



CANDIDATE'S STATEMENT OF ORGANIZATION AND DESIGNATION OF PRINCIPAL COMMITTEE OR EXPLORATORY COMMITTEE

State Form 4604 (R14 / 10-17)

Indiana Election Division (IC 3-9-1-3; IC 3-9-1-4; IC 3-9-1-5)

PLEASE TYPE OR PRINT LEGIBLY IN BLACK INK. SEE INSTRUCTIONS ON REVERSE SIDE.

1. IS THIS AN AMENDMENT? Yes No. If Yes, please enter the file number in this box. 1		FILE NUMBER
SECTION A. CANDIDATE INFORMATION: Fill in all applicable boxes as fully and accurately as possible:	1. IS THI\$ AN AMENDMENT? ☐ Yes ☑ No If Yes, please enter the file number in this box. →	46-18-50
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13. Full Name of Committee (Do not abbreviate) 26. Check if this is a new address. 15. FAX (Optional) 19. E-mail Address (Optional) 19. E-mail Addre		
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Warning: State law requires that any change in this information be reported within ten (10) days of the change (IC 3-9-1-10). A person who knowingly files a fraudulent report commits a Level 6 D felony (IC 3-14-1-13). A person who falls 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 child populities (IC 3-94-16) (C 3-94-17) and IC 3-94-17.	SolTourna T. Htwater Saljananas Cilia 1/6/18	FEB 1 6 2018
person who knowingly files a fraudulent report commits a Level 6 D felony (IC 3-14-1-13). A person who falls 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 exploited to child population.	Warning: State law requires that any change in this information be reported within ten (10) days of the change (IC 3-9-1-10). A	
subject to civil condition (IC 3-0-4-16, IC 3-0-4-17, and IC 3-0-4-18)	person who knowingly files a fraudulent report commits a Level 6 D felony (IC 3-14-1-13). A person who fails to file a complete or	
CLERK OF LA PORTE CIRCUIT COUR	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 divit penalties (IC 3-9-4-16 IC 3-9-4-17 and IC 3-9-4-18)	
	Subject to dear periodices (10 0-3-4-10, 10 0-3-4-11), and 10 0-3-4-10).	CLERK OF LA PORTE CIRCUIT COURT



State Form 4606 (R14 / 10-17) 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 No

OF

(CFA-4)

Summary Sheet FILE NUMBER **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 r	name.		
Committee to ZIZCT SOLJOUIZNA	1. F-Y	MATER	
Acronym or Abbreviated Name (if any)	3. Committee	Telephone Number	1
	(219)	229-045	<u>) ප</u>
The state of the s	Check if this is a	new address.	
1906 E. MichiGAN 13/Val.			
5. City, State, ZIP Code		ation (if applicable)	
Michigan City, IN 46360		oczat	
CANDIDATE INFORMATION (For Candidate's C	ommittees O	nly)	
7. Full Name of Candidate (Include any nickname.)	8-Party Affilia	ation or If Independen	t Candidate
SOLJOUZNA T. ATWATER		noczan	<u> </u>
9. Office Sought (Include district number, if any. Not required for exploratory committee.)	10. County of		• •
Michigan Township Trustec-MC04	CFI+	95+E	
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'.) Outgoing Treasurer (Within ten (10) days amend State	ement of Organization	n.) Post-Con	vention
12. Reporting Period (mm/dd/yy):		COLUMN A	COLUMN B
From: 1-1-2018 . Through: 4-13-2018)	This Period	Year to Date
13. Cash on hand and investments at the beginning of this reporting period.			
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			
Too, red lines for end for the barrens.	TOTAL		
To. Mad Miles 18 dill 186 M October 1922 Miles 18 dill 18	TOTAL		
EXPENDITURES			
(Note: These amounts include in-kind expenditures and loan repayments.)			-20-6
17a. Itemized (Use Schedule B.) (Public Question: use Schedule C.)	_5	3.8.08	<u>238.08</u>
17b. Unitemized		- 	
17c. Add lines 17a and 17b in both columns.	TOTAL 5	3808	538.08
18. Cash on hand and investments at close of this reporting period (Subtrect 17c from 16 in both columns.)	TOTAL 5	38.08	538.0F
19. Debts OWED BY the committee (Use Schedule D.)	4.		
20. Debts OWED TO the committee (Use Schedule E.)	-	0 -	

