



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)

Summary Sheet

FILE NUMBER

32-18-018

TOTAL PAGES IN ENTIRE CFA-4 REPORT

3

2021 JAN -7 AM 11:00

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

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

6. Party Affiliation (if applicable)

Brown sburg, IN 46112

Democrat

CANDIDATE INFORMATION (For Candidate's Committees Only)

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

8. Party Affiliation or If Independent Candidate

Cynthia (Cindy) Hohman

Democrat

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

10. County of Residence

Brown sburg Town Council Ward 3

Hendricks

TYPE OF REPORT

CONVENTION CANDIDATES ONLY

11. Check one:

☐ Pre-Primary ☐ Pre-Election ☒ Annual ☐ Nomination ☐ Other

Check one:

☐ Pre-Convention

☐ Final / Disbands Committee (Lines 18, 19, and 20 must be "0".) ☐ Outgoing Treasurer (Within ten (10) days amend Statement of Organization.)

☐ Post-Convention

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

From: 11/1/20

Through: 12/31/20

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.

- 0 -

CONTRIBUTIONS AND RECEIPTS

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

15a. Itemized (Use Schedule A.)

158.17

158.17

15b. Unitemized

- 0 -

- 0 -

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

SUBTOTAL

158.17

158.17

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

TOTAL

158.17

158.17

EXPENDITURES

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

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

158.17

158.17

17b. Unitemized

- 0 -

- 0 -

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

SUBTOTAL

158.17

158.17

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

TOTAL

- 0 -

- 0 -

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

Title

Date (mm/dd/yy)

Cynthia L Hohman

Treasurer/Candidate

01/07/21

Signature of Candidate (if applicable)

Date (mm/dd/yy)

Cynthia L Hohman

01/07/21

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 3-9-4-18)

FOR OFFICE USE ONLY

FILED
2021 JAN -7 AM 11:00
Cynthia L Hohman

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

[illegible]

FILE NUMBER

32-18-018

Place 2 of 6

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
Cynthia Louise Hohman 15 Tyler Ct. Brownsburg, IN 46112 Candidate	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)	158.17	158.17	05/17/20 - ghs Candidate
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)			
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)			
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)			
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 TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY (Enter total on ITEM 15a of the Summary Sheet.)		\$ 158.17 \$ 158.17		



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

**(CFA-4 SCHEDULE B)
ITEMIZED EXPENDITURES**

INSTRUCTIONS. Please type or print clearly in **BLACK INK** all entries on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document expenditures (itemizing 11 M 17a of the Summary Sheet). All cumulative expenses paid to individuals, businesses, labor organizations, and other entities **OVER \$100** per recipient. Actual cumulative value **MUST** be itemized on this schedule (see 11 M 17b). If regular party committees or campaign committees, including in-kind expenditures, charges paid to political committees, such as transfers out from campaign committee to caucus, political action, or regular party committee, **MUST** be reported on this schedule.

FILE NUMBER

32-18-018
3-3

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 (mm/dd/yy)
	OFFICE SOUGHT (if applicable)				

A		X	20.00		1/17/20
Go Daddy	Web site business		20.00		2/17/20
14455 N Hayden Rd.			20.00		3/17/20
Suite 219			20.00		4/17/20
Scottsdale, AZ 85260		Web site maintenance	20.00	140.00	5/17/20
					6/17/20
					7/17/20

A		X			
Go Daddy	Web site business				
14455 N Hayden Rd.		Domain	18.17	18.17	9/18/20
Suite 219					
Scottsdale, AZ 85260					

SUBTOTAL THIS PAGE OF SCHEDULE B
TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY
(Enter total on 11 M 17a of the Summary Sheet)

158.17
158.17