



**REPORT OF RECEIPTS AND EXPENDITURES  
OF A POLITICAL COMMITTEE**  
State Form 4605 (R15 / 5-16)  
Indiana Election Division (IC 3-9-5-14)

(CFA-4)  
Summary Sheet

FILE NUMBER

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.

TOTAL PAGES IN ENTIRE CFA-4 REPORT

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.<br><u>Jasmine Boen</u>                             | 3. Committee Telephone Number<br><u>(219) 204 9739</u>  |
| 2. Acronym or Abbreviated Name (if any)                                                                                                                              |                                                         |
| 4. Mailing Address (Address where all campaign finance correspondence is received) <input type="checkbox"/> Check if this is a new address.<br><u>306 E Ridge St</u> | 6. Party Affiliation (if applicable)<br><u>Democrat</u> |
| 5. City, State, ZIP Code<br><u>Mendota IL 61757</u>                                                                                                                  |                                                         |

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

|                                                                                                                             |                                                                     |
|-----------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|
| 7. Full Name of Candidate (Include any nickname)<br><u>Jasmine Boen</u>                                                     | 8. Party Affiliation or If Independent Candidate<br><u>Democrat</u> |
| 9. District Sought (Include district number, if any. Not required for exploratory committee.)<br><u>White House Trustee</u> | 10. County of Residence<br><u>Pulaski</u>                           |

**TYPE OF REPORT**

|                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                        |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------|
| 11. Check one:<br><input checked="" type="checkbox"/> Pre-Primary <input type="checkbox"/> Pre-Election <input type="checkbox"/> Annual <input type="checkbox"/> Nomination <input type="checkbox"/> Other<br><input type="checkbox"/> Final / Disbands Committee (Lines 13, 14, and 20 must be "0") <input type="checkbox"/> Outgoing Treasurer (Within ten (10) days after Statement of Organization) | <b>CONVENTION CANDIDATES ONLY</b><br>Check one:<br><input type="checkbox"/> Pre-Convention<br><input type="checkbox"/> Post-Convention |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------|

| 12. Reporting Period (mm/dd/yyyy):<br>From: <u>1-1-26</u> Through: <u>4-10-26</u>                                                  | COLUMN A<br>This Period | COLUMN B<br>Year to Date |
|------------------------------------------------------------------------------------------------------------------------------------|-------------------------|--------------------------|
| 13. Cash on hand and investments at the beginning of this reporting period.                                                        |                         |                          |
| 14. Cash on hand and investments January 1, current year.                                                                          |                         |                          |
| <b>CONTRIBUTIONS AND RECEIPTS</b><br>(Note: These amounts include in-kind contributions and loans, as well as cash contributions.) |                         |                          |
| 15a. Itemized (Use Schedule A.)                                                                                                    |                         |                          |
| 15b. Unitemized                                                                                                                    |                         |                          |
| 15c. Add lines 15a and 15b in both columns.                                                                                        |                         |                          |
| 16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B.                                                             |                         |                          |
| <b>EXPENDITURES</b><br>(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.                                                                                        |                         |                          |
| 18. Cash on hand and investments at close of this reporting period (Subtract 17c from 16 in both columns.)                         |                         |                          |
| 19. Debts OWED BY the committee (Use Schedule D.)                                                                                  |                         |                          |
| 20. Debts OWED TO the committee (Use Schedule E.)                                                                                  |                         |                          |

**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<br><u>Jasmine Boen</u>                                                                                                                                                                                                                                                                                                                                                                                                                 | Date (mm/dd/yyyy)<br><u>4-17-26</u> |
| Signature of Candidate (if applicable)<br><u>Jasmine Boen</u>                                                                                                                                                                                                                                                                                                                                                                                                 | Date (mm/dd/yyyy)<br><u>4-17-26</u> |
| 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 3-9-4-15, IC 3-9-4-17, IC 3-9-4-18) |                                     |

FOR OFFICE USE ONLY

**FILED**

APR 20 2026

Jasmine Boen  
CLERK PULASKI CIRCUIT COURT

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Rec'd by email 4-17-26 @ 12:52 pm