REPORT OF RECEIPTS AND EXPENDITURES OF A POLITICAL COMMITTEE

State Form 4606 (R18 / 6-25)
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.
Committee to Elect Jennifer Johns for Coroner

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

3. Committee Telephone Number
219-204-1242

4. Mailing Address *(Address where all campaign finance correspondence is received.)* ☐ Check if this is a new address.
2047 S. 925 W.

5. City, State, ZIP Code
Francesville, In. 47946

6. Party Affiliation *(if applicable)*
R

CANDIDATE INFORMATION (For Candidate's Committees Only)

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

8. Party Affiliation or If Independent Candidate

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

10. *County of Residence*

TYPE OF REPORT

11. Check one:
☐ Pre-Primary ■ Pre-Election ☐ Annual ☐ Nomination ☐ Other
☐ Final / Disbands Committee *(Lines 19, 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)*	COLUMN A This Period	COLUMN B Year to Date
From: 4/11/2026 Through: October 9, 2026		
13. Cash on hand and investments at the beginning of this reporting period.		
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		
15c. Add lines 15a and 15b in both columns. SUBTOTAL		
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.)*		
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	0	0
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.

If a Treasurer of a PAC, I have not knowingly or willfully received, solicited, or accepted, either directly or indirectly, contributions or expenditures from a foreign national that exceeds $50,000 within the four (4) years immediately preceding the date of the contribution. ☐ *(please check box)*

Signature of Treasurer	Title	Date *(mm/dd/yy)*

Signature of Candidate *(if applicable)*	Date *(mm/dd/yy)*
Jennifer Johns	10/5/2026

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 or intentionally files a false 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 Act 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

FILED
OCT 05 2026
CLERK PULASKI CIRCUIT COURT