

REPORT OF RECEIPTS AND EXPENDITURES OF A POLITICAL COMMITTEE

State Form 4606 (R17 / 8-23) 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

TOTAL P

FILE NUMBE	ĒR
AGES IN ENTIRE	CFA-4 REPORT

COMMITTEE INFORMATIO	N					
1. Full Name of Committee (as on Statement of Organization) Check if this is a not price of Denita Washington	ew name.					
2. Acronym or Abbreviated Name (if any)				mittee Telephone Number 0) 4150844		
4. Mailing Address (Address where all campaign finance correspondence is received.) 6920 Chadwick Dr.	Check	if this is a new	address.			
			ty Affiliation <i>(if applicable)</i> nocrat			
CANDIDATE INFORMATION (For Candidate's	s Comm	nittees Only)				
7. Full Name of Candidate (Include any nickname.) Denita Lynn Washington				y Affiliation or If Independent Candidate Iocrat		
9. Office Sought (Include district number, if any. Not required for exploratory committee.) Trustee - Adams Township Trustee		10. County of Residence Allen				
TYPE OF REPORT			CONVENTIO	N CANDIDATES ONLY		
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 Org			Check one: Pre-Convention Post-Convention			
	4					
12. Reporting Period (mm/dd/yy): From: 1/1/2024 Through: 12/31/2024			UMN A Period	COLUMN B Year to Date		
From: 1/1/2024 Through: 12/31/2024 13. Cash on hand and investments at the beginning of this reporting period. 14. Cash on hand and investments January 1, current year.			Period			
Through: 12/31/2024 13. Cash on hand and investments at the beginning of this reporting period. 14. Cash on hand and investments January 1, current year. CONTRIBUTIONS AND RECEIPTS			Period	Year to Date		
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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	Title	Date (mm/dd/yy)		
Signature of Candidate (if applicable)		Date (mm/dd/yy) 1/21/2025		

WARNING: Any information contained in this proof may not be copied for sale or used for any commercial purpose. (IC 3-94-5) A person who knowingly files a fraudulent report commits a Level 5 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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