

## 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 No

(CFA-4) Summary Sheet

FILE NUMBER

TOTAL PAGES IN ENTIRE CFA-4 REPORT

COM	MMITTEE INFORMATION	١						
1. Full Name of Committee (as on Statement of Organization)	Check if this is a new	w name.						
Committee to Elect Nathan Hartman								
2. Acronym or Abbreviated Name (if any)			mittee Telephone Number	/				
		(260	1 918 - 004	δ				
4. Mailing Address (Address where all campaign finance correspondence is received.)  [ Check if this is a new address.								
5. City, State, ZIP Code		6. Party	Affiliation (if applicable)					
Fort Van IN 46818 Ranolican								
CANDIDATE INFORMATION (For Candidate's Committees Only)								
7. Full Name of Candidate (Include any nickname.)	8. Party Affiliation or If Independent Candidate							
Nathan Hartmon	Republica-							
9. Office Sought (Include district number, if any. Not required for	exploratory committee.) 10. County of Residence							
Fort Wayne City Council District			Allen					
TYPE OF REPORT	X.I			ON CANDIDATES ONLY				
11. Check one:  Pre-Primary Pre-Election Annual Nomination Other  Other			Check one:					
	Pre-Convention							
Final / Disbands Committee (Lines 18, 19, and 20 must be "0".) Utgoing Treasurer (Within ten (10) days amend Statement of Organization.)								
12. Reporting Period (mm/dd/yy):	13/-1/2		COLUMN A	COLUMN B				
	12/31/23		This Period	Year to Date				
13. Cash on hand and investments at the beginning of this reporting	g period.		1,553.67	Maria a maria managana ma				
14. Cash on hand and investments January 1, current year.				3/0.37				
CONTRIBUTIONS AND RECE								
(Note: these amounts include in-kind contributions and loans, as w	ell as cash contributions.)			10.0				
15a. Itemized (Use Schedule A.)			1,000.00	18,315.00				
15b. Unitemized			0.00	6 25,00				
15c. Add lines 15a and 15b in both columns.		SUBTOTAL		18,940,00				
16. Add lines 13 and 15c in Column A and lines 14 and 15c in Colu	mn B.	TOTAL	2,553.67	19,250,37				
EXPENDITURES								
(Note: These amounts include in-kind expenditures and loan repay.								
17a. Itemized (Use Schedule B.) (Public Question: use Schedule C	i.)		0,00	16,173,93				
17b. Unitemized			75.00	597.77				
17c. Add lines 17a and 17b in both columns.	SU	BTOTAL	75.00	16.721.70				
18. Cash on hand and investments at close of this reporting period (Subtract	17c from 16 in both columns.)	TOTAL	2,478.67	2,478.67				
19. Debts OWED BY the committee (Use Schedule D.)			0.00					
20. Debts OWED TO the committee (Use Schedule E.)			0,00					
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 Traceures								

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## (CFA-4 SCHEDULE A-4) CONTRIBUTIONS BY POLITICAL ACTION COMMITTEES

Itemized Contributions and Other Receipts

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).

	FILE NUMBER							
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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. Indiana Realtory PAC 143 W Market Street	Contributions: Direct In-Kind (describe)			10/17/23
Snite 100 Indianapolis, IN 46204	Other Receipts: Interest Loan Miscellaneous (specify)	1,000	1,000	Natha Hartman
2.	Contributions: Direct In-Kind (describe)			
	Other Receipts:  Interest Loan  Miscellaneous (specify)			
3.	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest Loan Miscellaneous (specify)			
4.	Contributions:  Direct In-Kind (describe)		J	
	Other Receipts:  Interest Loan  Miscellaneous (specify)			
5.	Contributions:  Direct In-Kind (describe)			
	Other Receipts: Interest Loan Miscellaneous (specify)			
	THIS PAGE OF SCHEDULE A	\$ 1,000		
TOTAL OF ALL PAGES OF SCHEDULE A (Enter total on ITEM)	A ON THE LAST PAGE ONLY 15a of the Summary Sheet.)	\$ 1,000		