

## REPORT OF RECEIPTS AND EXPENDITURES OF A POLITICAL COMMITTEE

State Form 4606 (R13/11-05) Indiana Election Commission (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? Tes

(CFA-4) **Summary Sheet** 

FILE NUMBER

TOTAL PAGES IN ENTIRE CFA-4 REPORT

1 Full Name of Committee (as on Statement of Organization) Check (If this is a new name  Committee To Elect George Azar  2 Acronym or Abbreviated Name (if any)  3 Committee Telephone Number  4 Mailing Address (address where all campaign finance correspondence is received)  Check if this is a new address  431 Wabash Avenue  6 Party Affiliation (if applicable)								
2. Acronym or Abbreviated Name (if any)  3. Committee Telephone Number  ( )  4. Mailing Address (address where all campaign finance correspondence is received)  Check if this is a new address  431 Wabash Avenue								
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a se a setti di a collegationi								
5. City, State 7IP Code 6. Party Affiliation (if applicable)								
5. City, State, ZIP Code  6. Party Affiliation (if applicable)								
Terre Haute, IN 47807  DEMOCRAT								
CANDIDATE INFORMATION (For Candidate's Committees Only)=								
7. Full Name of Candidate (include any nickname)  8. Party Affiliation or If Independent Candidate DEMOCRAT								
GEORGE JAMES AZAR								
9. Office Sought (Include district number, if any. Not required for exploratory committee.)								
CITY COUNCIL AT LARGE VIGO								
TYPE OF REPORT CONVENTION CANDIDATES ONLY								
11. Check one:								
Pre-Primary Pre-Election X Annual Nomination Other								
Post-Convention								
Final/Disbands Committee (lines 18, 19, and 20 must be "0") Utgoing Treasurer (within 10 days amend Statement of Organization)								
12. Reporting Period:  COLUMN A COLUMN B This Period Year to Date								
From: 10/12/2019 Through: 12/31/2019								
13. Cash on hand and investments at the beginning of this reporting period.  2055.77								
The Capit of Mario and Involventing States, 19								
CONTRIBUTIONS AND RECEIPTS  (Note: these amounts include In-kind contributions and loans, as well as cash contributions.)								
15a. Itemized (use Schedule A) 500.00								
15b. Unitemized								
15c. Add lines 15a and 15b In both columns SUBTOTAL 500.00 500.00								
16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B TOTAL 2555.77 2555.77								
EXPENDITURES								
(Note: These amounts include in-kind expenditures and loan repayments.)								
17a Itemized (use Schedule B) (Public Question: use Schedule C) 500.00								
17b. Unitemized 100.00 100.00								
17c. Add lines 17a and 17b in both columns SUBTOTAL 600.00 600.00								
18. Cash on hand and investments at close of this reporting period (subtract 17c from 16 in both columns) TOTAL 1955.77								
19. Debts OWED BY the committee (use Schedule D)								
20, Debts OWED TO the committee (use Schedule E)								
EAR AFFICE HOP AND								
CERTIFICATION								
Signature of treasures  Title  Date 6								
with the county superior co								
Signature of Candidate (if applicable)								
JAN 03 2020								



#### REPORT OF RECEIPTS AND EXPENDITURES OF A POLITICAL COMMITTEE

Slate Form 4605 (R13/11-05) Indiana Election Commission (IC 3-9-5-14

## (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.

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RECIPIENT'S NAME AND MAILING ADDRESS (street, number, city, state, ZIP code)	RECIDENT'S OCCUPATION OFFICE SOUGHT (if applicable)	TYPE OF EXPENDITURE and PURPOSE (be specific)	COLUMN A AMOUNT THIS PERIOD	COLUMN D CUMULATIVE YEAR-TO-DATE	DATH OF EXPENDITURE
TRUMAN CLUB 506 OHIO STREET TERRE HAUTE, IN 47807	DEMOCRAT CLUB	X Direct In-Kind Payment of Debt Returned Contribution Other Purpose:	500.00	500.00	10/23/2019
Gode		☐ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other ☐ Purpose:			
Code	,	Direct In-Kind Payment of Debt Returned Contribution Other Purpose:			
Code		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:		1111	
Code		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:			
Code	*	Direct In-Kind Payment of Dabt Returned Contribution Other Purpose:	953 Auto-1		
Code		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:			
SUBTOTAL THIS PAGE OF SCHEDULE B		SE OF SCHEDULE B	\$500.00		
TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY (Enter total on ITEM 17a of the Summary Sheet)			\$500.00		



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# (CFA-4 SCHEDULE A-4) CONTRIBUTIONS BY POLITICAL ACTION COMMITTEES Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY POLITICAL ACTION COMMITTEES 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 15g of the Summary Sheet. All cumulative contributions from political action committees OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, If regular party committee). All transfers in and in-kind contributions regardless of amount from political action committees MUST be itemized on this schedule. 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).

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CONTRIBUTOR'S FUILL NAME AND 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 500.00	RECEIVED BY
1. INDIANA REALTORS PAG 143 WEST MARGARET STREET SUITE 100 INDIAPOLIS, IN 462.4	Contributions:  X Direct In-Kind (describe)  Other Receipts:	500.00	300.00	
	Interest Loan  Misc (specify)			
2.	Contributions:  Direct  In-Kind (describe)			
8	Other Receipts: Interest Loan Misc. (specify)	-		
3.	Contributions: Direct In-Khill (describs)	-		
16 8	Other Receipts:  Interest Loan  Misc. (specify)			
4.	Contributions:  Direct In-Kind (describe)	_		
	Other Receipts: Interest Loan Misc. (specify)			
5.	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest Loan Misc. (specify)			
SUBTO	OTAL THIS PAGE OF SCHEDULE	A \$500.00	W. Alekhos.	