



**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**

FILED  
2019 APR -4 PM 1:05

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

**COMMITTEE INFORMATION**

1. Full Name of Committee (as on Statement of Organization) <input type="checkbox"/> Check if this is a new name. <i>Sherree DAWN MOLLINS</i>	
2. Acronym or Abbreviated Name (if any)	3. Committee Telephone Number <i>(317) 939-9400</i>
4. Mailing Address (Address where all campaign finance correspondence is received.) <input type="checkbox"/> Check if this is a new address. <i>6351 Fieldstream Dr.</i>	
5. City, State, ZIP Code <i>AVON, IN 46123</i>	6. Party Affiliation (if applicable) <i>Democratic</i>

**CANDIDATE INFORMATION (For Candidate's Committees Only)**

7. Full Name of Candidate (Include any nickname.) <i>Sherree DAWN MOLLINS</i>	8. Party Affiliation or If Independent Candidate <i>DEMOCRATIC</i>
9. Office Sought (Include district number, if any. Not required for exploratory committee.) <i>AVON TOWN JUDGE</i>	10. County of Residence <i>Hendricks</i>

**TYPE OF REPORT**

**CONVENTION CANDIDATES ONLY**

11. Check one: <input checked="" type="checkbox"/> Pre-Primary <input type="checkbox"/> Pre-Election <input type="checkbox"/> Annual <input type="checkbox"/> Nomination <input type="checkbox"/> Other _____ <input type="checkbox"/> Final / Disbands Committee (Lines 18, 19, and 20 must be "0") <input type="checkbox"/> Outgoing Treasurer (Within ten (10) days amend Statement of Organization.)	Check one: <input type="checkbox"/> Pre-Convention <input type="checkbox"/> Post-Convention
--	---

12. Reporting Period (mm/dd/yy): From: <i>1/01/19</i> Through: <i>4/12/19</i>	<b>COLUMN A This Period</b>	<b>COLUMN B Year to Date</b>
13. Cash on hand and investments at the beginning of this reporting period.	<i>0</i>	<i>0</i>
14. Cash on hand and investments January 1, current year.		<i>0</i>

**CONTRIBUTIONS AND RECEIPTS**

(Note: these amounts include in-kind contributions and loans, as well as cash contributions.)		
15a. Itemized (Use Schedule A.)	<i>0</i>	<i>0</i>
15b. Unitemized	<i>0</i>	<i>0</i>
15c. Add lines 15a and 15b in both columns. <b>SUBTOTAL</b>	0.00	0.00
16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B. <b>TOTAL</b>	0.00	0.00

**EXPENDITURES**

(Note: These amounts include in-kind expenditures and loan repayments.)		
17a. Itemized (Use Schedule B.) (Public Question: use Schedule C.)	<i>0</i>	<i>0</i>
17b. Unitemized	<i>0</i>	<i>0</i>
17c. Add lines 17a and 17b in both columns. <b>SUBTOTAL</b>	0.00	0.00
18. Cash on hand and investments at close of this reporting period (Subtract 17c from 16 in both columns.) <b>TOTAL</b>	0.00	0.00
19. Debts OWED BY the committee (Use Schedule D.)	<i>0</i>	
20. Debts OWED TO the committee (Use Schedule E.)	<i>0</i>	

**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 <i>[Signature]</i>	Title <i>TREASURER</i>	Date (mm/dd/yy) <i>04/11/19</i>
Signature of Candidate (if applicable) <i>[Signature]</i>		Date (mm/dd/yy) <i>04/11/19</i>

**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

2019 APR -4 PM 1:05

FILED