



REPORT OF RECEIPTS AND EXPENDITURES OF A POLITICAL COMMITTEE

State Form 4606 (R17 / 8-23)

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

(CFA-4)

Summary Sheet

FILE NUMBER

32-18-018

TOTAL PAGES IN ENTIRE CFA-4 REPORT

6

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.

Committee to Elect Cindy Hohman

2. Acronym or Abbreviated Name (if any)

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.

15 Tyler Ct.

5. City, State, ZIP Code

Brownsburg, IN 46112

6. Party Affiliation (if applicable)

Democrat

CANDIDATE INFORMATION (For Candidate's Committees Only)

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

Cynthia (Cindy) Louise Hohman

8. Party Affiliation or If Independent Candidate

Democrat

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

Brownsburg Town Council, Ward 3

10. County of Residence

Hendricks

TYPE OF REPORT

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.)

CONVENTION CANDIDATES ONLY

Check one:

☐ Pre-Convention
☐ Post-Convention

12. Reporting Period (mm/dd/yy):

From: 04/08/23 Through: 10/13/23

COLUMN A
This Period

COLUMN B
Year to Date

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

619.12

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

— 0 —

CONTRIBUTIONS AND RECEIPTS

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

15a. Itemized (Use Schedule A.)

7022.10

8022.10

15b. Unitemized

200.00

200

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

SUBTOTAL

7222.10

8222.10

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

TOTAL

7841.22

8222.10

EXPENDITURES

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

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

6590.46

6966.34

17b. Unitemized

144.70

149.70

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

SUBTOTAL

6735.16

7116.04

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

TOTAL

1106.06

1106.06

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

— 0 —

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

— 0 —

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

Cynthia L. Hohman

Title

Treasurer

Date (mm/dd/yy)

10/18/23

Signature of Candidate (if applicable)

Cynthia L. Hohman

Date (mm/dd/yy)

10/18/23

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

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**REPORT OF RECEIPTS AND EXPENDITURES
OF A POLITICAL COMMITTEE**State Form 4606 (R17 / 8-23)
Indiana Election Division (IC 3-9-5-14)**(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.

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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 (mm/dd/yy)
				RECEIVED BY
1. Steve Hohman 15 Tyler Ct. Brownsburg, IN 46112 Contributor's Occupation (if required) <u>EHS Director</u>	Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) _____ Other Receipts: <input type="checkbox"/> Interest <input checked="" type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify) _____	1000.00 1000.00 <u>2000.00</u>	2000.00	05/24/23 08/31/23 Candidate
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) _____			
SUBTOTAL THIS PAGE OF SCHEDULE A		\$ 2000.00		
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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State Form 4606 (R17 / 8-23)

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

**(CFA-4 SCHEDULE A-4)
CONTRIBUTIONS BY
POLITICAL ACTION COMMITTEES**
Itemized Contributions and Other Receipts

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 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 (mm/dd/yy) RECEIVED BY
1. Hendricks County Democratic Boosters 7594 Brickmaker Ct. Plainfield, IN 46168	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) _____	600.00	600.00	07/18/23 Candidate
2. IAFF Local 4406 PAC 6319 E US Hwy 36, Suite 2 Avon, IN 46123	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) _____	3000.00	3000.00	10/10/23 Candidate
3. Act Blue 366 Summer St. Somerville, MA 02144	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) _____	96.07 23.84 96.07	215.98	06/05/23 06/07/23 06/12/23 Candidate
4. Act Blue 366 Summer St. Somerville, MA 02144	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) _____	96.07 9.40 4.58 96.07	412.10	06/20/23 08/03/23 09/12/23 09/20/23 candidate
5.	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) _____			
SUBTOTAL THIS PAGE OF SCHEDULE A		\$4022.10		
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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Indiana Election Division (IC 3-9-5-14)

(CFA-4 SCHEDULE A-5) CONTRIBUTIONS BY OTHER ORGANIZATIONS

Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY ORGANIZATIONS OTHER THAN CORPORATIONS, LABOR ORGANIZATIONS, POLITICAL ACTION COMMITTEES AND 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 other entities **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 amount from candidate's, legislative caucus, and regular party 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 (mm/dd/yy)
				RECEIVED BY
1. Hendricks County Democratic Party P.O. Box 721 Danville, IN 46122	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)	1000.00	1000.00	08/03/23 Candidate
2.	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.	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.	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.	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)			
SUBTOTAL THIS PAGE OF SCHEDULE A		\$ 1000.00		
TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY (Enter total on ITEM 15a of the Summary Sheet.)		\$ 7022.10		



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(CFA-4 SCHEDULE B) ITEMIZED EXPENDITURES

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. 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 OFFICE SOUGHT (if applicable)	TYPE OF EXPENDITURE and PURPOSE (be specific)	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE OF EXPENDITURE (mm/dd/yy)
Code <u>A</u> USPS 411 E Northfield Rd Brownsburg, IN 46122	Postal Service	<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: Stamps	177.00	409.00	05/24/23
Code <u>A</u> EZ Mailing 1801 W 18th St. Indianapolis, IN 46202	Printer	<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: Cards + Signs	1411.00 219.35 984.40 668.75 3283.50	3283.50	06/20/23 08/15/23 08/22/23 09/11/23
Code <u>A</u> My Campaign Store 304 Whittington Pkwy #201 Louisville, KY 40222	Printer	<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: cards	435.88	435.88	09/20/23
Code <u>A</u> Team Sports 1654 E Northfield Dr #300 Brownsburg, IN 46112	Printer	<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: T-shirts	267.50	267.50	06/29/23
Code <u>A</u> Oriental Trading P.O. Box 2308 Omaha, NE 68103	Sundry Sales	<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: candy	329.52 74.89 404.41	404.41	09/15/23 10/04/23
Code <u>A</u> GoDaddy 14455 N Hayden Rd Scottsdale, AZ 85260	Websites	<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: Domain	22.17	166.05	09/18/23
Code <u>C</u> Steve Hohman 15 Tyler Ct. Brownsburg, IN 46112	EHS Director	<input type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input checked="" type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: Loan	2000.00	2000.00	10/10/23
SUBTOTAL THIS PAGE OF SCHEDULE B			\$6590.46		
TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY (Enter total on ITEM 17a of the Summary Sheet.)			\$6590.46		



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**(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.

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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 INCURRED (mm/dd/yy)	CUMULATIVE PAID YEAR-TO-DATE	OUTSTANDING BALANCE THIS PERIOD
		NATURE OF DEBT			
Steve Hohman 15 Tyler Ct. Brownsburg, IN 46112 LENDER'S OCCUPATION: EHS Director	Committee to elect Cindy Hohman 15 Tyler Ct. Brownsburg, IN 46112 Cindy Hohman	1000.00 1000.00 2000.00 campaign loan	05/24/23 08/23/23	2000.00	- 0 -
LENDER'S OCCUPATION:					
LENDER'S OCCUPATION:					
LENDER'S OCCUPATION:					
LENDER'S OCCUPATION:					
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SUBTOTAL THIS PAGE OF SCHEDULE D					\$
TOTAL OF ALL PAGES OF SCHEDULE D ON THE LAST PAGE ONLY (Enter total on ITEM 19 of the Summary Sheet.)					\$