

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

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TOTAL PAGES IN ENTIRE CFA-4 REPORT

	COMMITTEE INFORMATION								
1. Full Name of Committee (as on Statement of Organization)									
2. Acronym or Abbreviated Name (if any)	3. Committee Te	mmittee Telephone Number							
- A	())							
4. Mailing Address (Address where all campaign finance correspondence is received.) Check if this is a new address.									
5. City, State, ZIP Code Stoom inchin TN 4740	6. Party Affiliatio	y Affiliation (if applicable)							
CANDIDATE INFORMATION (For Candidate's Committees Only)									
7. Full Name of Candidate (Include any nickname.)		ty Affiliation or If Independent Candidate							
9. Office Sought (Include district number, if any. Not require	10. County of Re	unty of Residence							
TYPE OF F			CONVENTIO	N CANDIDATES ONLY					
11. Check one:	with the second	IN THE REAL PROPERTY.	Check one:	PERMIT AND MAKE THE PROPERTY OF THE PERMIT O					
Pre-Primary Pre-Election Annual Nomination		Pre-Con	vention						
Final / Disbands Committee (Lines 18, 19, and 20 must be "0".)	tgoing Treasurer (Within ten (10) days amend State	ement of Organization.)	Post-Cor	nvention					
12. Reporting Period (mm/dd/yy):			OLUMN A	COLUMN B					
From: Through	Т	his Period	Year to Date						
13. Cash on hand and investments at the beginning of this		0-							
14. Cash on hand and investments January 1, current year.									
CONTRIBUTIONS AND RECEIPTS									
(Note: these amounts include in-kind contributions and loan	1.7	A -	0 -						
15a. Itemized (Use Schedule A.)		0	-0-						
15b. Unitemized	TOTAL	0 -	-0-						
15c. Add lines 15a and 15b in both columns.		-0 -	-0 -						
16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B. TOTAL TOTAL									
	DESCRIPTION OF THE PARTY OF THE								
(Note: These amounts include in-kind expenditures and load 17a. Itemized (Use Schedule B.) (Public Question: use Sch	Mariane Control of the Control of th	0 -	-0-						
17a. Itemized (Use Scriedule B.) (Public Question, use Scriedule B.)		-0-	-0-						
17b. Officerinzed 17c. Add lines 17a and 17b in both columns.	SUB	TOTAL	0-	-0-					
18. Cash on hand and investments at close of this reporting period ((X)	TOTAL	7 -	-0-					
19. Debts OWED BY the committee (Use Schedule D.)		0 -							
20. Debts OWED TO the committee (Use Schedule E.)		0 -							
20. Debts OVVED TO the committee (Ose Schedule E.)	71 00								
CERTIFICATION FOR OFFICE USE ONLY									
I CERTIFY THAT I HAVE EXAMINED THIS STATEMENT. TO THE BES	The state of the s	Date (mr							
Signature of Treasurer	Title	Date (IIII							
Signature of Candidate (if applicable)		Date (mr	n/dd/yy						
Eshoth (1 +olt)	Oly	22/25							
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 knowing the 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 3-9-4-18)									