

REPORT OF RECEIPTS AND EXPENDITURES OF A POLITICAL COMMITTEE

State Form 4606 (R17 / 8-23) Indiana Election Division (IC 3-9-5-14)

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 V No

(CFA-4) Summary Sheet

FILE NUMBER

TOTAL PAGES IN ENTIRE CFA-4 REPORT

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COMMITTEE INFORMATION				
1. Full Name of Committee (as on Statement of Organization)				
2. Actorism of Abbreviated Name (if any)		mittee Telephone Number		
	(812) 327-0418			
4. Mailing Address (Address where all campaign finance correspondence is received.) 7030 N Mt Tabor Rd Check if this is a new address.				
5. City, State, ZIP Code ELLETTSVILLE, IN 47429	6. Party Affiliation (if applicable) Republican			
CANDIDATE INFORMATION (For Candidate's Committees Only)				
7. Full Name of Candidate (Include any nickname.) Ronald H Hutson	8. Party Affiliation or If Independent Candidate Republican			
9. Office Sought (Include district number, if any. Not required for exploratory committee.) Bean Blossom Township Trustee	10. County of Residence Monroe			
TYPE OF REPORT		CONVENTION	CANDIDATES ONLY	
11. Check one:		Check one:	Check one:	
☐ Pre-Primary ☐ Pre-Election ☑ Annual ☐ Nomination ☐ Other		Pre-Conver	Pre-Convention	
Final / Disbands Committee (Lines 18, 19, and 20 must be "0".) Utgoing Treasurer (Within ten (10) days amend Statement of Organization.)		n.) Post-Conve	ntion	
12. Reporting Period (mm/dd/yy):		COLUMN A	COLUMN B	
From: 01/01/2024 Through: 12/31/2024	, 111	This Period	Year to Date	
13. Cash on hand and investments at the beginning of this reporting period.		0.00		
14. Cash on hand and investments January 1, current year.			0.00	
CONTRIBUTIONS AND RECEIPTS				
(Note: these amounts include in-kind contributions and loans, as well as cash contributions.)		0.00	0.00	
15a. Itemized (Use Schedule A.)		0.00	0.00	
15b. Unitemized	OTAL	0.00	0.00	
Too. And the or too and too an order			0.00	
Total and the same to the same	TOTAL	0.00	0.00	
EXPENDITURES				
(Note: These amounts include in-kind expenditures and loan repayments.)		0.00	0.00	
17a. Itemized (Use Schedule B.) (Public Question: use Schedule C.)		0.00	0.00	
17b. Unitemized	TOTAL	0.00	0.00	
	TOTAL	0.00	0.00	
18. Cash on hand and investments at close of this reporting period (Subtract 17c from 16 in both columns.)	TOTAL	0.00	0.00	
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 Sull 2/11/2 Trustee	Date (mm/dd/yy)	Em	
Signature of Candidate (if applicable) Date (mm/dd/y)				
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 AN 15 2025				

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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)

JW JULERK MONROE CIRCUIT COURT