



**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)
Summary Sheet**

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.

FILE NUMBER
TOTAL PAGES IN ENTIRE CFA-4 REPORT
2

IS THIS AN AMENDMENT? **Yes** **No**

COMMITTEE INFORMATION

1. Full Name of Committee (as on Statement of Organization) scottmyersmd.com		<input type="checkbox"/> Check if this is a new name.
2. Acronym or Abbreviated Name (if any)	3. Committee Telephone Number (260) 674-0011	
4. Mailing Address (Address where all campaign finance correspondence is received.) 2003 Lake Front Dr.		<input type="checkbox"/> Check if this is a new address.
5. City, State, ZIP Code Fort Wayne, IN 46804	6. Party Affiliation (if applicable) Republican	

CANDIDATE INFORMATION (For Candidate's Committees Only)

7. Full Name of Candidate (Include any nickname.) Dr. Scott Myers	8. Party Affiliation or If Independent Candidate Republican
9. Office Sought (Include district number, if any. Not required for exploratory committee.) Aboite Township Advisory Board	10. County of Residence Allen

TYPE OF REPORT

CONVENTION CANDIDATES ONLY

11. Check one: <input type="checkbox"/> Pre-Primary <input type="checkbox"/> Pre-Election <input checked="" type="checkbox"/> Annual <input type="checkbox"/> Nomination <input type="checkbox"/> Other <input type="checkbox"/> Final / Disbands Committee (Lines 18, 19, and 20 must be "0") <input type="checkbox"/> Outgoing Treasurer (Within ten (10) days amend Statement of Organization)	Check one: <input type="checkbox"/> Pre-Convention <input type="checkbox"/> Post-Convention
---	---

12. Reporting Period (mm/dd/yy): From: 10/15/2022 Through: 12/31/2022	COLUMN A This Period	COLUMN B Year to Date
13. Cash on hand and investments at the beginning of this reporting period.	1,861.94	
14. Cash on hand and investments January 1, current year.		2,102.13

CONTRIBUTIONS AND RECEIPTS

<i>(Note: these amounts include in-kind contributions and loans, as well as cash contributions.)</i>		
15a. Itemized (Use Schedule A.)	20,299.00	50,690.99
15b. Unitemized		
15c. Add lines 15a and 15b in both columns. SUBTOTAL	20,299.00	50,690.99
16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B. TOTAL	22,160.94	52,793.12

EXPENDITURES

<i>(Note: These amounts include in-kind expenditures and loan repayments.)</i>		
17a. Itemized (Use Schedule B.) (Public Question: use Schedule C.)	15,549.00	46,181.18
17b. Unitemized		
17c. Add lines 17a and 17b in both columns. SUBTOTAL	15,549.00	46,181.18
18. Cash on hand and investments at close of this reporting period (Subtract 17c from 16 in both columns.) TOTAL	6,611.94	6,611.94
19. Debts OWED BY the committee (Use Schedule D.)	21,549.00	
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 <i>Scott Myers</i>	Title Treasurer	Date (mm/dd/yy) 4/14/2023
Signature of Candidate (if applicable) <i>Scott Myers</i>		Date (mm/dd/yy) 4/14/2023

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 3-14-1-14) and may be subject to civil penalties. (IC 3-9-4-16, IC 3-9-4-17, IC 3-9-4-18)



REPORT OF RECEIPTS AND EXPENDITURES OF A POLITICAL COMMITTEE

State Form 4806 (R15 / 5-19)
Indiana Election Division (IC 3-9-5-14)

(CFA-4) Summary Sheet

FILE NUMBER

TOTAL PAGES IN ENTIRE CFA-4 REPORT

2

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 No

COMMITTEE INFORMATION

1. Full Name of Committee (as on <i>Statement of Organization</i>) <input type="checkbox"/> Check if this is a new name. scottmyersmd.com	
2. Acronym or Abbreviated Name (if any)	3. Committee Telephone Number (260) 674-0011
4. Mailing Address (Address where all campaign finance correspondence is received.) <input type="checkbox"/> Check if this is a new address. 2003 Lake Front Dr.	
5. City, State, ZIP Code Fort Wayne, IN 46804	6. Party Affiliation (if applicable) Republican

