



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.

FILE NUMBER

1. IS THIS AN AMENDMENT? No Yes If Yes, please enter the file number in this box →

46-16-54

SECTION A. CANDIDATE INFORMATION: Fill in all applicable boxes as fully and accurately as possible.

2. Last Name: Santana First Name: Jeffrey Middle Name: Lee Nickname: _____
3. Type of Committee (Check one)
 Candidate's Principal Committee
 Exploratory Committee

4. Mailing Address: 4954 Lindsey Lane 5. FAX (Optional): _____ 6. E-mail Address (Optional): _____

7. City: Michigan City State: IN ZIP Code: 46360 8. County: LaPorte 9. Telephone (Day): (219) 874-8832 10. Telephone (Evening): (219) 874-8832

11. Party Affiliation: Democratic Libertarian Republican Other _____ 12. Office Sought (Include district number, if any. Not required for an exploratory committee.): County Council At Large

SECTION B. COMMITTEE INFORMATION: Fill in all applicable boxes as fully and accurately as possible.

13. Full Name of Committee (Do not abbreviate) Check if this is a new name
Committee to elect Jeff Santana for LaPorte County Council At Large

14. Mailing Address Check if this is a new address: 4954 Lindsey Lane 15. FAX (Optional): _____ 16. E-mail Address (Optional): _____

17. City: Michigan City State: In ZIP Code: 46360 18. County: LaPorte 19. Telephone: (219) 874-8832 20. Committee Organization Date (MM-DD-YY): 02-18-2012

21. Chairperson's Full Name Designate Candidate as Chairperson Check if this is a new chairperson
Jeff Santana

22. Mailing Address Check if this is a new address: 4954 Lindsey Lane 23. FAX (Optional): _____ 24. E-mail Address (Optional): _____

City: Michigan City State: In ZIP Code: 46360 26. County: LaPorte 27. Telephone (Day): (219) 874-8832 28. Telephone (Evening): (219) 874-8832

29. Bank or Other Depositories (List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds): _____

30. Exploratory Committee (Give brief statement explaining purpose of an exploratory committee only): _____ 31. Salaries and Reimbursements (Will the committee pay the candidate a salary or reimbursement for lost wages? If Yes, attach a copy of the contract.) No Yes

SECTION C. APPOINTMENT OF TREASURER (IC 3-9-1-14)

32. I, as Chairperson of the foregoing committee, appoint the following person as Treasurer of the Committee. Person Appointed Treasurer: _____ Signature of the Committee Chairperson: _____

33. Treasurer's Full Name Designate candidate as treasurer Check if this is a new treasurer
Jeff Santana

34. Mailing Address Check if this is a new address: 4954 Lindsey Lane 35. FAX (Optional): _____ 36. E-mail Address (Optional): _____

37. City: Michigan City State: In ZIP Code: 46360 38. County: LaPorte 39. Telephone (Day): (219) 874-8832 40. Telephone (Evening): (219) 874-8832

SECTION D. ACCEPTANCE OF APPOINTMENT (IC 3-9-1-15)

41. I give notice that I accept the duties and responsibilities of Treasurer of this Committee. I am not the chairperson of a campaign finance committee (except as permitted for a candidate committee under IC 3-9-1-7). Signature of Person Accepting Appointment: _____

SECTION E. CERTIFICATION OF STATEMENT

We certify as the candidate and the duly appointed Chairperson of the Committee and that we have examined this statement. To the best of our knowledge and belief it is true, correct and complete.

42. Typed or Printed Name of Chairperson: Jeff Santana Signature of Chairperson: [Signature] Date (MM-DD-YY): 4-1-16

43. Typed or Printed Name of Candidate: Jeff Santana Signature of Candidate: [Signature] Date (MM-DD-YY): 4-1-16

FOR OFFICE USE ONLY

FILED
IN CLERKS OFFICE

APR 1 2016

[Signature]
LA PORTE SUPERIOR COURT

Warning: State law requires that any change in this information be reported within 10 days of the change (IC 3-9-1-10). A person who knowingly files a fraudulent report commits a Class B 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, and IC 3-9-4-18).



