REPORT OF RECEIPTS AND EXPENDITURES OF 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

Signature of

Signature of Candidate (If adelig

No

REC'D ABSENTEE VOTERS

(CFA-4) **Summary Sheet**

FILE NUMBER

TOTAL PAGES IN ENTIRE CFA-4 REPORT

COMMITTEE INFORMATION			
1. Full Name of Committee (es on Statement of Organization)			
LASE PAUL AUST			
2. Acronym or Abbrevlated Name (if any)	3. Committee Telephone Number		
	1812	1244 36	.93
4. Mailing Address (Address where all campaign finance correspondence is received.) Check if this is a new address.			
5, Clty, State, ZIP Code	6. Party Affillation (If applicable)		
TERRE HAJE, INDIANA 47807			
CANDIDATE INFORMATION (For Candidate's Committees Only) 7. Full Name of Candidate (Include any nickname.) 8. Party Affillation or If Independent Candidate			
7. Full Name of Candidate (Include any nickname.)	B. Party Annietion of it independent Candidate		
9. Office Sought (Include district number, if any, Not required for exploratory committee.)	10, County of Residence		
CTM COUNCIL AT LARGE			D. 6 T. 1/2
TYPE OF REPORT		CONVENTION	CANDIDATES ONLY
11. Check one:		Check one:	
☐ Pre-Primary ☐ Pre-Election ☐ Annual ☐ Nomination ☐ Other		Pre-Conven	
Final / Disbands Committee (Lines 18, 19, and 20 must be "0".) Outgoing Treasurer (Within ten (10) days amend Statement of Organization.)			
12. Reporting Period (mm/dd/yy):		COLUMN A	COLUMN B
From: 1/1/2019 Through: 4/12/2019		This Period	Year to Date
13. Cash on hand and investments at the beginning of this reporting period.			0
14. Cash on hand and investments January 1, current year. CONTRIBUTIONS AND RECEIPTS			
(Note; these amounts include in-kind contributions and igens, as well as cash contributions.)			
15a. Itemized (Use Schedule A.)			
15b. Unitemized			7 01-20
15c. Add lines 15a and 15b in both columns.	BTOTAL	0.00	0.00
16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B.	TOTAL	0.00	0.00
EXPENDITURES	44.W	Assolution is	
(Note: These amounts include in-kind expenditures and loan repayments.)			
17a, İtemized (Use Schedule B.) (Public Question: use Schedule C.)			
17b, Unitemized			
17c. Add lines 17a and 17b in both columns.	BTOTAL	0.00	0.00
18. Cash on hand and investments at close of this reporting period (Subtract 17c from 16 in both columns)	TOTAL	0.00	0.00
19. Debts OWED BY the committee (Use Schedule D.)		0	
20. Debts OWED TO the committee (Use Schedule E.)		()	
CERTIFICATION FOR 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

WARNING: Any information contained in this captri may not be copied for sale of used for my commercial purpose. (IC 3-9-4-5) A person who knowingly files a fraudulent report commits a Level 6 teldiny. (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 Bimisdemeanor. (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)

FILED VIGO COUNTY SUPERIOR COURT

APR 22 2019