

REPORT OF RECEIPTS AND EXPENDITURES OF A POLITICAL COMMITTEE

State Form 4606 (R17 / 8-23) 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? The ✓ No

(CFA-4) **Summary Sheet**

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	22		-111	-	-27

32-20-0025

TOTAL PAGES IN ENTIRE CFA-4 REPORT

IS THIS AN AMENDMENT!] 140					
	COMMITTEE INFORMATION					
Full Name of Committee (as on Statement of Organization Conservatives for Austin	7) Check if this is a new r					
2. ACTORYM OF ADDIEVIALED NAME (II arry)			mmittee Telephone Number			
		(317) 43.	2-0094	3		
4. Mailing Address (Address where all campaign finance con 6334 E County Road 600 S	respondence is received.)	theck if this is a new	3	OBSOPTH 2025 JAN		
5. City, State, ZIP Code Plainfield, IN 46168	6. Party Affiliation Republican	(if applicable)	HLED FILED			
CANDIDATE INF	ORMATION (For Candidate's C	ommittees Only)				
7. Full Name of Candidate (Include any nickname.) 8. Party Affiliation				t Candidate		
Michael Troy Austin Rep			*	. 3		
9. Office Sought (Include district number, if any. Not required for exploratory committee.) Hendricks COunty Council At-Large 10. County of Red. Hendricks				2		
TYPE OF R	REPORT		CONVENTIO	N CANDIDATES ONLY		
11. Check one:			Check one:			
Pre-Primary Pre-Election Annual Nomination Other				Pre-Convention		
Final / Disbands Committee (Lines 18, 19, and 20 must be "0".) Outg	Post-Con	vention				
12. Reporting Period (mm/dd/yy):		со	LUMN A	COLUMN B		
From: 01-01-24 Throug	Thi	s Period	Year to Date			
13. Cash on hand and investments at the beginning of this re	14.71					
14. Cash on hand and investments January 1, current year.			-1-14	14.71		
CONTRIBUTIONS AND						
(Note: these amounts include in-kind contributions and loans	s, as well as cash contributions.)		0.00	MULENCESSESSESSES		
15a. Itemized (Use Schedule A.)			0.00			
15b. Unitemized	TOTAL	0.00				
15c. Add lines 15a and 15b in both columns.	TOTAL	0.00				
16. Add lines 13 and 15c in Column A and lines 14 and 15c		TOTAL	0.00			
(Note: These amounts include in-kind expenditures and loan repayments.) 17a. Itemized (Use Schedule B.) (Public Question: use Schedule C.)						
17b. Unitemized		0.00				
17c. Add lines 17a and 17b in both columns.	TOTAL	0.00				
18. Cash on hand and investments at close of this reporting period (\$	14.71	14.71				
19. Debts OWED BY the committee (Use Schedule D.)	900.00	R TO SECURE				
20. Debts OWED TO the committee (Use Schedule E.)	0.00					
				OR OFFICE USE ONLY		
	TIFICATION T OF MY KNOWLEDGE AND BELIEF IT IS 1	RUE CORRECT AND O		OR OFFICE USE UNLT		
I CERTIFY THAT I HAVE EXAMINED THIS STATEMENT. TO THE BEST OF MY KNOWLEDGE AND BELIEF IT IS TRUE, CORRESIDATED SIGNATURE OF Treasurer Title Date of Treasurer Title			id/yy)			
5.5		705-00 1 0,00000	num neer MARTHER			
Signature of Candidate (if applicable) Michael 7.	Date (mm/c 1/14/	dd/yy) 2025				

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)