



REPORT OF RECEIPTS AND EXPENDITURES OF A POLITICAL COMMITTEE

Form 278e (10/12/11)  
Instructions on Form 278e-4

(CFA-4)

Summary Sheet

FILE NUMBER

TOTAL PAGES IN ENTIRE CFA-4 REPORT

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.  
Committee to Elect Tony Remy

2. Acronym or Abbreviated Name (if any)

3. Committee Telephone Number  
(202) 345-0008

4. Mailing Address (Address where all campaign finance correspondence is received)  Check if this is a new address.  
472 West Camp Rd

5. City, State, ZIP Code  
Fort Wayne, IN 46845

6. Party Affiliation (if applicable)  
Republican

CANDIDATE INFORMATION (For Candidate's Committees Only)

7. Full Name of Candidate (Include any nicknames)  
Anthony Scott Remy (Tony)

8. Party Affiliation or if Independent Candidate  
Republican

9. Office Sought (Include district number, if any. Not required for exploratory committee.)  
Huntertown Council

10. County of Residence  
Allen

TYPE OF REPORT

CONVENTION CANDIDATES ONLY

11. Check one:  
 Pre-Primary  Pre-Election  Annual  Re-election  Other  
 First (Outside Committee (Lines 14, 16, and 20 need to be 0))  Ongoing (Outside Committee (14 days ahead Statement of Organization))

Check one:  
 Pre-Convention  Post-Convention

12. Reporting Period (month/year):  
From: April 14, 2018 Through: January 31, 2019

13. Cash on hand and investments at the beginning of this reporting period. 0

14. Cash on hand and investments January 1, current year. 0

	COLUMN A This Period	COLUMN B Year to Date
13. Cash on hand and investments at the beginning of this reporting period.	0	
14. Cash on hand and investments January 1, current year.	0	0

CONTRIBUTIONS AND RECEIPTS

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

15a. Itemized (Use Schedule A.) 0

15b. Unitemized 0

16. Add lines 15a and 15b in both columns. SUBTOTAL 0

16. Add lines 13 and 15b in Column A and lines 14 and 15c in Column B. TOTAL 0

EXPENDITURES

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

17a. Itemized (Use Schedule B.) (Public Question: use Schedule C.) 0

17b. Unitemized 0

17c. Add lines 17a and 17b in both columns. SUBTOTAL 0

18. Cash on hand and investments at close of this reporting period (Subtotal 17c from 16 in both columns.) TOTAL 0

19. Debts OWED BY the committee (Use Schedule D.) 0

20. Debts OWED TO the committee (Use Schedule E.) 0

CERTIFICATION

FOR OFFICE USE ONLY

(CERTIFY I HAVE EXAMINED THIS STATEMENT TO THE BEST OF MY KNOWLEDGE AND BELIEF IT IS TRUE, CORRECT AND COMPLETE.)

Signature of Treasurer: [Signature] Title: Clerk Date (month/year): 1-15-19

Signature of Candidate (if applicable): \_\_\_\_\_ Date (month/year): \_\_\_\_\_



(CFA-4 SCHEDULE A-1)  
CONTRIBUTIONS BY INDIVIDUALS  
Itemized Contributions and Other Receipts

INSTRUCTIONS: USE ONLY CONTRIBUTIONS BY INDIVIDUALS ON THIS SCHEDULE. Write your name legibly in BLACK INK at the top of this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts. Section 203154 of the Subchapter C rules. All itemized contributions from individuals OVER \$100 per contributor within a calendar year MUST be itemized on this schedule. Over \$100 if regular party committee. All cumulative receipts, such as cash proceeds and repayments, refunds, (dates, 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 \$100 if regular party committee. A contributor's occupation is required if an individual makes at least \$1,000 in contributions during the calendar year. Otherwise, this is optional.

