



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 |
| Page 1 of 1 |

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) <input type="checkbox"/> Check if this is a new name <i>EASTES For LEO-Medgarville Council</i> | 3. Committee Telephone Number <i>(260) 246-3791</i> |
| 2. Acronym or Abbreviated Name (if any) | 6. Party Affiliation (if applicable) <i>Republican</i> |
| 4. Mailing Address (address where all campaign finance correspondence is received) <input type="checkbox"/> Check if this is a new address <i>P.O. Box 154</i> | |
| 5. City, State, ZIP Code <i>LEO, IN 46765</i> | |

| CANDIDATE INFORMATION (For Candidate's Committees Only) | |
|---|---|
| 7. Full Name of Candidate (include any nickname) <i>John Phillip Eastes</i> | 8. Party Affiliation or If Independent Candidate <i>Republican</i> |
| 9. Office Sought (Include district number, if any. Not required for exploratory committee.) <i>LEO-MEDGARVILLE TOWN COUNCIL MEMBER</i> | 10. County of Residence <i>Allen</i> |

| TYPE OF REPORT | CONVENTION CANDIDATES ONLY |
|--|---|
| 11. Check one: <input type="checkbox"/> Pre-Primary <input type="checkbox"/> Pre-Election <input type="checkbox"/> Annual <input type="checkbox"/> Nomination <input type="checkbox"/> Other _____ <input type="checkbox"/> Final/Disbands Committee (lines 18, 19, and 20 must be "0") <input type="checkbox"/> Outgoing Treasurer (within 10 days amend Statement of Organization) | Check one: <input type="checkbox"/> Pre-Convention <input type="checkbox"/> Post-Convention |

| 12. Reporting Period: | COLUMN A This Period | COLUMN B Year to Date |
|---|-------------------------|--------------------------|
| From: <i>4/11/2015</i> Through: <i>10/9/2015</i> | — | — |
| 13. Cash on hand and investments at the beginning of this reporting period. | — | — |
| 14. Cash on hand and investments January 1, current year. | — | — |

| CONTRIBUTIONS AND RECEIPTS | | |
|--|----------|---|
| <i>(Note: these amounts include in-kind contributions and loans, as well as cash contributions.)</i> | | |
| 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 | | |
|---|----------|---|
| <i>(Note: These amounts include in-kind expenditures and loan repayments.)</i> | | |
| 17a. Itemized (use Schedule B) (Public Question: use Schedule C) | — | — |
| 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 <i>John Eastes</i> | Title | Date <i>10/10/2015</i> |
| Signature of Candidate (if applicable) <i>John Eastes</i> | | Date <i>10/10/2015</i> |
| 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) | | |