



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

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

OF

(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) <input type="checkbox"/> Check if this is a new name. <i>ELECTION OF LYNN E. RORICK JEFFERSON TOWNSHIP TRUSTEE</i>	
2. Acronym or Abbreviated Name (if any)	3. Committee Telephone Number <i>(266) 385-6835</i>
4. Mailing Address (Address where all campaign finance correspondence is received.) <input type="checkbox"/> Check if this is a new address. <i>8030 SAMSON RD</i>	
5. City, State, ZIP Code <i>MONROEVILLE, IN. 46773</i>	6. Party Affiliation (if applicable) <i>REPUBLICAN</i>

CANDIDATE INFORMATION (For Candidate's Committees Only)

7. Full Name of Candidate (Include any nickname.) <i>LYNN E. RORICK</i>	8. Party Affiliation or If Independent Candidate <i>REPUBLICAN</i>
9. Office Sought (Include district number, if any. Not required for exploratory committee.) <i>JEFFERSON TOWNSHIP TRUSTEE</i>	10. County of Residence <i>ALLEN</i>

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 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: <input type="checkbox"/> Pre-Convention <input type="checkbox"/> Post-Convention
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12. Reporting Period (mm/dd/yy): From: <i>10/13/2018</i> Through: <i>Dec 31 2018</i>	COLUMN A This Period	COLUMN B Year to Date
13. Cash on hand and investments at the beginning of this reporting period.	<i>— 0 —</i>	
14. Cash on hand and investments January 1, current year.		<i>— 0 —</i>

CONTRIBUTIONS AND RECEIPTS

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

15a. Itemized (Use Schedule A.)	<i>— 0 —</i>	<i>— 0 —</i>
15b. Unitemized	<i>— 0 —</i>	<i>— 0 —</i>
15c. Add lines 15a and 15b in both columns. SUBTOTAL	<i>— 0 —</i>	<i>— 0 —</i>
16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B. TOTAL	<i>— 0 —</i>	<i>— 0 —</i>

EXPENDITURES

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

17a. Itemized (Use Schedule B.) (Public Question: use Schedule C.)	<i>— 0 —</i>	<i>— 0 —</i>
17b. Unitemized	<i>— 0 —</i>	<i>— 0 —</i>
17c. Add lines 17a and 17b in both columns. SUBTOTAL	<i>— 0 —</i>	<i>— 0 —</i>
18. Cash on hand and investments at close of this reporting period (Subtract 17c from 16 in both columns.) TOTAL	<i>— 0 —</i>	<i>— 0 —</i>
19. Debts OWED BY the committee (Use Schedule D.)	<i>— 0 —</i>	
20. Debts OWED TO the committee (Use Schedule E.)	<i>— 0 —</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 <i>Lynn E. Rorick</i>	Title <i>Committee Treasurer</i>	Date (mm/dd/yy) <i>1-3-19</i>
Signature of Candidate (if applicable) <i>Lynn E. Rorick</i>		Date (mm/dd/yy) <i>1-3-19</i>

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)

SLR
CLERK ALLEN GORDON
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2019 JAN - 3 PM 1:30
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