



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

FILE NUMBER

TOTAL PAGES IN ENTIRE CFA-4 REPORT

7

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 Statement of Organization) <input type="checkbox"/> Check if this is a new name. <u>Allen County Young Dems</u> | |
| 2. Acronym or Abbreviated Name (if any) <u>ACYD</u> | 3. Committee Telephone Number <u>(260) 348-3667</u> |
| 4. Mailing Address (Address where all campaign finance correspondence is received) <input type="checkbox"/> Check if this is a new address. <u>123 Taylor St.</u> | |
| 5. City, State, ZIP Code <u>Ft. Wayne IN 46802</u> | 6. Party Affiliation (if applicable) <u>Dem</u> |

CANDIDATE INFORMATION (For Candidate's Committees Only)

| | |
|--|---|
| 7. Full Name of Candidate (Include any nickname.) <u>NA</u> | 8. Party Affiliation or If Independent Candidate <u>NA</u> |
| 9. Office Sought (Include district number, if any. Not required for exploratory committee.) <u>NA</u> | 10. County of Residence <u>NA</u> |

TYPE OF REPORT

CONVENTION CANDIDATES ONLY

| | |
|--|---|
| 11. Check one: <input checked="" type="checkbox"/> Pre-Primary <input type="checkbox"/> Pre-Election <input 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: <u>1/1/99</u> Through: <u>4/7/23</u> | COLUMN A This Period | COLUMN B Year to Date |
|--|-------------------------|--------------------------|
| 13. Cash on hand and investments at the beginning of this reporting period. | <u>287.57</u> | |
| 14. Cash on hand and investments January 1, current year. | | <u>287.57</u> |

CONTRIBUTIONS AND RECEIPTS

| (Note: these amounts include in-kind contributions and loans, as well as cash contributions.) | | |
|---|-----------------|-----------------|
| 15a. Itemized (Use Schedule A.) | <u>4,810</u> | <u>4,810</u> |
| 15b. Unitemized | <u>982.62</u> | <u>982.62</u> |
| 15c. Add lines 15a and 15b in both columns. SUBTOTAL | <u>5,792.62</u> | <u>5,792.62</u> |
| 16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B. TOTAL | <u>6,079.89</u> | <u>6,079.89</u> |

EXPENDITURES

| (Note: These amounts include in-kind expenditures and loan repayments.) | | |
|---|-----------------|-----------------|
| 17a. Itemized (Use Schedule B.) (Public Question: use Schedule C.) | <u>3,849.09</u> | <u>3,849.09</u> |
| 17b. Unitemized | <u>30.20</u> | <u>30.20</u> |
| 17c. Add lines 17a and 17b in both columns. SUBTOTAL | <u>3,879.29</u> | <u>3,879.29</u> |
| 18. Cash on hand and investments at close of this reporting period (Subtract 17c from 16 in both columns.) TOTAL | <u>2,200.7</u> | <u>2,200.7</u> |
| 19. Debts OWED BY the committee (Use Schedule D.) | <u>0</u> | |
| 20. Debts OWED TO the committee (Use Schedule E.) | <u>0</u> | |

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 <u>[Signature]</u> | Title <u>Treasurer</u> | Date (mm/dd/yy) <u>10/19/23</u> |
| 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-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 totaled 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 1 of 1

| 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 (mm/dd/yy) |
|---|--|-----------------------------------|--|-----------------------------|
| | | | | RECEIVED BY |
| 1. Mike Fuller 712 S Signature Run Ft. Wayne IN 46835 Contributor's Occupation (if required) _____ | Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) _____ Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify) _____ | 120 \$120 | 120 \$120 | 4/21/23 SJ |
| 2. Mark Gewart 9329 Winchester Rd Ft. Wayne, IN 46819 Contributor's Occupation (if required) _____ | Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) _____ Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify) _____ | \$250 | \$250 | 2/22/23 SJ |
| 3. 1st Source Bank 200 E. Main St Ft. Wayne, IN, 46802 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 checked="" type="checkbox"/> Miscellaneous (specify) <u>credit adjustment</u> | \$250 | \$250 | 2/22/23 SJ |
| 4. Angelica Soto 409 W. South St Bluffton, IN 46714 Contributor's Occupation (if required) _____ | Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) _____ Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify) _____ | \$120 | \$120 | 3/9/23 SJ |
| 5. Cierra Vazquez 1933 Woodhaven Dr. Ft. Wayne, IN, 46819 Contributor's Occupation (if required) _____ | Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) _____ Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify) _____ | \$120 | \$120 | 3/9/23 SJ |
| SUBTOTAL THIS PAGE OF SCHEDULE A | | \$ | 860 | |
| TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY (Enter total on ITFM 15a of the Summary Sheet.) | | \$ | 860 860 | |



