REPORT OF RECEIPTS AND EXPENDITURES OF A POLITICAL COMMITTEE

State Form 4606 (R14 / 10-17) Indiana Election Division (IC 3-9-5-14)

(CFA-4) **Summary Sheet**

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Hla-1	8- 7	13	- 6-
TOTAL PAG	ES IN ENT	IRE CFA-4 I	REPORT
	<u>=</u>		

IS THIS AN AMENDMENT?	☐ Yes	No.	

		TOTAL PAGES IN ENTI	RE CFA-4 REPORT
IS THIS AN AMENDMENT? Yes No		-	
COMMITTEE INFORMATION	1		
Full Name of Committee (as on Statement of Organization) Check if this is a new			
Citizens to Elect Chris Sac KS	on		
2. Acronym or Abbreviated Name (if any)	3. Co	mmittee Telephone Number	. >_
	121	9 1561 4839	5
4. Mailing Address (Address where all campaign finance correspondence is received.)	Check if	this is a new address.	
5. City, State, ZIP Code		ty_Affiliation (if applicable)	
CANDIDATE INFORMATION (For Candidate's		PURI COM	
7. Full Name of Candidate (Include any nickname.)		ty Affiliation or If Independen	t Candidate
7. Full Name of Caroniate (include any incontaine.)	֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓	\mathcal{D}_{ij}	Coandidato
0.05 South (Industry district number if any Net mouled for evaluations against the h	100	ounty of Residence	
9. Office Sought (Include district number, if any. Not required for exploratory committee.)	10.0	ounty of Residence	
TYPE OF REPORT		CONVENTIO	N CANDIDATES ONLY
11. Check one:		Check one:	
Pre-Primary Pre-Election M Annual Nomination Other		Pre-Conv	ention
Final / Disbands Committee Outgoing Treasurer		Post-Con	vention
12. Reporting Period (mm/dd/yy):		COLUMN A	COLUMN B
From: Jan 1 7015 1/1/6 Through: Dec 312016 17	13,14	This Period	Year to Date
13. Cash on hand and investments at the beginning of this reporting period.		40.00	
14. Cash on hand and investments January 1, current year.			60.CO
CONTRIBUTIONS AND RECEIPTS			
(Note: these amounts include in-kind contributions and loans, as well as cash contributions.)		:	
15a. Itemized (Use Schedule A.)		-	
15b. Unitemized	BTOTAL	0.00	0.00
16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B.	TOTAL	0.00	0.00
EXPENDITURES			
(Note: These amounts include in-kind expenditures and loan repayments.)			
17a. Itemized (Use Schedule B.) (Public Question: use Schedule C.)			
17b. Uniternized	IDTOTAL	0.00	0.00
17c. Add lines 17a and 17b in both columns. Su 18. Cash on hand and investments at close of this reporting period	TOTAL	0.00 40.00 0.00	0.00 400-60 0.00
19. Debts OWED BY the committee (Use Schedule D.)	TOTAL	<i>y</i> 2 2 2 2 3.30	0.00
20. Debts OWED TO the committee (Use Schedule E.)			
20. Debts CAACD TO the committee (one canadate C.)			
CERTIFICATION			OR OFFICE USE ONLY
CERTIFY THAT I HAVE EXAMINED THIS STATEMENT. TO THE BEST OF MY KNOWLEDGE AND BELIEF IT IS	TRUE, CO	RRECT AND COMPLETE.	LERKS OFFICE
signature of Treasurer In the tests transfer to the signature of the sign		Date (mm/dd/yy) N (
Signature of gandidate (ij/spoficable)		D-12 (()	1D 2 0010
		2-26-18	AR - 2 2018
WARNING: Any information contained in this report may not be copied for sale or used for any commercial purpos		A person who knowingly	
files a fraudulent report commits a Level 6 felony. A person who fails to file a complete or accumulated and may be subject to civil penalties.	urate report	' '	Konzingehabek
,		CLERK OF	LA PORTE CIRCUIT COURT



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(CFA-4) Summary Sheet

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TOTAL PAGES IN EN	ITIRE CFA-4 F	REPORT

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	46-18-75
	TOTAL PAGES IN ENTIRE C
IS THIS AN AMENDMENT? Yes No	

