



**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
46-16-24
TOTAL PAGES IN ENTIRE CFA-4 REPORT
2

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 <i>Statement of Organization</i>) <input type="checkbox"/> Check if this is a new name FRIENDS OF JOHN ESPAR COMMITTEE	
2. Acronym or Abbreviated Name (if any)	3. Committee Telephone Number (219) 874-2900
4. Mailing Address (address where all campaign finance correspondence is received) <input type="checkbox"/> Check if this is a new address 501 PINE STREET	
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) JOHN M. ESPAR	8. Party Affiliation or If Independent Candidate DEMOCRAT
9. Office Sought (Include district number, if any. Not required for exploratory committee.) LA PORTE COUNTY PROSECUTING ATTORNEY	10. County of Residence LA PORTE

TYPE OF REPORT	CONVENTION CANDIDATES ONLY
11. Check one: <input type="checkbox"/> Pre-Primary <input type="checkbox"/> Pre-Election <input checked="" type="checkbox"/> Annual <input type="checkbox"/> Nomination <input type="checkbox"/> Other <input type="checkbox"/> Final/Disbands Committee (lines 18, 19, and 20 must be "0") <input type="checkbox"/> Outgoing Treasurer (within 10 days amend Statement of Organization)	Check one: <input type="checkbox"/> Pre-Convention <input type="checkbox"/> Post-Convention

12. Reporting Period: From: 01/01/2015 Through: 12/31/2015	COLUMN A This Period	COLUMN B Year to Date
13. Cash on hand and investments at the beginning of this reporting period.	2,086.97	
14. Cash on hand and investments January 1, current year.		2,086.97

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	0.00	0.00
16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B TOTAL	2,086.97	2,086.97

EXPENDITURES (Note: These amounts include in-kind expenditures and loan repayments.)		
17a. Itemized (use Schedule B) (Public Question: use Schedule C)		
17b. Unitemized	100.00	100.00
17c. Add lines 17a and 17b in both columns SUBTOTAL	100.00	100.00
18. Cash on hand and investments at close of this reporting period (subtract 17c from 16 in both columns) TOTAL	1,986.97	1,986.97
19. Debts OWED BY the committee (use Schedule D)	33,000.00	
20. Debts OWED TO the committee (use Schedule E)		

CERTIFICATION			FOR OFFICE USE ONLY
I CERTIFY THAT I HAVE EXAMINED THIS STATEMENT. TO THE BEST OF MY KNOWLEDGE AND BELIEF IT IS TRUE, CORRECT AND COMPLETE.			IN CLERKS OFFICE
Signature of Treasurer <i>John M. Espar</i>	Title TREASURER	Date 1/7/2015	JAN 20 2016
Signature of Candidate (if applicable)		Date 1/16/2016	
<p>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)</p>			CLERK OF LA PORTE CIRCUIT COURT



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Indiana Election Commission (IC 3-9-5-14)

**(CFA-4 SCHEDULE D)
DEBTS OWED BY THIS COMMITTEE**

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. List all debts and loans, regardless of the amount, **OWED BY** the committee during the reporting period. Include all amounts owed for or to lend institutions, individuals, credit purchases, committee credit card accounts, etc. List each vendor paid by credit card issued in the name of the committee in the ENDORSER'S column. A lender's occupation is required if an individual makes loans of at least \$1,000 during the calendar year. Otherwise, this is optional.

FILE NUMBER
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CREDITOR'S OR LENDER'S NAME & MAILING ADDRESS <i>(street, number, city, state, ZIP code)</i>	ENDORSER'S OR VENDOR'S NAME & MAILING ADDRESS <i>(if any)</i> <i>(street, number, city, state, ZIP code)</i>	AMOUNT	DATE DEBT INCURRED	CUMULATIVE PAID YEAR-TO-DATE	OUTSTANDING BALANCE THIS PERIOD
		NATURE OF DEBT			
JOHN M. ESPAR 501 PINE STREET MICHIGAN CITY, IN 46360 LENDER'S OCCUPATION: CANDIDATE		\$8,000.00	11/15/2013	\$0.00	\$8,000.00
		CASH LOAN			
JOHN M. ESPAR 501 PINE STREET MICHIGAN CITY, IN 46360 LENDER'S OCCUPATION: CANDIDATE		\$10,000.00	02/27/2014	\$0.00	\$10,000.00
		CASH LOAN			
JOHN M. ESPAR 501 PINE STREET MICHIGAN CITY, IN 46360 LENDER'S OCCUPATION: CANDIDATE		\$10,000.00	03/31/2014	\$0.00	\$10,000.00
		CASH LOAN			
JOHN M. ESPAR 501 PINE STREET MICHIGAN CITY, IN 46360 LENDER'S OCCUPATION: CANDIDATE		\$5,000.00	04/29/2014	\$0.00	\$5,000.00
		CASH LOAN			
LENDER'S OCCUPATION:					
LENDER'S OCCUPATION:					
LENDER'S OCCUPATION:					
SUBTOTAL THIS PAGE OF SCHEDULE D					\$ 33,000.00
TOTAL OF ALL PAGES OF SCHEDULE D ON THE LAST PAGE ONLY <i>(Enter total on ITEM 19 of the Summary Sheet)</i>					\$ 33,000.00



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
2-46-16-24
TOTAL PAGES IN ENTIRE CFA-4 REPORT
3

