



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

State Form 4606 (R14 / 10-17)
Indiana Election Division (IC 3-9-5-14)

RECEIVED OCT 09 2020

(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.

IS THIS AN AMENDMENT? Yes No

TOTAL PAGES IN ENTIRE CFA-4 REPORT

COMMITTEE INFORMATION

1. Full Name of Committee (as on Statement of Organization)	<input type="checkbox"/> Check if this is a new name.
Committee to Elect Jennifer Voignier	
2. Acronym or Abbreviated Name (if any)	3. Committee Telephone Number
	(812) 406-7892
4. Mailing Address (Address where all campaign finance correspondence is received.)	<input type="checkbox"/> Check if this is a new address.
954 Parkwood Dr	
5. City, State, ZIP Code	6. Party Affiliation (if applicable)
Clarksville IN 47129	

CANDIDATE INFORMATION (For Candidate's Committees Only)

7. Full Name of Candidate (Include any nickname.)	8. Party Affiliation or If Independent Candidate
Jennifer M Voignier	Republican
9. Office Sought (Include district number, if any. Not required for exploratory committee.)	10. County of Residence
Town Council	Clark

TYPE OF REPORT

11. Check one:	<input type="checkbox"/> 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"/> Pre-Convention
<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.)	<input type="checkbox"/> Post-Convention

12. Reporting Period (mm/dd/yy): From: 4/11/2020 Through: 10/9/2020	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.	309.17
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14. Cash on hand and investments January 1, current year.	309.17
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CONTRIBUTIONS AND RECEIPTS

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

15a. Itemized (Use Schedule A.)	
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15b. Unitemized	
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15c. Add lines 15a and 15b in both columns.	SUBTOTAL	0.00	0.00
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16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B.	TOTAL	0.00	0.00
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EXPENDITURES

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

17a. Itemized (Use Schedule B.) (Public Question: use Schedule C.)	
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17b. Unitemized	
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17c. Add lines 17a and 17b in both columns.	SUBTOTAL	0.00	0.00
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18. Cash on hand and investments at close of this reporting period (Subtract 17c from 16 in both columns.)	TOTAL	309.17 - 0.00	309.17 - 0.00
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19. Debts OWED BY the committee (Use Schedule D.)	
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20. Debts OWED TO the committee (Use Schedule E.)	
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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 Jennifer Voignier	Title Treasurer	Date (mm/dd/yy) 10/1/2020
Signature of Candidate (if applicable)		Date (mm/dd/yy) 10/1/2020

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 3-9-4-14) 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



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Summary Sheet

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TOTAL PAGES IN ENTIRE CFA-4 REPORT

COMMITTEE INFORMATION			
1. Full Name of Committee (as on Statement of Organization)		<input type="checkbox"/> Check if this is a new name.	
Committee to Elect Jennifer Voignier			
2. Acronym or Abbreviated Name (if any)		3. Committee Telephone Number	
		(812) 406-7892	
4. Mailing Address (Address where all campaign finance correspondence is received.)		<input type="checkbox"/> Check if this is a new address.	
954 Parkwood Dr.			
5. City, State, ZIP Code		6. Party Affiliation (if applicable)	
Clarksville, IN 47129		Republican	
CANDIDATE INFORMATION (For Candidate's Committees Only)			
7. Full Name of Candidate (Include any nickname.)		8. Party Affiliation or If Independent Candidate	
Jennifer M. Voignier		Republican	
9. Office Sought (Include district number, if any. Not required for exploratory committee.)		10. County of Residence	
Town Council		Clark	
TYPE OF REPORT			
11. Check one:		CONVENTION CANDIDATES ONLY	
<input type="checkbox"/> Pre-Primary <input type="checkbox"/> Pre-Election <input type="checkbox"/> Annual <input type="checkbox"/> Nomination <input type="checkbox"/> Other _____		Check one:	
<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.)		<input type="checkbox"/> Pre-Convention <input type="checkbox"/> Post-Convention	
12. Reporting Period (mm/dd/yy): From: 10-10-2020 Through: 12-31-2020		COLUMN A This Period	COLUMN B Year to Date
13. Cash on hand and investments at the beginning of this reporting period.		309.17	309.17
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.)			
15a. Itemized (Use Schedule A.)			
15b. Unitemized			
15c. Add lines 15a and 15b in both columns.		SUBTOTAL	0.00
16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B.		TOTAL	0.00
EXPENDITURES			
(Note: These amounts include in-kind expenditures and loan repayments.)			
17a. Itemized (Use Schedule B.) (Public Question: use Schedule C.)			
17b. Unitemized			
17c. Add lines 17a and 17b in both columns.		SUBTOTAL	0.00
18. Cash on hand and investments at close of this reporting period (Subtract 17c from 16 in both columns.)		TOTAL	309.17 0.00
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

Jennifer Voignier

Title

Date (mm/dd/yy)

10/10/2020

Signature of Candidate (if applicable)

Date (mm/dd/yy)

10/10/2020

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COMMITTEE INFORMATION

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Committee to Elect Jennifer Voignier

2. Acronym or Abbreviated Name (if any)

3. Committee Telephone Number

(812) 406-7892

4. Mailing Address (Address where all campaign finance correspondence is received.)

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954 Parkwood Dr.

5. City, State, ZIP Code

Clarksville IN 47129

6. Party Affiliation (if applicable)

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CANDIDATE INFORMATION (For Candidate's Committees Only)

7. Full Name of Candidate (Include any nickname.)

8. Party Affiliation or If Independent Candidate

Jennifer Voignier

Republican

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

10. County of Residence

Clark

TYPE OF REPORT

11. Check one:

Pre-Primary Pre-Election Annual Nomination Other _____

Final / Disbands Committee (Lines 18, 19, and 20 must be "0") Outgoing Treasurer (Within ten (10) days amend Statement of Organization.)

CONVENTION CANDIDATES ONLY

Check one:

Pre-Convention
 Post-Convention

12. Reporting Period (mm/dd/yy):

From: 12/31/2020

Through: 5/8/2020

COLUMN A
This Period

COLUMN B
Year to Date

13. Cash on hand and investments at the beginning of this reporting period.

309.17

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.)

15a. Itemized (Use Schedule A.)

15b. Unitemized

15c. Add lines 15a and 15b in both columns.

SUBTOTAL

0.00

0.00

16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B.

TOTAL

0.00

0.00

EXPENDITURES

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

17a. Itemized (Use Schedule B.) (Public Question: use Schedule C.)

17b. Unitemized

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

309.17

0.00

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

Jennifer Voignier

Title

Treasurer

Date (mm/dd/yy)

5/12/2020

Signature of Candidate (if applicable)

Date (mm/dd/yy)

5/12/2020

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