

CANDIDATE'S STATEMENT OF ORGANIZATION AND DESIGNATION OF PRINCIPAL COMMITTEE OR EXPLORATORY COMMITTEE

(CFA-1)

State Form 4604 (R14 / 10-17) Indiana Election Division (IC 3-9-1-3; IC 3-9-1-4; IC 3-9-1-5)

PLEASE TYPE OR PRINT LEGIBLY IN BLACK INK. SEE INSTRUCTIONS ON REVERSE SIDE.

| | | | | | | | | | FILE NUMBER |
|--|-----------------|-------------------------|--------------------|----------------------------------|---------------------|-----------------------|----------------------------------|---|---|
| 1. IS THIS AN AMENDMENT | ? 🗌 Ye | es 🛮 No If Yes | , plea | se enter the | file n | umbe | r in this bo | v. → | 246-18-043 |
| | | | _ | | | | | | rately as possible. |
| 2. Last Name | | First Name | | Middle Name | | | Nickname | | 3. Type of Committee (Check on |
| HARRIS | | KEITH | | Α, | | | | | ☐ Candidate's Principal Committe ☐ Exploratory Committee |
| 4. Mailing Address (number and street, o | city, state, an | | | <u> </u> | AX (Opt | ional) | | 6, E-ma | ail Address (Optional) |
| 523 TREMONT STRE | ET | • | | Ι, | ٠ | , | | | rris1010@comcast.net |
| 7. City | State | ZIP Code | 8. Co | unty . | | 9. Tele | phone (Day) | 1 | 10. Telephone (Evening) |
| MICHIGAN CITY | IN | 46360 | LA | PORTE | | ,219 | 229-23 | 89 | ,219, 229-2389 |
| 11. Party Affiliation | | | | | | | | | Not required for an exploratory committee |
| ☐ Democratic ☐ Libertarian ☐ Re | | | in al | | | | | | rustee |
| SECTION B. COMMITTE 13. Full Name of Committee (Do not | abbreviate | DRIVIATION: FILE | III all a new n | <i>l alphiicaldi</i> ame. | e box | es as | rully and | accur | rately as possible. |
| CITIZENS TO ELECT | | | | | | | | | • |
| 14. Mailing Address (number and street, | city, state, a | nd ZIP code) 🔲 Check | if this is | a new address, | 15. FA | X (Opti | onal) | 16. E-rī | nail Address (Optional) |
| 523 TREMONT STR | EET | | | | (|) | | | |
| 17. City | State | | 1 | ounty | | | ephone | · | 20. Committee Organization Date |
| MICHIGAN CITY | IN | 46360 | LA | PORTE | | ₍ 219 | 229-238 | 89 | (mm/dd/yy) 01/10/18 |
| <u> </u> | Designate (| Candidate as Chairperso | эπ. 🗆 | Check if this is | a new (| chairper | son. | | |
| KEITH A HARRIS | | | | | 1 | | | r | ···· |
| Mailing Address (number and street, 523 TREMONT STRE | • | nd ZIP code) ☐ Check | ei eirth li | a new address. | 23. FA | X (Optic | onal) | 24. E-π | nall Address (Optional) |
| LCity | State | ZIP Code | lac c | ounty | 1 |) | ephone (Day) | L | (20 Talanhara (Carrier) |
| MICHIGAN CITY | IN | 46360 | | PORTE | | | . 229-238 | RO | 28. Telephone (Evening) ,219、229-2389 |
| 29. Bank or Other Depositories (List | | | | | | | , | | |
| Exploratory Committee (Give brief | | | | refi | | | | | the committee pay the candidate a salary ch a copy of the contract.) Yes [|
| SECTION C. APPOINTM 32. I, as Chairperson of | | | | | | | Signature | of the C | committee Chairperson / |
| committee, appoint the follow Treasurer of the Committee. | | | inted 1 | reasurer | | | Signature | or the C | ommittee Chairperson 2 |
| 33. Treasurer's Full Name 🛛 Des | ignate can | didate as treasurer. | Chec | k if this is a new | r treasur | er. | | | |
| KEITH A HARRIS | | | | | 1 | | | 1 | |
| 34. Mailing Address (number and street, 523 TREMONT STRE | • | nd ZIP code) ∐ Check i | i this is | a new address, | 35. FA | X (Optic) | onal) | 36. E-m | aall Address (Optional) |
| 37. City | State | | 38. C | • | `` | | ephone (Day) | L | 40. Telephone (Evening) |
| MICHIGAN CITY | IN | 46360 | LA | PORTE | | 219) | 229-238 | 39 | ₍ 219 ₎ 2269-2389 |
| I give notice that I acceptommittee. I am not the cha | t the du | of a campaign fin | oilities | of Treasure | | | inature of Pe | rson A | ccepting Appointment |
| permitted for a candidate comm | | | | | | | | | EUD UEEICE HEE ON A |
| SECTION E. CERTIFICA We certify as the candidate of | | | | son of the | Commi | ittee s | nd that we | have | FOR OFFICE USE ONLY |
| examined this statement. To the | e best of | our knowledge and | belief | it is true, cor | | td com | plete. | | |
| 42. Typed or Printed Name of C | hairpers | on Signature of | Chair | erson | | Ī | Date (mm/dd/yy) | П | FILED |
| KEITH A HARRIS | | Kerte | بل | 1)X() | <u>ر ۲</u> | | 01/10/1 | | IN CLERKS OFFICE |
| Typed or Printed Name of C | andidate | Signature of | Candi | date | | | Date (mm/dd/yy) | | |
| KEITH A HARRIS | | Korte | بار | 24/12 | ~ . | - 1 | 01/10/1 | 18 | 1411 4 0 0010 |
| Varning: State law requires that an | | | | | | | | | JAN 1 0 2018 |
| person who knowingly files a fraudule accurate report as required by the In | diana Can | npaign Finance Law co | ony (/C mmits a | 3-14-1-13). A (Class B misde | swesnot Seizou A | vito tails (IC 3-1 | но пів а сотр 14-1-14), and п | nay be | |
| subject to civil penatties (IC 3-9-4-16, I | C 3-9-4-17 | r, and IC 3-9-4-18). | · · · · · | · ···· | | | | $-\!$ | |
| | | | | | | | | - 1 | CLERK OF LA PORTE CIRCUIT COU |



