

### 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 🗌 !

# (CFA-4) Summary Sheet

FILE NUMBER
TAL PAGES IN ENTIRE CFA-4 REPORT
2

1. Full Name of Committee (as on Statement of Organization)	ame.			
Friends of Sean Fohnson for Change				
2. Acronym or Abbreviated Name (if any)	3. Committee Telephone Number ( 260 ) 348 - 3667			
4. Mailing Address (Address where all campaign finance correspondence is received.)	neck if this is a new addre	ss.		
5. City, State, ZIP code	6. Party Affiliation (if app	licable)		
Fort Wayne IN 46802	Democi	atic		
CANDIDATE INFORMATION (For Candidate's Co				
7. Full Name of Candidate (Include any nickname.)	8. Party Affiliation or If Independent Candidate			
Sean Johnson	Democra			
Office Sought (Include district number, if any. Not required for exploratory committee.)	10. County of Residence Allen			
TYPE OF REPORT	cor	VVENTION CANDIDATES ONLY		
11. Check one:	Check one:			
Pre-Primary Pre-Election Annual Nomination Other	Pre-Convention			
Final / Disbands Committee (Lines 18, 19, and 20 must be "0".) Uutgoing Treasurer (Within ten (10) days amend State)	ment of Organization.)	Post-Convention		
12. Reporting Period (mm/dd/yy):	COLUMN			
From: 10/15/22 Through: 12/31/2-2	This Peri	od Year to Date		
13. Cash on hand and investments at the beginning of this reporting period.	33			
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.)	19,440	19,440		
15b. Unitemized	/ 33	/33		
15c. Add lines 15a and 15b in both columns.		19,873		
16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B.	OTAL 19,700			
EXPENDITURES				
(Note: These amounts include in-kind expenditures and loan repayments.)				
17a. Itemized (Use Schedule B.) (Public Question: use Schedule C.)	6	0		
17b. Unitemized	3	3		
17c. Add lines 17a and 17b in both columns.		3		
18. Cash on hand and investments at close of this reporting period (Subtract 17c from 16 in both columns.)	TOTAL 19,703	3 19,570		
19. Debts OWED BY the committee (Use Schedule D.)	0			
20. Debts OWED TO the committee (Use Schedule E.)	0			
CERTIFICATION		FOR OFFICE USE ONLY		
I CERTIFY THAT I HAVE EXAMINED THIS STATEMENT. TO THE BEST OF MY KNOWLEDGE AND BELIEF IT IS TR	UE, CORRECT AND COMPLE	the second secon		
Signature of Treasurer  Title  Treasurer	Date (mm/dd/yy) 04/10/23			
Signature of Candidate (if applicable)	Date (mm/dd/yy)	FILED ELECTION BOAR 00565 '23 APR 13 PM4:2		
WARNING: Any information contained in this report may not be copied for sale or used for any commercial purpose. (If files a fraudulent report commits a Level 6 felony. (IC 3-14-1-13) A person who fails to file a complete or accurate	C 3-9-4-5) A person who know report as required by the Inc	/ingly   " " " " "		

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)

COMMITTEE INFORMATION

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## (CFA-4 SCHEDULE A-1) CONTRIBUTIONS BY INDIVIDUALS

Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY INDIMDUALS 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 totaled on ITEM 15g of the Summary Sheet. All cumulative contributions from individuals OMER \$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) OMER \$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						
	State of the state					
Page	of					

CONTRIBUTOR'S FULL NAME AND OCCUPATION FULL MAILING ADDRESS	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A	COLUMN B	DATE RECEIVED (mm/dd/yy)
(street, number, city, state, ZIP code)	1	PERIOD	YEAR-TO-DATE	RECEIVED BY
* Conni Toth	Contributions:  Direct			10/15/22
POST ONE COURT	In-Kind (describe)  Office   lage	9,720	9,720	, 0), =, 2 =
Fort Wayne, IN 4682S	Other Receipts:	91, 120	1,10==	Sean
Jorg way	☐ Interest ☐ Loan☐ Miscellaneous (specify)			1.6.00
Contributor's Occupation (If required) Managing Consultan		·		Johnson
2	Contributions:		1 1 1 1 1 1 1 1 1 1	which
Robert Toth	Direct			10/18/22
8211 Post Oak Court	Office / Last	9,720	9,720	
Fort Wayne, IN 46825	Other Receipts: Loan			Sean
managing	Miscellaneous (specify)			Johnson
Contributor's Occupation (if required) Con SULFANT				0
3 Communication of the state of	Contributions:  Direct			
	In-Kind (describe)		i aleman	filipina Semana 1940 bil
	Other Receipts:	·		
	☐ Interest ☐ Loan			
· .	Miscellaneous (specify)			
Contributor's Occupation (if required)				
4	Contributions:  Direct			
	In-Kind (describe)			
·	Other Receipts:			
	☐ Interest ☐ Loan ☐ Miscellaneous (specify)		e e ve	
Contributor's Occupation (If required)			· ·	
5.	Contributions:			
	Direct		<u> </u>	
	☐ In-Kind (describe)	·		
	Other Receipts:			· · · · · · · · · · · · · · · · · · ·
	☐ Interest ☐ Loan ☐ Miscellaneous (specify)			·
Contributor's Occupation (if required)			: '	
	HIS PAGE OF SCHEDULE A	\$ 19,440		
TOTAL OF ALL PAGES OF SCHEDULE A	ON THE LAST PAGE ONLY	519 UHA		A.
(Enter total on ITEM	15a of the Summary Sheet.)	*[[07]]		