



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

State Form 4606 (R13/11-05)
Indiana Election Commission (IC 3-9-5-14)

**(CFA-4)
Summary Sheet**

FILE NUMBER

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.

TOTAL PAGES IN ENTIRE CFA-4 REPORT

3

IS THIS AN AMENDMENT? Yes No

COMMITTEE INFORMATION

| | |
|---|--|
| 1. Full Name of Committee (as on <i>Statement of Organization</i>) <input type="checkbox"/> Check if this is a new name Craig J. Bobay for Superior Judge Committee | |
| 2. Acronym or Abbreviated Name (if any) N/A | 3. Committee Telephone Number (260) 423-1430 |
| 4. Mailing Address (address where all campaign finance correspondence is received) <input type="checkbox"/> Check if this is a new address 229 W. Berry St., Suite 400 | |
| 5. City, State, ZIP Code Fort Wayne, IN 46802 | 6. Party Affiliation (if applicable) N/A |

CANDIDATE INFORMATION (For Candidate's Committees Only)

| | |
|---|---|
| 7. Full Name of Candidate (include any nickname) Craig J. Bobay | 8. Party Affiliation or If Independent Candidate N/A |
| 9. Office Sought (Include district number, if any. Not required for exploratory committee.) Judge for Allen Superior Court - Civil | 10. County of Residence Allen |

TYPE OF REPORT

CONVENTION CANDIDATES ONLY

| | |
|---|---|
| 11. Check one: <input type="checkbox"/> Pre-Primary <input type="checkbox"/> Pre-Election <input checked="" 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 10 days amend Statement of Organization) | Check one: <input type="checkbox"/> Pre-Convention <input type="checkbox"/> Post-Convention |
|---|---|

| | | |
|---|---------------------------------|----------------------------------|
| 12. Reporting Period: From: January 1, 2018 Through: December 31, 2018 | COLUMN A This Period | COLUMN B Year to Date |
| 13. Cash on hand and investments at the beginning of this reporting period. | \$9,596.61 | |
| 14. Cash on hand and investments January 1, current year. | | \$9,596.61 |

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 | \$1.00 | \$1.00 |
| 15c. Add lines 15a and 15b in both columns SUBTOTAL | \$9,597.61 | \$9,597.61 |
| 16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B TOTAL | | |

EXPENDITURES

| | | |
|--|------------|------------|
| <i>(Note: These amounts include in-kind expenditures and loan repayments.)</i> | | |
| 17a. Itemized (use Schedule B) (Public Question: use Schedule C) | \$1.00 | \$1.00 |
| 17b. Unitemized | \$0.00 | \$0.00 |
| 17c. Add lines 17a and 17b in both columns SUBTOTAL | \$1.00 | \$1.00 |
| 18. Cash on hand and investments at close of this reporting period (subtract 17c from 16 in both columns) TOTAL | \$9,596.61 | \$9,596.61 |
| 19. Debts OWED BY the committee (use Schedule D) | \$0.00 | |
| 20. Debts OWED TO the committee (use Schedule E) | \$0.00 | |

CERTIFICATION

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 | Title Treasurer | Date 01/01/2019 |
| Signature of Candidate (if applicable) | | Date 01/01/2019 |

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)



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**(CFA-4 SCHEDULE A-5)
CONTRIBUTIONS BY
OTHER ORGANIZATIONS**

Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY ORGANIZATIONS OTHER THAN CORPORATIONS, LABOR ORGANIZATIONS, POLITICAL ACTION COMMITTEES AND INDIVIDUALS ON THIS SCHEDULE. 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 contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from other entities OVER \$100 per contributor, within a calendar year **MUST** be itemized on this schedule (*over \$200, if regular party committee*). All transfers-in and in-kind contributions regardless of amount from candidate's, legislative caucus, and regular party committees **MUST** be itemized on this schedule. All cumulative receipts, (*such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income*) OVER \$100 per contributor, within a calendar year, **MUST** be itemized on this schedule (*over \$200 if regular party committee*).

FILE NUMBER

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| CONTRIBUTOR'S FULL NAME AND FULL MAILING ADDRESS <i>(street, number, city, state, ZIP code)</i> | TYPE OF CONTRIBUTION OR OTHER RECEIPT | COLUMN A AMOUNT THIS PERIOD | COLUMN B CUMULATIVE YEAR-TO-DATE | DATE RECEIVED |
|--|--|--------------------------------|-------------------------------------|---------------|
| | | | | RECEIVED BY |
| 1. Paul R. Sturm 229 West Berry Street, Suite 400 Fort Wayne, IN 46802 | Contributions: <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind (<i>describe</i>) Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input checked="" type="checkbox"/> Misc. (<i>specify</i>) Paul Sturm deposited \$1.00 to prevent account from becoming dormant. | \$1.00 | \$1.00 | 11/27/2018 |
| 2. | Contributions: <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind (<i>describe</i>) Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc. (<i>specify</i>) | | | |
| 3. | Contributions: <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind (<i>describe</i>) Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc. (<i>specify</i>) | | | |
| 4. | Contributions: <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind (<i>describe</i>) Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc. (<i>specify</i>) | | | |
| 5. | Contributions: <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind (<i>describe</i>) Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc. (<i>specify</i>) | | | |
| SUBTOTAL THIS PAGE OF SCHEDULE A | | \$ | | |
| TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY <i>(Enter total on ITEM 15a of the Summary Sheet)</i> | | \$ | | |



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**(CFA-4 SCHEDULE B)
ITEMIZED EXPENDITURES**

FILE NUMBER

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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.

| RECIPIENT'S NAME AND MAILING ADDRESS <i>(street, number, city, state, ZIP code)</i> | RECIPIENT'S OCCUPATION | TYPE OF EXPENDITURE and PURPOSE <i>(be specific)</i> | COLUMN A AMOUNT THIS PERIOD | COLUMN B CUMULATIVE YEAR-TO-DATE | DATE OF EXPENDITURE |
|--|--------------------------------------|---|-----------------------------------|--|------------------------|
| | OFFICE SOUGHT <i>(if applicable)</i> | | | | |
| Code <u>O</u> Paul R. Sturm 229 W. Berry Street, Suite 400 Fort Wayne, IN 46802 | Treasurer | <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input checked="" type="checkbox"/> Other _____ Purpose: Withdrew funds to keep account out of dormancy status | \$1.00 | \$1.00 | 11/27/2018 |
| Code <u>O</u> | | <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: Withdrew funds deposited by 1st Source bank on April 30, 2017 | | | |
| Code _____ | | <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: | | | |
| Code _____ | | <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: | | | |
| Code _____ | | <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: | | | |
| Code _____ | | <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: | | | |
| Code _____ | | <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: | | | |
| SUBTOTAL THIS PAGE OF SCHEDULE B | | | \$ | | |
| TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY <i>(Enter total on ITEM 17a of the Summary Sheet)</i> | | | \$ | | |