## 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

## COMMITTEE INFORMATION

 $\square$ Check if this is a new name.

3. Committee Telephone Number
4. Mailing Address (Address where all campaign finance correspondence is received.)
$\square$ Check if this is a new address.
4. ManingAdress (Address where all campaign finance corresplas

## 5. City, state, ZIP Code <br> CANDI'JATE INFORMATION (For Candidate's Committees Only) <br> 

7. Full Name of Candidate (Include any nickname.)

8. Office Sought (Include district number, if any. Not required for exploratory committee.)

TYPE OF REPORT
11. Check one:


Pre-Primary
 Pre-Elec $\qquad$ AnnualNomination $\qquad$ Other $\qquad$
F Final / Disbands Committee (Lines 18 , 19, and 20 must be " 0 ".) $\square$ Outgoing Treasurer (Within ten (10) days amend Statement of Organization.)

8. Party Affiliation gr If Independent Candidate 10. County of Residence

FOR OFFICE USE ONLY
Ii I E D IN CLERKS OFFICE

APR 122024

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


## Summary Sheet

FILE NUMBER
410-24-58
TOTAL PAGES IN ENTIRE CFA-4 REPORT

