use Schedule B.) (Public Question: use Schedule C.)
17b. Unitemized
17c. Add lines 17a and 17b in both columns. SUBTOTAL
18. Cash on hand and investments at close of this reporting period (Subtract 17c from 15 in both columns.) TOTAL
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)
Signature of Candidate (if applicable), Date (mm/dd/yy)

WARNING: Any information contained in this report may not be copied for sale or used for any commercial purpose. (IC 3-9-4-6) A person who knowingly files a fraudulent report commits a Level 6 felony. (IC 3-16-5-12) 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 3-14-5-14) and may be subject to civil penalties. (IC 3-9-4-16, IC 3-9-4-17, IC 3-9-4-18)



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OF A POLITICAL COMMITTEE**
State Form 4006 (R15 / 5-10)
Indiana Election Division (IC 3-9-5-14)

**(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 document 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 _____ of _____

CONTRIBUTOR'S FULL NAME AND OCCUPATION 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
'I PAID MYSELF FOR CAMPDEN SONS 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)	\$263.88			
1. 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)				
2. 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)				
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		\$			
TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY (Enter total on ITEM 15a of the Summary Sheet.)		\$			