



**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**

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) Check if this is a new name.
Essie Foster for Council Council

2. Acronym or Abbreviated Name (if any)

3. Committee Telephone Number
(765) 419-6254

4. Mailing Address (Address where all campaign finance correspondence is received.) Check if this is a new address.
3650 Meadow View Dr

5. City, State, ZIP Code
Kokomo, IN 46902

6. Party Affiliation (if applicable)

CANDIDATE INFORMATION (For Candidate's Committees Only)

7. Full Name of Candidate (Include any nickname.)
Essie D. Foster

8. Party Affiliation or If Independent Candidate
Democratic

9. Office Sought (Include district number, if any. **Not required for exploratory committee.**)
County Council at Large

10. County of Residence
Howard

TYPE OF REPORT

CONVENTION CANDIDATES ONLY

11. Check one:
 Pre-Primary Pre-Election Annual Nomination Other _____
 Final / Disbands Committee (Lines 18, 19, and 20 must be "0"). Outgoing Treasurer (Within ten (10) days amend Statement of Organization.)

Check one:
 Pre-Convention
 Post-Convention

12. Reporting Period (mm/dd/yy):
From: **02/07/24** Through: **2-29-24**

	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.		

CONTRIBUTIONS AND RECEIPTS

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

15a. Itemized (Use Schedule A.)		
15b. Unitemized	50.00	50.00
15c. Add lines 15a and 15b in both columns. SUBTOTAL	50.00	50.00
16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B. TOTAL	50.00	50.00

EXPENDITURES

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

17a. Itemized (Use Schedule B.) (Public Question: use Schedule C.)		
17b. Unitemized		
17c. Add lines 17a and 17b in both columns. SUBTOTAL		
18. Cash on hand and investments at close of this reporting period (Subtract 17c from 16 in both columns.) TOTAL	50.00	50.00
19. Debts OWED BY the committee (Use Schedule D.)	0	
20. Debts OWED TO the committee (Use Schedule E.)	0	

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 Judith A. [Signature]	Title Campaign Treasurer	Date (mm/dd/yy) 02/29/24
Signature of Candidate (if applicable)		Date (mm/dd/yy)

FOR OFFICE USE ONLY

FILED

FEB 29 2024

DEBBIE STEWART
Clerk Howard Cir. Court

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)



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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.
Adrienne Akers for County Council (Committee to elect)

2. Acronym or Abbreviated Name (if any) _____ 3. Committee Telephone Number
(765) 210-8235

4. Mailing Address (Address where all campaign finance correspondence is received.) Check if this is a new address.
3650 Meadow View Dr

5. City, State, ZIP Code Kokomo IN 46902 6. Party Affiliation (if applicable)
Democratic

CANDIDATE INFORMATION (For Candidate's Committees Only)

7. Full Name of Candidate (Include any nickname.) Adrienne Akers 8. Party Affiliation or if Independent Candidate
Democratic

9. Office Sought (Include district number, if any. Not required for exploratory committee.) County Council at large 10. County of Residence
Howard

TYPE OF REPORT

CONVENTION CANDIDATES ONLY

11. Check one:
 Pre-Primary Pre-Election Annual Nomination Other _____
 Final / Disbands Committee (Lines 18, 19, and 20 must be "0"). Outgoing Treasurer (Within ten (10) days amend Statement of Organization.)

Check one:
 Pre-Convention
 Post-Convention

12. Reporting Period (mm/dd/yy):	COLUMN A This Period	COLUMN B Year to Date
From: <u>01/01/24</u> Through: <u>02/29/24</u>		
13. Cash on hand and investments at the beginning of this reporting period.	<u>16.17</u>	
14. Cash on hand and investments January 1, current year.		<u>16.17</u>

CONTRIBUTIONS AND RECEIPTS

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

15a. Itemized (Use Schedule A.)	<u>0</u>	<u>0</u>
15b. Unitemized	<u>0</u>	<u>0</u>
15c. Add lines 15a and 15b in both columns. SUBTOTAL	<u>0</u>	<u>0</u>
16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B. TOTAL	<u>16.17</u>	<u>16.17</u>

EXPENDITURES

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

17a. Itemized (Use Schedule B.) (Public Question: use Schedule C.)	<u>0</u>	<u>0</u>
17b. Unitemized	<u>0</u>	<u>0</u>
17c. Add lines 17a and 17b in both columns. SUBTOTAL	<u>0</u>	<u>0</u>
18. Cash on hand and investments at close of this reporting period (Subtract 17c from 16 in both columns.) TOTAL	<u>16.17</u>	<u>16.17</u>
19. Debts OWED BY the committee (Use Schedule D.)	<u>0</u>	
20. Debts OWED TO the committee (Use Schedule E.)	<u>0</u>	

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 [Signature] Title Campaign Treasurer Date (mm/dd/yy) 02/29/24

Signature of Candidate (if applicable) _____ Date (mm/dd/yy) _____

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