



# REPORT OF RECEIPTS AND EXPENDITURES OF A POLITICAL COMMITTEE

State Form 4606 (R17 / 8-23)  
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.

IS THIS AN AMENDMENT?  Yes  No

|                                    |
|------------------------------------|
| FILE NUMBER                        |
| TOTAL PAGES IN ENTIRE CFA-4 REPORT |
| 3                                  |

### COMMITTEE INFORMATION

|  |  |   |
|--|--|---|
| 1. Full Name of Committee (as on Statement of Organization)<br><b>Citizens for Corona</b>                            |  | <input type="checkbox"/> Check if this is a new name.         |
| 2. Acronym or Abbreviated Name (if any)  |  | 3. Committee Telephone Number<br>( 260 ) 740-2527             |
| 4. Mailing Address (Address where all campaign finance correspondence is received.)<br><b>428 W Sherwood Terrace</b> |  | <input type="checkbox"/> Check if this is a new address.      |
| 5. City, State, ZIP Code<br><b>Fort Wayne IN 46807</b>   |  | 6. Party Affiliation (if applicable)<br><b>Not applicable</b> |

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

|  |   |
|--|---|
| 7. Full Name of Candidate (Include any nickname.)<br><b>Steve Corona</b>   | 8. Party Affiliation or If Independent Candidate<br><b>Not applicable</b> |
| 9. Office Sought (Include district number, if any. <b>Not required for exploratory committee.</b> )<br><b>FWCS-School Board-District 5</b> | 10. County of Residence<br><b>Allen</b>                                   |

### TYPE OF REPORT

11. Check one:

Pre-Primary  Pre-Election  Annual  Nomination  Other \_\_\_\_\_

Final / Disbands Committee (Lines 18, 19, and 20 must be "0")  Outgoing Treasurer (Within ten (10) days amend Statement of Organization.)

### CONVENTION CANDIDATES ONLY

Check one:

Pre-Convention

Post-Convention

|  |                         |                          |
|--|-------------------------|--------------------------|
| 12. Reporting Period (mm/dd/yy):<br>From: <b>1/1/2023</b> Through: <b>12/31/2023</b> | COLUMN A<br>This Period | COLUMN B<br>Year to Date |
| 13. Cash on hand and investments at the beginning of this reporting period.          | 388.59                  |                          |
| 14. Cash on hand and investments January 1, current year.                            |                         | 388.59                   |

### CONTRIBUTIONS AND RECEIPTS

(Note: these amounts include in-kind contributions and loans, as well as cash contributions.)

|   |        |        |
|---|--------|--------|
| 15a. Itemized (Use Schedule A.)   | 0.00   | 0.00   |
| 15b. Unitemized   | 0.00   | 0.00   |
| 15c. Add lines 15a and 15b in both columns. <b>SUBTOTAL</b>                         | 0.00   | 0.00   |
| 16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B. <b>TOTAL</b> | 388.59 | 388.59 |

### EXPENDITURES

(Note: These amounts include in-kind expenditures and loan repayments.)

|   |          |        |
|---|----------|--------|
| 17a. Itemized (Use Schedule B.) (Public Question: use Schedule C.)  | 125.00   | 125.00 |
| 17b. Unitemized   | 0.00     | 0.00   |
| 17c. Add lines 17a and 17b in both columns. <b>SUBTOTAL</b>   | 125.00   | 125.00 |
| 18. Cash on hand and investments at close of this reporting period (Subtract 17c from 16 in both columns.) <b>TOTAL</b> | 263.59   | 263.59 |
| 19. Debts OWED BY the committee (Use Schedule D.)   | 2,300.00 |        |
| 20. Debts OWED TO the committee (Use Schedule E.)   |          |        |

### CERTIFICATION

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<br><i>Doreo Beckner</i>                | Title<br>Treasurer | Date (mm/dd/yy)<br>1/11/2024 |
| Signature of Candidate (if applicable)<br><i>Steve Corona</i> |                    | Date (mm/dd/yy)<br>1/11/2024 |

### FOR OFFICE USE ONLY

FILED ELECTION BOARD  
JAN 12 AM 10:17

**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)



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**(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.

