

Signature of Treasurer

Signature of Candidate (If applicable)

## REPORT OF RECEIPTS AND EXPENDITURES A POLITICAL COMMITTEE

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

OF

(CFA-4)
Summary Sheet

**FILE NUMBER** 

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

1. Full Name of Committee (as on Statement of Organization)				
Committee To EIECT Namey 5 Allsup				
2. Acronym or Abbrevlated Name (If any)	3, Comm	3. Committee Telephone Number		
	(8/2	1 249-95	73	
4. Malling Address (Address where all campaign finance correspondence is received.)				
9751 N. Wayne Pl				
5. City, State, ZIP Code	6. Party Affiliation (if applicable)			
West TERRZ Haute IN 47885 DemocRAT				
CANDIDATE INFORMATION (For Candidate's Committees Only)				
7. Full Name of Candidate (Include any nickname.)		8. Party Affiliation or If Independent Candidate		
Nancy S. Allsup		DEMOCRAT		
9. Office Sought (include district number, if any. Not required for exploratory committee.)		10. County of Residence		
TREASURER	VA	TGO	V A A V D I D A T E A A W V	
TYPE OF REPORT		100	N CANDIDATES ONLY	
11. Check one:		Check one:		
The residual production of the second producti				
Final / Dispands Committee (Lines 18, 19, and 20 must be "0".) [ ] Outgoing Treasurer (Within ten (10) days amend Statement of Organizations)				
12. Reporting Perlod (mm/dd/yy):	7015	COLUMN A This Period	COLUMN B Year to Date	
From: Knuary 1, 2018 Through: December 31, 2018		The Landson of	rear to bate	
13. Cash on hand and investments at the beginning of this reporting period.		836C	jan eret eller i k	
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.)		0		
15b. Unitemized		0	*	
V 45 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	UBTOTAL	83.66		
16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B.	TOTAL	8316		
EXPENDITURES	150 4 50	0.05.00		
(Note: These amounts include in-kind expenditures and loan repayments.)				
17a, Itemized (Use Schedule B.) (Public Question: use Schedule C.)		0	•	
17b, Unitemized		0		
	SUBTOTAL	8266	1.00	
18. Cash on hand and investments at close of this reporting period (Subtract 17c from 16 in both columns.)	TOTAL	83.CC		
19. Debts OWED BY the committee (Use Schedule D.)		4.2 3.52		
20. Debts OWED TO the committee (Use Schedule E.)		* **	olki iga ja Plane na i	
			OR OFFICE URE ONLY	
CERTIFICATION		STATE OF THE STATE	OR OFFICE USE ONLY	

COMMITTEE INFORMATION

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

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

18 sails m/em-

DEC 1 3 2018

FILED

Date (mm/dd/yy) VIGO COUNTY SUPERIOR COURT

Date (mm/dd/yy)