

CANDIDATE'S STATEMENT OF ORGANIZATION AND DESIGNATION OF PRINCIPAL COMMITTEE OR EXPLORATORY COMMITTEE

(CFA-1)

State Form 4604 (R13/9-10) Indiana Election Commission (IC 3-9-1-3; IC 3-9-1-4; IC 3-9-1-5)

PLEASE TYPE OR PRINT LEGIBLY IN BLACK INK. SEE INSTRUCTIONS ON REVERSE SIDE.

Mailing Address S. FAX (Optional) 6. E-mail Address (Optional)							FILE NUMBER
Lest Name	I. IS THIS AN AMENDMENT?	No	Yes If Yes	, please enter th	e file numbe	er in this box	→ 4/6=×16=4/8
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Committee Condition Cond	1. Party Affiliation		J			de district number	r, if any. Not required for an exploratory committee.)
Set Ulkmore Committee (Do not obtandate) Set Ulkmore Committee (Do not	Democratic 🔲 Libertarian 🔲 Repu	ublican 🗆	Other	C	BCUIT	C00	
3. Full Name of Committee (Do not observate) Check if this is a new name September Committee Co	SECTION B. COMMITTEE	E INFO	RMATION: Fill	in all applicab	le boxes as	s fully and a	accurately as possible.
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Bank or Other Depositories (List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit bases or maintains funds), which the committee Deposits funds, holds accounts, rents safety deposit bases or maintains funds), which is proposited by the candidate of the Committee (Sive brief statement explaining purpose of an exploratory committee only) 31, Salaries and Reimbursements (Will the committee pay the candidate) as alary or reimbursement (or lost wages? If Yes, attach a copy of the contract). 200 20	1301 MOINTOC	Ctata	710 Code	26 County) !27 Tol	loohono (Doul	29 Talanhana (Evanina)
Bank or Other Depositories (List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintalistunds.) A PORTE SAVINGS BANK Exploratory Committee (Ove brief statement explaining purpose of an exploratory committee only) ECTION C. APPOINTMENT OF TREASURER (IC 3-9-1-14) I, as Chairperson of the foregoing Person Appointed Treasurer Signature of the Committee		State					
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ECTION C. APPOINTMENT OF TREASURER (IC 3-9-1-14) 2. I, as Chairperson of the foregoing Person Appointed Treasurer minited and the following person as easurer of the Committee, and appoint the following person as easurer of the Committee. Mailling Address Designate candidate as treasurer Check if this is a new treasurer Mailling Address Designate candidate as treasurer Check if this is a new treasurer Mailling Address Signature of Person Accepting Appointment City State ZIP Code 38. County 39. Telephone (Day) 40. Telephone (Evening) ECTION D. ACCEPTANCE OF APPOINTMENT (IC 3-9-1-15) I give notice that I accept the duties and responsibilities of Treasurer of this Signature of Person Accepting Appointment committee 1 am not the chairperson of a campaign finance committee (except as remitted for a candidate committee under IC 3-9-1-7) ECTION E. CERTIFICATION OF STATEMENT Ecertify as the candidate and the duly appointed Chairperson of the Committee and that we have amined this statement. To the best of our knowledge and belief it is true, correct and complete Typed or Printed Name of Chairperson Signature of Chairperson Date (MM-DD-YY) ATHLEEN A. CHROBACK Author of Chairperson Date (MM-DD-YY) Typed or Printed Name of Candidate Signature of Person Accepting Appointment FEB 1 9 2016 FEB 1 9 2016 CIERK OF IAI 19 10 CIERK OF IAI 19 10 CIERK OF IAI 10	LAPORTE SAVINI	ເ≘≲ີ	BANK			• >	VIII MARKA INDIANA DI 1990 ANI
ECTION C. APPOINTMENT OF TREASURER (IC 3-9-1-14) 2. I, as Chairperson of the foregoing Person Appointed Treasurer promittee, appoint the following person as easurer of the Committee. 2. I as Chairperson of the foregoing Person Appointed Treasurer promittee, appoint the following person as easurer of the Committee. 35. FAX (Optional) 36. E-mail Address (Optional) 37. Telephone (Day) 40. Telephone (Evening) 40. T	0. Exploratory Committee (Give brief sta	tement expl	laining purpose of an explora	tory committee only.) 31			
ECTION C. APPOINTMENT OF TREASURER (IC 3-9-1-14) 2. I as Chairperson of the forégoing Person Appointed Treasurer Signature of the Committee Chairperson (IC 3-9-1-16) Treasurer's Full Name Designate candidate as treasurer Check if this is a new address 35. FAX (Optional) 36. E-mail Address (Optional) 40. Telephone (Evening) 40. Telephone (Evening) 40. Telephone (Evening) 40. Telephone (Evening) 41. Telephone (Evening) 42. To State I are not the chairperson of a campaign finance committee (except as imitted for a candidate and the duly appointed Chairperson of the Committee and that we have amined this statement. To the best of our knowledge and belief it is true, correct and complete. Typed or Printed Name of Chairperson Signature of Caniplate	المعتاد المرافي والمستورية المرافية			re	imbursement for	lost wages? If Ye	es, attach a copy of the contract.) No 🔲 Yes
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State Form 4606 (R13/11-05) Indiana Election Commission (IC 3-9-5-14)

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this form. For

IS THIS AN AMENDMENT? | Yes | No

assistance in completing this form, see instructions on the reverse side.

