



# REPORT OF RECEIPTS AND EXPENDITURES OF A POLITICAL COMMITTEE

State Form 4606 (R13/11-05)  
Indiana Election Commission (IC 3-9-5-14)

(CFA-4)  
**Summary Sheet**

FILE NUMBER

TOTAL PAGES IN ENTIRE CFA-4 REPORT

**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 <i>GARY WASHINGTON FOR ALLEN COUNTY COUNCIL</i>	
2. Acronym or Abbreviated Name (if any)	3. Committee Telephone Number <i>(260) 413-8276</i>
4. Mailing Address (address where all campaign finance correspondence is received) <input type="checkbox"/> Check if this is a new address <i>6603 POPP RD</i>	
5. City, State, ZIP Code <i>FT. WAYNE IN</i>	6. Party Affiliation (if applicable) <i>REPUBLICAN</i>

### CANDIDATE INFORMATION (For Candidate's Committees Only)

7. Full Name of Candidate (include any nickname) <i>GARY M. WASHINGTON</i>	8. Party Affiliation or If Independent Candidate <i>REPUBLICAN</i>
9. Office Sought (Include district number, if any. Not required for exploratory committee.) <i>ALLEN CO. COUNCIL DISTRICT 3</i>	10. County of Residence <i>ALLEN</i>

### 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
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12. Reporting Period: From: <i>April 11, 14</i> Through: <i>12/30/14</i>	COLUMN A This Period	COLUMN B Year to Date
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13. Cash on hand and investments at the beginning of this reporting period.	<i>62.95</i>	
14. Cash on hand and investments January 1, current year.		<i>257.98</i>

### CONTRIBUTIONS AND RECEIPTS

<i>(Note: these amounts include in-kind contributions and loans, as well as cash contributions.)</i>		
15a. Itemized (use Schedule A)	<i>250</i>	
15b. Unitemized		
15c. Add lines 15a and 15b in both columns	<b>SUBTOTAL</b>	<i>250</i>
16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B	<b>TOTAL</b>	<i>312.95</i>

### EXPENDITURES

<i>(Note: These amounts include in-kind expenditures and loan repayments.)</i>		
17a. Itemized (use Schedule B) (Public Question: use Schedule C)	<i>350.00</i>	
17b. Unitemized		
17c. Add lines 17a and 17b in both columns	<b>SUBTOTAL</b>	<i>350.00</i>
18. Cash on hand and investments at close of this reporting period (subtract 17c from 16 in both columns)	<b>TOTAL</b>	<i>257.98</i>
19. Debts OWED BY the committee (use Schedule D)	<i>300</i>	
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 <i>Patricia A. Washington</i>	Title <i>Treasurer</i>	Date <i>1-7-15</i>
Signature of Candidate (if applicable) <i>Gary M. Washington</i>		Date <i>1-8-15</i>

**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 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)

FOR OFFICE USE ONLY

FILED  
COMMISSION BOARD  
AM-9 AM 10:55



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

State Form 4606 (R13/11-05)  
Indiana Election Commission (IC 3-9-5-14)

**(CFA-4 SCHEDULE A-1)  
CONTRIBUTIONS BY INDIVIDUALS  
Itemized Contributions and Other Receipts**

**INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY INDIVIDUALS 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 15a of the Summary Sheet. All cumulative contributions from individuals **OVER \$100** per contributor, within a calendar year **MUST** be itemized on this schedule (over \$200, if regular party committee). 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). A contributor's occupation is required if an individual makes at least \$1,000 in contributions during the calendar year. Otherwise, this is optional.

**FILE NUMBER**

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Page \_\_\_\_\_ of \_\_\_\_\_

CONTRIBUTOR'S FULL NAME AND OCCUPATION 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	DATE RECEIVED RECEIVED BY
1. <i>Todd Sidel</i> <i>4728 VAN delluh Rd</i> <i>LEO IN 46265</i> Contributor's Occupation (if required) <u>Doctor</u>	Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) _____ Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc. (specify) _____	<i>250<sup>00</sup></i>	<i>250<sup>00</sup></i>	<i>5/29/14</i> <i>GARY</i> <i>WASHINGTON</i>
2. Contributor's Occupation (if required) _____	Contributions: <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) _____ Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc. (specify) _____			
3. Contributor's Occupation (if required) _____	Contributions: <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) _____ Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc. (specify) _____			
4. Contributor's Occupation (if required) _____	Contributions: <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) _____ Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc. (specify) _____			
5. Contributor's Occupation (if required) _____	Contributions: <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) _____ Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc. (specify) _____			
<b>SUBTOTAL THIS PAGE OF SCHEDULE A</b>		\$		
<b>TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY</b> (Enter total on ITEM 15a of the Summary Sheet)		\$		



REPORT OF RECEIPTS AND EXPENDITURES  
OF A POLITICAL COMMITTEE

State Form 4006 (R13/11/05)  
State Election Commission (C) 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 calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative expenditures, including in-kind, regardless of amount paid to political committees, (such as transfers-out from candidate, legislative candidates or the union, or regular party committees) MUST be itemized on this schedule.