CANDIDATE INFORMATION (For Candidate's Committees Only)

7. Full Name of Candidate (Include any nickname.) Dr. Scott Myers	8. Party Affiliation or If Independent Candidate Republican
9. Office Sought (Include district number, if any. Not required for exploratory committee.) Aboite Township Advisory Board	10. County of Residence Allen

TYPE OF REPORT

CONVENTION CANDIDATES ONLY

11. Check one: <input type="checkbox"/> Pre-Primary <input type="checkbox"/> Pre-Election <input checked="" type="checkbox"/> Annual <input type="checkbox"/> Nomination <input type="checkbox"/> Other _____ <input type="checkbox"/> Final / Disbands Committee (Lines 18, 19, and 20 must be "0".) <input type="checkbox"/> Outgoing Treasurer (Within ten (10) days amend Statement of Organization.)	Check one: <input type="checkbox"/> Pre-Convention <input type="checkbox"/> Post-Convention
---	---

12. Reporting Period (mm/dd/yy): From: 10/15/2022 Through: 12/31/2022	COLUMN A This Period	COLUMN B Year to Date
13. Cash on hand and investments at the beginning of this reporting period.	1,861.94	
14. Cash on hand and investments January 1, current year.		2,102.13

CONTRIBUTIONS AND RECEIPTS

<i>(Note: these amounts include in-kind contributions and loans, as well as cash contributions.)</i>		
15a. Itemized (Use Schedule A.)	20,299.00	50,690.99
15b. Unitemized		
15c. Add lines 15a and 15b in both columns. SUBTOTAL	20,299.00	50,690.99
16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B. TOTAL	22,160.94	52,793.12

EXPENDITURES

<i>(Note: These amounts include in-kind expenditures and loan repayments.)</i>		
17a. Itemized (Use Schedule B.) (Public Question: use Schedule C.)	15,549.00	46,181.18
17b. Unitemized		
17c. Add lines 17a and 17b in both columns. SUBTOTAL	15,549.00	46,181.18
18. Cash on hand and investments at close of this reporting period (Subtract 17c from 16 in both columns.) TOTAL	6,611.94	6,611.94
19. Debts OWED BY the committee (Use Schedule D.)	21,549.00	
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 3-9-4-5) 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 3-14-1-14) and may be subject to civil penalties. (IC 3-9-4-16, IC 3-9-4-17, IC 3-9-4-18)



**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 A-5)
CONTRIBUTIONS BY
OTHER ORGANIZATIONS**

Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY ORGANIZATIONS OTHER THAN CORPORATIONS, LABOR ORGANIZATIONS, POLITICAL ACTION COMMITTEES AND 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 **totalled on ITEM 15a** of the Summary Sheet. All cumulative contributions from other entities **OVER \$100** per contributor, within a calendar year **MUST** be itemized on this schedule (*over \$200, if regular party committee*). All transfers-in and in-kind contributions **regardless of amount** from candidate's, legislative caucus, and regular party committees **MUST** be itemized on this schedule. 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*).

FILE NUMBER
Page <u>2</u> of <u>2</u>

CONTRIBUTOR'S FULL NAME AND FULL MAILING ADDRESS <i>(street, number, city, state, ZIP code)</i>	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED <i>(mm/dd/yy)</i>
				RECEIVED BY
1. Chris Judy for State Representative 10527 Mohawk Dr. Fort Wayne, IN 46804	Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <i>(describe)</i> _____ Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous <i>(specify)</i> _____	\$750.00	\$750.00	12/31/2022
				Dr. Scott Myers
2.	Contributions: <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind <i>(describe)</i> _____ Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous <i>(specify)</i> _____			
3.	Contributions: <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind <i>(describe)</i> _____ Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous <i>(specify)</i> _____			
4.	Contributions: <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind <i>(describe)</i> _____ Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous <i>(specify)</i> _____			
5.	Contributions: <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind <i>(describe)</i> _____ Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous <i>(specify)</i> _____			
SUBTOTAL THIS PAGE OF SCHEDULE A		\$ 750.00		
TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY <i>(Enter total on ITEM 15a of the Summary Sheet.)</i>		\$ 750.00		