(CFA-4) Summary Sheet

FILE NUMBER

TOTAL PAGES IN ENTIRE CFA-4 REPORT

ANNUTTE WEADNATON			
COMMITTEE INFORMATION			
1. Full Name of Committee (as on Statement of Organization)			
CHROBACK FOR CIRCUIT COURT CLERK			
2. Acronym or Abbrevlated Name (if any)	3. Committee Te		
	(219)	362-7	383
	neck if this is a new	v address	
1509 MONADE ST	r		
5. City, State, ZIP Code LA CORTE IN 46350	6. Party Affiliation	n (if applicable)	
CANDIDATE IN 46350 CANDIDATE INFORMATION (For Candidate's Co	ommittees Only		
7. Full Name of Candidate (include any nickname)		·	
	8. Party Affiliation	_	lent Candidate
KATHLEEN A. CHROBACK		CRAT	
9. Office Sought (Include district number, if any. Not required for exploratory committee.)	10. County of Re	1	
CIACUIT COURT CLERK	LAPOR		
TYPE OF REPORT		CONVENT	ON CANDIDATES ONLY
11. Check one:		Check one:	1
Pre-Primary Pre-Election Annual Nomination Other		1 == -	nvention
Final/Disbands Committee (lines 18, 19, and 20 must be '0') Utgoing Treasurer (within 10 days amend Statement of	Organization)	Post-Co	privention
12. Reporting Period:		DLUMN A	COLUMN B
From: 2/19/2016 Through: 4/15/2016		is Period	Year to Date
13. Cash on hand and investments at the beginning of this reporting period.	157	10.44	·**
14. Cash on hand and investments January 1, current year.			1570,46
CONTRIBUTIONS AND RECEIPTS			
(Note: these amounts include in-kind contributions and loans, as well as cash contributions.)	·		
15a. Itemized (use Schedule A)			
15b. Unitemized	38	8.00	388.00
15c. Add lines 15a and 15b in both columns SUBTO	DTAL 38	8-00	388.00
16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B	DTAL 19	58.40	1958.46
EXPENDITURES			
(Note: These amounts include in-kind expenditures and loan repayments.)	**		
17a. Itemized (use Schedule B) (Public Question: use Schedule C)	1.(-	13.71	1173.71
17b. Unitemized			
17c. Add lines 17a and 17b in both columns SUBT	OTAL 11	13.71	1173.71
18. Cash on hand and investments at close of this reporting period (subtract 17c from 16 in both columns)	TOTAL 78		184.75
19. Debts OWED BY the committee (use Schedule D)			
20. Debts OWED TO the committee (use Schedule E)			
OF DIFFERENCE OF THE PARTY OF T			Landra di V
CERTIFICATION RTIFY THAT I HAVE EXAMINED THIS STATEMENT. TO THE BEST OF MY KNOWLEDGE AND BELIEF IT IS TR	HE COOPERT AND	OMPLETE F	FOR CLERKS OFFICE
nature of Treasurer Title	Date	OMPLETE.	
see will first margre	4-18	<u>- 16 </u>	ADD 1 5 ages
Signature of Candidate (if applicable)	Date	- 12	APR 1 5 2016
Postato and I have be	41	5-11/24	
WARNING: Any information contained in this report may not be copied for sale or used for any commercial purpose. (If class a fraudulent report commits a Class D felony. (IC 3-14-1-13) A person who fails to file a complete or accurate Campaign Finance Law commits a Class B misdemeanor. (IC 3-14-1-14) and may be subject to civil penalties. (IC 3-9-4-1-14)	C 3-9-4-5) A person w	ho krowingly the India ERK	OF LA PORTE Spund
Campaign Finance Law commits a Class B misdemeanor, (IC 3-14-1-14) and may be subject to civil penalties. (IC 3-9-4	1-16, IC 3-9-4-17, IC 3-	9-4-18)	- TOME CIRCUIT COURT



State Form 4606 (R13/11-05) Indiana Election Commission (IC 3-9-5-14

(CFA-4 SCHEDULE B) ITEMIZED EXPENDITURES

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document expenditures totaled on ITEM 17a of the Summary Sheet. All cumulative expenses paid to individuals, businesses, labor organizations and other entitles OVER \$100 per recipient, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative expenses, including in-kind, regardless of amount paid to political committees, (such as transfers-out from candidate, legislative caucus, political action, or regular party committees) MUST be itemized on this schedule.