**FILE NUMBER**

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PAYER'S NAME AND MAILING ADDRESS <small>(Street number, city, state, ZIP code)</small>	RECIPIENT'S OCCUPATION <b>OFFICE SOUGHT (if applicable)</b>	TYPE OF EXPENDITURE and <b>PURPOSE (be specific)</b>	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE OF EXPENDITURE
Allen County Treasurer	Government	<input type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input checked="" type="checkbox"/> Other <u>penalty</u> Purpose: <u>LATE Filing FEE</u>	50 <sup>00</sup>	50 <sup>00</sup>	04/23/14
Cory Washington 6603 Peppers FT. WAYNE IN 46845	Allen Co Council #3	<input type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input checked="" type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose _____	300 <sup>00</sup>	300 <sup>00</sup>	04/23/14
		<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 _____			
		<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 _____			
		<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 _____			
		<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 _____			
		<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 _____			

SUBTOTAL THIS PAGE OF SCHEDULE B \$

TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY \$  
(Enter total on ITEM 17a of the Summary Sheet)



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OF A POLITICAL COMMITTEE**  
State Form 4606 (R13/11-05)  
Indiana Election Commission (IC 3-9-5-14)

**(CFA-4 SCHEDULE D)  
DEBTS OWED BY THIS COMMITTEE**

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. List all debts and loans, regardless of the amount, OWED BY the committee during the reporting period. Include all amounts owed for or to lend institutions, individuals, credit purchases, committee credit card accounts, etc. List each vendor paid by credit card issued in the name of the committee in the ENDORSER'S column. A reporting obligation is required if an individual makes loans of at least \$1,000 during the calendar year. Otherwise, this is optional.

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<b>CREDITOR'S OR LENDER'S NAME &amp; MAILING ADDRESS (street, number, city, state, ZIP code)</b>	<b>ENDORSER'S OR VENDOR'S NAME &amp; MAILING ADDRESS (if any) (street, number, city, state, ZIP code)</b>	<b>AMOUNT</b> <b>NATURE OF DEBT</b>	<b>DATE DEBT INCURRED</b>	<b>CUMULATIVE PAID YEAR-TO-DATE</b>	<b>OUTSTANDING BALANCE THIS PERIOD</b>
<i>GARY McWALTER 6603 Pepp Rd FT. WAYNE IN 46845</i>		<i>300<sup>00</sup> LOAN</i>	<i>04/23/14</i>	<i>257.98</i>	<i>42.02</i>

SUBTOTAL THIS PAGE OF SCHEDULE D \$ 42.02

TOTAL OF ALL PAGES OF SCHEDULE D ON THE LAST PAGE ONLY (Enter total on ITEM 19 of the Summary Sheet) \$ 42.02

REPORT OF RECEIPTS AND EXPENDITURES  
OF A POLITICAL COMMITTEE

Form CFA-4 (Rev. 8-10-11)  
Fiscal Year Commission 2013-2014

(CFA-4 SCHEDULE E)  
DEBTS OWED TO THIS COMMITTEE

FILE NUMBER

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. List all debts and loans, regardless of the amount, incurred or guaranteed during the reporting period, include all amounts the committee has loaned to others.

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BORROWER'S NAME & MAILING ADDRESS <small>(street, number, city, state, ZIP code)</small>	CO-SIGNER'S NAME & MAILING ADDRESS (if any) <small>(street, number, city, state, ZIP code)</small>	ORIGINAL AMOUNT	DATE DEBT INCURRED	CUMULATIVE PAID YEAR-TO-DATE	OUTSTANDING BALANCE THIS PERIOD
		NATURE OF DEBT			

SUBTOTAL THIS PAGE OF SCHEDULE E \$ 0

TOTAL OF ALL PAGES OF SCHEDULE E ON THE LAST PAGE ONLY \$ 0

*(Enter total on ITEM 20 of the Summary Sheet)*