

## 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.

## (CFA-4) **Summary Sheet**

**FILE NUMBER** 32-21-002 TOTAL PAGES IN ENTIRE CFA-4 REPORT

IS THIS AN AMENDMENT?   Yes   No			<u> </u>		
COMMITTEE INFORMATION					
Full Name of Committee (as on Statement of Organization)  Check if this is a new Dawn Mayhood for Treasurer  Check if this is a new Dawn Mayhood for Treasurer	/ name.				
2. Acronym or Abbreviated Name (if any)	3. Committee Telephone Number ( 317 ) 504-4247				
Mailing Address (Address where all campaign finance correspondence is received.)     912 Windsor Lane	Check if thi	s is a new	address.		
5. City, State, ZIP Code Danville IN 46122					
CANDIDATE INFORMATION (For Candidate's	Committe	es Only)			
7. Full Name of Candidate (Include any nickname.)  Dawn Mayhood	_	Party Affiliation or If Independent Candidate     Republican			
9. Office Sought (Include district number, if any. Not required for exploratory committee.)  Treasurer		I0. County of Residence Hendricks			
TYPE OF REPORT			CONVENTION	N CANDIDATES ONL	Υ
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 "0".) UOutgoing Treasurer (Within ten (10) days amend Si	tatement of Orga	nization.)	Post-Con	vention	
12. Reporting Period (mm/dd/yy):			LUMN A s Period	COLUMN B Year to Date	
From: Through: 01/18/2022		Hills		rear to Date	
13. Cash on hand and investments at the beginning of this reporting period.			0.00		20
14. Cash on hand and investments January 1, current year.  CONTRIBUTIONS AND RECEIPTS				0.0	JU
(Note: these amounts include in-kind contributions and loans, as well as cash contributions.)					
15a, Itemized (Use Schedule A.)			1,577.37	1,577.3	37
15b. Unitemized					
15c. Add lines 15a and 15b in both columns.	BTOTAL				
16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B.	TOTAL		1,577.37	1,577.3	37
EXPENDITURES					
(Note: These amounts include in-kind expenditures and loan repayments.)					
17a. Itemized (Use Schedule B.) (Public Question: use Schedule C.)					
17b. Unitemized					
17c. Add lines 17a and 17b in both columns.	BTOTAL				
18. Cash on hand and investments at close of this reporting period (Subtract 17c from 16 in both columns.)	TOTAL		1,577.37	1,577.3	37
19. Debts OWED BY the committee (Use Schedule D.)			0.00		
20. Debts OWED TO the committee (Use Schedule E.)			ئِ00 بِطِ		
CERTIFICATION			<b>.</b> .	OR OFFICE USE ONLY	,
I CERTIFY THAT I HAVE EXAMINED THIS STATEMENT, TO THE BEST OF MY KNOWLEDGE AND BELIEF IT IS	TRUE, CORR	ECT AND C	, A		٠.
Signature of Treasurer ( ) Title		ate (mm/d			

1-18-2: Signature of Candidate (if applicable) 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)



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## (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 atli 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.

FILE NUMBER				
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Page _	a	_of_ <u>A</u>		

CONTRIBUTOR'S FULL NAME AND OCCUPATION FULL MAILING ADDRESS	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS	COLUMN B	DATE RECEIVED (mm/dd/yy)
(street, number, city, state, ZIP code)		PERIOD	YEAR-TO-DATE	RECEIVED BY
1. Shawn Shelley for Treasurer	Contributions:  Direct			
716 Kemp Ct Avon IN 46123	In-Kind (describe)			12/31/2021
AVOIT IN 40123	III (iiid (dodsino)			, = , = , = = ,
	Other Receipts:	\$1,577.37	\$1,577.37	
	Interest Loan			
	Miscellaneous (specify)			Dawn Mayhood
Contributor's Occupation (if required)				**************************************
2,	Contributions:			
	In-Kind (describe)			
	Other Receipts:			
	Interest Loan			
	Miscellaneous (specify)		-	
Contributor's Occupation (if required)				
3.	Contributions:  Direct		10 Annie 11	
	In-Kind (describe)			
	Other Receipts:			
	☐ Interest ☐ Loan ☐ Miscellaneous (specify)			
Contributor's Occupation (if required)				
4.	Contributions:  Direct			
	☐ In-Kind (describe)			62
			name of the same o	ZAN GARAGA
	Other Receipts:		Mangari	Guerra E
	☐ Interest ☐ Loan ☐ Miscellaneous (specify)		~ ~ ~ ·	
	Miscellatiedds (specify)		<u>ξ</u> .	j.
Contributor's Occupation (if required)	A 11 V		.1	l De X
5.	Contributions:		<b>1</b>	œ. 6
	In-Kind (describe)			Cub (Cit)
			1	
	Other Receipts:			
	☐ Interest ☐ Loan ☐ Miscellaneous (specify)			
	L Hillocolici tooda (apocity)		***	
Contributor's Occupation (if required)		and and		
	THIS PAGE OF SCHEDULE A	\$ 1577.37		
TOTAL OF ALL PAGES OF SCHEDULE (Enter total on ITER	A ON THE LAST PAGE ONLY I 15a of the Summary Sheet.)	\$ 157237		