

REPORT OF RECEIPTS AND EXPENDITURES OF A POLITICAL COMMITTEE

State Form 4606 (R14 / 10-17) Indiana Election Division (IC 3-9-5-14) 2020 JAN 16 AM 8:48

(CFA-4) **Summary Sheet**

FILE NUMBER

TOTAL PAGES IN ENTIRE CFA-4 REPORT

| 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 | | 2 | | |
|--|----------------------------|---|--------------------------|--|
| COMMITTEE INFORMATION | | | | |
| The Committee to Elect David Winters Check if this is a new The Committee to Elect David Winters | name. | | | |
| Acronym or Abbreviated Name (if any) | 3. Committe | e Telephone Number 373-1913 | | |
| Mailing Address (Address where all campaign finance correspondence is received.) 401 N. Washington Street | Check if this is | a new address. | | |
| 5. City, State, ZIP Code Danville, IN 46122 | 6. Party Affil Republic | liation (if applicable) can | | |
| CANDIDATE INFORMATION (For Candidate's C | committees (| Only) | | |
| 7. Full Name of Candidate (Include any nickname.) David Michael Winters | Republic | | Candidate | |
| Office Sought (Include district number, if any. Not required for exploratory committee.) Danville Town Council, At-Large | 10. County of Hendrick | of Residence ks | | |
| TYPE OF REPORT | | CONVENTION | CANDIDATES ONLY | |
| 11. Check one: Pre-Primary Pre-Election Annual Nomination Other | | Check one: Pre-Convention Post-Convention | | |
| Final / Disbands Committee (Lines 18. 19, and 20 must be 10".) Outgoing Treasurer (Within ten (10) days amend Sta | tement of Organization | on.) D Post-Corive | ention | |
| 12. Reporting Period (mm/dd/yy): From: 10/12/2019 Through: 12/31/2019 | | COLUMN A This Period | COLUMN B Year to Date | |
| 13. Cash on hand and investments at the beginning of this reporting period. | | 82.48 | | |
| 14. Cash on hand and investments January 1, current year. | | | 0.00 | |
| CONTRIBUTIONS AND RECEIPTS (Note: these amounts include in-kind contributions and loans, as well as cash contributions.) | | | | |
| (Note: these amounts include in-kind contributions and loans, as well as cash contributions.) 15a. Itemized (Use Schedule A.) | | 0.00 | | |
| 15b. Unitemized | | 0.00 | 4,356.67 | |
| | TOTAL | 0.00 | 476.00 | |
| | TOTAL | | 4,832.67 | |
| EXPENDITURES | TOTAL INC. | 82.48 | 4,832.67 | |
| (Note: These amounts include in-kind expenditures and loan repayments.) | | | | |
| 17a. Itemized (Use Schedule B.) (Public Question: use Schedule C.) | - | 0.00 | 4.497.00 | |
| 17b. Unitemized | | 70.93 | 4,487.09 334.03 | |
| 17c. Add lines 17a and 17b in both columns. | TOTAL | 70.93 | 4,821.12 | |
| 18. Cash on hand and investments at close of this reporting period (Subtract 17c from 16 in both columns.) | TOTAL | 11.55 | 11.55 | |
| 19. Debts OWED BY the committee (Use Schedule D.) | 1 | 586.67 | | |
| 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 T Signature of Camping at Committee (if applicable) WARNING: Any information contained in this report may not be copied for sale or used for any commercial purpose files a fraudulent report commits a Level 6 felony. (IC 3-14-1-13) A person who fails to file a complete or accurate. | Date (| AND COMPLETE. mm/dd/yy) 14 / 2C 2 C: mm/dd/yy) | R OFFICE USE ONLY | |
| | (IC 3-9-4-5) A per | rson who knowingly | တ္ မြိ | |



REPORT OF RECEIPTS AND EXPENDITURES OF A POLITICAL COMMITTEE

State Form 4606 (R14 / 10-17) Indiana Election Division (IC 3-9-5-14)

(CFA-4 SCHEDULE D) DEBTS OWED BY THIS COMMITTEE

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. List all debts and loans, regardless of the amount. OWED BY the committee during the reporting period. Include all amounts owed for or to lend institutions, individuals, credit purchases, committee credit card accounts, etc. List each vendor paid by credit card issued in the name of the committee in the ENDORSER'S column. A lender's occupation is required if an individual makes loans of at least \$1,000 during the calendar year. Otherwise, this is optional.

| FILE NUMBER | | | | | | |
|-------------|----|--|--|--|--|--|
| | | | | | | |
| Page | of | | | | | |

| CREDITOR'S OR LENDER'S NAME AND MAILING ADDRESS (street, number, city, state, ZIP code) | ENDORSER'S OR VENDOR'S NAME AND MAILING ADDRESS (if any) (street, number, city, state, ZIP code) | AMOUNT | DATE DEBT | CUMULATIVE PAID YEAR-TO-DATE | OUTSTANDING BALANCE THIS PERIOD |
|---|--|-------------------|------------------------|------------------------------------|---------------------------------------|
| | | NATURE OF DEBT | INCURRED (mm/dd/yy) | | |
| David Michael Winters 401 N. Washington Street Danville, IN 46122 | | \$1,892.67 | 03/29/19 | \$1,306.00 | \$586.67 |
| LENDER'S OCCUPATION: CPA | | Cash | 00/20/10 | \$1,300.00 | \$300.07 |
| | | | | | |
| | | | | | |
| LENDER'S OCCUPATION | | | | | |
| | | | | | |
| LENDER'S OCCUPATION: | | | | | |
| LENDER'S OCCUPATION. | | | | | |
| | | | | | |
| | | | | | |
| LENDER'S OCCUPATION: | | | | | |
| | | | | | |
| | | | | | |
| LENDER'S OCCUPATION | | | | | |
| | | | | | |
| | | | | | |
| LEMPERS AND INTO | | | | | |
| LENDER'S OCCUPATION: | | | | | |
| | | | | | |
| | | | | | |
| LENDER'S OCCUPATION: | | SUBTOTA | L THIS PAGE O | F SCHEDULE D | \$ 586.67 |
| | TOTAL OF ALL | PAGES OF SCHEDULI | E D ON THE LA | ST PAGE ONLY | \$ 586.67 |