**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-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 totaled 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 <u>2</u> of <u>4</u> | |

| CONTRIBUTOR'S FULL NAME AND OCCUPATION 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. Gary Snyder 1337 N 300 S Huntington, IN 46750 Contributor's Occupation (if required) <u>Self-employed</u> | Contributions: <input type="checkbox"/> Direct <input checked="" type="checkbox"/> In-Kind (describe) <u>Advertising</u> Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify) _____ | \$1000 | \$1000 | 2/1/23 SJ |
| 2. Melissa Fisher 2311 S. Harrison St Ft. Wayne IN 46802 Contributor's Occupation (if required) _____ | Contributions: <input type="checkbox"/> Direct <input checked="" type="checkbox"/> In-Kind (describe) _____ Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify) _____ | \$250 | \$250 | 2/24/23 |
| 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 | | \$ 1000 1,250 | | |
| TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY <i>(Enter total on ITEM 15a of the Summary Sheet.)</i> | | \$ | | |



**REPORT OF RECEIPTS AND EXPENDITURES
OF A POLITICAL COMMITTEE**

State Form 4606 (R.15 / 5-19)
Indiana Election Division (IC 3-9-5-14)

**(CFA-4 SCHEDULE A-4)
CONTRIBUTIONS BY
POLITICAL ACTION COMMITTEES
Itemized Contributions and Other Receipts**

FILE NUMBER

Page 03 of 4

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY POLITICAL ACTION COMMITTEES 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 15a** of the Summary Sheet. All cumulative contributions from political action committees **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 political action 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).

| 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 Friends of Kyle Miller 331 Mabry Cove. Ft. Wayne IN 46805 | 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> | \$250 | \$250 | 4/13/23 |
| | | | | Jean Johnson |
| 2 Committee to Elect Authn Knox 1830 Wayne Trace Ft. Wayne, IN 46803 | 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> | \$250 | \$250 | 2/10/23 |
| | | | | SJ |
| 3 Allen County Democratic Central Committee PO Box 11544 Ft. Wayne IN 46809 | Contributions: <input type="checkbox"/> Direct <input checked="" type="checkbox"/> In-Kind <i>(describe)</i> <i>liability insurance</i> Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous <i>(specify)</i> | \$250 | \$250 | 3/9/23 |
| | | | | SJ |
| 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 | |
| TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY <i>(Enter total on ITEM 15a of the Summary Sheet.)</i> | | \$ | | |



**REPORT OF RECEIPTS AND EXPENDITURES
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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 totaled 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 4 of 4

| CONTRIBUTOR'S FULL NAME AND 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 (mm/dd/yy) |
|---|---|--------------------------------|-------------------------------------|-----------------------------|
| | | | | RECEIVED BY |
| 1. I.T.A.R. Care Services LLC 601 E. Tabor St, Ft. Wayne, IN 46803 | Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify) | \$450 | \$450 | 2/14/23 |
| | | | | ST |
| 2. CHANDE Fw LLC 1213 Taylor St Ft. Wayne, IN 46802 | Contributions: <input type="checkbox"/> Direct <input checked="" type="checkbox"/> In-Kind (describe) <u>photobooth</u> Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify) | \$500 | \$500 | 3/9/23 |
| | | | | ST |
| 3. Dream Unions Event Planning + Decor 4134 Fairfield Ave. Ft. Wayne, IN 46807 | Contributions: <input type="checkbox"/> Direct <input checked="" type="checkbox"/> In-Kind (describe) <u>decorations</u> Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify) | \$1000 | \$1000 | 3/9/23 |
| | | | | ST |
| 4. | 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. | 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 | | \$ 1,950 | | |
| TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY | | 4810 | | |



**REPORT OF RECEIPTS AND EXPENDITURES
OF A POLITICAL COMMITTEE**

4606 (R15 / 5-19)

Indiana Election Division (IC 3-9-5-14)

State Form

**(CFA-4 SCHEDULE B)
ITEMIZED EXPENDITURES**

INSTRUCTIONS: 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 expenditures totaled on ITEM 17a of the Summary Sheet. All cumulative expenses paid to individuals, businesses, labor organizations and other entities OVER \$100 per recipient, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative expenses, including in-kind, regardless of amount paid to political committees, (such as transfers-out from candidate, legislative caucus, political action, or regular party committees) MUST be itemized on this schedule.

