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

TOTAL PAGES IN ENTIRE CFA-4 REPORT

1 of 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.

Tony Munich for Town Council

2. Acronym or Abbreviated Name *(if any)*

3. Committee Telephone Number

(502) 552-7086

4. Mailing Address *(Address where all campaign finance correspondence is received.)* ☐ Check if this is a new address.

245 N. Randolph Av.

5. City, State, ZIP Code

Clarksville, TN 47129

6. Party Affiliation *(if applicable)*

Dem

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

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

James Anthony (Tony) Munich

8. Party Affiliation or If Independent Candidate

Dem

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

Clarksville Town Council Dist 1

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

	COLUMN A This Period	COLUMN B Year to Date
12. Reporting Period (mm/dd/yy): From: 1/17/23 Through: 4/14/23		
13. Cash on hand and investments at the beginning of this reporting period.	O	
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**		
16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B. **TOTAL**		

EXPENDITURES

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

17a. Itemized *(Use Schedule B.)* (Public Question: use Schedule C.)	208.65	208.65
17b. Unitemized		
17c. Add lines 17a and 17b in both columns. **SUBTOTAL**		
18. Cash on hand and investments at close of this reporting period *(Subtract 17c from 16 in both columns.)* **TOTAL**		
19. Debts OWED BY the committee *(Use Schedule D.)*		
20. Debts OWED TO the committee *(Use Schedule E.)*		

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 Treasurer

Date *(mm/dd/yy)* 4/1...

Signature of Candidate *(if applicable)*

Date *(mm/dd/yy)*

FILED

APR 14 2023

CLERK CLARK CIRCUIT COURTS

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**(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 recipient, within a calendar year **MUST** be itemized on this schedule _(over $200, if regular party committee)_. All cumulative expenses, including in-kind, regardless of amount paid to political committees, _(such as transfers-out from candidate, legislative caucus, political action, or regular party committees)_ **MUST** be itemized on this schedule.

FILE NUMBER

Page __2__ of __2__

RECIPIENT'S NAME AND MAILING ADDRESS _(street, number, city, state, ZIP code)_	RECIPIENT'S OCCUPATION / OFFICE SOUGHT _(if applicable)_	TYPE OF EXPENDITURE and PURPOSE _(be specific)_	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE OF EXPENDITURE _(mm/dd/yy)_
Code ____ Highway Press	Printer	☐ Direct ☐ In-Kind ☑ Payment of Debt ☐ Returned Contribution ☐ Other ____ Purpose:	208.65		4/2/23
Code ____		☐ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other ____ Purpose:			
Code ____		☐ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other ____ Purpose:			
Code ____		☐ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other ____ Purpose:			
Code ____		☐ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other ____ Purpose:			
Code ____		☐ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other ____ Purpose:			
Code ____		☐ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other ____ Purpose:			

SUBTOTAL THIS PAGE OF SCHEDULE B	$ 208.65
TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY _(Enter total on ITEM 17a of the Summary Sheet.)_	$ 208.65