



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
46-16-30
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) <input type="checkbox"/> Check if this is a new name Long Beach Party	
2. Acronym or Abbreviated Name (if any)	3. Committee Telephone Number (219) 785-5778
4. Mailing Address (address where all campaign finance correspondence is received) <input type="checkbox"/> Check if this is a new address 2102 Oakenwald Avenue	
5. City, State, ZIP Code Long Beach, Indiana 46360	6. Party Affiliation (if applicable)

CANDIDATE INFORMATION (For Candidate's Committees Only)

7. Full Name of Candidate (include any nickname)	8. Party Affiliation or If Independent Candidate
9. Office Sought (include district number, if any. Not required for exploratory committee.)	10. County of Residence

TYPE OF REPORT

11. Check one: <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)	CONVENTION CANDIDATES ONLY Check one: <input type="checkbox"/> Pre-Convention <input type="checkbox"/> Post-Convention
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12. Reporting Period: From: 10/10/2015 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.	789.00	
14. Cash on hand and investments January 1, current year.		0.00
CONTRIBUTIONS AND RECEIPTS (Note: these amounts include in-kind contributions and loans, as well as cash contributions.)		
15a. Itemized (use Schedule A)	5,327.50	7,177.50
15b. Unitemized	400.00	1,439.00
15c. Add lines 15a and 15b in both columns SUBTOTAL	5,787.50	8,616.50
16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B TOTAL	6,576.50	8,616.50
EXPENDITURES (Note: These amounts include in-kind expenditures and loan repayments.)		
17a. Itemized (use Schedule B) (Public Question: use Schedule C)	6,472.00	8,512.00
17b. Unitemized	39.00	39.00
17c. Add lines 17a and 17b in both columns SUBTOTAL	6,511.00	8,551.00
18. Cash on hand and investments at close of this reporting period (subtract 17c from 16 in both columns) TOTAL	65.50	65.50
19. Debts OWED BY the committee (use Schedule D)	0.00	
20. Debts OWED TO the committee (use Schedule E)	0.00	

CERTIFICATION

I CERTIFY THAT I HAVE EXAMINED THIS STATEMENT TO THE BEST OF MY KNOWLEDGE AND BELIEF IT IS TRUE, CORRECT AND COMPLETE.			FOR OFFICE USE ONLY
Signature of Treasurer <i>[Signature]</i>	Title Chairman	Date 01/20/2016	FILED IN CLERKS OFFICE JAN 20 2016
Signature of Candidate (if applicable)		Date	

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)

[Signature]
CLERK OF LA PORTE CIRCUIT 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. Antonietti, Edward A. & Barbara J. 2010 Idlewood Trail Long Beach, Indiana 46360 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)	0.00	100.00	
2. Brown, Larry A. & Martha A. Maust 3005 Loma Portal Way Long Beach, Indiana 46360 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)	0.00	100.00	
3. Cannon, Patrick & Jeanne Ann 2005 Nethercliffe Way Long Beach, Indiana 46360 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)	150.00	150.00	10/22/15
4. Dauparas, Jerrald F. & Stephanie A. 2207 Chastleton Drive Long Beach, Indiana 46360 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)	500.00	500.00	10/27/15
5. De La Barre, Barton C. & Kathryn A. 2508 Oriole Trail Long Beach, Indiana 46360 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)	100.00	100.00	10/27/15
SUBTOTAL THIS PAGE OF SCHEDULE A		\$750.00		
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 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. Dillon, Bernard J. 2200 Hoveland Avenue Long Beach, Indiana 46360 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) _____	0.00	250.00	
2. Fargo, Keith B. & Carla Johnson 2201 Chastleton Drive Long Beach, Indiana 46360 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) _____	250.00	450.00	12/08/15
3. Geraghty, Kathleen M. 2203 Hoveland Avenue Long Beach, Indiana 46360 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) _____	100.00	150.00	12/18/15
4. Healy, Peter F. & Maureen E. 2106 Oriole Trail Long Beach, Indiana 46360 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) _____	250.00	400.00	10/21/15
5. Higdon, Al & Rose 2815 Lake Shore Drive Long Beach, Indiana 46360 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) _____	100.00	100.00	10/16/15
SUBTOTAL THIS PAGE OF SCHEDULE A		\$700.00		
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
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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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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. Hoener, Danielle M. & Brian D. 2002 Somerset Drive Long Beach, Indiana 46360 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)	100.00	100.00	10/16/15
2. Hoppe, David R. & Mary Helen 1604 Oats Court Long Beach, Indiana 46360 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)	50.00	100.00	12/08/15
3. Jogmen, Lenore B. & Joseph M. 2213 Flotmond Avenue Long Beach, Indiana 46360 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)	0.00	100.00	
4. Keltz, Michele L. 2932 Belle Plaine Trail Long Beach, Indiana 46360 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)	100.00	100.00	10/20/15
5. King, Marjorie A. 3526 Inquoils Trail Duneland Beach, Indiana 46360 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)	50.00 100.00	100.00 200.00	10/16/15 12/03/15
SUBTOTAL THIS PAGE OF SCHEDULE A		\$400.00		
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
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Indiana Election Commission (IC 3-9-5-14)

