REPORT OF RECEIPTS AND EXPENDITURES OF A POLITICAL COMMITTEE

State Form 4606 (R15 / 5-19)
Indiana Election Division (IC 3-9-5-14)

(CFA-4)
Summary Sheet

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*) ☐ Check if this is a new name.
Keep Sheila Hawks Cullen Center Twp Assessor

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

3. Committee Telephone Number
(765) 455 3613

4. Mailing Address *(Address where all campaign finance correspondence is received.)* ☐ Check if this is a new address.
3211 Susan Dr

5. City, State, ZIP Code
Kokomo, IN 46902

6. Party Affiliation *(if applicable)*
DEMOCRAT

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

7. Full Name of Candidate *(Include any nickname.)*
Sheila Hawks Cullen

8. Party Affiliation or If Independent Candidate
Democrat

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

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

12. Reporting Period *(mm/dd/yy)*: From: 10/15/22 Through: 12/31/22	COLUMN A This Period	COLUMN B Year to Date
13. Cash on hand and investments at the beginning of this reporting period.	507.68	
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.)*		2300.00
15b. Unitemized		25.00
15c. Add lines 15a and 15b in both columns. **SUBTOTAL**		2325.00
16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B. **TOTAL**		2325.00
EXPENDITURES		
(Note: These amounts include in-kind expenditures and loan repayments.)		
17a. Itemized *(Use Schedule B.) (Public Question: use Schedule C.)*	2264.68	2264.68
17b. Unitemized		
17c. Add lines 17a and 17b in both columns. **SUBTOTAL**	2264.68	2264.68
18. Cash on hand and investments at close of this reporting period *(Subtract 17c from 16 in both columns.)* **TOTAL**	60.32	60.32
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)*
Sheila Hawks Cullen	Treasurer/Candidate	1/9/22
Signature of Candidate *(if applicable)*		**Date** *(mm/dd/yy)*
Sheila Hawks Cullen		1/9/22

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

FILED
JAN 09 2023
DEBBIE STEWART
Clerk Howard Cir. Court

REPORT OF RECEIPTS AND EXPENDITURES OF A POLITICAL COMMITTEE
State Form 4606 (R15 / 5-19)
Indiana Election Division (IC 3-9-5-14)

(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 totaled on ITEM 17a 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, regardless of amount 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 _____ of _____

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 A Horoho Printing 500 N Phillips Kokomo, IN 46901	Printer	☐ Direct ☐ In-Kind ☑ Payment of Debt ☐ Returned Contribution ☐ Other Purpose: Signs	1070.00	1070.00	7/27/22
Code A Expressions 500 N Main Kokomo, IN 46901	Screen Printer	☐ Direct ☐ In-Kind ☑ Payment of Debt ☐ Returned Contribution ☐ Other Purpose: T Shirts	347.32	347.32	7/28/22
Code A Pat McKinsey Kokomo Lantern 1201 E Wheeler Kokomo, IN 46902	On Line Advertising	☐ Direct ☐ In-Kind ☑ Payment of Debt ☐ Returned Contribution ☐ Other Purpose: Advertising	400.00	400.00	10/5/22
Code A Kokomo Tribune 123 N Buckeye Kokomo, IN 46901	Newspaper	☐ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other Purpose: Advertising	447.36	447.36	10/26/22
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	$2264.68		
		TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY *(Enter total on ITEM 17a of the Summary Sheet.)*	$2264.68		