REPORT OF RECEIPTS AND EXPENDITURES OF A POLITICAL COMMITTEE

State Form 4606 (R15 / 5-19)
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.
Mullican for Judge

2. Acronym or Abbreviated Name *(if any)*

3. Committee Telephone Number
(812) 243-0050

4. Mailing Address *(Address where all campaign finance correspondence is received.)* ☐ Check if this is a new address.
400 Wabash Avenue, Suite 217

5. City, State, ZIP Code
Terre Haute, IN 47807

6. Party Affiliation *(if applicable)*
Democrat

CANDIDATE INFORMATION *(For Candidate's Committees Only)*

7. Full Name of Candidate *(Include any nickname.)*
Sarah K. Mullican

8. Party Affiliation or If Independent Candidate
Democrat

9. Office Sought *(Include district number, if any. **Not required for exploratory committee.**)*
Vigo Circuit/Superior Court, Division 3

10. County of Residence
Vigo

TYPE OF REPORT

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.)*

CONVENTION CANDIDATES ONLY
Check one:
☐ Pre-Convention
☐ Post-Convention

12. Reporting Period *(mm/dd/yy)*:
From: 10/15/2022 Through: 12/31/2022

	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-
CONTRIBUTIONS AND RECEIPTS		
(Note: these amounts include in-kind contributions and loans, as well as cash contributions.)		
15a. Itemized *(Use Schedule A.)*	-0-	-0-
15b. Unitemized	-0-	-0-
15c. Add lines 15a and 15b in both columns. **SUBTOTAL**	-0-	-0-
16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B. **TOTAL**	-0-	-0-
EXPENDITURES		
(Note: These amounts include in-kind expenditures and loan repayments.)		
17a. Itemized *(Use Schedule B.) (Public Question: use Schedule C.)*	-0-	-0-
17b. Unitemized	-0-	-0-
17c. Add lines 17a and 17b in both columns. **SUBTOTAL**	-0-	-0-
18. Cash on hand and investments at close of this reporting period *(Subtract 17c from 16 in both columns.)* **TOTAL**	-0-	-0-
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	Title	Date *(mm/dd/yy)*
Sarah K. Mullican	Treasurer	01/17/2023
Signature of Candidate *(if applicable)*		Date *(mm/dd/yy)*
Sarah K. Mullican	Candidate	01/17/2023

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

REC'D ABSENTEE VOTERS
'23 JAN 18 AM 8:16:42

REPORT OF RECEIPTS AND EXPENDITURES OF A POLITICAL COMMITTEE

State Form 4606 (R15 / 5-19)
Indiana Election Division (IC 3-9-5-14)

(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.
Mullican for Judge

2. Acronym or Abbreviated Name *(if any)*

3. Committee Telephone Number
(812) 243-0050

4. Mailing Address *(Address where all campaign finance correspondence is received.)* ☐ Check if this is a new address.
400 Wabash Avenue, Suite 212

5. City, State, ZIP Code
Terre Haute, IN 47807

6. Party Affiliation *(if applicable)*
Democrat

CANDIDATE INFORMATION *(For Candidate's Committees Only)*

7. Full Name of Candidate *(Include any nickname.)*
Sarah K. Mullican

8. Party Affiliation or If Independent Candidate
Democrat

9. Office Sought *(Include district number, if any. **Not required for exploratory committee.**)*
Vigo Circuit/Superior Court, Division 3

10. County of Residence
Vigo

TYPE OF REPORT

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.)*

CONVENTION CANDIDATES ONLY
Check one:
☐ Pre-Convention
☐ Post-Convention

12. Reporting Period *(mm/dd/yy)*:
From: 12-31-2022 Through: 01-18-2023

	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-
CONTRIBUTIONS AND RECEIPTS *(Note: these amounts include in-kind contributions and loans, as well as cash contributions.)*		
15a. Itemized *(Use Schedule A.)*	-0-	-0-
15b. Unitemized	-0-	-0-
15c. Add lines 15a and 15b in both columns. **SUBTOTAL**	-0-	-0-
16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B. **TOTAL**	-0-	-0-
EXPENDITURES *(Note: These amounts include in-kind expenditures and loan repayments.)*		
17a. Itemized *(Use Schedule B.) (Public Question: use Schedule C.)*	-0-	-0-
17b. Unitemized	-0-	-0-
17c. Add lines 17a and 17b in both columns. **SUBTOTAL**	-0-	-0-
18. Cash on hand and investments at close of this reporting period *(Subtract 17c from 16 in both columns.)* **TOTAL**	-0-	-0-
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	Title Treasurer	Date *(mm/dd/yy)* 01/17/2023
Signature of Candidate *(if applicable)*	Candidate	Date *(mm/dd/yy)* 01/17/2023

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

RECD ABSENTEE VOTERS
'23 JAN 18 AM8:16:38