FILE NUMBER					
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Page	of	<u>-</u> -			

RECIPIENT'S NAME AND MAILING ADDRESS (street, number, city, state, ZIP code)	RECIPIENT'S OCCUPATION	TYPE OF EXPENDITURE and	COLUMN A AMOUNT THIS	COLUMN B CUMULATIVE	DATE OF EXPENDITURE
	OFFICE SOUGHT (if applicable)	PURPOSE (be specific)	PERIOD	YEAR-TO-DATE	EVLENDITOKE
BARRY'S PHOTOGRAPHY 1006 MONAGE ST LAPORTE, IN 46350		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:	\$106.95	\$106.95	3/4/16
HAWKINS PRINT SHOP 31S LINCOLNWAY LAPORTE, IN 46350		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:	135,79	#155.79	414116
SUY COOL PROMOTIONS 33 STATE ST LAPORTE, IN 46350	·	Direct In-Kind Payment of Debt Returned Contribution Other Purpose: Bumons STICILER	ì	\$226,80	3/11/16
WHATS NEW LAPORTE 3978 W. TIMBER RIDGE LAPORTE, IN 46356		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:	\$ 145.00	\$1450°	3 30 16
ADVERTISING SUPPLY 7430 CASS ST OMAHA, NE 68114		Purpose:		#a69.a8	3/29/16
BOY COOL PROMOTIONS 623 STATE ST. LAPORTE, IN 46350		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:	# 93,09	\$349,89	Hlallo
HAWKINS PRINT SHOP 315 LINCOLN WAY APORTE, IN 46350		Direct In-Kind Payment of Debt Returned Contribution	\$149,80	\$305·59	4/13/14
	SUBTOTAL THIS PAG	E OF SCHEDULE B	\$1173,71	3. OST 4. SK 3	
TOTAL OF ALL PA	\$				



State Form 4606 (R13/11-05) Indiana Election Commission (IC 3-9-5-14)

(CFA-4)
Summary Sheet

	FILE NUMBER	
46-	16-48	_

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? X Yes No			
COMMITTEE INFORMATION	!		
1. Full Name of Committee (as on Statement of Organization)			
Chroback For Circuit Court Ch			
2. Acronym or Abbreviated Name (if any)		mmittee Telephone Numbe	r
$A \cdot A$	(2)	- 0	283
4. Mailing Address (address where all campaign finance correspondence is received)	Check if ti	his is a new address	-20-7
1509 Monroe St			
5. City, State, ZIP Code	6. Par	ty Affiliation (if applicable)	
LoPorte, IN 46350	1	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
CANDIDATE INFORMATION (For Candidate's	Commit	tees Only)	
7. Full Name of Candidate (include any nickname)	8. Par	ty Affiliation or If Independe	ent Candidate
Kathken A. Chroback	1 '	Democrat	
9. Office Sought (Include district number, if any. Not required for exploratory committee.)	10. Cc	runty of Residence	
Circuit Court Clerk		LaPortz	
TYPE OF REPORT			ON CANDIDATES ONLY
11. Check one:		Check one:	
Pre-Primary Pre-Election Annual Nomination Other		Pre-Con	vention
Final/Disbands Committee (lines 18, 19, and 20 must be '0') Outgoing Treasurer (within 10 days amend Statement	of Organizatio	n) Post-Col	nvention
12. Reporting Period:		COLUMN A	COLUMN B
From: 2-19-2016 Through: 4-15-2016		This Period	Year to Date
13. Cash on hand and investments at the beginning of this reporting period.		1570.46	
14. Cash on hand and investments January 1, сиггеnt year.			15570.46
CONTRIBUTIONS AND RECEIPTS			
(Note: these amounts include in-kind contributions and loans, as well as cash contributions.)			<u> </u>
15a. Itemized (use Schedule A)	 	106.95	106.95
15b. Uniternized		274.00	27400
	TOTAL	380.95	380:95
	TOTAL	1951.41	1951.41
EXPENDITURES			
(Note: These amounts include in-kind expenditures and loan repayments.)			
17a. Itemized (use Schedule B) (Public Question: use Schedule C)		1245.24	124254
17b. Unitemized		-0-	-0
	TOTAL	1245.24	124534
8. Cash on hand and investments at close of this reporting period (subtract 17c from 16 in both columns)	TOTAL	706.17	70617
9. Debts OWED BY the committee (use Schedule D)			
0. Debts OWED TO the committee (use Schedule E)			
CERTIFICATION		IVA	AD A PORCE OF THE A
CERTIFY THAT I HAVE EXAMINED THIS STATEMENT. TO THE BEST OF MY KNOWLEDGE AND BELIEF IT IS T	RUE CORE	ECT AND COMPLETE	ON OFFICE RIBE ONLY TO YE
Signature of Treasurer Title		ate	
Schmitte Toller Transport		017-16	0107
Signature of Candidate (ii applicatio)		ate	310S 7 1 NUL
VARNING Any information contained in this money may not be considered as your formation contained in this money may not be considered as your formation contained in this money may not be considered for sale as your formation.	//D 0 0 1 = 1	0-17-16	
VARNING! Any information contained in this report may not be copied for sale or used for any commercial purpose. les a fraudulent report commits a Class D felony. (IC 3-14-1-13) A person who fails to file a complete or accura	te report as	required by the Indiana	IN CLERKS OFFICE
ampaign 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 3-0	14.17 IC 3.9.4.18	



State Form 4606 (R13/11-05) Indiana Election Commission (IC 3-9-5-14

(CFA-4 SCHEDULE B) ITEMIZED EXPENDITURES

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document expenditures totaled on ITEM 17a of the Summary Sheet. All cumulative expenses paid to individuals, businesses, labor organizations and other entities OVER \$100 per recipient, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative expenses, including in-kind, regardless of amount paid to political committees, (such as transfers-out from candidate, legislative caucus, political action, or regular party committees) MUST be itemized on this schedule.

