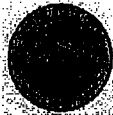


260-444-1908



REPORT OF RECEIPTS AND EXPENDITURES OF A POLITICAL COMMITTEE

State Form 4606 (R13/11-06)
Indiana Election Commission (IC 3-9-5-14)

(CFA-4)

Summary Sheet

FILE NUMBER

TOTAL PAGES IN ENTIRE CFA-4 REPORT

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) Check if this is a new name.
Allen County Young Democrats

2. Acronym or Abbreviated Name (if any)
ACYD

3. Committee Telephone Number
(260) 515-3289

4. Mailing Address (address where all campaign finance correspondence is received) Check if this is a new address
PO BOX 12204

5. City, State, ZIP Code
Ft Wayne IN 46802

6. Party Affiliation (if applicable)
Democrat Party

CANDIDATE INFORMATION (For Candidate's Committees Only)

7. Full Name of Candidate (include any nickname)

8. Party Affiliation or If Independent Candidate

9. Office Sought (include district number, if any. Not required for exploratory committee.)

10. County of Residence

TYPE OF REPORT

CONVENTION CANDIDATES ONLY

11. Check one:
 Pre-Primary Pre-Election Annual Nomination Other _____
 Final/Disbands Committee (lines 18, 19, and 20 must be "0") Outgoing Treasurer (within 10 days amend Statement of Organization)

Check one:
 Pre-Convention
 Post-Convention

12. Reporting Period:
 From: **4/9/16** Through: **10/14/16**

	COLUMN A This Period	COLUMN B Year to Date
13. Cash on hand and investments at the beginning of this reporting period.	1834.19	1834.19
14. Cash on hand and investments January 1, current year.		

CONTRIBUTIONS AND RECEIPTS

(Note: these amounts include in-kind contributions and loans, as well as cash contributions.)

	COLUMN A This Period	COLUMN B Year to Date
15a. Itemized (use Schedule A)	0	0
15b. Unitemized	0	0
15c. Add lines 15a and 15b in both columns	0	0
16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B	0	0

EXPENDITURES

(Note: These amounts include in-kind expenditures and loan repayments.)

	COLUMN A This Period	COLUMN B Year to Date
17a. Itemized (use Schedule B) (Public Question: use Schedule C)	0	0
17b. Unitemized	0	0
17c. Add lines 17a and 17b in both columns	0	0
18. Cash on hand and investments at close of this reporting period (subtract 17c from 16 in both columns)	1834.19	1834.19
19. Debts OWED BY the committee (use Schedule D)	0	
20. Debts OWED TO the committee (use Schedule E)	0	

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.

Signature of Treasurer 	Title ACYD Treasurer	Date 10/21/16
Signature of Candidate (if applicable)		

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)

Amy Scrogam

From: Maya Kaczmarek <MayaKaczmarek@traditionsmgmt.net>
Sent: Friday, October 21, 2016 4:10 PM
To: electionboard
Subject: FW: Send data from MFP11291812 10/21/2016 16:09
Attachments: DOC102116-10212016160853.pdf

Received: 10/21/2016 4:09:24 PM

Maya Kaczmarek-Palevich, HFA
Executive Director
Park Place Senior Living
4411 Park Place Drive
Fort Wayne, IN 46845
P: (260) 480-2500
F: (260) 480-2521
C: (260) 580-6025

-----Original Message-----

From: Elizabeth Hoffman
Sent: Friday, October 21, 2016 4:09 PM
To: Maya Kaczmarek <MayaKaczmarek@traditionsmgmt.net>
Subject: Send data from MFP11291812 10/21/2016 16:09

Scanned from MFP11291812
Date:10/21/2016 16:09
Pages:3
Resolution:200x200 DPI