REPORT OF RECEIPTS AND EXPENDITURES OF A POLITICAL COMMITTEE

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

(CFA-4)

Summary Sheet

FILE NUMBER

46-16-54

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 JEFF SANTANA COUNTY COUNCIL AT LARGE

2. Acronym or Abbreviated Name (if any)

3. Committee Telephone Number
(219) 874-8832

4. Mailing Address (address where all campaign finance correspondence is received) Check if this is a new address
4954 LINDSEY LN

5. City, State, ZIP Code
MICHIGAN CITY IN 46360

6. Party Affiliation (if applicable)
DEMOCRAT

CANDIDATE INFORMATION (For Candidate's Committees Only)

7. Full Name of Candidate (include any nickname)
JEFFREY LEE SANTANA

8. Party Affiliation or If Independent Candidate
DEMOCRAT

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

10. County of Residence
LAPORTE

TYPE OF REPORT

CONVENTION CANDIDATES ONLY

11. Check one:
 Pre-Primary Pre-Election Annual Nomination Other
 Final/Disbands Committee (lines 18, 19, and 20 must be "0") Outgoing Treasurer (within 10 days amend Statement of Organization)

Check one:
 Pre-Convention Post-Convention

Reporting Period:
From: Through: **April 8, 2014**

| | COLUMN A This Period | COLUMN B Year to Date |
|---|-------------------------|--------------------------|
| 13. Cash on hand and investments at the beginning of this reporting period. | \$1247.47 | |
| 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) | \$1247.47 | |
| 15b. Unitemized | 0 | |
| 15c. Add lines 15a and 15b in both columns | SUBTOTAL | |
| | \$1247.47 | |
| 16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B | TOTAL | |
| | \$1247.47 | |

EXPENDITURES

(Note: These amounts include in-kind expenditures and loan repayments.)

| | | |
|---|-----------------|--|
| 17a. Itemized (use Schedule B) (Public Question: use Schedule C) | \$1247.47 | |
| 17b. Unitemized | 0 | |
| 17c. Add lines 17a and 17b in both columns | SUBTOTAL | |
| | \$1247.47 | |
| 18. Cash on hand and investments at close of this reporting period (subtract 17c from 16 in both columns) | TOTAL | |
| | 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.

| | | |
|--|-------|--------|
| nature of Treasurer | Title | Date |
| Signature of Candidate (if applicable) | | Date |
| | | 4-7-16 |

FOR OFFICE USE ONLY

IN CLERKS OFFICE

APR 7 2016

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 Class D 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 3-9-4-16, IC 3-9-4-17, IC 3-9-4-18)

LAPORTE SUPERIOR COURT



**REPORT OF RECEIPTS AND EXPENDITURES
OF A POLITICAL COMMITTEE**

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 _____

| RECIPIENT'S NAME AND MAILING ADDRESS <i>(street, number, city, state, ZIP code)</i> | RECIPIENT'S OCCUPATION | TYPE OF EXPENDITURE and PURPOSE <i>(be specific)</i> | COLUMN A AMOUNT THIS PERIOD | COLUMN B CUMULATIVE YEAR-TO-DATE | DATE OF EXPENDITURE |
|--|--------------------------------------|---|--|--|------------------------|
| | OFFICE SOUGHT <i>(if applicable)</i> | | | | |
| Code <u>A</u> Tony Drzwiecki | | <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: | \$234. ⁰⁰ | | |
| Code <u>A</u> Pioneer Land Directory Ad | | <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: | \$100. ⁰⁰ | | |
| Code <u>A</u> Buycodepromotions | | <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: | \$700. ⁸⁵ | | |
| Code <u>A</u> The Bercher Printers | | <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: | \$82. ⁹⁸ \$29. ⁶⁴ | | |
| Code <u>A</u> Alco-TV | | <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: | \$75. ⁰⁰ | | |
| Code <u>A</u> Jefferson/Jackson Dinner Program | | <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: | \$25. ⁰⁰ | | |
| Code _____ | | <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: | | | |
| SUBTOTAL THIS PAGE OF SCHEDULE B | | | \$1247.47 | | |
| TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY <i>(Enter total on ITEM 17a of the Summary Sheet)</i> | | | \$1247.47 | | |



