



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
4461
TOTAL PAGES IN ENTIRE CFA-4 REPORT
5

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
Hendricks County Democratic Central Committee
2. Acronym or abbreviated name, if any
N/A
3. Committee telephone number
(317) 627-8393
4. Mailing address (address where all campaign finance correspondence is received) ☐ Check if this is a new address
PO BOX 721
5. City, state, ZIP code
DANVILLE IN 46122
6. Party affiliation (if applicable)
Democratic

CANDIDATE INFORMATION (For Candidate's Committee Only)

7. Full name of candidate (include any nickname)
Democratic
8. Party affiliation or if independent
Democratic
9. Office sought (include district number, if any. **Not required for exploratory committee.**)
10. County of residence

TYPE OF REPORT

CONVENTION CANDIDATES ONLY

11. PrePrimary
12. Reporting period:
From: 01/01/2024 Through: 04/12/2024
12. Check one:
☐ Pre-Convention
☐ Post-Convention
13. Cash on hand and investments at the beginning of this reporting period.
19,985.51
14. Cash on hand and investments January 1, current year.
19,985.51

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) | 6,211.75 | 6,211.75 |
| 15b. Unitemized | 5,224.44 | 5,224.44 |
| 15c. Add lines 15a, and 15b in both columns | 11,436.19 | 11,436.19 |
| SUBTOTAL | 11,436.19 | 11,436.19 |
| 16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B | 31,421.70 | 31,421.70 |
| TOTAL | 31,421.70 | 31,421.70 |

EXPENDITURES

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

- | | | |
|--|-----------|-----------|
| 17a. Itemized (use Schedule B) (Public Question: use Schedule C) | 427.50 | 427.50 |
| 17b. Unitemized | 1,001.62 | 1,001.62 |
| 17c. Add lines 17a and 17b in both columns | 1,429.12 | 1,429.12 |
| SUBTOTAL | 1,429.12 | 1,429.12 |
| 18. Cash on hand and investments at close of this reporting period(subtract 17c from 16 in both columns) | 29,992.58 | 29,992.58 |
| TOTAL | 29,992.58 | 29,992.58 |
| 19. Debts OWED BY the committee (use Schedule D) | 0.00 | |
| 20. Debts OWED TO the committee (use Schedule E) | 0.00 | |

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	Title	Date
Signature Included	Treasurer	04/14/2024
Signature of Candidate (if applicable)		Date
Signature Included		04/14/2024

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, 3-9-4-17, 3-9-4-18.)

FOR OFFICE USE ONLY

Filed: Online
4/14/24 8:15 pm

2024 APR 16 PM 2:57
FILED
DEMOCRATIC COUNTY



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Indiana Election commission (IC 3-9-5-14)

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

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 totalled 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.

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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 RECEIVED BY
1 Cindy Hohman 15 Tyler Ct Brownsburg IN 46112 Contributor's Occupation (if required): -		Contribution: Direct	70.00	70.00	01/10/2024
					TVS
2 Cindy Hohman 15 Tyler Ct Brownsburg IN 46112 Contributor's Occupation (if required): -		Contribution: Direct	240.00	310.00	02/22/2024
					TVS
SUB TOTAL THIS PAGE OF SCHEDULE A			\$ 310.00		
TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY (Enter total on ITEM 15a of the Summary Sheet)			\$ 310.00		



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**(CFA-4 SCHEDULE A-4)
CONTRIBUTIONS BY
POLITICAL ACTION COMMITTEES**

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY POLITICAL ACTION COMMITTEES 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 political action committees **OVER \$100** per contributor, within a calendar year **MUST** be itemized on this schedule (over \$200, if regular party committee). All transfers-in and in-kind contributions regardless of the amount from political action committees **MUST** be itemized on this schedule. 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).

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CONTRIBUTOR'S FULL NAME AND 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
					RECEIVED BY
1 ActBlue Indiana PO BOX 441146 SOMERVILLE MA 02144	Contribution: Direct	679.48	679.48	01/03/2024	
				TVS	
2 ActBlue Indiana PO BOX 441146 SOMERVILLE MA 02144	Contribution: Direct	48.01	727.49	01/10/2024	
				TVS	
3 ActBlue Indiana PO BOX 441146 SOMERVILLE MA 02144	Contribution: Direct	1,106.88	1,834.37	01/26/2024	
				TVS	
4 ActBlue Indiana PO BOX 441146 SOMERVILLE MA 02144	Contribution: Direct	1,147.72	2,982.09	02/19/2024	
				TVS	
5 ActBlue Indiana PO BOX 441146 SOMERVILLE MA 02144	Contribution: Direct	1,130.90	4,112.99	03/27/2024	
				TVS	
SUB TOTAL THIS PAGE OF SCHEDULE A			\$ 4,112.99		
TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY (Enter total on ITEM 15a of the Summary Sheet)			\$		



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**(CFA-4 SCHEDULE A-4)
CONTRIBUTIONS BY
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CONTRIBUTOR'S FULL NAME AND 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 RECEIVED BY
1 ActBlue Indiana PO BOX 441146 SOMERVILLE MA 02144	Contribution: Direct	1,505.46	5,618.45	03/29/2024	
				TVS	
2 ActBlue Indiana PO BOX 441146 SOMERVILLE MA 02144	Contribution: Direct	283.30	5,901.75	04/10/2024	
				TVS	
SUB TOTAL THIS PAGE OF SCHEDULE A			\$ 1,788.76		
TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY (Enter total on ITEM 15a of the Summary Sheet)			\$ 5,901.75		



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**(CFA-4 SCHEDULE B)
Itemized Expenditures**

INSTRUCTIONS: Please type or print legibly **IN BLACK INK** all information on this form. 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.

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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
	OFFICE SOUGHT (if applicable)				
Code: Operations 1 Hendricks County Fairgrounds P.O. Box 7 Danville IN 46122		Direct Purpose: Booth rental	427.50	427.50	03/29/2024
SUB TOTAL THIS PAGE OF SCHEDULE B			\$ 427.50		
TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY (Enter total on ITEM 17a of the Summary Sheet)			\$ 427.50		