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.

(CFA-4) Summary Sheet

| | FILE NUM | IBER | |
|----|----------|------|--|
| 4/ | 12-18 | - 00 | |

TOTAL PAGES IN ENTIRE CFA-4 REPORT

| IS | THIS | AN | AMENDN | IENT? | П | Yes | 7 | No |
|----|-------|-----|--------|-------|---|-----|---|----|
| | 11110 | ~,, | | | _ | | • | |

| COMMITTEE INFORMATION | | | | |
|--|---------------------------------------|---|---|---------------------|
| 1. Full Name of Committee (as on Statement of Organization) Check if this is a new | nome. | | | |
| Citizens to Elect Keith Harris | name, | | | 1 |
| 2. Acronym or Abbreviated Name (if any) | 3 Com | mitton Tolo | phone Number | |
| 2. Actinyin of Abbrevialed Name (ii any) | / 21 | | 9-2389 | |
| 4. Mailing Address (Address where all campaign finance correspondence is received.) | | is is a new | | |
| 523 Tremont Street | | | | |
| 5. City, State, ZIP Code | 1 - | | (if applicable) | |
| Michigan City, IN 46360 | <u>-</u> | ublican | | |
| CANDIDATE INFORMATION (For Candidate's C | | | _ | |
| 7. Full Name of Candidate (Include any nickname.) | 1 ' | | or If Independer | nt Candidate |
| Keith A Harris | | ublican | | • |
| 9. Office Sought (Include district number, if any. Not required for exploratory committee.) Michigan Township Trustee | La P | unty of Resi orte | idence | |
| TYPE OF REPORT | | | CONVENTIO | N CANDIDATES ONLY |
| 11. Check one: | | | Check one: | |
| Pre-Primary Pre-Election Annual Nomination Other | | | Pre-Conv | rention |
| Final / Disbands Committee (Lines 18, 19, and 20 must be "0".) Utgoing Treasurer (Within ten (10) days amend Sta | tement of Org | ranization.) | Post-Con | vention |
| 12. Reporting Period (mm/dd/yy): | | col | LUMN A | COLUMN B |
| From: 10 January 2018 Through: 13 April 2018 | | This | s Period | Year to Date |
| 13. Cash on hand and investments at the beginning of this reporting period. | | | 0.00 | |
| 14. Cash on hand and investments January 1, current year. | | | | |
| CONTRIBUTIONS AND RECEIPTS | | | | |
| (Note: these amounts include in-kind contributions and loans, as well as cash contributions.) | | | | |
| 15a. Itemized (Use Schedule A.) | | | 0.00 | 0.00 |
| 15b. Unitemized | | | 1,015.00 | 1,015.00 |
| | TOTAL | | 1,015.00 | 1,015.00 |
| | TOTAL | | 1,015.00 | 1,015.00 |
| EXPENDITURES | | | | |
| (Note: These amounts include in-kind expenditures and loan repayments.) | · · · · · · · · · · · · · · · · · · · | | | |
| 17a. Itemized (Use Schedule B.) (Public Question: use Schedule C.) | | | 380.79 | 380.79 |
| 17b. Unitemized | | | 126.41 | 126.41 |
| | STOTAL | <u> </u> | 507.20 | 507.20 |
| 18. Cash on hand and investments at close of this reporting period (Subtract 17c from 16 in both columns.) | TOTAL | | 507.80 | 507.80 |
| 19. Debts OWED BY the committee (Use Schedule D.) | | | 0.00 | |
| 20. Debts OWED TO the committee (Use Schedule E.) | | <u> </u> | 0.00 | |
| CERTIFICATION | | ŗ | F I | PRIOFFIDERISEDNLY |
| I CERTIFY THAT I HAVE EXAMINED THIS STATEMENT. TO THE BEST OF MY KNOWLEDGE AND BELIEF IT IS I | TRUE, COR | RECT AND C | | |
| Signature of reasurer Title Candidate/Treasurer | ľ | Date (mm/d 04/17 | | 1 9 2018 |
| Signature of Candidate (if poplicable), | | Date (mm/d | | \ |
| Cherry Min | //0.000 | 04/1 | 7/18 L | ma Allahak |
| 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 falls to file a complete or accumance commits a Class B misdemeanor, (IC 3-14-1-14) and may be subject to civil penalties. (IC 3-9) | . (IC 3-9-4-5 ate report a | A person vfl is required blue | no knowingly / the (indianal) F L/ | PORTE CIRCUIT COURT |
| Campaign Finance Law commits a Class B misdemeanor, (IC 3-14-1-14) and may be subject to civil penalties. (IC 3-9 | 1-4-16, IC 3- | 9-4-17, IC 3-9 | 4-18) | |