CERTIFICATION		FOR OFFICE USE OND
I CERTIFY THAT I HAVE EXAMINED THIS STATEMENT, TO THE BEST OF MY KNOWLEDGE AND BELIEF IT IS TRUE, C	CORRECT AND COMPLETE.	N CLERKS OFFICE
Signature of Transurer Title	Date (mm/dd/yy)	
MANUET A. I. LULICHE MEANICEIZ	4-20-18	APR 2 0 2018
Signature of Candidate (if applicable)	Date (mm/dd/yy)	AFR 2 U 2010
selfouence I this att	14-20-B	11:38am
WARNING: Any information contained in this report may not be copied for sale or used for any commercial purpose. (IC 3-9	3-4-5) A person who knowingly;	Kur see s
files a fraudulent report commits a Level 6 fetony. (IC 3-14-1-13) A person who fails to file a complete or accurate repo	ort as required by the Indiana	Profes fllubick
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, K	C 3-9-4-17, IC 3-9 <u>H-18)CLERK</u>	OF LA PORTE CIRCUIT CC



State Form 4606 (R14 / 10-17) Election Division (IC 3-9-5-14) Indiana

(CFA-4 SCHEDULE A-1) CONTRIBUTIONS BY INDIVIDUALS

Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY INDIVIDUALS ON THIS SCHEDULE. 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 contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from individuals OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee). A contributor's occupation is required if an individual makes at least \$1,000 in contributions during the calendar year. Otherwise, this is optional.

	F	FILE NUMBER
Page	Z	of 10

CONTRIBUTOR'S FULL NAME AND OCCUPATION FULL MAILING ADDRESS	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS	COLUMN B CUMULATIVE	DATE RECEIVED (mm/dd/yy)
(street, number, city, state, ZIP code)	OR OTHER RECEIFT	PERIOD	YEAR-TO-DATE	RECEIVED BY
NIA	Contributions: Direct In-Kind (describe) Other Receipts: Interest Miscellaneous (specify)	,\&	Φ	
Contributor's Occupation (il required)				
NIA	Contributions: Direct N A In-Kind (describe)	Φ.	, Ø	
County tracks Commented (if condition)	Other Receipts: Interest Loan Miscellaneous (specify)			
3.	Contributions: Direct N	Ø	Ø	
Contributor's Occupation (if required)	Other Recelpts: Interest Loan Miscellaneous (specify)			
4. N/A.	Contributions: Direct N A In-Kind (describe)	\$	φ.	
	Other Receipts: Interest Loan Miscellaneous (specify)			
5.	Contributions: Direct Direct In-Kind (describe)	Φ	Φ	
	Other Recelpts: Interest Loan Miscellaneous (specify)			
Contributor's Occupation (if required)SUBTOTAL	:10=			
TOTAL OF ALL PAGES OF SCHEDULE	*500			
(Enter total on ITEN				



State Form 4606 (R14 / 10-17) Indiana Election Division (IC 3-9-5-14)

(CFA-4 SCHEDULE A-2) CONTRIBUTIONS BY CORPORATIONS

Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY CORPORATIONS ON THIS SCHEDULE. 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 contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from corporations OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee).

	F	LE NUMBER
Page_	3	of /O

CONTRIBUTOR'S FULL NAME AND FULL MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED (mm/dd/yy) RECEIVED BY
NIA	Contributions: Direct XI A	Ø	Ø	NA
	Other Recelpts: Interest Loan Miscellaneous (specify)	, · .	k	
NA	Contributions: Direct NA In-Kind (describe)	Ø	ϕ	NIA
	Other Receipts: Interest Loan Miscellaneous (specify)			
3. N/A	Contributions: Direct NA In-Kind (describe)	ϕ	\$	NIA
	Other Recelpts: Interest Loan Miscellaneous (specify)			
NIA	Contributions:	φ	Φ	NA
	Other Receipts: Interest Loan Miscellaneous (specify)			
NIA	Contributions: Direct N C	Ø	Ø	NIA
	Other Receipts: Interest Loan Miscellaneous (specify)			
SUBTOTAL THIS PAGE OF SCHEDULE A		\$ -		
TOTAL OF ALL PAGES OF SCHEDULE (Enter total on ITE	A ON THE LAST PAGE ONLY M 15a of the Summary Sheet.)	10		



State Form 4606 (R14 / 10-17) Indiana Election Division (IC 3-9-5-14)

(CFA-4 SCHEDULE A-3) CONTRIBUTIONS BY LABOR ORGANIZATIONS

Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY LABOR ORGANIZATIONS ON THIS SCHEDULE. 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 contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from labor organizations OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee).

