

## 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 X No

(CFA-4) Summary Sheet

FILE NUMBER

84-16-12

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

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COMMITTEE INFORMATION				
1. Full Name of Committee (as on Statement of Organization)  Check if this is a new name.				
Committee to Elect James R.	Mann	<b>3</b> 5		
2. Acronym or Abbreviated Name (if any)		ee Telephone Number		
	1812	) 299-421	2	
4. Maining Madrood (Madrood Miles an Jampangs) mainter terresponding	Check if this is	s a new address.		
5 East Gateway DV 5. City, State, ZIP Code				
5. City, State, ZIP Code	6. Party Affiliation (if applicable)			
Terre Haute, IN 47802		nocratic		
CANDIDATE INFORMATION (For Candidate's				
Full Name of Candidate (Include any nickname.)  8. Party Affiliation or If Independent Candidate				
James Richard (Jim) Mann IL		Democratic		
9. Office Sought (Include district number, if any. Not required for exploratory committee.)	10. County	10. County of Residence		
Vigo County Council At-Large		Vigo	24NB/BATES ON V	
TYPE OF REPORT			CANDIDATES ONLY	
1. Check one:  Check one:  Pro-Primary Pro-Floation Applied Nomination Other		tion		
Pre-Primary Pre-Election Annual Nomination Other				
Final / Disbands Committee (Lines 18, 19, and 20 must be "0".) Outgoing Treasurer (Within ten (10) days amend S	atement of Organiza	ation.)	11(1011	
12. Reporting Period (mm/dd/yy):		COLUMN A	COLUMN B Year to Date	
From: 0 /01/19 Through: 12/31/19		This Period	Tear to Date	
13. Cash on hand and investments at the beginning of this reporting period.		D		
14. Cash on hand and investments January 1, current year.	k.		S	
CONTRIBUTIONS AND RECEIPTS				
(Note: these amounts include in-kind contributions and loans, as well as cash contributions.)		Q	D	
15a. Itemized (Use Schedule A.)		0	0	
15b. Unitemized	BTOTAL	0.00	0.00	
Too, And lines for any for it both condition.		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	-4-60			
(Note: These amounts include in-kind expenditures and loan repayments.)		^	0	
17a. Itemized (Use Schedule B.) (Public Question: use Schedule C.)		0	0	
17b. Unitemized	BTOTAL	0.00	0.00	
17.C. Add liftes 17.a and 17.b iii both coldinas.			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.)		٥	<u> </u>	
CERTIFICATION		FOI	R OFFICE USE ONLY	
I CERTIFY THAT I HAVE EXAMINED THIS STATEMENT, TO THE BEST OF MY KNOWLEDGE AND BELIEF IT IS	TRUE, CORREC	T AND COMPLETE.	CO COUNTY CUREDION	
Signature of Treasurer 2 / Title	Date	(mm/dd/yy)	GO COUNTY SUPERIOR C	

CERTIFICATION				
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 ROAL	Title Treasurer	Date (mm/dd/yy)		
Signature of Candidate (if applicable)		Date (mm/dd/yy) □1/□3/2□		
WARNING: Any information contained in this report may not be con	pied 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

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