

REPORT OF RECEIPTS AND EXPENDITURES OF A POLITICAL COMMITTEE

☐ Yes

State Form 4606 (R15 / 5-19) Indiana Election Division (IC 3-9-5-14)

IS THIS AN AMENDMENT?

(CFA-4) Summary Sheet

FILE NUMBER

TOTAL PAGES IN ENTIRE CFA-4 REPORT

2

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this form. For	or
assistance in completing this form, see instructions on the reverse side.	

COMMITTEE INFORMATION	NAME OF TAXABLE PARTY.				
COMMITTEE INFORMATION					
1. Full Name of Committee (as on Statement of Organization) Check if this is a new Jason A Muser for BCSC School Board Committee					
Acronym or Abbreviated Name (if any) 3. Com		mittee Telephone Number New Number			
**	(812	350-763	šL		
4. Mailing Address (Address where all campaign finance correspondence is received.)	Check if this	is a new address.			
5. City, State, ZIP Code Columbus IN 47203	6. Party A	Affiliation (if applicable)			
CANDIDATE INFORMATION (For Candidate's	Committee	s Only)			
7. Full Name of Candidate (Include any nickname.)		affiliation or If Independen	t Candidate		
	O. Faity A	annation of it independen	Candidate		
9. Office Sought (Include district number, if any. Not required for exploratory committee.) BCSC School Board District 1 10. County of Re			Residence Hholomew		
TYPE OF REPORT	0.		CANDIDATES ONLY		
		Check one:	CANDIDATES ONLY		
11. Check one: Pre-Primary Pre-Election Annual Nomination Other			ention		
			vention		
Final / Disbands Committee (Lines 18, 19, and 20 must be "0".) Utgoing Treasurer (Within ten (10) days amend St.	atement of Organ	zation.)	vention		
12. Reporting Period (mm/dg/yy): From: 01/01/2023 Through: 12/31/2023		COLUMN A This Period	COLUMN B Year to Date		
13. Cash on hand and investments at the beginning of this reporting period.		2535,27			
14. Cash on hand and investments January 1, current year.			2535,27		
CONTRIBUTIONS AND RECEIPTS	NUL A				
(Note: these amounts include in-kind contributions and loans, as well as cash contributions.)					
15a. Itemized (Use Schedule A.)		øs.	Ø		
15b. Unitemized		0	0		
15c. Add lines 15a and 15b in both columns.	Ø	6			
16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B.	TOTAL	2535.27	2535,27		
EXPENDITURES					
(Note: These amounts include in-kind expenditures and loan repayments.)					
17a, Itemized (Use Schedule B.) (Public Question: use Schedule C.)		Ø	6		
17b. Unitemized		Ø	6		
17c. Add lines 17a and 17b in both columns.	BTOTAL	0	8		
18. Cash on hand and investments at close of this reporting period (Subtract 17c from 16 in both columns.)	TOTAL	2535,27	2535,27		
19. Debts OWED BY the committee (Use Schedule D.)		2504,47			
20. Debts OWED TO the committee (Use Schedule E.)	0.000				
			OD OFFICE USE ONLY		
CERTIFICATION	TRUE CORRE		OR 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/dd/yy) 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 Finance Law 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)





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(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							
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Page	- 1	of					

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	DATE DEBT INCURRED	CUMULATIVE PAID	OUTSTANDING BALANCE THIS
		NATURE OF DEBT	(mm/dd/yy)	YEAR-TO-DATE	PERIOD
Jason Wayor 32410 verler KDrive & Same Colombo vs, IN 47203	L Same	2504,47	2022	-4-	2504,47
	2022 Loams	year a	9	201111	
	2	3 1 2			
LENDER'S OCCUPATION:	N BONN		100 - 100		
LENDER'S OCCUPATION:					
LENDER'S OCCUPATION:	No line and				
LENDER'S OCCUPATION:					
LENDER'S OCCUPATION:					
	1				
LENDER'S OCCUPATION:					
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.)					