

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 N

Delinguent : Defective

(CFA-4) Summary Sheet

FILE NUMBER

TOTAL PAGES IN ENTIRE CFA-4 REPORT

	<u> </u>	
COMMITTEE INFORMATION		
1. Full Name of Committee (as on Statement of Organization)		
2. Acronym or Abbreviated Name (if any)	3. Committee Te	elephone Number
	()	
4. Mailing Address (Address where all campaign finance correspondence is received.) □ Check if this is a new address.		
5. City, State, ZIP Code EVANSVILLE, IN 47720	6. Party Affiliation	on (if applicable)
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 R	esidence XXBVKG14
TYPE OF REPORT		CONVENTION CANDIDATES ONLY
11. Check one:	········ ·	Check one:
Pre-Primary Pre-Election Annual Nomination Other		Pre-Convention
Final / Disbands Committee (Lines 18, 19, and 20 must be "0".) Outgoing Treasurer (Within ten (10) days amend Sta	atement of Organization.)	Post-Convention
12. Reporting Period (mm/dd/yy):		OLUMN A COLUMN B
From: 01-01-20 Through: 12-31-20		his 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.		
CONTRIBUTIONS AND RECEIPTS	:	
(Note: these amounts include in-kind contributions and loans, as well as cash contributions.)		
15a. Itemized (Use Schedule A.)		
15b. Unitemized		
15c. Add lines 15a and 15b in both columns.	TOTAL	The state of the s
16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B.	TOTAL	0
EXPENDITURES	eta	
(Note: These amounts include in-kind expenditures and loan repayments.)	den	
17a. Itemized (Use Schedule B.) (Public Question: use Schedule C.)	garder.	
17b. Unitemized	de de la companya de	The state of the s
17c. Add lines 17a and 17b in both columns.	STOTAL	The state of the s
18. Cash on hand and investments at close of this reporting period (Subtract 17c from 16 in both columns.)	TOTAL	<u>U</u>
19. Debts OWED BY the committee (Use Schedule D.)	and the second second	
20. Debts OWED TO the committee (Use Schedule E.)		
CERTIFICATION FOR OFFICE USE ONLY		
GERTIFICATION FOR OFFICE USE ONLY 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	
		ANTIEKDONON PEROLIGIA OLLICO
Signature of Candidate (if applicable)	Date (mm	yddyw F I I I I I I I I I I I I I I I I I I
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 Figure 1 aw 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)		