**REPORT OF RECEIPTS AND EXPENDITURES
OF A POLITICAL COMMITTEE**

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

Page _____ of _____

| CONTRIBUTOR'S FULL NAME AND OCCUPATION FULL MAILING ADDRESS <i>(street, number, city, state, ZIP code)</i> | TYPE OF CONTRIBUTION OR OTHER RECEIPT | COLUMN A AMOUNT THIS PERIOD | COLUMN B CUMULATIVE YEAR-TO-DATE | DATE RECEIVED RECEIVED BY |
|--|---|-----------------------------------|--|---------------------------------|
| 1. Jeff & Julie Santana Contributor's Occupation (if required) _____ | Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) _____ Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc. (specify) _____ | \$ 247.47 | | |
| 2. Contributor's Occupation (if required) _____ | Contributions: <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) _____ Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc. (specify) _____ | | | |
| 3. Contributor's Occupation (if required) _____ | Contributions: <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) _____ Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc. (specify) _____ | | | |
| 4. Contributor's Occupation (if required) _____ | Contributions: <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) _____ Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc. (specify) _____ | | | |
| 5. Contributor's Occupation (if required) _____ | Contributions: <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) _____ Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc. (specify) _____ | | | |
| SUBTOTAL THIS PAGE OF SCHEDULE A | | \$ | | |
| TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY <i>(Enter total on ITEM 15a of the Summary Sheet)</i> | | \$ | | |



REPORT OF RECEIPTS AND EXPENDITURES OF A POLITICAL COMMITTEE

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

(CFA-4)

Summary Sheet

FILE NUMBER

46-16-54

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 Jeff Santana County Council At Large

2. Acronym or Abbreviated Name (if any)

3. Committee Telephone Number
(219) 874-8832

4. Mailing Address (address where all campaign finance correspondence is received) Check if this is a new address
4954 Lindsey Lane

5. City, State, ZIP Code
Michigan City, In. 46360

6. Party Affiliation (if applicable)
Democrat

CANDIDATE INFORMATION (For Candidate's Committees Only)

7. Full Name of Candidate (include any nickname)
Jeffrey Lee Santana

8. Party Affiliation or If Independent Candidate
Democrat

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

10. County of Residence
La Porte

TYPE OF REPORT

CONVENTION CANDIDATES ONLY

11. Check one:
 Pre-Primary Pre-Election Annual Nomination Other
 Final/Disbands Committee (lines 18, 19, and 20 must be "0") Outgoing Treasurer (within 10 days amend Statement of Organization)

Check one:
 Pre-Convention
 Post-Convention

Reporting Period:

From: **April 9, 2016** Through: **October 21, 2016**

COLUMN A
This Period

COLUMN B
Year to Date

13. Cash on hand and investments at the beginning of this reporting period. **\$1437.42** **\$1437.42**

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) | \$1437.42 | \$4781.30 |
| 15b. Unitemized | 2096.41 | |
| 15c. Add lines 15a and 15b in both columns | SUBTOTAL \$3533.83 | |
| 16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B | TOTAL \$3533.83 | \$4781.30 |

EXPENDITURES

(Note: These amounts include in-kind expenditures and loan repayments.)

| | | |
|---|---------------------------|------------------|
| 17a. Itemized (use Schedule B) (Public Question: use Schedule C) | \$3533.83 | \$4781.30 |
| 17b. Unitemized | | |
| 17c. Add lines 17a and 17b in both columns | SUBTOTAL \$3533.83 | \$4781.30 |
| 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 Jeff Santana | Title | Date 10-21-16 |
| Signature of Candidate (if applicable) Jeff Santana | | Date 10-21-16 |

FILED
FOR OFFICE USE ONLY

OCT 21 2016

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 Class D 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)