FILE NUMBER				
Page _	\	_ of _	J	

RECIPIENT'S NAME AND MAILING ADDRESS	RECIPIENT'S OCCUPATION	TYPE OF EXPENDITURE	COLUMN A AMOUNT THIS	COLUMN B CUMULATIVE	DATE OF
(street, number, city, state, ZIP code)	OFFICE SOUGHT (if applicable)	PURPOSE (be specific)	PERIOD	YEAR-TO-DATE	EXPENDITURE
Code A Berry's Photography 1006 Montos St LaPorte, IN 46350	•	Direct In-Kind Payment of Debt Returned Contribution Other Purpose:	100.95	106: <i>9</i> 5	3-4.16
Code A Howkins Print Stop 315 Lincolnway Lafortz, IN4635		Direct In-Kind Payment of Debt	*\s5:7A	^{&} \55.79	y-4-16
Code A Buy Cool Promotion 623 State St. LaPorte. IN 4635		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:		3 356.80	3-11-1b
What's New Laborte 3978 W. Timber Rid Laborte, IN 46350	1	Direct In-Kind Payment of Debt Returned Contribution Other Purpose:	\$ 145.00	\$145.00	3-30.16
Advertising Supply 7630 Cass St. Omaha, NE 68114		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:	\$ _{``} 2\&1.`28	⁴ 21 ² 4.348	2.ZA.1E
Code A Buy Cool Promotions 623 State St La Porte, IN 4635	5	Purpose:	^{\$} 93.09	\$'349'89	4-12-16
Hawkins Print State 315 Lincolnway LaPorte, IN 46350		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:	\$ 149,80	⁴ 305.59	4.13.16
	SUBTOTAL THIS PAG	GE OF SCHEDULE B	\$1176.71		
TOTAL OF ALL PA	AGES OF SCHEDULE B ON TH Enter total on ITEM 17a of		\$		



State Form 4606 (R13/11-05) Indiana Election Commission (IC 3-9-5-14

(CFA-4 SCHEDULE B) ITEMIZED EXPENDITURES

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document expenditures totaled on ITEM 17a of the Summary Sheet. All cumulative expenses paid to individuals, businesses, labor organizations and other entities OVER \$100 per recipient, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative expenses, including in-kind, regardless of amount paid to political committees, (such as transfers-out from candidate, legislative caucus, political action, or regular party committees) MUST be itemized on this schedule.

FILE NUMBER				
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Page	2	_ of	<u>ک</u>	

RECIPIENT'S NAME AND MAILING ADDRESS (street, number, city, state, ZIP code)	RECIPIENT'S OCCUPATION OFFICE SOUGHT (if applicable)	TYPE OF EXPENDITURE and PURPOSE (be specific)	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE OF EXPENDITURE
Code Q La Part Savings Ban 701 Indiana Aus Labote, IN46350	K	Shorect In-Kind Payment of Debt Returned Contribution Other Purpose: Committee Rect. Checks	3 8.53	X4.63	3-1-16
LaPorte Co. Democrats		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:	<i>∞.∞</i>	<i>30.</i> 00	N-101.14
Code		☐ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other Purpose:			
Code		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:			
Code		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:			
Code		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:			
Code		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:			
	SUBTOTAL THIS PAG	SE OF SCHEDULE B	\$68.53		
TOTAL OF ALL PA	GES OF SCHEDULE B ON THE		\$1375.34		



State Form 4606 (R13/11-05) Indiana Election Commission (IC 3-9-5-14)

(CFA-4 SCHEDULE A-1) CONTRIBUTIONS BY INDIVIDUALS Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY INDIVIDUALS ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet, All cumulative contributions from individuals OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative receipts, (such as on proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee). A contributor's occupation is required if an individual makes at least \$1,000 in contributions during the calendar year. Otherwise, this is optional.

	FILE	ENUMBI	ER	
Page _		of	\	

CONTRIBUTOR'S FULL NAME AND OCCUPATION FULL MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS	COLUMN B CUMULATIVE	DATE RECEIVED RECEIVED BY
1. Kathlesn A. Chroback 1509 Monroe St	Contributions: Direct In-Kind (describe)	PERIOD	YEAR-TO-DATE	3.4-16
1509 Monroe St LaPorte, IN 46350	Other Receipts: Interest Loan Misc. (specify)	106.95	10695	
Contributor's Occupation (if required)		_		
2.	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest Loan Misc. (specify)			
Contributor's Occupation (if required)				
3.	Contributions: Direct In-Kind (describe)			,
	Other Receipts: Interest Loan Misc. (specify)			
Contributor's Occupation (if required)				
4.	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest Loan Misc. (specify)			
Contributor's Occupation (if required)				
5 .	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest Loan Misc. (specify)			
Contributor's Occupation (if required)	<u></u>			
SUBTOTAL T	HIS PAGE OF SCHEDULE A	\$106.95		
TOTAL OF ALL PAGES OF SCHEDULE A (Enter total on ITEN	ON THE LAST PAGE ONLY	\$ 106.95		



