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

TOTAL PAGES IN ENTIRE CFA-4 REPORT

2

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.

   Friends of Jack Dodd

2. Acronym or Abbreviated Name *(if any)*

3. Committee Telephone Number

   (765) 860-1999

4. Mailing Address *(Address where all campaign finance correspondence is received.)* ☐ Check if this is a new address.

   2215 Westdale Court,

5. City, State, ZIP Code

   Kokomo, IN 46901

6. Party Affiliation *(if applicable)*

   R

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

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

   Jack W Dodd

8. Party Affiliation or If Independent Candidate

   R

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

   Commissioner

10. County of Residence

   Howard

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

	COLUMN A This Period	COLUMN B Year to Date
12. Reporting Period (mm/dd/yy): From: 1/1/20 Through: 5/12/20		
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.)

	COLUMN A This Period	COLUMN B Year to Date
15a. Itemized (Use Schedule A.)	50.00	50.00
15b. Unitemized	0	0
15c. Add lines 15a and 15b in both columns. **SUBTOTAL**	50.00	50.00
16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B. **TOTAL**	50.00	50.00

EXPENDITURES

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

	COLUMN A This Period	COLUMN B Year to Date
17a. Itemized (Use Schedule B.) (Public Question: use Schedule C.)	12.00	12.00
17b. Unitemized	0	0
17c. Add lines 17a and 17b in both columns. **SUBTOTAL**	12.00	12.00
18. Cash on hand and investments at close of this reporting period (Subtract 17c from 16 in both columns.) **TOTAL**	38.00	38.00
19. Debts OWED BY the committee (Use Schedule D.)	0	
20. Debts OWED TO the committee (Use Schedule E.)	0	

CERTIFICATION

FILED

RECEIVED

FOR OFFICE USE ONLY

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 *[signature: Brenda Acebe]*

Title

Date (mm/dd/yy)

MAY 1 4 2020

Signature of Candidate *(if applicable)* *[signature: Jack Dodd]*

DEBBIE STEWART
Clerk Howard Cir. Court

Date (mm/dd/yy) 5/11/20

MAY 1 4 2020

DEBBIE STEWART
Clerk Howard County

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Form 4606 (R14 / 10-17)
Election Division (IC 3-9-5-14

State
Indiana

(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 <u>totaled on ITEM 17a</u> 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, <u>regardless of amount</u> paid to political committees, *(such as transfers-out from candidate, legislative caucus, political action, or regular party committees)* **MUST** be itemized on this schedule.

FILE NUMBER

Page ___1___ of _____1____

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 _____ Harrris Bank Kokomo, Indiana	Bank	x☐ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other _____ Purpose:	12.00	12.00	2/7/20
Code _____		☐ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other _____ Purpose:			
Code _____		☐ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other _____ Purpose:			
Code _____		☐ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other _____ Purpose:			
Code _____		☐ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other _____ Purpose:			
Code _____		☐ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other _____ Purpose:			
Code _____		☐ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other _____ Purpose:			

SUBTOTAL THIS PAGE OF SCHEDULE B	$12.00
TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY *(Enter total on ITEM 17a of the Summary Sheet.)*	$12.00