LA PORTE SUPERIOR COURT



**REPORT OF RECEIPTS AND EXPENDITURES
OF A POLITICAL COMMITTEE**

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

Page _____ of _____

| CONTRIBUTOR'S FULL NAME AND OCCUPATION FULL MAILING ADDRESS <i>(street, number, city, state, ZIP code)</i> | TYPE OF CONTRIBUTION OR OTHER RECEIPT | COLUMN A AMOUNT THIS PERIOD | COLUMN B CUMULATIVE YEAR-TO-DATE | DATE RECEIVED RECEIVED BY |
|--|---|-----------------------------------|--|---------------------------------|
| 1. Fundraiser (Galveston) Contributor's Occupation (if required) _____ | Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc. (specify) | \$1,437. ⁴² | 1,437. ⁴² | 4-24-16 SS |
| 2. Fundraiser (Galveston) Contributor's Occupation (if required) _____ | Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc. (specify) | \$650. ⁰⁰ | 650. ⁰⁰ | 9-25-16 SS |
| 3. Accumulative Contributions Contributor's Occupation (if required) _____ | Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc. (specify) | \$850. ⁰⁰ | 850. ⁰⁰ | 9-25-16 SS |
| 4. Jeff & Julie Santana Contributor's Occupation (if required) _____ | Contributions: <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc. (specify) | \$596. ⁴¹ | \$1,843. ⁸⁸ | 10-19-16 SS |
| 5. Contributor's Occupation (if required) _____ | Contributions: <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc. (specify) | | | |
| SUBTOTAL THIS PAGE OF SCHEDULE A | | \$3,533. ⁸³ | | |
| TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY <i>(Enter total on ITEM 15a of the Summary Sheet)</i> | | \$3,533. ⁸³ | | |



REPORT OF RECEIPTS AND EXPENDITURES OF A POLITICAL COMMITTEE

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 _____

| RECIPIENT'S NAME AND MAILING ADDRESS <i>(street, number, city, state, ZIP code)</i> | RECIPIENT'S OCCUPATION | TYPE OF EXPENDITURE and PURPOSE <i>(be specific)</i> | COLUMN A AMOUNT THIS PERIOD | COLUMN B CUMULATIVE YEAR-TO-DATE | DATE OF EXPENDITURE |
|--|--------------------------------------|---|---|--|--|
| | OFFICE SOUGHT <i>(if applicable)</i> | | | | |
| Code <u>A</u> The Beeher | | <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: | \$103.99 \$57.66 \$30.75 | \$305.00 | 4-21-16 5-27-16 8-30-16 |
| Code <u>A</u> WCOE/ WLOF | | <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: | \$180.20 \$247.35 | \$427.55 | 4-25-16 10-19-16 |
| Code <u>A</u> WEFM | | <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: | \$154.00 \$364.00 | \$518 | 4/2016 10/2016 |
| Code <u>A</u> News Dispatch | | <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: | \$359.22 45.08 154.00 130.16 687.46 | \$1395.88 | 4-29-16 4-18-16 4-25-16 9-16-16 10-20-16 |
| Code <u>A</u> WIMS | | <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: | 200.00 800.00 | \$1,000.00 | 4/2016 9-2016 |
| Code <u>A</u> Tony Drzwiecki | | <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: | | \$234.00 | |
| Code <u>A</u> Pioneer Land | | <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: | | \$100.00 | |
| SUBTOTAL THIS PAGE OF SCHEDULE B | | | \$3533.83 | | |
| TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY <i>(Enter total on ITEM 17a of the Summary Sheet)</i> | | | \$ | | |



**REPORT OF RECEIPTS AND EXPENDITURES
OF A POLITICAL COMMITTEE**

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

**(CFA-4 SCHEDULE C)
ITEMIZED EXPENDITURES
For Public Questions**

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. All cumulative expenses or transfers-out, regardless of amount paid to political committees supporting or opposing a public question, **MUST** be itemized on this schedule.

FILE NUMBER

Page _____ of _____

PUBLIC QUESTION INFORMATION

Enter Text of Public Question

Type of Question: Statewide Local

Position: Supported Opposed

| RECIPIENT'S NAME AND MAILING ADDRESS <i>(street, number, city, state, ZIP code)</i> | RECIPIENT'S OCCUPATION | TYPE OF EXPENDITURE and PURPOSE <i>(be specific)</i> | COLUMN A AMOUNT THIS PERIOD | COLUMN B CUMULATIVE YEAR-TO-DATE | DATE OF EXPENDITURE |
|--|------------------------|--|-----------------------------------|--|------------------------|
| Code <u>A</u> Buy Cool Promotions | | <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: | | \$700.85 | |
| Code <u>A</u> Alco-TV | | <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: | | \$75.00 | |
| Code <u>A</u> Jefferson Jackson Dinner Program | | <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: | | \$25.00 | |
| Code _____ | | <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: | | | |
| Code _____ | | <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: | | | |
| Code _____ | | <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: | | | |
| SUBTOTAL THIS PAGE OF SCHEDULE C | | | \$ 800.85 | | |
| TOTAL OF ALL PAGES OF SCHEDULE C ON THE LAST PAGE ONLY <i>(Enter total on ITEM 17a of the Summary Sheet)</i> | | | \$4781.30 | | |