State Form 4606 (R13/11-05) Indiana Election Commission (IC 3-9-5-14)

..\STRUCTIONS: 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

(CFA-4)

Summary Sheet

FILE NUMBER

TOTAL PAGES IN ENTIRE CFA-4 REPORT

COMMITTEE INFORMATION	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	A Martin Committee Committ
1. Full Name of Committee (as on Statement of Organization)	name	
CHROBACK FOR CIRCUIT GOORT CLEA	3K	
2. Acronym or Abbreviated Name (if any)	3. Committee Telephone N	
N/A	(219)362-	7383
	neck if this is a new address	
1509 MONROE ST.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
5. City, State, ZIP Code	6. Party Affiliation (if application)	able)
LAPORTE IN 46350	<u> </u>	remains a remain man of
CANDIDATE INFORMATION (For Candidate's Co		and the second s
7. Full Name of Candidate (Include any nickname)	8. Party Affiliation or If Inde	
KATHLEEN A. CHROBACK	DEMOCRAT	
9. Office Sought (Include district number, if any. Not required for exploratory committee.)	10. County of Residence	
CIBCUIT COURT CLERK	LAPORTE	SUPPLIES OF THE CAMERA
TYPE OF REPORT	The state of the property of the state of th	ENTION CANDIDATES ONLY
11. Check one: Pre-Primary Pre-Election Annual Nomination Other	Check	e-Convention
		e-Convention
Final/Disbands Committee (lines 18, 19, and 20 must be "0") Unique Treasurer (within 10 days amend Statement of	Organization)	se-convention
Reporting Period;	COLUMN A This Period	COLUMN B Year to Date
From: 4 = 1 - 1 Q Through: 10 - 15 - 1 Q	ii a a a a a a a a a a a a a a a a a a	real to Date
13. Cash on hand and investments at the beginning of this reporting period.	706/17	
14. Cash on hand and investments January 1, current year. CONTRIBUTIONS AND RECEIPTS	A STATE OF THE STA	21570.46
(Note: these amounts include in-kind contributions and loans, as well as cash contributions.)		
15a. Itemized (use Schedule A)	10/2.99	1119,94
15b. Unitemized	-6-	374.00
15c. Add lines 15a and 15b in both columns SUBTO	DTAL 1012,99	1393.94
16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B	OTAL 1719.10	e 2964,40
EXPENDITURES	انت المنظمين المنظمي المنظمين المنظمين ال	The Consultration Control of the Art State of State of State of the Control of th
(Note: These amounts include in-kind expenditures and loan repayments.)	. 11 (1 × 10 × 10 × 10 × 10 × 10 × 10 × 1	
17a. Itemized (use Schedule B) (Public Question: use Schedule C)	1429.9	7 2875,21
17b. Uniternized	-6-	-0-
17c. Add lines 17a and 17b in both columns SUBT	OTAL 16.29.9	
18. Cash on hand and investments at close of this reporting period (subtract 17c from 16 in both columns)	TOTAL 39.1	
19. Debts OWED BY the committee (use Schedule D)	0.1.3	days to his (O partial, possible)
20. Debts OWED TO the committee (use Schedule E)	_	,
garage and the control of the state of the s	And the second second second second	Leg Legisler
CERTIFICATION	the All the Control of the Section 1997 and the Control of the Con	N-CHERKSCENSHORLY
CERTIFY THAT I HAVE EXAMINED THIS STATEMENT. TO THE BEST OF MY KNOWLEDGE AND BELIEF IT IS TR		
anature of Treasurer Title	Date	OCT 2 1 2016
Signature of Candidate (if applicable)	Date	
With the territory of the state	1/2-21-1/	A m
VARNING: Any information contained in this report may not be copied for sale or used for any commercial purpose. (I	C 3-9-4-5) A person who keepend	OTE IN COLUMN CONTROL
les a frau <mark>d</mark> ulent report commits a Class D felony. (IC 3-14-1-13) A person who fails to file a complete or accurate Campaign Finance Law commits a Class B misdemeanor, (IC 3-14-1-14) and may be subject to civil penaities. (IC 3-9-4	report as required by the illulana	



State Form 4606 (R13/11-05) Indiana Election Commission (IC 3-9-5-14)

(CFA-4 SCHEDULE A-1) CONTRIBUTIONS BY INDIVIDUALS

Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY INDIVIDUALS ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from individuals OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee). A contributor's occupation is required if an individual makes at least \$1,000 in contributions during the calendar year. Otherwise, this is optional.

