



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

State Form 2005 (R14 / 10-17)
Indiana Election Division (IC 3-9-5-14)

**(CFA-4)
Summary Sheet**

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

FILE NUMBER
TOTAL PAGES IN ENTIRE CFA-4 REPORT

COMMITTEE INFORMATION	
1. Full Name of Committee (as on <i>Statement of Organization</i>) <input type="checkbox"/> Check if this is a new name. Roach for Clerk	
2. Acronym or Abbreviated Name (if any)	3. Committee Telephone Number (260) 485-3681
4. Mailing Address (<i>Address where all campaign finance correspondence is received.</i>) <input type="checkbox"/> Check if this is a new address. 4936 Innsbruck Dr	
5. City, State, ZIP Code Fort Wayne, In,46835-3469	6. Party Affiliation (if applicable) Democrat prior to May Primary 2018

CANDIDATE INFORMATION (For Candidate's Committees Only)	
7. Full Name of Candidate (<i>Include any nickname.</i>) David Christopher Roach	8. Party Affiliation or If Independent Candidate Democrat (prior to May primary 2018)
9. Office Sought (<i>Include district number, if any. Not required for exploratory committee.</i>) Allen County Clerk of Courts	10. County of Residence Allen

TYPE OF REPORT	CONVENTION CANDIDATES ONLY
11. Check one: <input type="checkbox"/> Pre-Primary <input type="checkbox"/> Pre-Election <input type="checkbox"/> Annual <input type="checkbox"/> Nomination <input type="checkbox"/> Other _____ <input checked="" type="checkbox"/> Final / Disbands Committee (<i>Lines 18, 19, and 20 must be 0.</i>) <input type="checkbox"/> Outgoing Treasurer (<i>Within ten (10) days amend Statement of Organization.</i>)	Check one: <input type="checkbox"/> Pre-Convention <input type="checkbox"/> Post-Convention

<input type="checkbox"/> Pre-Primary <input type="checkbox"/> Pre-Election <input type="checkbox"/> Annual <input type="checkbox"/> Nomination <input type="checkbox"/> Other _____	<input type="checkbox"/> Pre-Convention
<input checked="" type="checkbox"/> Final / Disbands Committee (<i>Lines 18, 19, and 20 must be 0.</i>) <input type="checkbox"/> Outgoing Treasurer (<i>Within ten (10) days amend Statement of Organization.</i>)	<input type="checkbox"/> Post-Convention

	COLUMN A This Period	COLUMN B Year to Date
12. Reporting Period (mm/dd/yy): From: 01-01-2018 Through: 12-31-2018		
13. Cash on hand and investments at the beginning of this reporting period.		
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.)	0.00	0.00
15b. Unitemized	0.00	100.00
15c. Add lines 15a and 15b in both columns. SUBTOTAL	0.00	100.00
16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B. TOTAL	0.00	100.00
EXPENDITURES		
<i>(Note: These amounts include in-kind expenditures and loan repayments.)</i>		
17a. Itemized (Use Schedule B.) (Public Question: use Schedule C.)	0.00	0.00
17b. Unitemized	0.00	100.00
17c. Add lines 17a and 17b in both columns. SUBTOTAL	0.00	100.00
18. Cash on hand and investments at close of this reporting period (<i>Subtract 17c from 16 in both columns.</i>) TOTAL	0.00	0.00
19. Debts OWED BY the committee (Use Schedule D.)	0.00	
20. Debts OWED TO the committee (Use Schedule E.)	0.00	

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	Title Treas.	Date (mm/dd/yy) 01/18/2019
Signature of Candidate (if applicable)		Date (mm/dd/yy) 01/18/2019

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