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

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1. Kominlerek, Michael C. & Patricia A. 2916 Loma Portal Way Long Beach, Indiana 46360 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)	100.00	100.00	11/12/15
2. Laughlin, James A. & John L. Leinweber 2811 Lake Shore Drive Long Beach, Indiana 46360 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)	250.00	250.00	12/01/15
3. Lemay, Dorla L. & Robert P. 2201 Oakenwald Drive Long Beach, Indiana 46360 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)	500.00 127.50	500.00 627.50	10/22/15 12/29/15
4. McCormick, Seth & Susan B. Meservey 2200 Hoveland Long Beach, Indiana 46360 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)	0.00	250.00	
5. Morgan, Barbara K. 1607 Oaks Court Long Beach, Indiana 46360 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)	0.00	500.00	
SUBTOTAL THIS PAGE OF SCHEDULE A		\$977.50		
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
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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**

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				RECEIVED BY
1. Neufieb, James S. & Jane C. 2201 Florimond Avenue Long Beach, Indiana 46360 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)	250.00 100.00	300.00 400.00	10/20/15 12/18/15
2. Pawlowski, James 2932 Belle Plaine Trail Long Beach, Indiana 46360 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)	100.00	100.00	10/16/15
3. Pound, Michael F. & Susan B. 2205 Lake Shore Drive Long Beach, Indiana 46360 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)	100.00	100.00	10/20/15
4. Powers, William N. & Anna P. 1523 Lake Shore Drive Long Beach, Indiana 46360 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)	150.00	150.00	10/20/15
5. Radtke, Judith L. & Daniel M. 3004 Loma Portal Way Long Beach, Indiana 46360 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)	100.00	100.00	10/20/15
SUBTOTAL THIS PAGE OF SCHEDULE A		\$800.00		
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 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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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. Remijas, Richard J., Jr & Sherry A. 2742 Floral Trail Long Beach, Indiana 46360 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)	100.00	100.00	10/20/15
2. Salmon, Michael J. & June C. 2330 Tinkers Way Long Beach, Indiana 46360 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)	500.00 250.00	500.00 750.00	10/22/15 12/29/15
3. Schenk, Deborah A. 3001 Lake Shore Drive Long Beach, Indiana 46360 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)	200.00	200.00	10/21/15
4. Schmitt, Joy M. 1607 Oaks Court Long Beach, Indiana 46360 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)	500.00 50.00	500.00 550.00	10/21/15 10/21/15
5. Wickstrom, Douglas & Linda 2811 Lyndale Way Long Beach, Indiana 46360 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)	100.00	100.00	10/20/15
SUBTOTAL THIS PAGE OF SCHEDULE A		\$1,700.00		
TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY <i>(Enter total on ITEM 15a of the Summary Sheet)</i>		\$5,327.50		