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and the second of the second o	ant benthe bushing a gar to be regarded built and	<u> Addition of the Colors</u>	Barrelli and Carlotte Commence	11-11-2
CONTRIBUTOR'S FULL NAME AND OCCUPATION FULL MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED RECEIVED BY
FROST-ESPINOSA TRUCKING 908 VIRGINIA AYE	Contributions: Direct In-Kind (describe)			7/31/16
LAPORTE, IN 46350	Other Receipts: Interest Loan Misc. (specify)	\$300°°	\$a∞.∞	
Contributor's Occupation (if required)				
1509 MONGOE ST.	Contributions: Direct In-Kind (describe)			4/22/16
LAPORTE, IN 46350	Other Receipts: Interest Loan Misc. (specify)	#321,61	#428.56	
Contributor's Occupation (if required)				
1509 MONROE ST. LAPORTE, IN 46350	Contributions: Direct In-Kind (describe) Other Receipts: Interest Loan Misc. (specify)	\$ 76.60	\$505.16	7/8/16
Contributor's Occupation (if required)				
1 KATHLEEN A. CHROBACK 1509 MONIROE ST. LAPORTE, IN 46350	Contributions: Direct In-Kind (describe) Other Receipts: Interest Loan Misc. (specify)	# ₂₈₈ .42	±793.58	7/15/16
Contributor's Occupation (if required)	<u></u>			
5. KATHLEEN A. CHROBACK 1509 MONROE ST. LAPORTE, IN 46350 Contributor's Occupation (Frequired)	Contributions: Direct In-Kind (describe) Other Receipts: Interest Loan Misc. (specify)	# 51,36	#844,94	7/27/16
	THIS PAGE OF SCHEDULE A	\$ 937,99	· Later Control of the Control of t	an agency of the about the state of
TOTAL OF ALL PAGES OF SCHEDULE	and the second second	\$	and the second s	en de tra de la companya de la después de la companya del companya de la companya de la companya del companya de la companya del la companya del la companya de la companya



State Form 4606 (R13/11-05) Indiana Election Commission (IC 3-9-5-14)

(CFA-4 SCHEDULE A-1) CONTRIBUTIONS BY INDIVIDUALS

Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY INDIVIDUALS ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from individuals OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee). A contributor's occupation is required if an individual makes at least \$1,000 in contributions during the calendar year. Otherwise, this is optional.

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	and the state of the	<u> </u>	- Land State of State of Land State of	Secondary of the
CONTRIBUTOR'S FULL NAME AND OCCUPATION FULL MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED RECEIVED BY
HATHLEEN A. CHROBACK 1509 MONGOE ST LAPORTE, IN 46350	Contributions: Direct I in-Kind (describe) Other Recelpts: Interest Loan Misc. (specify)		A 919,94	7/28/16
Contributor's Occupation (if required)		-		•
2.	Contributions: Direct In-Kind (describe)	1		
·	Other Receipts: Interest Loan Misc. (specify)			
Contributor's Occupation (if required)				
3.	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest Loan Misc. (specify)			
Contributor's Occupation (if required)				
4.	Contributions:- Direct In-Kind (describe)		,	
	Other Receipts: Interest Loan Misc. (specify)			
Contributor's Occupation (if required)				
5.	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest Loan Misc. (specify)		-	
Contributor's Occupation (if required)			مامينا (دورون درون درون المارون	المراجع والمعارض والمتاريخ
SUBTOTAL T	HIS PAGE OF SCHEDULE A	\$ 15.00		
TOTAL OF ALL PAGES OF SCHEDULE A	ON THE LAST PAGE ONLY	\$ 1,012,99		



State Form 4606 (R13/11-05) Indiana Election Commission (IC 3-9-5-14

(CFA-4 SCHEDULE B) ITEMIZED EXPENDITURES

NSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document expenditures totaled on ITEM 17a of the Summary Sheet. All cumulative expenses paid to individuals, businesses, labor organizations and other entities OVER \$100 per recipient, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative expenses, including in-kind, regardless of amount paid to political committees, (such as trensfers-out from candidate, legislative caucus, political action, or regular party committees) MUST be itemized on this schedule.

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RECIPIENT'S NAME AND MAILING ADDRESS (street, number, city, state, ZIP code)	RECIPIENT'S OCCUPATION	TYPE OF EXPENDITURE and	COLUMN A AMOUNT THIS	COLUMN B	DATE OF
	OFFICE SOUGHT (if applicable)	PURPOSE (be specific)	PERIOD	CUMULATIVE YEAR-TO-DATE	EXPENDITURE
Code A WIMS - 1420-AM 685 E. 1675 NORTH MICHIGAN CITY, IN 46360		Direct In-Kind Payment of Debt Returned Contribution Other Purpose: ADVERTISING	i	# _{aa} s.∞	4115116
COMB A SABIE CHAPHICS & APP 4802 W. 800 SOUTH UNION MILLS, IN 46382		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:	#68.48	#68.48	4/15/14
CODE A WLOI - WEOE. 1700 LINCOLNWAY PL. WITE 8 LAPORTE, IN 46350		Direct In-Kind Payment of Debt Returned Contribution Other Purpose: ADVERTISING	‡ _а т3,70	\$273·70	4/19/16
CODE A LAPORTE HERALD-ARGUS 701 STATE ST. LAPORTE, IN 46350		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:	1	# 100 ^{.00}	4/22/16
LAPORTE HERALD-ARGUS TOI STATE ST. LAPORTE, IN 46350		☐ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other Purpose: ADVERTISING	#321.61	,	4/20/16
CODE A BOLOON IMPRINTING CO 1335 W. 1344 ST GARDENA, CA 90247		Direct Nn-Kind Payment of Debt Returned Contribution Other Purpose:	#74.60	\$76.60	7/8/16
AMELINGS 2455 E. ST. AD #2 2041NG PRAIRIE, IN 46371		Direct n-Kind	#288.42	#288,42	7/5/16
	SUBTOTAL THIS PAGE	OF SCHEDULE B	\$1353.81	e en ann ar ea an	10 m
TOTAL OF ALL PAG	SES OF SCHEDULE B ON THE	LAST PAGE ONLY	\$		
<u> </u>	(Enter total on ITEM 17a of th	e Summary Sheet)	Ψ		;