FILE NUMBER

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| RECIPIENT'S NAME AND MAILING ADDRESS <i>(street, number, city, state, ZIP code)</i> | RECIPIENT'S OCCUPATION | TYPE OF EXPENDITURE and PURPOSE <i>(be specific)</i> | COLUMN A AMOUNT THIS PERIOD | COLUMN B CUMULATIVE YEAR-TO-DATE | DATE OF EXPENDITURE <i>(mm/dd/yy)</i> |
|--|--------------------------------------|---|-----------------------------------|--|---|
| | OFFICE SOUGHT <i>(if applicable)</i> | | | | |
| A Code _____ Gary Snyder 1337 N 300 S Huntington, IN 46780 | self employed | <input type="checkbox"/> Direct <input checked="" type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: | \$1000 | \$1000 | 2/1/23 |
| F Code _____ Dream Visions Event & Decor Planning 4134 Fairfield Ave Ft. Wayne, IN 46807 | self employed | <input type="checkbox"/> Direct <input checked="" type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: | \$1000 | \$1000 | 2/1/23 |
| F Code _____ Costco Wholesale 5110 Value Dr. Ft. Wayne, IN 46808 | wholesale | <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: | \$130.91 | \$130.91 | 3/8/23 |
| F Code _____ Embassy Theatre 125 W Jefferson Blvd Ft. Wayne IN 46802 | venue | <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: | \$730.81 | \$730.81 | 3/10/23 |
| A Code _____ E2 Mailing 801 W 4th St Indianapolis, IN 46202 | Direct Mail Adver. | <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input checked="" type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: | \$287.37 | \$287.37 | 2/27/23 |
| G Code _____ Sean Johnson 1213 Taylor St Ft. Wayne, IN 46802 | consultant | <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: | \$250 | \$250 | 3/29/23 |
| F Code _____ Ju wan Kellaw 3703 Bramblecort Dr. Ft. Wayne, IN 46815 | D.j. | <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: | \$200 | \$200 | 3/14/23 |
| SUBTOTAL THIS PAGE OF SCHEDULE B | | | \$3,215.09 | | |
| TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY <i>(Entered on ITEM 17a of the Summary Sheet)</i> | | | \$ | | |



**REPORT OF RECEIPTS AND EXPENDITURES
OF A POLITICAL COMMITTEE**

4606 (R15 / 5-19)

Indiana Election Division (IC 3-9-5-14)

State Form

**(CFA-4 SCHEDULE B)
ITEMIZED EXPENDITURES**

INSTRUCTIONS: 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 expenditures totaled on ITEM 17a of the Summary Sheet. All cumulative expenses paid to individuals, businesses, labor organizations and other entities OVER \$100 per recipient, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative expenses, including in-kind, regardless of amount paid to political committees, (such as transfers-out from candidate, legislative caucus, political action, or regular party committees) MUST be itemized on this schedule.

| FILE NUMBER | |
|-------------|--------|
| | |
| Page | 2 of 2 |

| RECIPIENT'S NAME AND MAILING ADDRESS <i>(street, number, city, state, ZIP code)</i> | RECIPIENT'S OCCUPATION | TYPE OF EXPENDITURE and PURPOSE <i>(be specific)</i> | COLUMN A AMOUNT THIS PERIOD | COLUMN B CUMULATIVE YEAR-TO-DATE | DATE OF EXPENDITURE <i>(mm/dd/yy)</i> |
|---|--------------------------------------|---|-----------------------------------|--|---|
| | OFFICE SOUGHT <i>(if applicable)</i> | | | | |
| F Code _____ Melissa Fisher 2318 S. Homestead Ft. Wayne, IN 46807 | pastor | <input type="checkbox"/> Direct <input checked="" type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: | \$250 | \$250 | 2/24/23 |
| Code _____ | | <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: | | | |
| Code _____ | | <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: | | | |
| Code _____ | | <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: | | | |
| Code _____ | | <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: | | | |
| Code _____ | | <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: | | | |
| Code _____ | | <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: | | | |
| Code _____ | | <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: | | | |
| SUBTOTAL THIS PAGE OF SCHEDULE B | | | \$250 | | |
| TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY <i>(Enter total on ITEM 17a of the Summary Sheet)</i> | | | \$3,849.09 | | |