



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

46-16-13

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 Jessica Hagler

2. Acronym or Abbreviated Name (if any)

3. Committee Telephone Number
(219) 309-5911

4. Mailing Address (address where all campaign finance correspondence is received) Check if this is a new address
443 S 200 E

5. City, State, ZIP Code
Hamlet IN 46532

6. Party Affiliation (if applicable)
Republican

CANDIDATE INFORMATION (For Candidate's Committees Only)

7. Full Name of Candidate (include any nickname)
Jessica Hagler

8. Party Affiliation or If Independent Candidate
Republican

9. Office Sought (include district number, if any. Not required for exploratory committee.)
Laporte County Coroner

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

12. Reporting Period:	COLUMN A This Period	COLUMN B Year to Date
From: Through:		
13. Cash on hand and investments at the beginning of this reporting period.	0	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	0	0
SUBTOTAL	0	0
16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B	0	0
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	0	0
SUBTOTAL	0	0
18. Cash on hand and investments at close of this reporting period (subtract 17c from 16 in both columns)	0	0
TOTAL	0	0
19. Debts OWED BY the committee (use Schedule D)	0	
20. Debts OWED TO the committee (use Schedule E)	0	

CERTIFICATION

CERTIFY THAT I HAVE EXAMINED THIS STATEMENT. TO THE BEST OF MY KNOWLEDGE AND BELIEF IT IS TRUE, CORRECT AND COMPLETE.

Signature of Treasurer: **Jessica Hagler** Title: **treasurer** Date: **1-15-16**

Signature of Candidate (if applicable): **Jessica Hagler** Date: **1-15-16**

FOR OFFICE USE ONLY

JAN 15, 2016
E

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)



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
46046-13

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

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

2. Last Name Hagler	First Name Jessica	Middle Name Lynn	Nickname	3. Type of Committee (Check one) <input checked="" type="checkbox"/> Candidate's Principal Committee <input type="checkbox"/> Exploratory Committee
4. Mailing Address 9063 S 200 E		5. FAX (Optional)		6. E-mail Address (Optional)
7. City Hamlet	State IN	ZIP Code 46532	8. County LaPorte	9. Telephone (Day) 219 309 5911
11. Party Affiliation <input type="checkbox"/> Democratic <input type="checkbox"/> Libertarian <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Other			10. Telephone (Evening) 219 309 5911	
12. Office Sought (Include district number, if any. Not required for an exploratory committee.) LaPorte County Coroner				

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

13. Full Name of Committee (Do not abbreviate) <input checked="" type="checkbox"/> Check if this is a new name Committee to elect Jessica Hagler				
14. Mailing Address <input checked="" type="checkbox"/> Check if this is a new address 9063 S 200 E		15. FAX (Optional)		16. E-mail Address (Optional)
17. City Hamlet	State IN	ZIP Code 46532	18. County LaPorte	19. Telephone 219 309 5911
21. Chairperson's Full Name <input type="checkbox"/> Designate Candidate as Chairperson <input checked="" type="checkbox"/> Check if this is a new chairperson Jessica Hagler			20. Committee Organization Date (MM-DD-YY) 1-22-16	
22. Mailing Address <input checked="" type="checkbox"/> Check if this is a new address 9063 S 200 E		23. FAX (Optional)		24. E-mail Address (Optional)
25. City Hamlet	State IN	ZIP Code 46532	26. County LaPorte	27. Telephone (Day) 219 309 5911
28. Telephone (Evening) 219 309 5911				
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.) <input checked="" type="checkbox"/> No <input type="checkbox"/> 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 Jessica Hagler		Signature of the Committee Chairperson Jessica Hagler		
33. Treasurer's Full Name <input type="checkbox"/> Designate candidate as treasurer <input checked="" type="checkbox"/> Check if this is a new treasurer Jessica Hagler				
34. Mailing Address <input checked="" type="checkbox"/> Check if this is a new address 9063 S 200 E		35. FAX (Optional)		36. E-mail Address (Optional)
37. City Hamlet	State IN	ZIP Code 46532	38. County LaPorte	39. Telephone (Day) 219 309 5911
40. Telephone (Evening) 219 309 5911				

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 Jessica Hagler

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 Jessica Hagler	Signature of Chairperson Jessica Hagler	Date (MM-DD-YY) 1-22-16
43. Typed or Printed Name of Candidate Jessica Hagler	Signature of Candidate Jessica Hagler	Date (MM-DD-YY) 1-22-16

FOR OFFICE USE ONLY

FILED
IN CLERKS OFFICE

JAN 22 2016

CLERK OF LA PORTE CIRCUIT 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 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, and IC 3-9-4-18).



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(CFA-4)

Summary Sheet

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46-116-13

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COMMITTEE INFORMATION

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Committee to elect Jessica Hagler

2. Acronym or Abbreviated Name (if any)

3. Committee Telephone Number

4. Mailing Address (address where all campaign finance correspondence is received) Check if this is a new address
9063 S 200 E

5. City, State, ZIP Code
Hamlet IN 46532

6. Party Affiliation (if applicable)
Republican

CANDIDATE INFORMATION (For Candidate's Committees Only)

7. Full Name of Candidate (include any nickname)
Jessica Hagler

8. Party Affiliation or If Independent Candidate
Republican

9. Office Sought (include district number, if any. Not required for exploratory committee.)
Laporte County Coroner

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:
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12. Reporting Period:	COLUMN A This Period	COLUMN B Year to Date
From: Through:		
13. Cash on hand and investments at the beginning of this reporting period.	0	0
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CONTRIBUTIONS AND RECEIPTS

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CERTIFICATION

CERTIFY THAT I HAVE EXAMINED THIS STATEMENT TO THE BEST OF MY KNOWLEDGE AND BELIEF IT IS TRUE, CORRECT AND COMPLETE.

Signature of Treasurer: *Jessica Hagler* Title: *Treasurer* Date: *4-18-16*

Signature of Candidate (if applicable): *Jessica Hagler* Date: *4-18-16*

FOR OFFICE USE ONLY
IN CLERKS OFFICE

APR 18 2016

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CLERK OF LA PORTE CIRCUIT COURT

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9603 S 200 E

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Hamlet IN 46532

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LaPorte County Coroner

10. County of Residence
LaPorte

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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: [Signature] Title: Treasurer Date: 3-6-17

Signature of Candidate (if applicable): [Signature] Date: 3-6-17

IN CLERK'S OFFICE
 FOR OFFICE USE ONLY
 MAR 6 2017
 CLERK OF LA PORTE CIRCUIT COURT

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