		TOTAL PAGES IN ENT	IRE CFA-4 REPORT
IS THIS AN AMENDMENT? Yes No			
COMMITTEE INFORMATION			
1. Full Name of Committee (as on Statement of Organization)	name.		
CtPn to Elect Chris Jackson			
2. Acronym or Abbreviated Name (if any)	3. Co	mmittee Telephone Number	
	(2)	191561 48	58
4. Mailing Address (Address where all campaign finance correspondence is received.)	Check if	this is a new address.	
5. City, State, ZIP Code City IN 61636	6. Pa	rty Affiliation (if applicable)	
CANDIDATE INFORMATION (For Candidate's	Commit	tees Only)	
7. Full Name of Candidate (Include any nickname.)	8. Pa	rty Affiliation or If Independe	nt Candidate
Chris Jackson		& PuBlica	
9. Office Sought (Include district number, if any. Not required for exploratory committee.)	10. C	ounty of Residence	
TYPE OF REPORT	1	CONVENTIO	ON CANDIDATES ONLY
11. Check one:		Check one:	
Pre-Primary Pre-Election Mannual Nomination Other		Pre-Con	vention
Final / Disbands Committee Outgoing Treasurer		. Post-Cor	nvention
12. Reporting Period (mm/dd/yy):		COLUMN A	COLUMN B
From: Jan1 2015 1/1/15 Through: 1) ec 31 295 17	13V	This Period	Year to Date
13. Cash on hand and investments at the beginning of this reporting period.		80,60	
14. Cash on hand and investments January 1, current year. CONTRIBUTIONS AND RECEIPTS			80.00
(Note: these amounts include in-kind contributions and loans, as well as cash contributions.)			
15a. Itemized (Use Schedule A.)	••		
15b. Uniternized			
15c. Add lines 15a and 15b in both columns.	TOTAL	0.00	0.00
16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B.	TOTAL	0.00	0.00
EXPENDITURES			
(Note: These amounts include in-kind expenditures and loan repayments.)			
17a. Itemized (Use Schedule B.) (Public Question: use Schedule C.)			
17b. Unitemized	•		
17c. Add lines 17a and 17b in both columns.	STOTAL	-0.00	0.00
18. Cash on hand and investments at close of this reporting period	TOTAL	80.00 0.00	18 0.00 0.00
19. Debts OWED BY the committee (Use Schedule D.)			
20. Debts OWED TO the committee (Use Schedule E.)			_
CERTIFICATION		ř F	OR OFFICE USE ONLY
I CERTIFY THAT I HAVE EXAMINED THIS STATEMENT. TO THE BEST OF MY KNOWLEDGE AND BELIEF IT IS	TRUE, CO	RRECT AND COMPLETE CLE	RKS OFFICE
Signature of Treasurer Title 7-24-16 Transport	,	Date (mm/dd/yr) 7-74-15	

-	CERTIFICATION	F FOR OFFIGE USE OA
I CERTIFY THAT I HAVE EXAMINED THIS STATEMENT. TO T	HE BEST OF MY KNOWLEDGE AND BELIEF IT IS TRUE,	CORRECT AND COMPLETE CLERKS OFFICE
Signature of Treasurer	Title Z-29-14 Trager	Date (mm/dd/y/) 2-74-15
Signature of Cardidate (if applicable)		Date (mm/dd/yr) MAR - 2 2018
WARNING: Any information contained in this report may not be	copied for sale or used for any commercial purpose.	A person who trowingly
files a fraudulent report commits a Level 6 felony.	A person who falls to file a complete or accurate rep	ort as required by the Indiana France Lat.
Campaign Finance Law commits a Class 8 misdemeanor,	and may be subject to civil penalties.	CLERK OF LA PORTE CIRCUIT COURT



REPORT OF RECEIPTS AND EXPENDITURES OF A POLITICAL COMMITTEE

State Form 4606 (R14 / 10-17) Indiana Election Division (IC 3-9-5-14)

