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

IS THIS AN AMENDMENT? Yes

assistance in completing this form, see instructions on the reverse side.

(CFA-4) Summary Sheet

FILE NUMBER
TOTAL PAGES IN ENTIRE CFA-4 REPORT
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COMMITTEE INFORMATION				
1. Full Name of Committee (as on Statement of Organization)	name.			
Corona for CITY COUNCIL				
2. Acronym or Abbreviated Name (if any)	1	nmittee Telephone Num		
	(26	0)740-25	2/	
I. Mailing Address (Address where all campaign finance correspondence is received.) ☐ Check if this is a new address. H28 W· Shcrwoop Terrace				
5. City, State, ZIP Code FORT WAYNE /N 46807		6. Party Affiliation (if applicable) Democrat		
CANDIDATE INFORMATION (For Candidate's C				
7. Full Name of Candidate (Include any nickname.)	8. Par	8. Party Affiliation or If Independent Candidate		
Steve Corona	De	DemocraT		
9. Office Sought (Include district number, if any. Not required for exploratory committee.)	10. Cd	10. County of Residence		
CITY COUNCIL AT LARGE AllEN				
TYPE OF REPORT		CONVEN	TION CANDIDATES ONLY	
11. Check one:		Check on	e:	
Pre-Primary Pre-Election Annual Nomination Other			Convention	
Final / Disbands Committee (Lines 18, 19, and 20 must be "0".) Utgoing Treasurer (Within ten (10) days amend Sta	tement of Or	ganization.) L Post-	Convention	
12. Reporting Period (mm/dd/yy):		COLUMN A	COLUMN B	
From: JAN 1 2024 Through: Dec 31 2024		This Period	Year to Date	
13. Cash on hand and investments at the beginning of this reporting period.		54.53		
14. Cash on hand and investments January 1, current year.			19.83	
CONTRIBUTIONS AND RECEIPTS				
(Note: these amounts include in-kind contributions and loans, as well as cash contributions.)				
15a. Itemized (Use Schedule A.)				
15b. Unitemized				
15c. Add lines 15a and 15b in both columns.	TOTAL			
16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B.	TOTAL	54.53	19.83	
EXPENDITURES				
(Note: These amounts include in-kind expenditures and loan repayments.)				
17a. Itemized (Use Schedule B.) (Public Question: use Schedule C.)				
17b. Unitemized		34.70		
17c. Add lines 17a and 17b in both columns.	TOTAL	34.70		
18. Cash on hand and investments at close of this reporting period (Subfract 17c from 16 in both columns.)	TOTAL	19.83	19.83	
19. Debts OWED BY the committee (Use Schedule D.)				
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 T			;; er ei eattalianada	
Signature of Treasurer WCL DUBDHM Title Treasurer		Date (mm/dd/yy) F	ILED ELECTION BOARD '25 JAN 16 PH4:13	
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)

Date (mm/dd/yy)
Jen 14 2025