## 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** 

.STRUCTIONS: 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? Tyes of No			
COMMITTEE INFORMATION			
1. Full Name of Committee (as on Statement of Organization) Check if this is a new COMMYTER TO ELECT RIPE COMMITME	name.		
2. Acronym or Abbreviated Name (if any)  3. Committee Tel		elephone Number	
(812		) 236-6407	
4. Mailing Address (Address where all campaign finance correspondence is received.) □ Check if this is a new address. □ Check if this is a new address.			
The state of the s		ion (if applicable)	
5. City, State, ZIP Code 1 Enge HAUTE, IN 47803 6. Party Affiliation (if app.) REPUBLICAN			
CANDIDATE INFORMATION (For Candidate's Committees Only)			
		ion or If Independer PUBLECAご	nt Candidate
9. Office Sought (Include district number, if any. Not required for exploratory committee.)  10. County of Res			
NA			
TYPE OF REPORT			N CANDIDATES ONLY
11. Check one:		Check one:	
Pre-Primary Pre-Election Annual Nomination Other		Pre-Conv	
Final / Disbands Committee (Lines 18, 19, and 20 must be "0".) Uutgoing Treasurer (Within len (10) days amend Sta	atement of Organization.	) Dost-Cor	nvention
12. Reporting Period (mm/dd/yy):		COLUMN A	COLUMN B
From: 1/i/24 Through: 12/31/24		This Period	Year to Date
13. Cash on hand and investments at the beginning of this reporting period.		200,51	
14. Cash on hand and investments January 1, current year.			1200,51
CONTRIBUTIONS AND RECEIPTS  (Note: these amounts include in-kind contributions and loans, as well as cash contributions.)			
15a. Itemized (Use Schedule A.)		~5	
15b. Unitemized		~~	_
	STOTAL .	-0-	-0.
16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B.		200.51	-1200.51
EXPENDITURES		00.3	100010
(Note: These amounts include in-kind expenditures and loan repayments.)			
17a. Itemized (Use Schedule B.) (Public Question: use Schedule C.)		_	-
17b. Unitemized			
17c. Add lines 17a and 17b in both columns.	BTOTAL -	-0 -	-0-
18. Cash on hand and investments at close of this reporting period (Subtract 17c from 16 in both columns.)		200,51	1700.51
19. Debts OWED BY the committee (Use Schedule D.)			
20. Debts OWED TO the committee (Use Schedule E.)			
			FOR OFFICE USE ONLY
CERTIFICATION  I CERTIFY THAT I HAVE EXAMINED THIS STATEMENT. TO THE BEST OF MY KNOWLEDGE AND BELIEF IT IS	TRUE CORRECT A		
Signature of Treasurer // ^ Title?	Date (m	m/dd/yy)	
YMANT. MAY CANSTDATE/TOGASIO.	n 1/15	127	Heart Come
Signature of Candidate (if applicable)	Date (m	im/dd/yy)	design solves
WARNING: And information gentained in this report may not be copied for sale or used for any commercial purpose. (IC 3-9-4-5) A person who knowingly			
Signature of Candidate (if applicable).  WARNING: Any information dominits a Level 6 felony. (IC 3-14-1-13) A person who fails to flie a complete or accurate report as required by the Indiana Companies. (IC 3-14-1-16) Cand who to provide a required by the Indiana Candadate. (IC 3-9-4-17) (C			