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

(CFA-4) Summary Sheet

FILE NUMBER - 137

TOTAL PAGES IN ENTIRE CFA-4 REPORT

COMMITTEE INFORMATION			
1. Full Name of Committee (as on Statement of Organization)			
Citizens to Elect Chris Sack	Son		
2. Acronym of Abbreviated Name (if any)	3. Com	mittee Telephone Number	-2
	1021	9 , 561-485	82
4. Mailing Address (Address where all campaign finance correspondence is received.)	Check if th	is is a new address.	
905 W COOISPring Ave Buch		····	
5. City, State, ZIP Code	6. Party	Affiliation (if applicable)	
michigan aty IN 46560			
CANDIDATE INFORMATION (For Candidate's C			
7. Full Name of Candidate (Include any nickname.)	8. Party	Affiliation or If Independent	Candidate
unts saikson	\perp K	e PUBLICAN	
9. Office Sought (Include district number, if any. Not required for exploratory committee.)	10. Cou	inty of Residence	•
County Council 3	. <i>l</i>	_afortp	*
TYPE OF REPORT		•	CANDIDATES ONLY
11. Check one:		Check one:	ntion
Pre-Primary Pre-Election Annual Normination Other			
Final / Disbands Committee (Lines 18, 19, and 20 must be '0'.) Utgoing Treasurer (Within ten (10) days amend Sta	atement of Org	Cincator.y	anaon ,
12. Reporting Period (mm/dd/yy):		COLUMN A This Period	COLUMN B Year to Date
From: San 3 Through: ATT 1 6			real to Date
13. Cash on hand and investments at the beginning of this reporting period.			
14. Cash on hand and investments January 1, current year. CONTRIBUTIONS AND RECEIPTS			0
(Note: these amounts include in-kind contributions and loans, as well as cash contributions.)			
15a. Itemized (Use Schedule A.)		860,17	460 13
15b. Unitemized		0	
15c. Add lines 15a and 15b in both columns.	TOTAL	· 0.00	0.00
16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B.	TOTAL	0.00	0.00
EXPENDITURES			
(Note: These amounts include in-kind expenditures and loan repayments.)			
17a, Itemized (Use Schedule B.) (Public Question: use Schedule C.)		860.13	666.13
17b. Unitemized			
17c. Add lines 17a and 17b in both columns.	STOTAL	0.00	0.00
18. Cash on hand and investments at close of this reporting period (Subtract 17c from 16 in both columns.)	TOTAL	. 0.00	0.00
19. Debts OWED BY the committee (Use Schedule D.)		//	
20. Debts OWED TO the committee (Use Schedule E.)		0//	
	-		D 055105 1105 01111
CERTIFICATION	TOUT COO		R OFFICE USE ONLY
I CERTIFY THAT I HAVE EXAMINED THIS STATEMENT. TO THE BEST OF MY KNOWLEDGE AND BELIEF IT IS TO THE BEST OF MY K		Poto (mm/ddday) E	L E D
Title Trougger		4-19-10 IN CLER	RKS OFFICE
Signature of Candidate (if applicable)	Ε	Date (mm/dd/yy)	1
		AÞR.	2 0 2018
WARNING: Any information contained in this report may not be copied for sale or used for any commercial purpose files a fraudulent report commits a Level 6 felony. (IC 3-14-1-13) A person who fails to file a complete or accur		A herzoniano kniamidia i	
Campaign Finance Law commits a Class B misdemeanor, (IC 3-14-1-14) and may be subject to civil penallies. (IC 3-14-1-14)		9-4-17, IC 3-9-4-18)	2155 pm
•		CLERK OF L PC	Allahak



REPORT OF RECEIPTS AND EXPENDITURES OF A POLITICAL COMMITTEE

State Form 4606 (R14 / 10-17) Indiana Election Division (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.

	FI	LE NUMBER
Page	1	af/

CONTRIBUTOR'S FULL NAME AND OCCUPATION	TYPE OF CONTRIBUTION	COLUMN A	COLUMN B	DATE RECEIVED
FULL MAILING ADDRESS (street, number, city, state. ZIP code)	OR OTHER RECEIPT	AMOUNT THIS	CUMULATIVE	(mm/dd/yy) RECEIVED BY
Tim Grabusz 1501 Michigan Avo	Contributions: Direct In-Kind (describe)	7/2	7/Z	4-6-18
Luporto, IN 46390	Other Receipts: Interest Loan Miscellaneous (specify)			
Contributor's Occupation (# required)				
" (MIA Jacker) Uar w Caolaffina Ave	Contributions: Direct In-Kind (describe)	146,17	960.13	4-4-18
MIGNIGON CITY, TN 46360	Other Receipts: Interest Loan Miscellaneous (specify)			
Contributors Documentino (Francisco)	wilsoenerledus (specify)			_
Contributor's Occupation (ii required)	Contributions:			
	In-Kind (describe)		,	
	Other Receipts: Interest Loan Misoettaneous (specify)			
Contributor's Occupation (if required)				<u>-</u>
4.	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest Loan Miscellaneous (specify)			
Contributor's Occupation (if required)		· · · · · · · · · · · · · · · · · · ·		
5.	Contributions: Direct In-Kind (describe)		·	
	Other Receipts: Interest Loan Miscettaneous (specify)			
Contributor's Occupation (i required)		<u> </u>		
SUBTOTAL TOTAL OF ALL PAGES OF SCHEDULE	THIS PAGE OF SCHEDULE A	\$ 0.00		
	1 15a of the Summary Sheet.)	\$ 60.17		



REPORT OF RECEIPTS AND EXPENDITURES OF A POLITICAL COMMITTEE

State Form 4606 (R14 / 10-17) Indiana Election Division (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 entitles 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	l		

	1	<i>-</i> -		,	
RECIPIENT'S NAME AND MAILING ADDRESS (street, number, city, state, ZIP code)	RECIPIENT'S OCCUPATION	TYPE OF EXPENDITURE and	COLUMN A AMOUNT THIS	COLUMN B CUMULATIVE	DATE OF
(Sireer, minuer, Gry, State, Zir Gude)	OFFICE SOUGHT (if applicable)	PURPOSE (be specific)	PERIOD	YEAR-TO-DATE	EXPENDITURE (mm/dd/yy)
T Have TMA Corned		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:	712	712	4-6-18
Code THATO TAIN COMPY		Direct th-Kind Payment of Debt Returned Contribution Other Purpose:	148.17	860.17	4-07-19
Code		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:			
Code		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:			
Code		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:	,		
Code		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:			
Code		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:	,		
	SUBTOTAL THIS PAC	SE OF SCHEDULE B	\$ 0.00		
TOTAL OF ALL PA	AGES OF SCHEDULE B ON TH				
TOTAL OF ALL PA	(Enter total on ITEM 17a of t		s 460,17		