REPORT OF RECEIPTS AND EXPENDITURES OF A POLITICAL COMMITTEE

State Form 46806 (R13/11-05)
Indiana Election Commission (IC 3-9-5-14)

(CFA-4)
Summary Sheet

FILE NUMBER

TOTAL PAGES IN ENTIRE CFA-4 REPORT: 1

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
Renee Pack for Trustee

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

3. Committee Telephone Number
(317) 506-6314

4. Mailing Address *(address where all campaign finance correspondence is received)* ☐ Check if this is a new address
22416 Goldeneye Circle

5. City, State, ZIP Code
Indianapolis, IN 46234

6. Party Affiliation *(if applicable)*
Democrat

CANDIDATE INFORMATION (For Candidate's Committees Only)

7. Full Name of Candidate *(include any nickname)*
Conchitia Renee Pack

8. Party Affiliation or If Independent Candidate
Democrat

9. Office Sought *(include district number, if any. Not required for exploratory committees.)*
Wayne Township Trustee

10. County of Residence
Marion

TYPE OF REPORT

11. Check one:
☐ Pre-Primary ☐ Pre-Election ☑ Annual ☐ Nomination ☐ Other _____
☐ Final/Disbands Committee *(lines 16, 19, and 20 must be "0")* ☐ Outgoing Treasurer *(within 10 days amend Statement of Organization)*

CONVENTION CANDIDATES ONLY
Check one:
☐ Pre-Convention
☐ Post-Convention

12. Reporting Period: From: 1/1/2015 Through: 12/31/2015

13. Cash on hand and investments at the beginning of this reporting period.	0.43	
14. Cash on hand and investments January 1, current year.		0.43
CONTRIBUTIONS AND RECEIPTS		
(Note: these amounts include in-kind contributions and loans, as well as cash contributions.)		
15a. Itemized *(use Schedule A)*	Ø	Ø
15b. Unitemized	Ø	Ø
15c. Add lines 15a and 15b in both columns SUBTOTAL	Ø	Ø
16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B TOTAL	0.43	0.43
EXPENDITURES		
(Note: These amounts include in-kind expenditures and loan repayments.)		
17a. Itemized *(use Schedule B) (Public Question: use Schedule C)*	Ø	Ø
17b. Unitemized	Ø	Ø
17c. Add lines 17a and 17b in both columns SUBTOTAL	Ø	Ø
18. Cash on hand and investments at close of this reporting period *(subtract 17c from 16 in both columns)* TOTAL	0.43	0.43
19. Debts OWED BY the committee *(use Schedule D)*	Ø	
20. Debts OWED TO the committee *(use Schedule E)*	Ø	

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
[signature]	Treasurer	1/23/16
Signature of Candidate *(if applicable)* Conchitia Renee Pack		Date 1/23/16

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 Class D 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

Myla A. Eldridge

JAN 23 2016

FILED