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 <i>Statement of Organization</i>) <input type="checkbox"/> Check if this is a new name FRIENDS OF JOHN ESPAR COMMITTEE	
2. Acronym or Abbreviated Name (if any)	3. Committee Telephone Number (219) 874-2900
4. Mailing Address (<i>address where all campaign finance correspondence is received</i>) <input type="checkbox"/> Check if this is a new address 501 PINE STREET	
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 (<i>include any nickname</i>) JOHN M. ESPAR	8. Party Affiliation or If Independent Candidate DEMOCRAT
9. Office Sought (<i>Include district number, if any. Not required for exploratory committee.</i>) LA PORTE COUNTY PROSECUTING ATTORNEY	10. County of Residence LA PORTE

TYPE OF REPORT	CONVENTION CANDIDATES ONLY
11. Check one: <input type="checkbox"/> Pre-Primary <input type="checkbox"/> Pre-Election <input checked="" type="checkbox"/> Annual <input type="checkbox"/> Nomination <input type="checkbox"/> Other <input type="checkbox"/> Final/Disbands Committee (<i>lines 18, 19, and 20 must be "0"</i>) <input type="checkbox"/> Outgoing Treasurer (<i>within 10 days amend Statement of Organization</i>)	Check one: <input type="checkbox"/> Pre-Convention <input type="checkbox"/> Post-Convention

12. Reporting Period: From: 01/01/2016 Through: 12/31/2016	COLUMN A This Period	COLUMN B Year to Date
13. Cash on hand and investments at the beginning of this reporting period.	2,086.97	
14. Cash on hand and investments January 1, current year.		2,086.97

CONTRIBUTIONS AND RECEIPTS		COLUMN A	COLUMN B
<i>(Note: these amounts include in-kind contributions and loans, as well as cash contributions.)</i>			
15a. Itemized (use Schedule A)			
15b. Unitemized			
15c. Add lines 15a and 15b in both columns	SUBTOTAL	0.00	0.00
16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B	TOTAL	2,086.97	2,086.97

EXPENDITURES		COLUMN A	COLUMN B
<i>(Note: These amounts include in-kind expenditures and loan repayments.)</i>			
17a. Itemized (use Schedule B) (Public Question: use Schedule C)			
17b. Unitemized		550.00	550.00
17c. Add lines 17a and 17b in both columns	SUBTOTAL	550.00	550.00
18. Cash on hand and investments at close of this reporting period (subtract 17c from 16 in both columns)	TOTAL	1,536.97	1,536.97
19. Debts OWED BY the committee (use Schedule D)		33,000.00	
20. Debts OWED TO the committee (use Schedule E)			

CERTIFICATION			FOR OFFICE USE ONLY CLERKS OFFICE
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 <i>John M. Espar</i>	Title TREASURER	Date 1/5/2017	JAN - 9 2017
Signature of Candidate (if applicable)		Date 1/5/2017	
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 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)			OF LA PORTE CIRCUIT COURT <i>For Office Use Only</i>



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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>C</u> EKATERINA BENEFIT HORIZON BANK MICHIGAN CITY, IN	CHARITY	<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: CONTRIBUTION	\$300.00	\$300.00	02/10/2016
Code <u>C</u> JAMES GLASGOW	WILL COUNTY IL PROSECUTOR WILL COUNTY IL PROSECUTOR	<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: CONTRIBUTION	\$250.00	\$250.00	04/26/2016
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:			
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 B			\$ 550.00		
TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY <i>(Enter total on ITEM 17a of the Summary Sheet)</i>			\$ 550.00		



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**(CFA-4 SCHEDULE D)
DEBTS OWED BY THIS COMMITTEE**

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. List all debts and loans, regardless of the amount, **OWED BY** the committee during the reporting period. Include all amounts owed for or to lend institutions, individuals, credit purchases, committee credit card accounts, etc. List each vendor paid by credit card issued in the name of the committee in the ENDORSER'S column. A lender's occupation is required if an individual makes loans of at least \$1,000 during the calendar year. Otherwise, this is optional.

FILE NUMBER
Page <u> 3 </u> of <u> 3 </u>

CREDITOR'S OR LENDER'S NAME & MAILING ADDRESS <i>(street, number, city, state, ZIP code)</i>	ENDORSER'S OR VENDOR'S NAME & MAILING ADDRESS <i>(if any)</i> <i>(street, number, city, state, ZIP code)</i>	AMOUNT NATURE OF DEBT	DATE DEBT INCURRED	CUMULATIVE PAID YEAR-TO-DATE	OUTSTANDING BALANCE THIS PERIOD
JOHN M. ESPAR 501 PINE STREET MICHIGAN CITY, IN 46360 LENDER'S OCCUPATION: CANDIDATE		\$8,000.00	11/15/2013	\$0.00	\$8,000.00
		CASH LOAN			
JOHN M. ESPAR 501 PINE STREET MICHIGAN CITY, IN 46360 LENDER'S OCCUPATION: CANDIDATE		\$10,000.00	02/27/2014	\$0.00	\$10,000.00
		CASH LOAN			
JOHN M. ESPAR 501 PINE STREET MICHIGAN CITY, IN 46360 LENDER'S OCCUPATION: CANDIDATE		\$10,000.00	03/31/2014	\$0.00	\$10,000.00
		CASH LOAN			
JOHN M. ESPAR 501 PINE STREET MICHIGAN CITY, IN 46360 LENDER'S OCCUPATION: CANDIDATE		\$5,000.00	04/29/2014	\$0.00	\$5,000.00
		CASH LOAN			
SUBTOTAL THIS PAGE OF SCHEDULE D					\$ 33,000.00
TOTAL OF ALL PAGES OF SCHEDULE D ON THE LAST PAGE ONLY <i>(Enter total on ITEM 19 of the Summary Sheet)</i>					\$ 33,000.00