FILE NUMBER
Page of

CONTRIBUTOR'S FULL NAME AND FULL MAILING ADDRESS	TYPE OF CONTRIBUTION	COLUMN A AMOUNT THIS	COLUMN B CUMULATIVE	DATE RECEIVED (mm/dd/yy)
(street, number, city, state, ZIP code)	OR OTHER RECEIPT	PERIOD	YEAR-TO-DATE	RECEIVED BY
NJÒ	Contributions: Direct In-Kind (describe)	φ	ф	NIA
	Other Receipts: Interest Loan Miscellaneous (specify)			:
2 N/A	Contributions: Direct N C C C C C C C C C C C C C C C C C C	8	\$	มเอ
	Other Receipts: Interest Loan Miscellaneous (specify)		* * * * * * *	A STATE OF THE STATE OF
3 N/A	Contributions: Direct N A In-Kind (describe)	Ø	Ø .	NIA
	Other Receipts: Interest Loan Miscellaneous (specify)	·		
NIA	Contributions: Direct NIA In-Kind (describe)	Ø	ф	NIA
	Other Receipts: Interest Loan Miscellaneous (specify)			
5 NIA	Contributions: Direct N A In-Kind (describe)	Ø	φ.	NA
	Other Receipts: Interest Loan Miscellaneous (specify)		• • • • • • • • • • • • • • • • • • • •	
SUBTOTAL 1	THIS PAGE OF SCHEDULE A	5-0		
TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY (Enter total on ITEM 15a of the Summary Sheet.)				



State Form 4606 (R14 / 10-17) Indiana Election Division (IC 3-9-5-14)

(CFA-4 SCHEDULE A-4) CONTRIBUTIONS BY POLITICAL ACTION COMMITTEES

Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY POLITICAL ACTION COMMITTEES ON THIS SCHEDULE. 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 contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from political action committees OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All transfers-in and in-kind contributions regardless of emounty from political action committees MUST be itemized on this schedule. All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee).

FILE NUMBER			
Page	5	of <i>)</i>	

CONTRIBUTOR'S FULL NAME AND FULL MAILING ADDRESS	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS	COLUMN B CUMULATIVE	DATE RECEIVED (mm/dd/yy)
(street, number, city, state, ZIP code) 1.	Contributions: Direct N	PERIOD	YEAR-TO-DATE	RECEIVED BY
	Other Receipts: Interest Loan Miscellaneous (specify)			
NIA	Contributions: Direct N A In-KInd (describe)	Ø	Ø	NIA
	Other Receipts: interest Loan Miscellaneous (specify)			
3. N/A	Contributions: Direct NA C	Ø	φ	NIA
	Other Receipts: Interest Loan Miscellaneous (specify)			
MA	Contributions: Direct NA In-Kind (describe)	\$.	Ø	NIA
	Other Receipts: Interest Loan Miscellaneous (specify)			
s. NA	Contributions: Direct In-Kind (describe)	Ø	Ø	NIA
	Other Receipts: Interest Loan Miscellaneous (specify)			
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TOTAL OF ALL PAGES OF SCHEDULE (Enter total on ITER	A ON THE LAST PAGE ONLY 1 15a of the Summary Sheet.)	50		



State Form 4606 (R14 / 10-17) Indiana Election Division (IC 3-9-5-14)

(CFA-4 SCHEDULE A-5) CONTRIBUTIONS BY OTHER ORGANIZATIONS

Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY ORGANIZATIONS OTHER THAN CORPORATIONS, LABOR ORGANIZATIONS, POLITICAL ACTION COMMITTEES AND INDIVIDUALS ON THIS SCHEDULE. 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 contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from other entities OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All transfers-in and in-kind contributions regardless of amount from candidate's, legislative caucus, and regular party committees MUST be itemized on this schedule. All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee).

FILE	NUMBER
Page 6	_of <u>/Ó</u> _

CONTRIBUTOR'S FULL NAME AND FULL MAILING ADDRESS	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	(mm/dd/yy) RECEIVED BY
(street, number, city, state, ZIP code)	Contributions: N — Direct N — In-Kind (describe)	Ø	φ	NIA
, 1	Other Receipts: Interest Loan Miscellaneous (specify)			
NIA	Contributions: Direct N C	Ø	8	NIA
	Other Receipts: Interest Loan Miscellaneous (specify)	e V.	. The seem	
NIA	Contributions: Direct N A In-Kind (describe)	Ø	Ø	"אן A
	Other Receipts: Interest Loan Miscellaneous (specify)		, 	
NIA	Contributions: Direct N A	Ø	Ф	NIA
	Other Recelpts: Interest Loan Miscellaneous (specify)			
s NA	Contributions: Direct · N A In-Kind (describe)	ΦΦ	ф	NIA
	Other Receipts: Interest Loan Miscellaneous (specify)			
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TOTAL OF ALL PAGES OF SCHEDULE (Enter total on ITEM)	A ON THE LAST PAGE ONLY In 15a of the Summary Sheet.)	56		