|                                   |
|-----------------------------------|
| <b>FILE NUMBER</b>                |
|                                   |
| Page <u>  2  </u> of <u>  3  </u> |

| RECIPIENT'S NAME AND MAILING ADDRESS<br><i>(street, number, city, state, ZIP code)</i>                                  | RECIPIENT'S OCCUPATION               | TYPE OF EXPENDITURE<br>and<br>PURPOSE <i>(be specific)</i>  | COLUMN A<br>AMOUNT THIS<br>PERIOD | COLUMN B<br>CUMULATIVE<br>YEAR-TO-DATE | DATE OF<br>EXPENDITURE<br><i>(mm/dd/yy)</i> |
|---|--------------------------------------|---|-----------------------------------|--|---|
|   | OFFICE SOUGHT <i>(if applicable)</i> |   |                                   |  |   |
| Code _____<br>Supporters of Stephanie Crandall<br>10214 Chestnut Plaza Dr. #103<br>Fort Wayne IN 46814                  | Fort Wayne City Council              | <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind<br><input type="checkbox"/> Payment of Debt<br><input type="checkbox"/> Returned Contribution<br><input type="checkbox"/> Other _____<br>Purpose: | \$125.00                          | \$125.00                               | 3/16/23                                     |
| Code _____  |                                      | <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind<br><input type="checkbox"/> Payment of Debt<br><input type="checkbox"/> Returned Contribution<br><input type="checkbox"/> Other _____<br>Purpose:            |                                   |  |   |
| Code _____  |                                      | <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind<br><input type="checkbox"/> Payment of Debt<br><input type="checkbox"/> Returned Contribution<br><input type="checkbox"/> Other _____<br>Purpose:            |                                   |  |   |
| Code _____  |                                      | <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind<br><input type="checkbox"/> Payment of Debt<br><input type="checkbox"/> Returned Contribution<br><input type="checkbox"/> Other _____<br>Purpose:            |                                   |  |   |
| Code _____  |                                      | <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind<br><input type="checkbox"/> Payment of Debt<br><input type="checkbox"/> Returned Contribution<br><input type="checkbox"/> Other _____<br>Purpose:            |                                   |  |   |
| Code _____  |                                      | <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind<br><input type="checkbox"/> Payment of Debt<br><input type="checkbox"/> Returned Contribution<br><input type="checkbox"/> Other _____<br>Purpose:            |                                   |  |   |
| Code _____  |                                      | <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind<br><input type="checkbox"/> Payment of Debt<br><input type="checkbox"/> Returned Contribution<br><input type="checkbox"/> Other _____<br>Purpose:            |                                   |  |   |
| <b>SUBTOTAL THIS PAGE OF SCHEDULE B</b>   |                                      |   | \$ 125.00                         |  |   |
| <b>TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY</b><br><i>(Enter total on ITEM 17a of the Summary Sheet.)</i> |                                      |   | \$ 125.00                         |  |   |



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**(CFA-4 SCHEDULE D)  
DEBTS OWED BY THIS COMMITTEE**

**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. List all debts and loans, regardless of the amount, **OWED BY** the committee during the reporting period. Include all amounts owed for or to lend institutions, individuals, credit purchases, committee credit card accounts, etc. List each vendor paid by credit card issued in the name of the committee in the ENDORSER'S column. A lender's occupation is required if an individual makes loans of at least \$1,000 during the calendar year. Otherwise, this is optional.

|                           |
|---------------------------|
| <b>FILE NUMBER</b>        |
|                           |
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| CREDITOR'S OR LENDER'S NAME<br>AND MAILING ADDRESS<br><i>(street, number, city, state, ZIP code)</i>                   | ENDORSER'S OR VENDOR'S NAME<br>AND MAILING ADDRESS <i>(if any)</i><br><i>(street, number, city, state, ZIP code)</i> | AMOUNT                 | DATE DEBT<br>INCURRED<br><i>(mm/dd/yy)</i> | CUMULATIVE<br>PAID<br>YEAR-TO-DATE | OUTSTANDING<br>BALANCE THIS<br>PERIOD |
|--|--|------------------------|--|------------------------------------|---------------------------------------|
|  |  | NATURE OF DEBT         |  |                                    |                                       |
| Steve Corona<br>428 W Sherwood Terrace<br>Fort Wayne IN 46807<br><br>LENDER'S OCCUPATION:                              | NA   | \$2,300.00             | 12/14/08                                   | \$8,200.00                         | \$2,300.00                            |
|  |  | Pay committee expenses |  |                                    |                                       |
| LENDER'S OCCUPATION:   |  |                        |  |                                    |                                       |
| LENDER'S OCCUPATION:   |  |                        |  |                                    |                                       |
| LENDER'S OCCUPATION:   |  |                        |  |                                    |                                       |
| LENDER'S OCCUPATION:   |  |                        |  |                                    |                                       |
| LENDER'S OCCUPATION:   |  |                        |  |                                    |                                       |
| LENDER'S OCCUPATION:   |  |                        |  |                                    |                                       |
| <b>SUBTOTAL THIS PAGE OF SCHEDULE D</b>  |  |                        |  |                                    | <b>\$ 2,300.00</b>                    |
| <b>TOTAL OF ALL PAGES OF SCHEDULE D ON THE LAST PAGE ONLY</b><br><i>(Enter total on ITEM 19 of the Summary Sheet.)</i> |  |                        |  |                                    | <b>\$ 2,300.00</b>                    |