



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) ☐ Check if this is a new name. FRIEND FOR Connie Sellers		3. Committee Telephone Number (502) 432-5883
2. Acronym or Abbreviated Name (if any)		
4. Mailing Address (Address where all campaign finance correspondence is received.) ☐ Check if this is a new address. 3011 BISHOP RD		
5. City, State, ZIP Code Jeffersonville IN 47130		6. Party Affiliation (if applicable) "

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 ten (10) days amend Statement of Organization.)	Check one: ☐ Pre-Convention ☐ Post-Convention
--	---

12. Reporting Period (mm/dd/yy): From: Through: 12/31/2021	COLUMN A This Period	COLUMN B Year to Date
13. Cash on hand and investments at the beginning of this reporting period. 1,157.14	1,157.14	
14. Cash on hand and investments January 1, current year.		682.74

CONTRIBUTIONS AND RECEIPTS

(Note: these amounts include in-kind contributions and loans, as well as cash contributions.)			
15a. Itemized (Use Schedule A.)		4,050.00	
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	4,050.00	

EXPENDITURES

(Note: These amounts include in-kind expenditures and loan repayments.)			
17a. Itemized (Use Schedule B.) (Public Question: use Schedule C.)		475.00	
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	475.00	1,682.74
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 Connie Sellers	Title Treasurer	Date (mm/dd/yy) 1/18/23
Signature of Candidate (if applicable)		Date (mm/dd/yy)

JAN 18 2023

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)

CLERK CLARK CIRCUIT COURTS

**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 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 _____ of _____

RECIPIENT'S NAME AND MAILING ADDRESS (street, number, city, state, ZIP code)	RECIPIENT'S OCCUPATION	TYPE OF EXPENDITURE and PURPOSE (be specific)	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE OF EXPENDITURE (mm/dd/yy)
	OFFICE SOUGHT (if applicable)				
Code _____ Sharon Merideth ACORD Jeffersonville IN 47130	Accountant	☒ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other _____ Purpose:	200.00		2/04/21
Code _____ CLARK County Republican women		☒ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other _____ Purpose:	275.00		11/26/21
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			\$ 475.00		
TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY (Enter total on ITEM 17a of the Summary Sheet.)			\$ 475.00		