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CONTRIBUTOR'S FULL NAME AND OCCUPATION FULL MAILING ADDRESS (Street number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED (MM-DD-YY) RECEIVED BY
1   Contributor's Occupation (if required)	Contributions: <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe)  Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify)			
2   Contributor's Occupation (if required)	Contributions: <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe)  Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify)			
3   Contributor's Occupation (if required)	Contributions: <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe)  Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify)			
4   Contributor's Occupation (if required)	Contributions: <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe)  Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify)			
5   Contributor's Occupation (if required)	Contributions: <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe)  Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify)			
SUBTOTAL THIS PAGE OF SCHEDULE A		\$		

## CONTRIBUTIONS BY LABOR ORGANIZATIONS

### Itemized Contributions and Other Receipts

FILE NUMBER

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**INSTRUCTIONS:** SECTION 179 CONTRIBUTIONS BY LABOR ORGANIZATIONS (ON THIS SCHEDULE). Please refer to instructions for Form 1041-6 for all information on this schedule. For assistance in completing this schedule, see instructions in the form booklet. This schedule is used to document contributions and receipts reported on Form 1041-6 of the Summary Sheet. All contributions from labor organizations OVER \$100 per contributor within a calendar year MUST be itemized on this schedule, even if to a regular party committee. All cumulative receipts, such as loan proceeds and repayments, refunds, and all amounts of interest (accruals) from sales, interest or other income, OVER \$100 per contributor within a calendar year MUST be itemized on this schedule (over \$100 if regular party committee).

CONTRIBUTOR'S FULL NAME AND FULL MAILING ADDRESS <small>(street, number, city, state, ZIP code)</small>	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED <small>(month and year)</small> RECEIVED BY
	Contributions: <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) <hr/> Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify) <hr/>			
	Contributions: <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) <hr/> Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify) <hr/>			
	Contributions: <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) <hr/> Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify) <hr/>			
	Contributions: <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) <hr/> Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify) <hr/>			
	Contributions: <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) <hr/> Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify) <hr/>			
<b>SUBTOTAL THIS PAGE OF SCHEDULE A</b>		<b>\$</b>		



(CFA-4 SCHEDULE A-4)  
CONTRIBUTIONS BY  
POLITICAL ACTION COMMITTEES  
Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY POLITICAL ACTION COMMITTEES ON THIS SCHEDULE. Please type or print legibly IN BLOCK LETTERS on this schedule. For assistance in completing this schedule, see instructions on the back of page 1. This schedule is used to itemize contributions and receipts (Itemize on Form 486 of the Summary Sheet). All non-cash contributions from political action committees OVER \$100 per contributor within a calendar year MUST be itemized on this schedule over \$200 if regular party committee. All transfers in and out of contributions (regardless of amount) from political action 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 <small>(Street, number, city, state, ZIP code)</small>	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED <small>(month/year)</small> RECEIVED BY
1	Contributions: <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) _____ Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify) _____			
2	Contributions: <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) _____ Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify) _____			
3	Contributions: <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) _____ Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify) _____			
4	Contributions: <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) _____ Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify) _____			
5	Contributions: <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) _____ Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify) _____			

RECEIVED FROM POLITICAL ACTION COMMITTEE



**REPORT OF RECEIPTS AND EXPENDITURES  
OF A POLITICAL COMMITTEE**  
Form No. 2006-5 (1-1-07)  
Instructions on page 3 of Form 2006-5

**(CFA-4 SCHEDULE A-5)  
CONTRIBUTIONS BY  
OTHER ORGANIZATIONS**  
Itemized Contributions and Other Receipts

FILE NUMBER

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INSTRUCTIONS: LIST ALL CONTRIBUTIONS BY ORGANIZATIONS OTHER THAN LABOR UNIONS, LABOR ORGANIZATIONS, PARTIES TO ELECTIONS, COMMITTEES AND INDIVIDUALS ON THIS SCHEDULE. (Check box in part below to BLACK Box 4 information on this schedule for inclusion in computing this schedule and inclusion on the overall file. This schedule is used to document contributions and receipts reported on Form 2006-5 of the Candidate Sheet. All cumulative contributions from other sources OVER \$100 per contributor within a calendar year MUST be included on this schedule (over LXXI if regular party committee). All transfers in and out and contributions (including gifts) from candidates, legislative caucus, and regular party committee MUST be itemized on this schedule. All cumulative receipts (such as loan proceeds and repayments, refunds, rebates, returns of deposit proceeds from voters, returns of other amounts) OVER \$100 per contributor within a calendar year MUST be itemized on this schedule (over LXXI if regular party committee).

