

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

(CFA-4) **Summary Sheet**

FILE NUMBER 2023-37 **TOTAL PAGES IN ENTIRE CFA-4 REPORT**

COMMITTEE INFORMATION	· -						
1. Full Name of Committee (as on Statement of Organization) Check if this is a new name.							
JOE MOMMA FOR MAYOR							
2. Acronym or Abbreviated Name (if any)	3. Com	mittee Telephone Number	106:				
4. Mailing Address (Address where all campaign finance correspondence is received.) 530 S. WASHINGTON ST. Check if this is a new address.							
5. City, State, ZIP Code BLOOMINGTON, IN 47401	2. ZIP Code						
CANDIDATE INFORMATION (For Candidate's C	ommitte	es Only)	1				
7. Full Name of Candidate (Include any nickname.) JOSEPH BRADLET 'MOMMA BRAR' DAVIS	8. Party	Affiliation or If Independent	nt Candidate				
9. Office Sought (Include district number, if any. Not required for exploratory committee.) 10. County of Residence MAYOR OF BLODMINCTON 10. MONROE							
TYPE OF REPORT		CONVENTIO	N CANDIDATES ONLY				
11. Check one:		Check one:					
Pre-Primary Pre-Election Annual Nomination Other TWASTENDENT CA	<u> </u>	ATE Pre-Com	rention				
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):		COLUMN A	COLUMN B				
From: 01-01-2023 Through: 07-14-2023	1	This Period	Year to Date				
13. Cash on hand and investments at the beginning of this reporting period.		0					
14. Cash on hand and investments January 1, current year.	•		0				
CONTRIBUTIONS AND RECEIPTS							
(Note: these amounts include in-kind contributions and loans, as well as cash contributions.)							
15a. Itemized (Use Schedule A.)		0	<u> </u>				
15b. Unitemized		6	O O				
15c. Add lines 15a and 15b in both columns.	Add lines 15a and 15b in both columns.		Ò				
16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B.	TOŢAL	0	0				
EXPENDITURES							
(Note: These amounts include in-kind expenditures and loan repayments.)							
17a. Itemized (Use Schedule B.) (Public Question: use Schedule C.)		0					
17b. Unitemized		0	,				
17c. Add lines 17a and 17b in both columns.	TOTAL	D					
18. Cash on hand and investments at close of this reporting period (Subtract 17c from 16 in both columns.)	TOTAL	, 0 \	[
19. Debts OWED BY the committee (Use Schedule D.)		(\$38625)					
20. Debts OWED TO the committee (Use Schedule E.)		0					
CERTIFICATION			OR OFFICE USE ONLY				

Date (mm/dd/yy) 07-17-2023 Signature of Candidate (if applicable)

Date (mm/dd/yy)

C7-17-2023

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)

I CERTIFY THAT I HAVE EXAMINED THIS STATEMENT. TO THE BEST OF MY KNOWLEDGE AND BELIEF IT IS TRUE, CORRECT AND COMPLETE



JUL 17 2023

CLERK MONROE CIRCUIT COU



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Indiana

(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.

FILE NUMBER						
2023-37						
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AND Mi (street, numb	S OR LENDER'S NAME AILING ADDRESS er, city, state, ZIP code)	ENDORSER'S OR VENDOR'S NAME AND MAILING ADDRESS (if any) (street, number, city, state, ZIP code)	AMOUNT NATURE OF DEBT	DATE DEBT INCURRED (mm/dd/yy)	CUMULATIVE PAID YEAR-TO-DATE	OUTSTANDING BALANCE THIS PERIOD
JOSUPH 530 S. BLDOMIN	B. DAVIS WASHINGTON ST UTON, IN	· -	CAMPAIGNE	11-17-	D00	83.8625
LENDER'S OCCUPATION:	47401		MATERIALS			*
LENDER'S OCCUPATION:						
LENDER'S OCCUPATION:	-	,				
LENDER'S OCCUPATION:	1	·				
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LENDER'S OCCUPATION:						į.
LENDER'S OCCUPATION:	A					* * *
LENDER'S OCCUPATION:			OUDTO-	I THE BACK	T COLUMN TO	
SUBTOTAL THIS PAGE OF SCHEDULE D TOTAL OF ALL PAGES OF SCHEDULE D ON THE LAST PAGE ONLY (Enter total on ITEM 19 of the Summary Sheet.)						\$