



# 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

FILE NUMBER

TOTAL PAGES IN ENTIRE CFA-4 REPORT

2

**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*) ☐ Check if this is a new name.

Black, Latino, Asian Caucus Political Action Committee

2. Acronym or Abbreviated Name (if any)

BLAC PAC

3. Committee Telephone Number

( 260 ) 403-2406

4. Mailing Address (Address where all campaign finance correspondence is received.) ☐ Check if this is a new address.

2320 S Calhoun St

5. City, State, ZIP Code

Fort Wayne, IN 46807

6. Party Affiliation (if applicable)

N/A

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

7. Full Name of Candidate (Include any nickname.)

8. Party Affiliation or If Independent Candidate

9. Office Sought (Include district number, if any. **Not required for exploratory committee.**)

10. County of Residence

### 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):

From: 10/12/24 Through: 12/31/24

COLUMN A  
This Period

COLUMN B  
Year to Date

13. Cash on hand and investments at the beginning of this reporting period.

\$ 336.22

14. Cash on hand and investments January 1, current year.

\$ 336.22

### 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.

SUBTOTAL

\$ 0.00

\$ 0.00

16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B.

TOTAL

\$ 336.22

\$ 336.22

### EXPENDITURES

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

17a. Itemized (Use Schedule B.) (Public Question: use Schedule C.)

\$ 266.22

\$ 266.22

17b. Unitemized

\$ 70.00

\$ 70.00

17c. Add lines 17a and 17b in both columns.

SUBTOTAL

\$ 336.22

\$ 336.22

18. Cash on hand and investments at close of this reporting period (Subtract 17c from 16 in both columns.)

TOTAL

\$ 0.00

\$ 0.00

19. Debts OWED BY the committee (Use Schedule D.)

\$ 0.00

20. Debts OWED TO the committee (Use Schedule E.)

\$ 0.00

### 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

Ramadan Abdul-Azeez

Title

Treasurer

Date (mm/dd/yy)

02/17/25

Signature of Candidate (if applicable)

Date (mm/dd/yy)

### FOR OFFICE USE ONLY

**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.

**FILE NUMBER**

Page 2 of 2

RECIPIENT'S NAME AND MAILING ADDRESS (street, number, city, state, ZIP code)	RECIPIENT'S OCCUPATION	TYPE OF EXPENDITURE and PURPOSE (be specific)	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE OF EXPENDITURE (mm/dd/yy)
	OFFICE SOUGHT (if applicable)				
<div>Code _____</div> <div>Urban Coalition 2320 S Calhoun St Fort Wayne, IN 46807</div>		<div><input checked="" type="checkbox"/> Direct    <input type="checkbox"/> In-Kind</div> <div><input type="checkbox"/> Payment of Debt</div> <div><input type="checkbox"/> Returned Contribution</div> <div><input checked="" type="checkbox"/> Other <u>Fundraiser</u></div> <div>Purpose: community organization</div>	\$ 266.22	\$ 266.22	01/15/25
<div>Code _____</div>		<div><input type="checkbox"/> Direct    <input type="checkbox"/> In-Kind</div> <div><input type="checkbox"/> Payment of Debt</div> <div><input type="checkbox"/> Returned Contribution</div> <div><input type="checkbox"/> Other _____</div> <div>Purpose:</div>			
<div>Code _____</div>		<div><input type="checkbox"/> Direct    <input type="checkbox"/> In-Kind</div> <div><input type="checkbox"/> Payment of Debt</div> <div><input type="checkbox"/> Returned Contribution</div> <div><input type="checkbox"/> Other _____</div> <div>Purpose:</div>			
<div>Code _____</div>		<div><input type="checkbox"/> Direct    <input type="checkbox"/> In-Kind</div> <div><input type="checkbox"/> Payment of Debt</div> <div><input type="checkbox"/> Returned Contribution</div> <div><input type="checkbox"/> Other _____</div> <div>Purpose:</div>			
<div>Code _____</div>		<div><input type="checkbox"/> Direct    <input type="checkbox"/> In-Kind</div> <div><input type="checkbox"/> Payment of Debt</div> <div><input type="checkbox"/> Returned Contribution</div> <div><input type="checkbox"/> Other _____</div> <div>Purpose:</div>			
<div>Code _____</div>		<div><input type="checkbox"/> Direct    <input type="checkbox"/> In-Kind</div> <div><input type="checkbox"/> Payment of Debt</div> <div><input type="checkbox"/> Returned Contribution</div> <div><input type="checkbox"/> Other _____</div> <div>Purpose:</div>			
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<div>Code _____</div>		<div><input type="checkbox"/> Direct    <input type="checkbox"/> In-Kind</div> <div><input type="checkbox"/> Payment of Debt</div> <div><input type="checkbox"/> Returned Contribution</div> <div><input type="checkbox"/> Other _____</div> <div>Purpose:</div>			
SUBTOTAL THIS PAGE OF SCHEDULE B			\$ 266.22		
TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY (Enter total on ITEM 17a of the Summary Sheet.)			\$ 266.22		