



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

State Form 4806 (R13/11-05)  
Indiana Election Commission (IC 3-9-5-14)

**(CFA-4)  
Summary Sheet**

<b>FILE NUMBER</b>
<b>TOTAL PAGES IN ENTIRE CFA-4 REPORT</b>
2

**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  No

COMMITTEE INFORMATION	
1. Full Name of Committee (as on Statement of Organization) <input type="checkbox"/> Check if this is a new name <b>Mike Avila for Council</b>	3. Committee Telephone Number <b>(260) 410-2972</b>
2. Acronym or Abbreviated Name (if any)	6. Party Affiliation (if applicable) <b>Democrat</b>
4. Mailing Address (address where all campaign finance correspondence is received) <input type="checkbox"/> Check if this is a new address <b>6212 Eagle Creek Dr</b>	8. Party Affiliation or If Independent Candidate <b>Democrat</b>
5. City, State, ZIP Code <b>FORT WAYNE, IN 46814</b>	10. County of Residence <b>Allen</b>
CANDIDATE INFORMATION (For Candidate's Committees Only)	
7. Full Name of Candidate (include any nickname) <b>Mike Avila</b>	8. Party Affiliation or If Independent Candidate <b>Democrat</b>
9. Office Sought (Include district number, if any. Not required for exploratory committee.) <b>City Council</b>	10. County of Residence <b>Allen</b>
TYPE OF REPORT	CONVENTION CANDIDATES ONLY
11. Check one: <input type="checkbox"/> Pre-Primary <input type="checkbox"/> Pre-Election <input checked="" type="checkbox"/> Annual <input type="checkbox"/> Nomination <input type="checkbox"/> Other _____ <input type="checkbox"/> Final/Disbands Committee (lines 18, 19, and 20 must be '0') <input type="checkbox"/> Outgoing Treasurer (within 10 days amend Statement of Organization)	Check one: <input type="checkbox"/> Pre-Convention <input type="checkbox"/> Post-Convention
12. Reporting Period: From: <b>1/1/2014</b> Through: <b>12/31/2014</b>	COLUMN A This Period
13. Cash on hand and investments at the beginning of this reporting period.	<b>480.67</b>
14. Cash on hand and investments January 1, current year.	
CONTRIBUTIONS AND RECEIPTS	
<i>(Note: these amounts include in-kind contributions and loans, as well as cash contributions.)</i>	
15a. Itemized (use Schedule A)	—
15b. Unitemized	—
15c. Add lines 15a and 15b in both columns <b>SUBTOTAL</b>	—
16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B <b>TOTAL</b>	<b>480.67</b>
EXPENDITURES	
<i>(Note: These amounts include in-kind expenditures and loan repayments.)</i>	
17a. Itemized (use Schedule B) (Public Question: use Schedule C)	<b>430.00</b>
17b. Unitemized	—
17c. Add lines 17a and 17b in both columns <b>SUBTOTAL</b>	<b>430.00</b>
18. Cash on hand and investments at close of this reporting period (subtract 17c from 16 in both columns) <b>TOTAL</b>	<b>50.67</b>
19. Debts OWED BY the committee (use Schedule D)	
20. Debts OWED TO the committee (use Schedule E)	

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 <b>Mike Avila</b>	Title <b>Treasurer</b>	Date <b>1/3/2015</b>
Signature of Candidate (if applicable)		Date
<p><b>WARNING:</b> 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 Class D 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)</p>		

FOR OFFICE USE ONLY



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State Form 4606 (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.

FILE NUMBER
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RECIPIENT'S NAME AND MAILING ADDRESS (street, number, city, state, ZIP code)	RECIPIENT'S OCCUPATION	TYPE OF EXPENDITURE and PURPOSE (be specific)	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE OF EXPENDITURE
	OFFICE SOUGHT (if applicable)				
Code <u>C</u> Morris for Senate 3505 LAKE AVE FORT WAYNE, IN 46805	STATE SENATE	<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose:	200.00	200.00	9/11/14
Code <u>C</u> Allen County Democratic Party 9301 DECATUR RD FT WAYNE, IN 46816	County Party Dem	<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose:	80.00	80.00	9/11/14
Code <u>C</u> Allen County Democratic Party 7301 Decatur Rd Fort Wayne, IN 46816	County Party Dem	<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose:	150.00	230.00	10/21/14
Code _____		<input type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose:			
Code _____		<input type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose:			
Code _____		<input type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose:			
Code _____		<input type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose:			
<b>SUBTOTAL THIS PAGE OF SCHEDULE B</b>			\$ 430.00		
<b>TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY</b> (Enter total on ITEM 17a of the Summary Sheet)			\$ 430.00		