

REPORT OF RECEIPTS AND EXPENDITURES OF A POLITICAL COMMITTEE

State Form 4606 (R15 / 5-19)

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? Yes

(CFA-4) **Summary Sheet**

FILE NUMBER

TOTAL PAGES IN ENTIRE CFA-4 REPORT

COMMITTEE INFORMATION					
1. Full Name of Committee (as on Statement of Organization) Robert Stringer For Union Township Trustee Check if this is a new name.					
2. Acronym or Abbreviated Name (if any)	3. Committee Te	3. Committee Telephone Number			
	(317) 33	9-2406			
Mailing Address (Address where all campaign finance correspondence is received.) Check if this is a new address. Check if this is a new address.					
5. City, State, ZIP Code	6. Party Affiliation (if applicable)				
Lizton, IN 46149	Republican				
CANDIDATE INFORMATION (For Candidate's Committees Only)					
7. Full Name of Candidate (Include any nickname.)	Party Affiliation or If Independent Candidate				
Robert "Bob" Stringer		Republican			
 Office Sought (Include district number, if any. Not required for exploratory committee.) Union Township Trustee 	10. County of Residence Hendricks				
TYPE OF REPORT		CONVENTION	CANDIDATES ONLY		
11. Check one:		Check one:			
Pre-Primary ☐ Pre-Election ✓ Annual ☐ Nomination ☐ Other		Pre-Conve	ntion		
Final / Disbands Committee (Lines 18, 19, and 20 must be "0".) Utgoing Treasurer (Within ten (10) days amend Statement of Organization.)					
12. Reporting Period (mm/dd/yy):	Co	DLUMN A	COLUMN B		
From: 01-01-2020 Through: 12-31-2020	Th	is Period	Year to Date		
13. Cash on hand and investments at the beginning of this reporting period.		11.57			
14. Cash on hand and investments January 1, current year.					
CONTRIBUTIONS AND RECEIPTS					
(Note: these amounts include in-kind contributions and loans, as well as cash contributions.)					
15a, Itemized (Use Schedule A.)		0.00	0.00		
15b. Unitemized		0.00	0.00		
15c. Add lines 15a and 15b in both columns.	TOTAL	0.00	0.00		
16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B.	TOTAL	11.57	11.57		
EXPENDITURES					
(Note: These amounts include in-kind expenditures and loan repayments.)	16/2 0				
17a. Itemized (Use Schedule B.) (Public Question: use Schedule C.)		0.00	0.00		
17b. Unitemized		0.00	0.00		
17c. Add lines 17a and 17b in both columns.	BTOTAL	0.00	0.00		
18. Cash on hand and investments at close of this reporting period (Subtract 17c from 16 in both columns.)	TOTAL	11.57	11.57		
19. Debts OWED BY the committee (Use Schedule D.)		0.00	HAM THE STATE OF T		
20. Debts OWED TO the committee (Use Schedule E.)		0.00			

	CERTIFICATION	
I CERTIFY THAT I HAVE EXAMINED THIS STATE	MENT. TO THE BEST OF MY KNOWLEDGE AND B	ELIEF IT IS TRUE, CORRECT AND COMPLETE.
Signature of Treasurer	Title	Date (mm/dd/yy) 01/20/21
Signature of Candidate (Vapplicable)		Date (mm/dd/yy) 01/20/21
WARNING: Any information contained in this report	t may not be copied for sale or used for any commer	rcial 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 falls 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