



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
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 <i>Statement of Organization</i>) Friends of Amy Gage	<input type="checkbox"/> Check if this is a new name.
2. Acronym or Abbreviated Name (if any)	3. Committee Telephone Number (260) 223-9894
4. Mailing Address (Address where all campaign finance correspondence is received.) 609 Adams St.	<input type="checkbox"/> Check if this is a new address.
5. City, State, ZIP Code Decatur, IN 46733	6. Party Affiliation (if applicable) Republican

CANDIDATE INFORMATION (For Candidate's Committees Only)	
7. Full Name of Candidate (Include any nickname.) Amy S Gage	8. Party Affiliation or If Independent Candidate Republican
9. Office Sought (Include district number, if any. Not required for exploratory committee.) Clerk Treasurer	10. County of Residence Adams

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: 01/17/23 Through: 04/07/23	COLUMN A This Period	COLUMN B Year to Date
13. Cash on hand and investments at the beginning of this reporting period.	0.00	
14. Cash on hand and investments January 1, current year.		0.00

CONTRIBUTIONS AND RECEIPTS		
<i>(Note: these amounts include in-kind contributions and loans, as well as cash contributions.)</i>		
15a. Itemized (Use Schedule A.)	0.00	0.00
15b. Unitemized	25.00	25.00
15c. Add lines 15a and 15b in both columns. SUBTOTAL	25.00	25.00
16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B. TOTAL	25.00	25.00

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

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 Treasurer	Date (mm/dd/yy) 04/13/23
Signature of Candidate (if applicable) 		Date (mm/dd/yy) 04/13/23
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
CLERK OF
ADAMS COUNTY

APR 14 2023



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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 Amy Gage

2. Acronym or Abbreviated Name (if any)

3. Committee Telephone Number
(260) 223-9894

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

5. City, State, ZIP Code
Decatur, IN 46733

6. Party Affiliation (if applicable)
Republican

CANDIDATE INFORMATION (For Candidate's Committees Only)

7. Full Name of Candidate (*Include any nickname.*)
Amy S. Gage

8. Party Affiliation or If Independent Candidate
Republican

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

10. County of Residence
Adams

TYPE OF REPORT

CONVENTION CANDIDATES ONLY

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.*)

Check one:

Pre-Convention
 Post-Convention

12. Reporting Period (mm/dd/yy):

From: 01/17/23 Through: 04/13/23

COLUMN A
This Period

COLUMN B
Year to Date

13. Cash on hand and investments at the beginning of this reporting period.

0.00

14. Cash on hand and investments January 1, current year.

0.00

CONTRIBUTIONS AND RECEIPTS

(*Note: these amounts include in-kind contributions and loans, as well as cash contributions.*)

15a. Itemized (*Use Schedule A.*)

25.00

25.00

15b. Unitemized

0.00

0.00

15c. Add lines 15a and 15b in both columns.

SUBTOTAL

25.00

25.00

16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B.

TOTAL

25.00

25.00

EXPENDITURES

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

17a. Itemized (*Use Schedule B.*) (*Public Question: use Schedule C.*)

0.00

0.00

17b. Unitemized

0.00

0.00

17c. Add lines 17a and 17b in both columns.

SUBTOTAL

0.00

0.00

18. Cash on hand and investments at close of this reporting period (*Subtract 17c from 16 in both columns.*)

TOTAL

0.00

19. Debts OWED BY the committee (*Use Schedule D.*)

0.00

20. Debts OWED TO the committee (*Use Schedule E.*)

0.00

CERTIFICATION

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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
Treasurer

Date (mm/dd/yy)
04/13/23

Signature of Candidate (if applicable)

Date (mm/dd/yy)
04/13/23

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CLERK OF
ADAMS COUNTY