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.

| FILE NUMBER | | | | | | |
|-------------|---|----|---|--|--|--|
| | | | | | | |
| Page | 1 | of | 1 | | | |

| CONTRIBUTOR'S FULL NAME AND OCCUPATION FULL MAILING ADDRESS | TYPE OF CONTRIBUTION OR OTHER RECEIPT | COLUMN A AMOUNT THIS | COLUMN B CUMULATIVE | DATE RECEIVED (mm/dd/yy) |
|---|---|-------------------------|------------------------|-----------------------------|
| (street, number, city, state, ZIP code) | <u>;</u> | PERIOD | YEAR-TO-DATE | RECEIVED BY |
| 1. | Contributions: | | , | į |
| | ☐ In-Kind (describe) | | | |
| | | | | |
| | Other Receipts: | | | |
| | Interest Loan | | | |
| | | | | |
| Contributor's Occupation (if required) | Contributions: | | - | |
| - | Direct | | | |
| | In-Kind (describe) | | | |
| | Other Receipts: | | | |
| | Interest Loan | | | - - |
| | Miscellaneous (specify) | | | ! |
| Contributor's Occupation (if required) | | | | |
| 3. | Contributions: | | | |
| | Direct In-Kind (describe) | | | |
| | | | | |
| | Other Receipts: | | | |
| | Interest Loan Miscellaneous (specify) | | | |
| | I Miscella reous (spearly) | | | ļ |
| Contributor's Occupation (if required) | Contributions: | | | |
| 4 | Direct | | | |
| | ☐ In-Kind (describe) | | | |
| | Other Beneficial | | | |
| | Other Receipts: Interest Loan | | | |
| | Miscettaneous (specify) | | | |
| Contributor's Occupation (if required) | | | | |
| 5. | Contributions: | | | |
| | Direct In-Kind (describe) | | | |
| | | | | |
| | Other Receipts: | | | |
| | Interest Loan Miscellaneous (specify) | | | |
| | Miscendieurs (specify) | | | ļ |
| Contributor's Occupation (if required) | | | | |
| SUBTOTAL TOTAL OF ALL PAGES OF SCHEDULE | THIS PAGE OF SCHEDULE A | \$ 0.00 | | |
| (Enter total on ITER | A ON THE LAST PAGE ONLY If 15a of the Summary Sheet.) | \$ | | |



