



# REPORT OF RECEIPTS AND EXPENDITURES OF A POLITICAL COMMITTEE

State Form 4606 (R14 / 10-17)  
Indiana Election Division (IC 3-9-5-14)

## (CFA-4) Summary Sheet

<b>FILE NUMBER</b>
<b>TOTAL PAGES IN ENTIRE CFA-4 REPORT</b>
2

**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> ) Tom Didier for City Council		<input type="checkbox"/> Check if this is a new name.
2. Acronym or Abbreviated Name (if any) Committee to Elect Tom Didier	3. Committee Telephone Number ( 260 ) 466-7070	
4. Mailing Address ( <i>Address where all campaign finance correspondence is received.</i> ) 8312 Beckett's Ridge Lane		<input type="checkbox"/> Check if this is a new address.
5. City, State, ZIP Code Fort Wayne, IN 46825	6. Party Affiliation (if applicable) Republican	
CANDIDATE INFORMATION (For Candidate's Committees Only)		
7. Full Name of Candidate ( <i>Include any nickname.</i> ) Thomas F. Didier		8. Party Affiliation or If Independent Candidate Republican
9. Office Sought ( <i>Include district number, if any. Not required for exploratory committee.</i> ) Fort Wayne City Council, Third District		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 ( <i>Lines 18, 19, and 20 must be "0".</i> ) <input type="checkbox"/> Outgoing Treasurer ( <i>Within ten (10) days amend Statement of Organization.</i> )		Check one: <input type="checkbox"/> Pre-Convention <input type="checkbox"/> Post-Convention
12. Reporting Period ( <i>mm/dd/yy</i> ): From: 1/1/2018 Through: 12/31/2018		COLUMN A This Period
13. Cash on hand and investments at the beginning of this reporting period.		8,253.43
14. Cash on hand and investments January 1, current year.		8,253.43
CONTRIBUTIONS AND RECEIPTS		
<i>(Note: these amounts include in-kind contributions and loans, as well as cash contributions.)</i>		
15a. Itemized ( <i>Use Schedule A.</i> )		
15b. Unitemized		
15c. Add lines 15a and 15b in both columns. <b>SUBTOTAL</b>		0.00
16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B. <b>TOTAL</b>		8,253.43
EXPENDITURES		
<i>(Note: These amounts include in-kind expenditures and loan repayments.)</i>		
17a. Itemized ( <i>Use Schedule B.</i> ) ( <i>Public Question: use Schedule C.</i> )		1,319.00
17b. Unitemized		142.60
17c. Add lines 17a and 17b in both columns. <b>SUBTOTAL</b>		1,461.60
18. Cash on hand and investments at close of this reporting period ( <i>Subtract 17c from 16 in both columns.</i> ) <b>TOTAL</b>		6,791.83
19. Debts OWED BY the committee ( <i>Use Schedule D.</i> )		
20. Debts OWED TO the committee ( <i>Use Schedule E.</i> )		

### 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: *Thomas F. Didier* Title: *Treasurer* Date (mm/dd/yy): *1/09/2019*

Signature of Candidate (if applicable): *Thomas F. Didier* Date (mm/dd/yy): *1/10/2019*

**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 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

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JAN 10 PM 2:00  
CLERK OF SUPERIOR COURT  
ALLEN COUNTY, INDIANA



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OF A POLITICAL COMMITTEE**

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**(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.

<b>FILE NUMBER</b>
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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 <i>(mm/dd/yy)</i>
	OFFICE SOUGHT <i>(if applicable)</i>				
Code <u>  O  </u> Derek Pillie 6528 Pawawna Dr Fort Wayne IN 46815	Government Employee	<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: Campaign Assist	\$500.00	\$500.00	1/1/2018
Code <u>  C  </u> John Crawford for City Council 2805 Chichester Ln Fort Wayne, IN 46815	Political Campaign  City Council	<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: Donation	\$500.00	\$500.00	1/1/2018
Code <u>  O  </u> Tom Didier 8312 Becket's Ridge Ln Fort Wayne, IN 46815	Sales  City Council	<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: Stamps	\$49.00	\$49.00	2/1/2018
Code <u>  O  </u> Downtown GOP Club PO Box 11014 Fort Wayne, IN 46855		<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: Annual Dues	\$50.00	\$50.00	2/28/2018
Code <u>  C  </u> Victims Assistance Fund FWPD 1 East Main St #108 Fort Wayne, IN 46802		<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: Dinner tickets	\$220.00	\$220.00	4/15/2018
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:			
<b>SUBTOTAL THIS PAGE OF SCHEDULE B</b>			\$ 1,319.00		
<b>TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY</b> <i>(Enter total on ITEM 17a of the Summary Sheet.)</i>			\$ 1,319.00		