



# 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

**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. <i>Committee to Elect Mike Mowery</i>	
2. Acronym or Abbreviated Name (if any) <i>Mike Mowery</i>	3. Committee Telephone Number <i>(260) 438-6376</i>
4. Mailing Address (Address where all campaign finance correspondence is received.) <input type="checkbox"/> Check if this is a new address. <i>4080 Barbers Pt</i>	
5. City, State, ZIP Code <i>New Haven, IN, 46774</i>	6. Party Affiliation (if applicable) <i>REP</i>

### CANDIDATE INFORMATION (For Candidate's Committees Only)

7. Full Name of Candidate (Include any nickname.) <i>Michael L. Mowery</i>	8. Party Affiliation or If Independent Candidate <i>REP</i>
9. Office Sought (Include district number, if any. Not required for exploratory committee.) <i>N.H. 4th District City Council</i>	10. County of Residence <i>Allen</i>

### TYPE OF REPORT

### CONVENTION CANDIDATES ONLY

11. Check one: <input type="checkbox"/> Pre-Primary <input checked="" 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
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12. Reporting Period (mm/dd/yy):	COLUMN A This Period	COLUMN B Year to Date
From: _____ Through: _____		
13. Cash on hand and investments at the beginning of this reporting period.	<i>100.00</i>	
14. Cash on hand and investments January 1, current year.		<i>100.00</i>

### CONTRIBUTIONS AND RECEIPTS

<i>(Note: these amounts include in-kind contributions and loans, as well as cash contributions.)</i>		
15a. Itemized (Use Schedule A.)	<i>- 0 -</i>	<i>- 0 -</i>
15b. Unitemized	<i>- 0 -</i>	<i>- 0 -</i>
15c. Add lines 15a and 15b in both columns. <b>SUBTOTAL</b>	<i>0</i>	<i>0</i>
16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B. <b>TOTAL</b>	<i>100.00</i>	<i>100.00</i>

### EXPENDITURES

<i>(Note: These amounts include in-kind expenditures and loan repayments.)</i>		
17a. Itemized (Use Schedule B.) (Public Question: use Schedule C.)	<i>- 0 -</i>	<i>- 0 -</i>
17b. Unitemized	<i>- 0 -</i>	<i>- 0 -</i>
17c. Add lines 17a and 17b in both columns. <b>SUBTOTAL</b>	<i>- 0 -</i>	<i>- 0 -</i>
18. Cash on hand and investments at close of this reporting period (Subtract 17c from 16 in both columns.) <b>TOTAL</b>	<i>100.00</i>	<i>100.00</i>
19. Debts OWED BY the committee (Use Schedule D.)	<i>0</i>	
20. Debts OWED TO the committee (Use Schedule E.)	<i>0</i>	

### 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>Michael L. Mowery</i>	Title <i>Treasurer</i>	Date (mm/dd/yy) <i>10/16/23</i>
Signature of Candidate (if applicable) <i>Michael L. Mowery</i>		Date (mm/dd/yy) <i>10/16/23</i>

FILED ELECTION BOARD  
23 OCT 17 PM 2:47

**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)