



**REPORT OF RECEIPTS AND EXPENDITURES  
OF A POLITICAL COMMITTEE**

State Form 4606 (R18 / 6-25)  
Indiana Election Division (IC 3-9-5-14)

**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

**(CFA-4)**

**Summary Sheet**

**FILE NUMBER**

**32.25.001**

**TOTAL PAGES IN ENTIRE CFA-4 REPORT**

**2**

**COMMITTEE INFORMATION**

1. Full Name of Committee (as on Statement of Organization)  Check if this is a new name.

**COMMITTEE TO ELECT ANTHONY GARY**

2. Acronym or Abbreviated Name (if any)

3. Committee Telephone Number

**(317) 756 1159**

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

**5794 COURTYARD CRESCENT**

5. City, State, ZIP Code

**INDIANAPOLIS IN 46234**

6. Party Affiliation (if applicable)

**REPUBLICAN**

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

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

**ANTHONY DREW GARY**

8. Party Affiliation or If Independent Candidate

**REPUBLICAN**

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

**HENDRICKS COUNTY COUNCIL DISTRICT 2**

10. County of Residence

**HENDRICKS**

**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: **01-01-2025**

Through: **12-31-2025**

**COLUMN A  
This Period**

**COLUMN B  
Year to Date**

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

**\$ 0**

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

**\$ 205.58**

**CONTRIBUTIONS AND RECEIPTS**

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

15a. Itemized (Use Schedule A.)

**\$ 470.00**

**\$ 0**

15b. Unitemized

**\$ 0**

**\$ 0**

15c. Add lines 15a and 15b in both columns.

**SUBTOTAL**

**\$ 470.00**

**\$ 0**

16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B.

**TOTAL**

**\$ 470.00**

**\$ 205.58**

**EXPENDITURES**

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

17a. Itemized (Use Schedule B.) (Public Question: use Schedule C.)

**\$ 0**

**\$ 0**

17b. Unitemized

**\$ 264.42**

**\$ 0**

17c. Add lines 17a and 17b in both columns.

**SUBTOTAL**

**\$ 264.42**

**\$ 0**

18. Cash on hand and investments at close of this reporting period (Subtract 17c from 16 in both columns.)

**TOTAL**

**\$ 205.58**

**\$ 205.58**

19. Debts OWED BY the committee (Use Schedule D.)

**\$ 0**

**\$ 0**

20. Debts OWED TO the committee (Use Schedule E.)

**\$ 0**

**\$ 0**

**CERTIFICATION**

I CERTIFY THAT I HAVE EXAMINED THIS STATEMENT. TO THE BEST OF MY KNOWLEDGE AND BELIEF IT IS TRUE, CORRECT AND COMPLETE.

If a Treasurer of a PAC: I have not knowingly or willfully received, solicited, or accepted, either directly or indirectly, contributions or expenditures from a foreign national that exceeds \$50,000 within the four (4) years immediately preceding the date of the contribution.  (please check box)

Signature of Treasurer

*Anthony Gary*

Title

**Treasurer**

Date (mm/dd/yy)

**01-07-26**

Signature of Candidate (if applicable)

*Anthony Gary*

Date (mm/dd/yy)

**01-07-26**

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)

**FOR OFFICE USE ONLY**

**2026 JAN - 7 AM 9:37**

**FILED  
CLERK OF THE HENDRICKS COUNTY COURT**



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**(CFA-4 SCHEDULE A-1)  
CONTRIBUTIONS BY INDIVIDUALS  
Itemized Contributions and Other Receipts**

**INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY INDIVIDUALS ON THIS SCHEDULE.** 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 contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from individuals **OVER \$100** per contributor, within a calendar year **MUST** be itemized on this schedule (**over \$200, if regular party committee**). All cumulative receipts, (such as *loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income*) **OVER \$100** per contributor, within a calendar year, **MUST** be itemized on this schedule (**over \$200 if regular party committee**). A contributor's occupation is required if an individual makes at least \$1,000 in contributions during the calendar year. Otherwise, this is optional.

FILE NUMBER
Page _____ of _____

CONTRIBUTOR'S FULL NAME AND OCCUPATION FULL MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED (mm/dd/yy)
				RECEIVED BY
1. ANTHONY GARY 5794 COURTYARD CRESCENT INDIANAPOLIS, IN 46234 Contributor's Occupation (if required) <u>REAL ESTATE</u>	Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe)  Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify)	\$470.00	\$0.00	\$20.00 on 04-15-25 BY TREASURER \$200.00 on 07-07-25 BY TREASURER \$250.00 on 11-25-25 BY TREASURER
2. Contributor's Occupation (if required) _____	Contributions: <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe)  Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify)			
3. Contributor's Occupation (if required) _____	Contributions: <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe)  Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify)			
4. Contributor's Occupation (if required) _____	Contributions: <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe)  Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify)			
5. Contributor's Occupation (if required) _____	Contributions: <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe)  Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify)			
<b>SUBTOTAL THIS PAGE OF SCHEDULE A</b>		<b>\$ 470.00</b>		
<b>TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY</b> (Enter total on ITEM 15a of the Summary Sheet.)		<b>\$ 470.00</b>		