CONTRIBUTOR'S FULL NAME AND FULL MAILING ADDRESS (Street number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED (mm/dd/yy) RECEIVED BY
1	Contributions: <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe)  Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify)			
2	Contributions: <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe)  Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify)			
3	Contributions: <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe)  Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify)			
4	Contributions: <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe)  Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify)			
5	Contributions: <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe)  Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify)			
SUBTOTAL THIS PAGE OF SCHEDULE A		\$ <u>0</u>		



REPORT OF RECEIPTS AND EXPENDITURES OF A POLITICAL COMMITTEE

Form 1000 (Rev. 10/17) Election Division (C) 1997

(CFA-4 SCHEDULE B) ITEMIZED EXPENDITURES

Date: \_\_\_\_\_

FILE NUMBER

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INSTRUCTIONS: Please type or print clearly 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 reported on Form 1000 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 expenditures of amounts paid to political committees (such as members of campaign committees, legislative caucuses, political action or regular party committees) MUST be itemized on this schedule.

RECIPIENT NAME (Last, First, Middle Initial)	RECIPIENT ADDRESS (Street, City, State, ZIP)	DATE OF EXPENDITURE (MM/DD/YYYY)	AMOUNT PAID (USD)	TYPE OF EXPENDITURE (Direct, In-Kind, Payment of Debt, Returned Contribution, Other)	DATE OF RECEIPT (MM/DD/YYYY)	DATE OF PAYMENT (MM/DD/YYYY)
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: _____		
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: _____		



**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. All campaign expenses, if campaign, not regardless of amount paid to political committee supporting or opposing a public question, MUST be itemized on this schedule.

FILE NUMBER

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**PUBLIC QUESTION INFORMATION**

Enter Text of Public Question:

Type of Question:  Statewide  Local  
Position:  Supported  Opposed

RECEIPTS STATE AND FEDERAL FUNDS:  RECEIPTS FROM CANDIDATE:  RECEIPTS FROM POLITICAL PARTY:   
 RECEIPTS FROM OTHER SOURCES:  RECEIPTS FROM CONTRIBUTORS:  RECEIPTS FROM OTHER SOURCES:   
 RECEIPTS FROM OTHER SOURCES:  RECEIPTS FROM CONTRIBUTORS:  RECEIPTS FROM OTHER SOURCES:

Code	Amount	Account Name	Check <input type="checkbox"/> In-Kind <input type="checkbox"/>	Payment of Debt <input type="checkbox"/>	Returned Contribution <input type="checkbox"/>	Other <input type="checkbox"/>	Purpose

SUBTOTAL THIS PAGE OF SCHEDULE C 10







(CFA-4 SCHEDULE E)  
DEBTS OWED TO THIS COMMITTEE

FILE NUMBER

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. List all debts and loans, regardless of the amount, OWED TO the committee during the reporting period. Include all amounts the committee has loaned to others.

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BORROWER'S NAME AND MAILING ADDRESS (Street number, city, state, ZIP code)	CO-BORROWER'S NAME AND MAILING ADDRESS (if any) (Street number, city, state, ZIP code)	ORIGINAL AMOUNT	DATE DEBT WAS PAID (mm/dd/yyyy)	CUMULATIVE PAID (YEAR TO DATE)	OUTSTANDING BALANCE THIS PERIOD
		NATURE OF DEBT			
<b>SUBTOTAL THIS PAGE OF SCHEDULE E</b>					0
<b>TOTAL OF ALL PAGES OF SCHEDULE E ON THE LAST PAGE ONLY</b>					0



(CFA-4 SCHEDULE A-2)  
CONTRIBUTIONS BY CORPORATIONS  
Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY CORPORATIONS ON THIS SCHEDULE. Receipts for contributions by BLACKLINE are included on this schedule. For information concerning this schedule see instructions on the inside cover. This schedule is used to itemize contributions and receipts subject to ITEM 12g of the Temporary Code of California Regulations from corporations OVER \$100 per contributor within a calendar year MUST be itemized on this schedule over \$200 if regular party committee. All cumulative receipts, such as cash proceeds and repayments, refunds, checks, volume of deposit, interest, form 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 (street, number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED (mm/dd/yy) RECEIVED BY
1.	Contributions <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) <hr/> Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify) <hr/>			
2.	Contributions <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) <hr/> Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify) <hr/>			
3.	Contributions <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) <hr/> Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify) <hr/>			
4.	Contributions <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) <hr/> Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify) <hr/>			
5.	Contributions <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) <hr/> Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify) <hr/>			
SUBTOTAL THIS PAGE OF SCHEDULE A		\$		
TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY				