



**POLITICAL ACTION COMMITTEE  
OR LEGISLATIVE CAUCUS COMMITTEE  
STATEMENT OF ORGANIZATION**  
State Form 28251 (R9/9-09)  
Indiana Election Commission (IC 3-9-1-3 and IC 3-9-1-4)

(CFA-2)

**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 → 46-216-45

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

2. Full Name of Committee (Do not abbreviate)  Check if this is a new name  
Taxpayers for New Prairie Schools

3. Acronym or Abbreviated Name (if any)

4. Mailing Address (Address where all campaign finance correspondence is received)  Check if this is a new address  
1253 E Apple Orchard Lane

5. E-mail Address (Optional)  
npuscproject@gmail.com

6. City La Porte State In ZIP Code 46350

7. FAX (Optional)

8. Telephone  
(574) 299-6884

9. Committee Organization Date (MM-DD-YY)  
02/03/16

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

11. Is this committee a "Legislative Caucus Committee" under IC 3-5-2-27.37?  Yes  No

12. State the purpose of the committee and on which issues the committee expects to focus.  
Advocate for Referendum vote of Funds to Renovate New Prairie High School

13. Name and address of any connected, affiliated, sponsoring organization, corporation, group, or individual.

14. Is this committee supporting a political party's entire ticket?  Yes  No  
Check party affiliation if applicable:  Democratic  Libertarian  Republican  
 Other

15. If supporting or opposing a public question, state both the subject of the question AND the committee position.  
Raise Funds thru Referendum Vote to Renovate New Prairie HS; Other Selected Projects Support

16. Chairperson's Name  Check if this is a new chairperson  
Scott De Martinis

17. E-mail Address (Optional)

18. Mailing Address  Check if this is a new address  
1902 N. Whisper Crossing La Porte, In 46350

19. Telephone (Day)  
219, 877-5879

20. Telephone (Evening)  
219, 363-4800

21. Treasurer's Name  Check if this is a new treasurer  
Jim Holifield

22. E-mail Address (Optional)

23. Mailing Address  Check if this is a new address  
1253 E Apple Orchard Lane La Porte, In 46350

24. Telephone (Day)  
219, 767-2266

25. Telephone (Evening)  
219, 448-1462

26. Custodian of Records' Name  Check if this is a new custodian  
Cary Damerow

27. E-mail Address (Optional)

28. Mailing Address  Check if this is a new address  
8452 E Ivy Blvd

29. Telephone (Day)  
219, 778-1404

30. Telephone (Evening)

31. 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.)

**SECTION B. 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  
Jim Holifield

Signature of the Committee Chairperson  
Scott De Martinis

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

33. 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.

34. Typed or Printed Name of Treasurer  
Jim Holifield

Signature of Treasurer  
James S. Holifield

Date (MM-DD-YY)  
2/3/2016

**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.

35. Typed or Printed Name of Chairperson  
Scott De Martinis

Signature of Chairperson  
Scott De Martinis

Date (MM-DD-YY)  
2/3/16

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)

**FOR OFFICE USE ONLY**

**FILED  
IN CLERKS OFFICE**

FEB 4 2016

Spencer J. Hank  
CLERK OF LA PORTE CIRCUIT COURT



# REPORT OF RECEIPTS AND EXPENDITURES POLITICAL COMMITTEE

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

OF A

## (CFA-4) Summary Sheet

<b>FILE NUMBER</b>
76-16-09 46-16-45
<b>TOTAL PAGES IN ENTIRE CFA-4 REPORT</b>
4

**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 <b>Taxpayers for New Prairie Schools</b>	
2. Acronym or Abbreviated Name (if any)	3. Committee Telephone Number ( 574 ) 299-6884
4. Mailing Address (address where all campaign finance correspondence is received) <input type="checkbox"/> Check if this is a new address <b>1253 E. Apple Orchard Lane</b>	
5. City, State, ZIP Code <b>LaPorte, IN 46350</b>	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

### CONVENTION CANDIDATES ONLY

11. Check one: <input type="checkbox"/> Pre-Primary <input type="checkbox"/> Pre-Election <input 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
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12. Reporting Period: From: <b>February 3, 2016</b> Through: <b>April 8, 2016</b>	<b>COLUMN A</b> This Period	<b>COLUMN B</b> Year to Date
13. Cash on hand and investments at the beginning of this reporting period.	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)	\$1,200.00	\$1,200.00
15b. Unitemized	\$475.67	\$475.67
15c. Add lines 15a and 15b in both columns <b>SUBTOTAL</b>	\$1,675.67	\$1,675.67
16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B <b>TOTAL</b>	\$1,675.67	\$1,675.67

### EXPENDITURES

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

17a. Itemized (use Schedule B) (Public Question: use Schedule C)	\$699.54	\$699.54
17b. Unitemized	0	0
17c. Add lines 17a and 17b in both columns <b>SUBTOTAL</b>	\$699.54	\$699.54
18. Cash on hand and investments at close of this reporting period (subtract 17c from 16 in both columns) <b>TOTAL</b>	\$976.13	\$976.13
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 <i>James N. Holzfeld</i>	Title <b>Treasurer</b>	Date <b>4-12-16</b>
Signature of Candidate (if applicable)		Date

**FILED**  
IN CLERKS OFFICE  
**APR 15 2016**  
*Lawrence J. ...*  
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 **totalled 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
76-16-09
Page <u>  1  </u> of <u>  1  </u>

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. Paul White 505 W. Dunn Road New Carlisle, IN 46552  Contributor's Occupation <i>(if required)</i> _____	Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <i>(describe)</i>  Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc. <i>(specify)</i>	\$300.00	\$300.00	02/05/16
				James G. Holifield
2. David Surma 10 S. Walnut Street Rolling Prairie, IN 46371  Contributor's Occupation <i>(if required)</i> _____	Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <i>(describe)</i>  Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc. <i>(specify)</i>	\$200.00	\$200.00	02/17/16
				James G. Holifield
3.  Contributor's Occupation <i>(if required)</i> _____	Contributions: <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind <i>(describe)</i>  Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc. <i>(specify)</i>			
4.  Contributor's Occupation <i>(if required)</i> _____	Contributions: <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind <i>(describe)</i>  Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc. <i>(specify)</i>			
<b>SUBTOTAL THIS PAGE OF SCHEDULE A</b>		<b>\$500.00</b>		
<b>TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY</b> <i>(Enter total on ITEM 15a of the Summary Sheet)</i>		<b>\$</b>		

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

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

State  
Indiana Election

**(CFA-4 SCHEDULE A-3)  
CONTRIBUTIONS BY  
LABOR ORGANIZATIONS**

**Itemized Contributions and Other Receipts**

**INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY LABOR ORGANIZATIONS 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 labor organizations **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).

**FILE NUMBER**

**76-16-09**

Page 1 of 1

CONTRIBUTOR'S FULL NAME AND 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. Sheet Metal Workers Local 20 Gary Area Labor/Management Trust 6450 Ameriplex Drive Portage, IN 46368	Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <i>(describe)</i>  Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc. <i>(specify)</i>	\$200.00	\$200.00	04/08/16
				James G. Holifield
2. Iron Workers Local 395 IPAL 6570 Ameriplex Drive Portage, IN 46368	Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <i>(describe)</i>  Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc. <i>(specify)</i>	\$500.00	\$500.00	04/08/16
				James G. Holifield
3.	Contributions: <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind <i>(describe)</i>  Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc. <i>(specify)</i>			
4.	Contributions: <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind <i>(describe)</i>  Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc. <i>(specify)</i>			
5.	Contributions: <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind <i>(describe)</i> Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc. <i>(specify)</i>			
<b>SUBTOTAL THIS PAGE OF SCHEDULE A</b>		<b>\$ 700.00</b>		
<b>TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY</b> <i>(Enter total on ITEM 15a of the Summary Sheet)</i>		<b>\$ 1,200.00</b>		



**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.

<b>FILE NUMBER</b>
<b>76-16-09</b>
Page <u>1</u> of <u>1</u>

**PUBLIC QUESTION INFORMATION**

**Enter Text of Public Question**

"Shall the New Prairie United School Corporation issue bonds or enter into a lease to finance the comprehensive construction, renovation, and improvements to various School Corporation facilities, including the equipping thereof, which is estimated to cost not more than \$42,000,000 and is estimated to increase the property tax rate for debt service by \$0.6155 per \$100 of assessed valuation?"

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> Humphrey Printing 315 N. Main Street Kokomo, IN 46901	Printer	<input type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input checked="" type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: Printing of stickers/bookmarks	\$699.54	\$699.54	03/31/16
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:			
<b>SUBTOTAL THIS PAGE OF SCHEDULE C</b>			\$ 699.54		
<b>TOTAL OF ALL PAGES OF SCHEDULE C ON THE LAST PAGE ONLY</b> <i>(Enter total on ITEM 17a of the Summary Sheet)</i>			\$ 699.54		



**REPORT OF RECEIPTS AND EXPENDITURES  
POLITICAL COMMITTEE**

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

OF A

**(CFA-4)  
Summary Sheet**

<b>FILE NUMBER</b>
76-16-09-46-16-45
<b>TOTAL PAGES IN ENTIRE CFA-4 REPORT</b>
5

**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) Taxpayers for New Prairie Schools	<input type="checkbox"/> Check if this is a new name
2. Acronym or Abbreviated Name (if any)	3. Committee Telephone Number ( 574 ) 299-6884
4. Mailing Address (address where all campaign finance correspondence is received) 1253 E. Apple Orchard Lane	<input type="checkbox"/> Check if this is a new address
5. City, State, ZIP Code LaPorte, IN 46350	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	CONVENTION CANDIDATES ONLY
11. Check one: <input type="checkbox"/> Pre-Primary <input checked="" type="checkbox"/> Pre-Election <input type="checkbox"/> Annual <input type="checkbox"/> Nomination <input type="checkbox"/> Other _____ <input checked="" 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:	COLUMN A This Period	COLUMN B Year to Date
From: April 9, 2016 Through: November 8, 2016	976.13	
13. Cash on hand and investments at the beginning of this reporting period.		0
14. Cash on hand and investments January 1, current year.		

