

## 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

## (CFA-4) Summary Sheet

FILE NUMBER

**TOTAL PAGES IN ENTIRE CFA-4 REPORT** 

IS THIS AN AMENDMENT? Yes V No				
COMMITTEE INFORMATION	TO PART OF THE PART	Marks and rely	NO CONTRACTOR	
1. Full Name of Committee (as on Statement of Organization) Check if this is a new t		CLEANER BONGE		
TALIMAN SILLIA TO THE CHECK IT HIS IS A NEW TO	name.			
2. Acronym or Abbreviated Name (Many)	3. Committee Tele			
	1 (412) 3	150-46	73	
4. Mailing Address (Address Where all campaign finance correspondence is received.)	Check if this is a new	address.		
5. City, Stater ZIP Code	6. Party Affiliation	(if applicable)		
Columbus, Indiana, 47202		0		
CANDIDATE INFORMATION (For Candidate's C	ommittees Only)	MANAGER	NO VENEZA BENE	
7. Full Name of Candidate (Include any nickname.)	8. Party Affiliation		Candidate	
9. Office Sought (Include district number, if any. Not required for exploratory committee.)				
V	12 Let	tolon	2UT	
TYPE OF REPORT			CANDIDATES ONLY	
11. Check one:		Check one:		
Pre-Primary Pre-Election Annual Nomination Other		Pre-Conver	ntion	
Final / Disbands Committee (Lines 18, 19, and 20 must be "0".) Utgoing Treasurer (Within ten (10) days amend State	tement of Organization.)	Post-Conve	ention	
12. Reporting Period (mm/dd/yy):		LUMN A	COLUMN B	
From: 1-1-22 Through: 12-31-22		s Period	Year to Date	
13. Cash on hand and investments at the beginning of this reporting period.	1770	7.00		
14. Cash on hand and investments January 1, current year.	100			
CONTRIBUTIONS AND RECEIPTS	WALLS OF THE			
(Note: these amounts include in-kind contributions and loans, as well as cash contributions.)	MV GYIK	MATCHE ATTE		
15a. Itemized (Use Schedule A.)				
15b. Unitemized				
With Englishment (SOR) or Well streets use. But introduces But interested and But in Open and Introduces the Company of the Co	TOTAL	,,		
and the second s	TOTAL 1770	7.00		
EXPENDITURES				
(Note: These amounts include in-kind expenditures and loan repayments.)				
17a. Itemized (Use Schedule B.) (Public Question: use Schedule C.)	790	0,00		
17b. Unitemized				
17c. Add lines 17a and 17b in both columns.	TOTAL 7960	7.00		
18. Cash on hand and investments at close of this reporting period (Subtract 17c from 16 in both columns.)	TOTAL 98	07		
19. Debts OWED BY the committee (Use Schedule D.)		6		
20. Debts OWED TO the committee (Use Schedule E.)				
CERTIFICATION	1888 July 1888 1888	FOI	R OFFICE USE ONLY	
I CERTIFY THAT I HAVE EXAMINED THIS STATEMENT. TO THE BEST OF MY KNOWLEDGE AND BELIEF IT IS T	RUE, CORRECT AND C			
Signature of Treasurer  Man Sunt	Date (mm/de	- 23		
Signature of Candidate (if applicable)	Date (mm/de		17 2023	
WARNING: Any information contained in this report may not be copied for sale of deed for any commercial purpose.	(IC 3-9-4-5) A person wh	no knowingly		
files a fraudulent report commits a Level 6 felony. (IC 3-14-1-13) A person who fails to file a complete or accura	ate report as required by	the Indiana	CLERK	



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## (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.	3 1 1	2	0			

RECIPIENT'S NAME AND MAILING ADDRESS (street, number, city, state, ZIP code)	RECIPIENT'S OCCUPATION OFFICE SOUGHT (if applicable)	TYPE OF EXPENDITURE and PURPOSE (be specific)	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE OF EXPENDITURE (mm/dd/yy)
Rev. Sins Retirement Event		Direct In-Kind Payment of Debt Returned Contribution Other Purpage:	500	500	-20- 3-2022
Chris Lane Gref outing		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:	400	400	6-2022
andy Critica		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:	400	400	7-2022
DARE GOSF		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:	400	400	8-15-2022
DEAN D'NEIL MEDIA		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:	2500	2500	1D-23-202;
gaharakos		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:	1200	1200	11-5-2022
DEAN D'NEIL MEDIA		Direct   In-Kind   Payment of Debt   Returned Contribution   Other   Purpose:	2500	2500	12-14-2022
	SUBTOTAL THIS PAG	SE OF SCHEDULE B	\$ 7900		
TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY (Enter total on ITEM 17a of the Summary Sheet.)			\$		