Form 4606 (R14 / 10-17) Election Division (IC 3-9-5-14 State Indiana

(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_	7	_ of _	10	

RECIPIENT'S NAME AND MAILING ADDRESS (street, number, city, state, ZIP code)	RECIPIENT'S OCCUPATION	TYPE OF EXPENDITURE and	COLUMN A AMOUNT THIS	COLUMN B	DATE OF EXPENDITURE
(or only manuacy, only, only)	OFFICE SOUGHT (if applicable)	PURPOSE (be specific)	PERIOD	YEAR-TO-DATE	(mm/dd/yy)
275 Wyman ST Wajtham, Mazys 1		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:	-	•	en ya u d
275 Wyman ST. Waltham, MA 02451	Printer	☐ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other Purpose:	483.17	483.17	3-19-18
275 Wyman ST Waltham, MA 20451	Printer	Direct In-Kind Payment of Debt Returned Contribution Other Purpose:	54.91	536.08	3-24- <i>B</i>
Code		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:			·
Code		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:		A 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	A 194 1 11
Code		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:			
Code		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:			
	SUBTOTAL THIS PAGE		538.08		
TOTAL OF ALL PA	AGES OF SCHEDULE B ON THI (Enter total on ITEM 17a of t	he Summary Sheet.)	538.08		



Form 4606 (R14 / 10-17) Election Division (IC 3-9-5-14) State Indiana

(CFA-4 SCHEDULE C) ITEMIZED EXPENDITURES For Public Questions

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. All cumulative expenses or transfers-out, regardless of amount paid to political committees supporting or opposing a public question, MUST be itemized on this schedule.

FILE NUMBER			
G)			
Page O of			

	PUBLIC QUESTIO	N INFORMATION					
Enter Text of Public Question.							
Type of Question: Statewide Local							
Position: Supported Oppo	osea	TYPE OF EXPENDITURE	COLUMN A	COLUMN B	DATE OF		
RECIPIENT'S NAME AND MAILING ADDRESS (street, number, city, state, ZIP code)	RECIPIENT'S OCCUPATION	and PURPOSE (be specific)	AMOUNT THIS PERIOD	CUMULATIVE YEAR-TO-DATE	EXPENDITURE (mm/dd/yy)		
2)A	NIA	Direct In-Kind Payment of Debt Returned Contribution Other Purpose:	\$	Ø	NA		
Code	NJA .	Direct In-Kind Payment of Debt Returned Contribution Other Purpose:	Ф	Ф	NIA		
Code	NIA	Direct In-Kind Peyment of Debt Returned Contribution Other Purpose:	\$	Ø	NIA		
N/A	NIA	Direct In-Kind Payment of Debt Returned Contribution Other Purpose:	ϕ	p	NIA		
N/A	NIA	Direct In-Kind Payment of Debt Returned Contribution Other Purpose:	Ø	, D	NIA		
Code	NIA	Direct In-Kind Payment of Debt Returned Contribution Other Purpose:	Ф	Ø	NIA		
	SUBTOTAL THIS PA	GE OF SCHEDULE C	5-0				
TOTAL OF ALL PA	GES OF SCHEDULE C ON TH	E LAST PAGE ONLY	50				
	(Enter total on ITEM 17a of	the Summary Sheet.)					



State Form 4606 (R14 / 10-17) Indiana Election Division (IC 3-9-5-14)

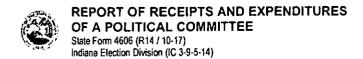
(CFA-4 SCHEDULE D) DEBTS OWED BY THIS COMMITTEE

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				
	· · · · · · · · · · · · · · · · · · ·			
Page_	9 of 10			

CREDITOR'S OR LENDER'S NAME AND MAILING ADDRESS (street, number, 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 DEST INCURRED (mm/dd/yy)	CUMULATIVE PAID YEAR-TO-DATE	OUTSTANDING BALANCE THIS PERIOD
NIA	NIA	NIA	KI)A	þ	Φ,
LENDER'S OCCUPATION:					
LENDER'S OCCUPATION:					
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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.)				\$ 0°	

And the second



(CFA-4 SCHEDULE E) DEBTS OWED TO 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 TO the committee during the reporting period. Include all amounts the committee has loaned to others.

FILE NUMBER			
Page / O	_ of _ /Ó		

BORROWER'S NAME AND MAILING ADDRESS (street, number, city, state, ZIP code)	CO-SIGNER'S NAME AND MAILING ADDRESS (if any) (street, number, city, state, ZIP code)	ORIGINAL AMOUNT	DATE DEBT INCURRED (mm/dd/yy)	CUMULATIVE PAID BALANCE THIS PERIOD
NIA	MIA	Ø.	NIA	NIA D
1/4				
			1	
SUBTOTAL THIS PAGE OF SCHEDULE E \$ TOTAL OF ALL PAGES OF SCHEDULE E ON THE LAST PAGE ONLY (Enter total on ITEM 20 of the Summary Sheet.) \$				