CONTRIBUTIONS AND RECEIPTS		
<i>(Note: these amounts include in-kind contributions and loans, as well as cash contributions.)</i>		
15a. Itemized (use Schedule A)	\$11,000.00	\$12,200.00
15b. Unitemized	\$6.09	\$481.76
15c. Add lines 15a and 15b in both columns <b>SUBTOTAL</b>	\$11,006.09	\$12,681.76
16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B <b>TOTAL</b>	\$11,982.22	\$12,681.76

EXPENDITURES		
<i>(Note: These amounts include in-kind expenditures and loan repayments.)</i>		
17a. Itemized (use Schedule B) (Public Question: use Schedule C)	\$11,982.22	\$12,681.76
17b. Unitemized	0	0
17c. Add lines 17a and 17b in both columns <b>SUBTOTAL</b>	\$11,982.22	\$12,681.76
18. Cash on hand and investments at close of this reporting period (subtract 17c from 16 in both columns) <b>TOTAL</b>	\$0.00	\$0.00
19. Debts OWED BY the committee (use Schedule D)	0	
20. Debts OWED TO the committee (use Schedule E)	0	

CERTIFICATION		IN CLERKS OFFICE 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.			
Signature of Treasurer <i>James J. Holizick</i>	Title Treasurer	Date 11-27-2016	NOV 28 2016
Signature of Candidate (if applicable)		Date	<i>Lawrence J. ...</i> CLERK OF LA PORTE CIRCUIT COURT

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

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

State  
Indiana Election

**(CFA-4 SCHEDULE A-3)  
CONTRIBUTIONS BY  
LABOR ORGANIZATIONS  
Itemized Contributions and Other Receipts**

**INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY LABOR ORGANIZATIONS 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 labor organizations **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).

FILE NUMBER
<b>76-16-09</b>
Page <u>  1  </u> of <u>  1  </u>

CONTRIBUTOR'S FULL NAME AND 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. IN/KY/OH Regional Council of Carpenters Market Recovery 771 Greenwood Springs Drive Greenwood, IN 46143.	Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <i>(describe)</i>  Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc. <i>(specify)</i>	\$4,000.00	\$4,000.00	04/14/16
				James G. Holifield
2. International Union of Painters and Allied Trades 7234 Parkway Drive Hanover, MD 21076	Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <i>(describe)</i>  Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc. <i>(specify)</i>	\$2,00.00	\$2,00.00	04/19/16
				James G. Holifield
3. LaPorte/Starke/Pulaski Building and Construction Trades Council 1104 6 <sup>th</sup> Street LaPorte, IN 46350	Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <i>(describe)</i>  Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc. <i>(specify)</i>	\$2,000.00	\$2,000.00	04/22/16
				James G. Holifield
4.	Contributions: <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind <i>(describe)</i>  Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc. <i>(specify)</i>			
<b>SUBTOTAL THIS PAGE OF SCHEDULE A</b>		<b>\$ 8,000.00</b>		
<b>TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY</b> <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)  
Election Commission (IC 3-9-5-14)

Indiana

**(CFA-4 SCHEDULE A-4)  
CONTRIBUTIONS BY  
POLITICAL ACTION  
COMMITTEES**

**Itemized Contributions and Other Receipts**

**INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY POLITICAL ACTION COMMITTEES 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 political action committees **OVER \$100** per contributor, within a calendar year **MUST** be itemized on this schedule (*over \$200, if regular party committee*). All transfers-in and in-kind contributions **regardless of amount** from political action committees **MUST** be itemized on this schedule. 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*).