State Form 4606 (R13/11-05) Indiana Election Commission (IC 3-9-5-14

(CFA-4 SCHEDULE B) ITEMIZED EXPENDITURES

NSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document expenditures totaled on ITEM 17a of the Summary Sheet. All cumulative expenses paid to individuals, businesses, labor organizations and other entities OVER \$100 per recipient, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative expenses, including in-kind, regardless of amount paid to political committees, (such as transfers-out from candidate, legislative caucus, political action, or regular party committees) MUST be itemized on this schedule.

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Page	2	_ of	2		

Bergeld as and I to be been the four		Service of the service of the service of	NEW YORK OF THE		
RECIPIENT'S NAME AND MAILING ADDRESS (street, number, city, state, ZIP code)	RECIPIENT'S OCCUPATION	TYPE OF EXPENDITURE and	COLUMN A AMOUNT THIS	COLUMN B CUMULATIVE	DATE OF
	OFFICE SOUGHT (if applicable)	PURPOSE (be specific)	PERIOD	YEAR-TO-DATE	EXPENDITURE
Code A		Direct In-Kind	Para Para		
SABIE GRAPHICE & APP		Payment/of Debt			
6802 W. 800 SOUTH		Returned Contribution Other	#<1.31.	#51.36	7/27/11
UNION MILLS, IN 382		Purpose:	101100	1136	107779
Code_A		Direct In-Kind			
ACCESS LAPORTE CO. 301 E 8th ST SUITE 108		Payment of Debt Returned Contribution			, ,
301 6874 57		Other	\$75,00	\$75,00	7/8/14
MICHEAN CM), IN		Purpose: ADVERTISING	i '		
Code A		Direct In-Kind			
HAWKINS PRINT SHOP		Payment of Debt Returned Contribution	:		
315 LINCOLNWAY		Other	\$10.80	\$,49.80	9/22/11
LAPORTE, IN 46350		Purpose: HANDOUTS	#147100	,,,,,,,,,,,	
Code		☐ Direct ☐ In-Kind			
		Payment of Debt Returned Contribution			
	,	Other		•	
	· ·	Purpose:		*	
Code		☐ Direct ☐ In-Kind			
		Payment of Debt Returned Contribution			İ
		Other	·		ļ
		Purpose:		ĺ	f
Code		☐ Direct ☐ In-Kind			
	1	Payment of Debt			
ļ		Returned Contribution Other			
		Purpose:			
Code	10.000	☐ Direct ☐ In-Kind		-	 -
		Payment of Debi			
<u> </u>	l l	Returned Contribution Other			,
		Purpose:			
				. <u> </u>	and the state of the state of
TAT1, AB 11 2 2	SUBTOTAL THIS PAGE		\$ 276.14		
IOTAL OF ALL PAG	SES OF SCHEDULE B ON THE (Enter total on ITEM 17a of th	LAST PAGE ONLY	\$1629.97		



State Form 4606 (R13/11-05) Indiana Election Commission (IC 3-9-5-14)

(CFA-4)

