



REPORT OF RECEIPTS AND EXPENDITURES OF A POLITICAL COMMITTEE

State Form 4606 (R15 / 5-19)

Indiana Election Division (IC 3-9-5-14)

(CFA-4)

Summary Sheet

FILE NUMBER

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.

TOTAL PAGES IN ENTIRE CFA-4 REPORT

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. THE ALLEN COUNTY DEMOCRATIC LUNCHEON CLUB | |
| 2. Acronym or Abbreviated Name (if any) DEMOCRATIC LUNCHEON CLUB | 3. Committee Telephone Number (260) 348-3607 |
| 4. Mailing Address (Address where all campaign finance correspondence is received.) <input type="checkbox"/> Check if this is a new address. PO BOX 10224 | |
| 5. City, State, ZIP Code FORT WAYNE IN 46851 | 6. Party Affiliation (if applicable) DEMOCRATIC |

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: <input type="checkbox"/> Pre-Primary <input checked="" type="checkbox"/> Pre-Election <input 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 ten (10) days amend Statement of Organization) | Check one: <input type="checkbox"/> Pre-Convention <input type="checkbox"/> Post-Convention |
|---|---|

| | | |
|--|-------------------------|--------------------------|
| 12. Reporting Period (mm/dd/yy): From: 04/11/20 Through: 10/09/20 | COLUMN A This Period | COLUMN B Year to Date |
| 13. Cash on hand and investments at the beginning of this reporting period. | 19,015.70 | |
| 14. Cash on hand and investments January 1, current year. | | 19,015.70 |

CONTRIBUTIONS AND RECEIPTS

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

| | | |
|--|------------------|------------------|
| 15a. Itemized (Use Schedule A.) | 0.00 | 0.00 |
| 15b. Unitemized | 4.68 | 4.68 |
| 15c. Add lines 15a and 15b in both columns. SUBTOTAL | 4.68 | 4.68 |
| 16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B. TOTAL | 19,020.38 | 19,020.38 |

EXPENDITURES

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

| | | |
|--|------------------|------------------|
| 17a. Itemized (Use Schedule B.) (Public Question: use Schedule C.) | 0.00 | 0.00 |
| 17b. Unitemized | 0.00 | 0.00 |
| 17c. Add lines 17a and 17b in both columns. SUBTOTAL | 0.00 | 0.00 |
| 18. Cash on hand and investments at close of this reporting period (Subtract 17c from 16 in both columns.) TOTAL | 19,020.38 | 19,020.38 |
| 19. Debts OWED BY the committee (Use Schedule D.) | 0.00 | |
| 20. Debts OWED TO the committee (Use Schedule E.) | 0.00 | |

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 Gene Porter Lvesham | Title Treasurer | Date (mm/dd/yy) 10/24/20 |
| Signature of Candidate (if applicable) | | Date (mm/dd/yy) |

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 Level 6 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)