FILE NUMBER
76-16-09
Page <u>1</u> of <u>1</u>

CONTRIBUTOR'S FULL NAME AND 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. I-PACE 150 W. Market Street Suite 900 Indianapolis, IN 46204	Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <i>(describe)</i>  Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc. <i>(specify)</i>	\$2,500.00	\$2,500.00	04/25/16
				James G. Holifield
2. IBEW Local 531 PAC Fund 2751 N. State Road 39 North P.O. Box 518 LaPorte, IN 46350	Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <i>(describe)</i>  Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc. <i>(specify)</i>	\$500.00	\$500.00	04/11/16
				James G. Holifield
3.	Contributions: <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind <i>(describe)</i>  Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc. <i>(specify)</i>			
4.	Contributions: <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind <i>(describe)</i>  Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc. <i>(specify)</i>			
5.	Contributions: <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind <i>(describe)</i>  Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc. <i>(specify)</i>			
<b>SUBTOTAL THIS PAGE OF SCHEDULE A</b>		\$3,000.00		
<b>TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY</b> <i>(Enter total on ITEM 15a of the Summary Sheet)</i>		\$11,000.00		





**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 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.

<b>FILE NUMBER</b>
76-16-09
Page <u>1</u> of <u>2</u>

**PUBLIC QUESTION INFORMATION**

**Enter Text of Public Question**

"Shall the New Prairie United School Corporation issue bonds or enter into a lease to finance the comprehensive construction, renovation, and improvements to various School Corporation facilities, including the equipping thereof, which is estimated to cost not more than \$42,000,000 and is estimated to increase the property tax rate for debt service by \$0.6155 per \$100 of assessed valuation?"

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> Humphrey Printing 315 N. Main Street Kokomo, IN 46901	Printer	<input type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input checked="" type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: Postage for advertising mailers	\$1,000.00	\$1,699.54	04/12/16
Code <u>A</u> Simply Sassy Gifts/Amy Bradburn 29701 Inwood Road North Liberty, IN 46554	Screen-printer	<input type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input checked="" type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: volunteer t-shirts	\$465.90	\$465.90	04/15/16
Code <u>A</u> Humphrey Printing 315 N. Main Street Kokomo, IN 46901	Printer	<input type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input checked="" type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: Postcard mailing/fees	\$1,657.19	\$3,356.73	04/15/16
Code <u>A</u> Humphrey Printing 315 N. Main Street Kokomo, IN 46901	Printer	<input type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input checked="" type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: yard signs	\$1,638.50	\$4,995.23	04/18/16
Code <u>A</u> Humphrey Printing 315 N. Main Street Kokomo, IN 46901	Printer	<input type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input checked="" type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: printing/mailling fees	\$2,789.44	\$7,784.67	04/26/16
<b>SUBTOTAL THIS PAGE OF SCHEDULE C</b>			\$7,551.03		
<b>TOTAL OF ALL PAGES OF SCHEDULE C ON THE LAST PAGE ONLY</b> <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**

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**FILE NUMBER**

**76-16-09**

Page 2 of 2

Code <u>  </u> O <u>  </u> Wells Fargo Bank, N.A. P.O. Box 6995 Portland, OR 97228-6995	Bank	<input type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input checked="" type="checkbox"/> Other <u>  </u> bank fee <u>  </u> Purpose: Checking Account Fee	\$14.00	\$14.00	04/29/16
Code <u>  </u> O <u>  </u> Black Cat 112 S. Arch St. New Carlisle, IN 46552	Restaurant	<input type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input checked="" type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other <u>  </u> Purpose: pizza for workers	\$127.19	\$127.19	05/03/16
Code <u>  </u> O <u>  </u> New Prairie Lunch Account 5327 N. Cougar Road New Carlisle, IN 46552	Food Service	<input type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input checked="" type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other <u>  </u> Purpose: water and cookies for meeting	\$62.00	\$525.00	05/06/16
Code <u>  </u> O <u>  </u> Wells Fargo Bank, N.A. P.O. Box 6995 Portland, OR 97228-6995	Bank	<input type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input checked="" type="checkbox"/> Other <u>  </u> bank fee <u>  </u> Purpose: Online deposit image fee	\$3.00	\$17.00	05/09/16
Code <u>  </u> O <u>  </u> Cary Damerow 8452 E. Ivy Blvd. New Carlisle, IN 46552	Volunteer Coordinator	<input type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input checked="" type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other <u>  </u> Purpose: PAC volunteer coordination	\$525.00	\$525.00	05/10/16
Code <u>  </u> O <u>  </u> Residential Programs, Inc. 12 Christopher Way, Suite 200 Eatontown, NJ 07724	Direct-Calling Service	<input type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input checked="" type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other <u>  </u> Purpose: Direct phone calls	\$3,500.00	\$3,500.00	04/27/16
Code <u>  </u> A <u>  </u> Social Works, LLC 1827 Collage Avenue Columbus, IN 47201	Social-Media Advertising	<input type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input checked="" type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other <u>  </u> Purpose: Facebook Ads	\$200.00	\$200.00	04/29/16

**SUBTOTAL THIS PAGE OF SCHEDULE C**

\$4,431.19

**TOTAL OF ALL PAGES OF SCHEDULE C ON THE LAST PAGE ONLY**  
(Enter total on ITEM 17a of the Summary Sheet)

\$11,982.22