

## 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 assistence in completing this form, see instructions on the reverse side.

IS THIS AN AMENDMENT? Tyes X No

(CFA-4)
Summary Sheet

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FILE NUMBER						
AGES IN ENTIRE CFA-4 REPORT						
2						

COMMITTEE INFORMATION								
1. Full Name of Committee (as on Statement of Organization) Check If this is a new name.								
Committee to Elect long Kassissich;								
2. Acronym or Abbrevlated Name (If any)	(8)		28 - 85	101				
4. Malling Address (Address where all campaign finance correspondence is received.)  Check if this is a new address.								
E City State 7IP Code	6. Party	Affiliation (if applicable)						
Terre Haute, N. 47802 Democrat								
CANDIDATE INFORMATION (For Candidate's Committees Only)								
7. Full Name of Candidate (Include any nickname.)  Anthony Tony Kassissieh  8. Party			Affiliation or If Independent Candidate					
9. Office Sought (Include district number, if any. Not required for exploratory committee.)		inty of Resid	lence					
VIGO. CO. COMMISSIONES VIGO								
TYPE OF REPORT		CONVENTION CANDIDATES ONLY						
11. Check one:			Check one:	.c.stlen				
Pre-Primary Pre-Election Annual Nomination Other			Pre-Conv					
Final / Disbands Committee (Lines 18, 19, and 20 must be "0".) Utgoing Treasurer (Within ten (10) days amend State	ment of Org	anization.)	☐ Fost-Coi					
12. Reporting Period (mm/dd/yy):			UMN A	COLUMN B Year to Date				
From: 01/01/24 Through: 04/15/24			Period	real to Date				
13. Cash on hand and investments at the beginning of this reporting period.		(	J					
14. Cash on hand and investments January 1, сиптепt year.				0				
CONTRIBUTIONS AND RECEIPTS								
(Note: these amounts include in-kind contributions and loans, as well as cash contributions.)		20	0.00					
15a. Itemized (Use Schedule A.)			0.00					
15b. Unitemized	OTAL	20	20.00					
15c. Add lines 15a and 15b in both columns. SUBTOTAL			00.00					
16. Add lifes to and too in Column A and mice 14 and too in Column 2.	TOTAL	51	00.00					
EXPENDITURES								
(Note: These amounts include in-kind expenditures and loan repayments.)								
17a. Itemized (Use Schedule B.) (Public Question: use Schedule C.)		. 1-1.1	00	474.80				
17b, Unitemized			.80	474.80				
176 Add lifes 178 and 170 in both columns.	TOTAL		80					
18. Cash on hand and investments at close of this reporting period (Subtract 17c from 16 in both columns.)	TOTAL	414	.80	474.80				
19. Debts OWED BY the committee (Use Schedule D.)		0						
20. Debts OWED TO the committee (Use Schedule E.)		0						
CERTIFICATION				FOR OFFICE USE ONLY				
I CERTIFY THAT I HAVE EXAMINED THIS STATEMENT. TO THE BEST OF MY KNOWLEDGE AND BELIEF IT IS TO	RUE, COR	RECT AND CO	OMPLETE.					
Title	0	Date (mm/de	d/yy)	24				
Latty Kassissich Treasurer		7/14/2	×4					
Signature of Catoddate (if applicable)	Date (mm/dd/yy)  H/19/24  Date (mm/dd/yy)  H-19-24  i) \( \text{D} \) person who knowingly so required by the Indiana 9-4-17, IC 3-9-4-18}							
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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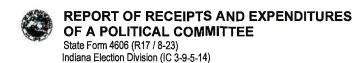
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(CFA-4 SCHEDULE A-1) **CONTRIBUTIONS BY INDIVIDUALS** 

**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

	FILE NUMBER
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at least \$1,000 til contributions during the calendar year. Otherwise, till	s is optional.			
CONTRIBUTOR'S FULL NAME AND OCCUPATION 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
Vern Tincher 5767 Ernest St. Terre Haute, IN. 47802 Contributor's Occupation (if required) retired	Contributions:  Direct In-Kind (describe) Other Receipts: Interest Loan Miscellaneous (specify)	100.00	100.00	mail to
Don Wilson  38 E. Brookside Dr.  Terre Haute, IN. 47802  contributor's Occupation (if required) refired	Contributions:  Direct In-Kind (describe) Other Receipts: Interest Loan Miscellaneous (specify)	50.00	50.00	in-person to candidate
3.  Anonymous  Contributor's Occupation (if required)	Contributions: Direct In-Kind (describe) Other Receipts: Interest Loan Miscellaneous (specify)	100.00	100.00	mail to
Mrs. Wilson 38 E. Brookside Dr. Terre Haute, 1N.47802  Contributor's Occupation (if required)	Contributions: Direct In-Kind (describe)  Other Receipts: Interest Loan Miscellaneous (specify)	50.00	50.00	in-person to candidate
	Contributions: Direct In-Kind (describe) Other Receipts: Interest Loan Miscellaneous (specify)  THIS PAGE OF SCHEDULE A	\$ 300.00		
TOTAL OF ALL PAGES OF SCHEDULE	A ON THE LAST PAGE ONLY	\$		