



REPORT OF RECEIPTS AND EXPENDITURES OF A POLITICAL COMMITTEE

State Form 4606 (R13/11-05)
Indiana Election Commission (IC 3-9-5-14)

(CFA-4)

Summary Sheet

FILE NUMBER

TOTAL PAGES IN ENTIRE CFA-4 REPORT

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
Citizens for Leroy Jackson, JR

2. Acronym or Abbreviated Name (if any)

3. Committee Telephone Number
(260) 414-7266

4. Mailing Address (address where all campaign finance correspondence is received) Check if this is a new address
PO Box 6585

5. City, State, ZIP Code
Fort Wayne, IN 46896

6. Party Affiliation (if applicable)
Democrat

CANDIDATE INFORMATION (For Candidate's Committees Only)

7. Full Name of Candidate (include any nickname)
Leroy Jackson, JR

8. Party Affiliation or If Independent Candidate
Democratic

9. Office Sought (Include district number, if any. Not required for exploratory committee.)
Allen County Council at Large

10. County of Residence
Allen

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 10 days amend Statement of Organization)

Check one:
 Pre-Convention
 Post-Convention

12. Reporting Period:
From: *April 21, 2012* Through: *12/31/12*

	COLUMN A This Period	COLUMN B Year to Date
13. Cash on hand and investments at the beginning of this reporting period.	<i>\$587.40</i>	
14. Cash on hand and investments January 1, current year.		<i>0</i>

CONTRIBUTIONS AND RECEIPTS

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

	COLUMN A This Period	COLUMN B Year to Date
15a. Itemized (use Schedule A)	<i>0</i>	<i>\$400</i>
15b. Unitemized	<i>0</i>	<i>\$380</i>
15c. Add lines 15a and 15b in both columns	<i>0</i>	<i>\$780</i>
SUBTOTAL		
16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B	<i>587.40</i>	<i>790.00</i>
TOTAL		

EXPENDITURES

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

	COLUMN A This Period	COLUMN B Year to Date
17a. Itemized (use Schedule B) (Public Question: use Schedule C)	<i>\$553.02</i>	<i>\$553.02</i>
17b. Unitemized	<i>0</i>	<i>0</i>
17c. Add lines 17a and 17b in both columns	<i>\$553.02</i>	<i>\$553.02</i>
SUBTOTAL		
18. Cash on hand and investments at close of this reporting period (subtract 17c from 16 in both columns)	<i>34.38</i>	<i>\$34.38</i>
TOTAL		
19. Debts OWED BY the committee (use Schedule D)	<i>0</i>	<i>0</i>
20. Debts OWED TO the committee (use Schedule E)	<i>0</i>	<i>0</i>

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 <i>Jane Leshman</i>	Title <i>Treasurer</i>	Date <i>01/08/2013</i>
Signature of Candidate (if applicable) <i>Leroy Jackson</i>		Date <i>1-8-2013</i>

FOR OFFICE USE ONLY

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03/08/2013 10:11

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 Class D 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)



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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 <i>(street, number, city, state, ZIP code)</i>	RECIPIENT'S OCCUPATION	TYPE OF EXPENDITURE and PURPOSE <i>(be specific)</i>	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE OF EXPENDITURE
	OFFICE SOUGHT <i>(if applicable)</i>				
Code _____ Sharon Tucker 2725 Palisade DR Fort + Wayne, IN 46806	Allen County Council	<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose:	\$100-	\$100	10/5/12
Code _____ Win Moses for State Rep 1203 Three Rivers N Fort + Wayne, IN 46802	State Rep, Dist 81	<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose:	\$50	\$50	10/5/12
Code _____ Snyder for House 520 Linberhost Trail Decatur, IN 46733	State Rep. Dist 79	<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose:	\$50	\$50	10/5/12
Code _____ Mike Wilbur for Indiana 9377E 400S LaOtt, IN 46763	State Rep, Dist 82	<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose:	\$50	\$50	10/5/12
Code _____ Gregg for Governor PO Box 1581 Indianapolis, IN 46206	Governor	<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose:	\$150	\$150	10/5/12
Code _____ Postmaster s 8515 Bluffton Rd Fort + Wayne, IN 46809	Mail Service	<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose:	\$153.02	\$153.02	4/30/12
Code _____		<input type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose:			
SUBTOTAL THIS PAGE OF SCHEDULE B			\$553.02		
TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY <i>(Enter total on ITEM 17a of the Summary Sheet)</i>			\$553.02		