



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

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
Allen County Democratic Women's Club

2. Acronym or Abbreviated Name (if any)
AC DWC

3. Committee Telephone Number
(260) 422-7925

4. Mailing Address (address where all campaign finance correspondence is received) Check if this is a new address
2125 Meridian Street

5. City, State, ZIP Code
Fort Wayne IN 46808-2413

6. Party Affiliation (if applicable)
Democrat

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 10 days amend Statement of Organization)

Check one:
 Pre-Convention Post-Convention

12. Reporting Period:
From: *4-11-15* Through: *10-9-15*

13. Cash on hand and investments at the beginning of this reporting period. *1947.67*

14. Cash on hand and investments January 1, current year. *1635.62*

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)	\$ 0	\$ 0
15b. Unitemized	330.42	1,100.55
15c. Add lines 15a and 15b in both columns	SUBTOTAL 330.42	1,100.55
16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B	TOTAL 2278.09	2736.17

EXPENDITURES

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

17a. Itemized (use Schedule B) (Public Question: use Schedule C)	520.00	920.30
17b. Unitemized	98.32	156.10
17c. Add lines 17a and 17b in both columns	SUBTOTAL 618.32	1076.40
18. Cash on hand and investments at close of this reporting period (subtract 17c from 16 in both columns)	TOTAL 1659.77	1659.77
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: *Jessie L. Lauer* Title: *Treasurer* Date: *10-13-15*

Signature of Candidate (if applicable): _____ Date: _____

FOR OFFICE USE ONLY

FILED
BOARD
OCT 14 PM 3:39

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 _____ of _____

RECIPIENT'S NAME AND MAILING ADDRESS (Street number city state ZIP code)	RECIPIENT'S OCCUPATION (Office sought if applicable)	TYPE OF EXPENDITURE and PURPOSE (see 300010)	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEARS TO DATE	DATE OF EXPENDITURE
Code _____ Morris Press Cookbooks PO BOX 2110 Kearney NE 68948	Final Payment of Printing of cookbooks	<input type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input checked="" type="checkbox"/> Other Purpose: Cookbooks Printing	\$400 ³⁰		1/14/15
Code _____ Laura Eckert 7326 Tangerine Ln Ft Wayne IN 46825	Supplies UNKNOWN (?)	<input type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input checked="" type="checkbox"/> Other Purpose: Supplies Quilt for auction at JJ Dinner	\$120 ⁰⁰		7/29/15
Code _____ LeAnn Sinclair 5631 Roaring Fork Run Ft Wayne IN 46825	College Teacher	<input type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input checked="" type="checkbox"/> Other Purpose: IDEA Conference	\$100 ⁰⁰		7/29/15
Code _____ Rose Cusoe 3034 Little St OF Wayne IN 46808	Retired Retired (?)	<input type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input checked="" type="checkbox"/> Other Purpose: IDEA Conference	\$100.00		7/29/15
Code _____ Nancy Hudson 3522 Paddock Ct Ft Wayne IN 46804	Retired	<input type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input checked="" type="checkbox"/> Other Purpose: IDEA Conference	\$100.00		7/29/15
Code _____ Charlotte Way Bright 1241 W. Berry St N WAYNE IN 46802	(?) UNKNOWN	<input type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input checked="" type="checkbox"/> Other Purpose: IDEA Conference	\$100.00		7/29/15
Code _____		<input type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input checked="" type="checkbox"/> Other Purpose:			
SUBTOTAL THIS PAGE OF SCHEDULE B			\$520.00		
TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY (Enter total on ITEM 17a of the Summary Sheet)			\$920.30		