



**REPORT OF RECEIPTS AND EXPENDITURES  
OF A POLITICAL COMMITTEE**

State Form 4606 (R17 / 8-23)  
Indiana Election Division (IC 3-9-5-14)

**(CFA-4)  
Summary Sheet**

CLERK OF  
ADAMS COUNTY

JAN 16 A 8:50

SHELLY M. BRITE

|                                    |
|------------------------------------|
| 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)<br>Kelly A. Amstutz for City Council District 2 |  | <input type="checkbox"/> Check if this is a new name.    |
| 2. Acronym or Abbreviated Name (if any)   | 3. Committee Telephone Number<br>( 260 ) 525-8138  |  |
| 4. Mailing Address (Address where all campaign finance correspondence is received.)<br>766 W Water St       |  | <input type="checkbox"/> Check if this is a new address. |
| 5. City, State, ZIP Code<br>Berne IN 46711  | 6. Party Affiliation (if applicable)<br>Republican |  |

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

|  |  |
|--|--|
| 7. Full Name of Candidate (Include any nickname.)<br>Kelly A Amstutz   | 8. Party Affiliation or If Independent Candidate<br>Republican |
| 9. Office Sought (Include district number, if any. <b>Not required for exploratory committee.</b> )<br>City Council District 2 | 10. County of Residence<br>Adams                               |

**TYPE OF REPORT** **CONVENTION CANDIDATES ONLY**

|  |   |
|--|---|
| 11. Check one:<br><input type="checkbox"/> Pre-Primary <input type="checkbox"/> Pre-Election <input checked="" type="checkbox"/> Annual <input type="checkbox"/> Nomination <input type="checkbox"/> Other _____<br><input checked="" 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:<br><input type="checkbox"/> Pre-Convention<br><input type="checkbox"/> Post-Convention |
|--|---|

| 12. Reporting Period (mm/dd/yy):<br>From: 10/14/23 Through: 12/31/23        | COLUMN A<br>This Period | COLUMN B<br>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.)   | 0.00 | 0.00 |
| 15b. Unitemized   | 0.00 | 0.00 |
| 15c. Add lines 15a and 15b in both columns. <b>SUBTOTAL</b>                         | 0.00 | 0.00 |
| 16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B. <b>TOTAL</b> | 0.00 | 0.00 |

**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. <b>SUBTOTAL</b>   | 0.00 | 0.00 |
| 18. Cash on hand and investments at close of this reporting period (Subtract 17c from 16 in both columns.) <b>TOTAL</b> | 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<br><i>Barbara A Spurgeon</i>            | Title<br>Treasurer | Date (mm/dd/yy)<br>01/05/24 |
| Signature of Candidate (if applicable)<br><i>Kelly Amstutz</i> |                    | Date (mm/dd/yy)<br>01/05/24 |

**FOR OFFICE USE ONLY**

**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)