**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>F</u> Shady Creek Winery 2030 Tryon Road Michigan City, Indiana 46360	Restaurant	<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:	0.00	1,446.00	09/18/15
Code <u>A</u> The Beacher 911 Frankfin Street Michigan City, Indiana 46360	Newspaper	<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:	198.00 396.00 198.00	792.00 1,188.00 1,386.00	10/15/15 10/21/15 11/05/15
Code <u>A</u> Pinnacle Graphics & Promotions 7231 W. Myrtle Avenue Chicago, Illinois 60631		<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:	752.50 3,500.00 450.00 227.50	752.50 4,252.50 4,702.50 4,930.00	10/10/15 10/28/15 12/07/15 12/08/15
Code <u>A</u> Nora Wall 2022 Juneway Drive Long Beach, Indiana		<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:	750.00	750.00	12/21/15
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			\$6,472.00		
TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY <i>(Enter total on ITEM 17a of the Summary Sheet)</i>			\$6,472.00		



**REGULAR PARTY COMMITTEE
STATEMENT OF ORGANIZATION**

State Form 46413 (R5/9-09)
Indiana Election Commission (IC 3-9-1-3 and IC 3-9-1-4)

(CFA-3)

**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 → 46-45-98 46-16-30

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

2. Full Name of Committee (Do not abbreviate) <input type="checkbox"/> Check if this is a new name Long Beach Party Committee			3. Acronym or Abbreviated Name (if any) LBPC		
4. Mailing Address (Address where all campaign finance correspondence is received) <input type="checkbox"/> Check if this is a new address 2102 Oakenwald Drive			5. E-mail Address (Optional) Longbeachparty@gmail.com		
6. City Long Beach	State IN	ZIP Code 46360	7. FAX (Optional) () NA	8. Telephone (219) 8610336	9. Committee Organization Date (MM-DD-YY) 06-01-15

10. Is this committee registered with the Federal Election Commission? Yes No

11. Type of Regular Party Committee (Check one)
 National State Congressional District County City Town

12. Party Affiliation (Check one)
 Democratic Libertarian Republican Other Long Beach Party

13. Chairperson's Name <input type="checkbox"/> Check if this is a new chairperson Jeff Bartlett			14. E-mail Address (Optional) Jeffb727@gmail.com		
15. Mailing Address <input type="checkbox"/> Check if this is a new address 2102 Oakenwald drive long beach, in 46360			16. Telephone (Day) (219) 8610336		17. Telephone (Evening) (219) 8610336
18. Treasurer's Name <input type="checkbox"/> Check if this is a new treasurer Thomas King			19. E-mail Address (Optional) KingTom1967@yahoo.com		
20. Mailing Address <input type="checkbox"/> Check if this is a new address 2301 Florimond Avenue			21. Telephone (Day) (312) 209-1114		22. Telephone (Evening) (312) 209-1114
23. Custodian of Records' Name <input type="checkbox"/> Check if this is a new custodian Jeff Bartlett			24. E-mail Address (Optional) Jeffb727@gmail.com		
25. Mailing Address <input type="checkbox"/> Check if this is a new address 2102 Oakenwald Drive			26. Telephone (Day) (219) 8610336		27. Telephone (Evening) (219) 8610336

28. 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.)
None at this time

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

29. I, as Chairperson of the foregoing committee, appoint the following person as Treasurer of the Committee.	Person Appointed Treasurer Thomas King	Signature of the Committee Chairperson <i>Jeff Bartlett</i>
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SECTION C. ACCEPTANCE OF APPOINTMENT (IC 3-9-1-15)

30. I give notice that I accept the duties and responsibilities of Treasurer of this Committee. I am not the chairperson of any other campaign finance committee.			FOR OFFICE USE ONLY
31. Typed or Printed Name of Treasurer Thomas King	Signature of Treasurer <i>Thomas King</i>	Date (MM-DD-YY) 03-15-16	

SECTION D. CERTIFICATION OF STATEMENT

I certify that I am the duly appointed Chairperson of the Committee and have examined this statement. To the best of my knowledge and belief it is true, correct and complete.		
32. Typed or Printed Name of Chairperson Jeff Bartlett	Signature of Chairperson <i>Jeff Bartlett</i>	Date (MM-DD-YY) 03-15-16

Warning: Any information contained in this statement may not be copied for sale or used for any commercial purpose. (IC 3-9-4-5) State law requires that any change in this information must 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).