Summary Sheet

FILE		

TOTAL PAGES IN ENTIRE CFA-4 REPORT

FRUCTIONS: 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 X No	the state of the s
COMMITTEE INFORMATION	and the state of t
1. Full Name of Committee (as on Statement of Organization)	name
CHROBACK FOR LIBCUT COURK C	IERK
2. Acronym or Abbreviated Name (if any)	3. Committee Telephone Number
N/Δ	(219) 362-7383
4. Mailing Address (address where all campaign finance correspondence is received)	heck if this is a new address
1509 MONROE ST	
5. City, State, ZIP Code LADORTE IN 46350	6. Party Affiliation (if applicable)
CANDIDATE INFORMATION (For Candidate's C	ommittees Only)
7. Full Name of Candidate (include any nickname)	8. Party Affiliation or If Independent Candidate
KATHLEEN A. CHROBACK	DEMOCRAT
9. Office Sought (include district number, if any. Not required for exploratory committee.)	10. County of Residence
CIALVIT COURT, CLERK	LAPORTE
TYPE OF REPORT	CONVENTION CANDIDATES ONLY
11. Check one:	Check one:
Pre-Primary Pre-Bection Annual Nomination Other	Pre-Convention
al/Disbands Committee (lines 18, 19, and 20 must be '07) Utgoing Treasurer (within 10 days amend Statement of	Organization) Post-Convention
12. Reporting Period:	COLUMN A COLUMN B
From: $10-15-16$ Through: $12-31-16$	the first the property of the contract of the
13. Cash on hand and investments at the beginning of this reporting period.	39,19
14. Cash on hand and investments January 1, current year. CONTRIBUTIONS AND RECEIPTS	M-1590-46
(Note: these amounts include in-kind contributions and loans, as Well as cash contributions.)	
15a, Itemized (use Schedule A)	1399.94
15b. Unitemized	-0- 274,00
15c. Add lines 15a and 15b in both columns SUBTO	
16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B	OTAL 269.19 3144.40
EXPENDITURES	
Note: These amounts include in-kind expenditures and loan repayments.)	
7a. Itemized (use Schedule B) (Public Question: use Schedule C)	80-20 2955-21
7b. Urillemized	20 20 20 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
7c. Add lines 17a and 17b in both columns SUBT	TOTAL 80.00 2955.21
8. Cash on hand and investments at close of this reporting period (subtract 17c from 16 in both columns)	TOTAL 189.19 189.19
9. Debts OWED BY the committee (use Schedule D)	-0-
0. Debis OWED TO the committee (use Schedule E)	3016 4-0-
CERTIFICATION	FOODER WELLS
CERTIFICATION OF THAT I HAVE EXAMINED THIS STATEMENT, TO THE BEST OF MY KNOWLEDGE AND BELIEF IT IS TR	FOR PRESENTAND COMPLETE
Title	Date Date
	JAN 1 7 2017
ing nature of Candidate (if applicable)	Date
+ panelena enwoals	10-17-207
ARNING: Any information contained in this report may not be copied for sale or used for any commercial purpose. (I es a traudulent report commits a Class D felony. (IC 3-14-1-13) A person who falls to file a complete or accurate	1000 a 201 to bottom title vision title 1 A Company of a 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2



State Form 4606 (R13/11-05) Indiana Election Commission (IC 3-9-5-14)

(CFA-4 SCHEDULE A-1) CONTRIBUTIONS BY INDIVIDUALS Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY INDIVIDUALS ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from individuals OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income). OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee). A contributor's occupation is required if an individual makes at least \$1,000 in contributions during the calendar year. Otherwise, this is optional.

FILE NUMBER					
The state of the s	13				
Page		_ of	J,		

CONTRIBUTOR'S FULL NAME AND OCCUPATION FULL MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED RECEIVED BY
"JAMES MASTERS NEMETH, FEENEY MASTERS 4 CAMPITI, P.C.	Contributions: Direct In-Kind (describe)		TEXICID-DATE	11/22/16
SOUTH BEND, IN 46601 Contributor's Occupation (Frequired)	Other Receipts: Interest Loan Misc. (specify)	#100:°°	\$100.00	:
LATHLEEN A CHROBACK 1509 MONROE ST.	Contributions: Direct In-Kind (describe)	-	,	9/16/16
LAPORTE, IN 46350	Other Receipts: interest Loan Misc. (specify)	\$ 80.00	#1,092,99	
Contributor's Occupation (if required)		ļ	, ,	
3.	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest Loan Misc. (specify)			
Contributor's Occupation (If required)			<u> </u>	İ
4.	Contributions: Direct In-Kind (describe)	-		
	Other Receipts: Interest Loan Misc. (specify)			·
Contributor's Occupation "I required"				
5.	Contributions: Direct In-Kind (describe)			
	Other Receipts: interest Loan Misc. (specify)			
Contributor's Occupation (** required*)				ľ
SUBTOTAL TH	IIS PAGE OF SCHEDULE A	\$ 180.00		
TOTAL OF ALL PAGES OF SCHEDULE A	ON THE LAST PAGE ONLY	\$		



State Form 4606 (R13/11-05) Indiana Election Commission (IC 3-9-5-14

(CFA-4 SCHEDULE B) ITEMIZED EXPENDITURES

INSTRUCTIONS: Please type or print legibly IN BLACK-INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document expenditures totaled on ITEM 17a of the Summary Sheet. All cumulative expenses paid to individuals, businesses, labor organizations and other entities OVER \$100 per recipient, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative expenses, including in-kind, regardless of amount paid to political committees, (such as transfers-out from candidate, legislative caucus, political action, or regular party committees) MUST be itemized on this schedule.

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				-3	
RECIPIENT'S NAME AND MAILING ADDRESS (street, number, city, state, ZIP code)	RECIPIENT'S OCCUPATION OFFICE SOUGHT (if applicable)	TYPE OF EXPENDITURE and PURPOSE (be specific)	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE OF EXPENDITURE
SALUTE TO LABOR LAPORTE CO. DEMOCRATE	D	Direct in-Kind Payment of Debt Returned Contribution Other Purpose: LOWIRI BUTION	\$80,00	#80.00	9116/16
Code		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:			
Code		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:			
Code		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:			
Code		☐ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other Purpose:			
Code		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:			
Code		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:			
	SUBTOTAL THIS PAG	SE DE SCREDIII E B	\$ 80.00	h	
TOTAL OF ALL P	AGES OF SCHEDULE B ON TH	E LAST PAGE ONLY	\$ 40.		
(Enter total on ITEM 17a of the Summary Sheet)			1	! .	