**FILED
IN CLERKS OFFICE
MAR 23 2016
CLERK OF LA PORTE CIRCUIT COURT**

INSTRUCTIONS FOR COMPLETING THIS FORM

This form is to be used by Regular Party Committees (central committees only or the national committee of a political party (IC 3-5-2-42)) when organizing as required by IC 3-9-1-3 and IC 3-9-1-4.

The preparer should **type or print legibly in black ink** all information on this form. If more space is needed, please attach additional sheets. All previous versions of State Form 46413 are obsolete and cannot be used (IC 3-5-4-8). State law requires that any changes on this form must be reported **WITHIN 10 DAYS OF THE CHANGE**.

ITEM 1: IS THIS AN AMENDMENT? Check "No" if organizing for the first time. Check "Yes" if updating information. If "Yes," enter the previously assigned Election Division or County Election Board file number in the box titled "FILE NUMBER."

ITEM 2: Enter full name of the Committee. Do not abbreviate. Check if this is a new name.

ITEM 3: Enter acronym or abbreviated name.

ITEM 4: Enter the mailing address of the committee. All correspondence with the committee relative to filings under the Campaign Finance Act will be mailed to this address, unless specified otherwise. Check if this is a new address.

ITEM 5. COMMITTEES FILING WITH THE INDIANA ELECTION DIVISION ONLY: Committees that file campaign finance reports with the Indiana Election Division and wish to file these reports electronically may contact the Election Division at (800) 622-4941 or at the e-mail address campaignfinance@iec.in.gov for further information.

SPECIAL INSTRUCTIONS FOR CERTAIN POLITICAL ACTION COMMITTEES

This instruction applies to a political action committee which is (1) required to file with the Election Division; and (2) received more than \$50,000 in contributions since the close of the previous reporting period. This form must be filed **electronically** with the Election Division. Contact 1-800-622-4941 for more information.

ITEM 6: Enter the committee city, state and ZIP Code. (If known, include ZIP Code+4.)

ITEM 8: Enter the committee telephone number, including area code. (This will typically be the committee's day telephone number.)

ITEM 9: Enter the date when the committee was organized. This may be the date the committee began to operate.

ITEM 10: Check "Yes" if the committee is registered with the Federal Election Commission (FEC).

ITEM 11: Indicate the type of regular party committee by checking the appropriate box.

ITEM 12: Enter the party affiliation.

ITEM 13: CHAIRPERSON INFORMATION: Enter the name, mailing address (if known, include ZIP Code+4), day and evening telephone numbers (including area code) of the committee chairperson. Note: The chairperson may not be the treasurer of any other campaign finance committee. Check if this is a new chairperson or new information.

ITEM 18: TREASURER INFORMATION: Enter the name, mailing address (if known, include ZIP Code+4), day and evening telephone numbers (including area code) of the committee treasurer. The treasurer must be a U.S. citizen and may not be the chairperson of any other campaign finance committee. The treasurer's duties and responsibilities are discussed in detail in the Instruction Manual for the Indiana Campaign Finance Act (current edition). Check if this is a new treasurer or new information.

ITEM 23: CUSTODIAN OF RECORDS: Enter the name, mailing address (if known, include ZIP Code+4), title (bookkeeper, accountant, etc.), day and evening telephone numbers (including area code) of the person who has actual possession of the committee's bookkeeping records. Check if this is a new custodian or new information.

ITEM 28: Enter the name of all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds. All funds of a committee must be segregated from and MAY NOT be commingled with the person funds of the officer, members, or associates of the committee. (IC 3-9-2-9)

ITEM 29: APPOINTMENT OF TREASURER: This section must be completed in its entirety by the committee chairperson.

ITEM 30: ACCEPTANCE OF APPOINTMENT: The treasurer must provide that individual's written signature verifying acceptance of the duties and responsibilities as committee treasurer. It is not necessary for an assistant treasurer to complete ITEM 30.

ITEM 32: The chairperson must enter that individual's typed or printed name, written signature and date signed in this section.

NOTICE: Read and understand the warning printed on the other side of this form. Contact the Indiana Election Division or your County Election Board if you have any questions.