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

(CFA-4 SCHEDULE A-2) CONTRIBUTIONS BY CORPORATIONS

Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY CORPORATIONS 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 corporations 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 | | | | | | | |
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| | | | | | | | |
| Page | 1 | _ of _ | 11 | | | | |

| | CONTRIBUTOR'S FULL NAME AND | TYPE OF CONTRIBUTION | COLUMN A | COLUMN B | DATE RECEIVED |
|--------|---|---|-------------|--------------|---------------|
| | FULL MAILING ADDRESS | OR OTHER RECEIPT | AMOUNT THIS | CUMULATIVE | (mm/dd/yy) |
| | (street, number, city, state, ZIP code) | Contributions: | PERIOD | YEAR-TO-DATE | RECEIVED BY |
| 1. | | Direct | | | |
| | | ☐ In-Kind (describe) | | | |
| ! | | | | | |
| | | Other Receipts: | | | |
| | | Miscellaneous (specify) | | | , |
| | | | | | |
| 2. | | Contributions: | | | |
| | | ☐ Direct ☐ In-Kind (describe) | | | |
| | | [_] IIFKIII (uesaibe) | | | |
| | | Other Receipts: | | | |
| | | Interest Loan | | | |
| | | Miscellaneous (specify) | | | |
| | | On the first | | | |
| 3. | | Contributions: | | | |
| | • | ☐ tn-Kind (describe) | | | |
| | | | | | |
| | | Other Receipts: | | i | |
| | | Miscellaneous (specify) | | | |
| | | | | | |
| 4. | | Contributions: | | | |
| | | Direct In-Kind (describe) | | | |
| | | | | | |
| | | Other Receipts: | | | Ü. |
|] | | ☐ Interest ☐ Loan ☐ Miscellaneous (specify) | | | |
| | | maccadirecto (specify | | | |
| 5 | | Contributions: | | | |
|) h | | Direct | | | |
| | | ☐ In-Kind (describe) | | | |
| ļ | | Other Receipts: | | | |
| | | ☐ Interest ☐ Loan | | ļ | |
| 1 | | Miscellaneous (specify) | | | |
| | | | | | |
| [| | THIS PAGE OF SCHEDULE A | \$ 0.00 | | |
| | TOTAL OF ALL PAGES OF SCHEDULE | A ON THE LAST PAGE ONLY M 15a of the Summary Sheet.) | \$ | | |



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

(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 | | | | | | | |
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| Page _ | 1 | of | 1 | | | | |

| | CONTRIBUTOR'S FULL NAME AND FULL MAILING ADDRESS (street, number, city, state, ZIP code) | TYPE OF CONTRIBUTION OR OTHER RECEIPT | COLUMN A AMOUNT THIS PERIOD | COLUMN B CUMULATIVE YEAR-TO-DATE | DATE RECEIVED (mm/dd/yy) RECEIVED BY |
|----|--|--|-----------------------------------|--|--|
| 1. | | Contributions: Direct In-Kind (describe) | | | · |
| 1 | | Other Receipts: Interest Loan Misoellaneous (specify) | 225 | | |
| 2 | | Contributions: Direct In-Kind (describe) | | | |
| | | Other Receipts: Interest Loan Miscellaneous (specify) | | | |
| 3. | | Contributions: Direct In-Kind (describe) | | | |
| · | | Other Receipts: Interest Loan Miscellaneous (specify) | | | |
| 4. | | Contributions: Direct In-Kind (describe) | | | |
| | | Other Receipts: Interest Loan Miscellaneous (specify) | | | |
| 5. | | Contributions: Direct In-Kind (describe) | | | |
| | | Other Receipts: Interest Loan Miscellaneous (specify) | | | |
| | | THIS PAGE OF SCHEDULE A | \$ 0.00 | | |
| | TOTAL OF ALL PAGES OF SCHEDULE (Enter total on ITEM | A ON THE LAST PAGE ONLY If 15a of the Summary Sheet.) | \$ | | |



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

(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 | | | | | | | |
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| Page _ | 1 | of | 1 | | | | |

| CONTRIBUTOR'S FULL NAME AND FULL MAILING ADDRESS (street, number, city. state, ZIP code) | TYPE OF CONTRIBUTION OR OTHER RECEIPT | COLUMN A AMOUNT THIS PERIOD | COLUMN B CUMULATIVE YEAR-TO-DATE | DATE RECEIVED (mm/dd/yy) RECEIVED BY |
|--|---|-----------------------------------|--|--|
| 1. | Contributions: Direct tn-Kind (describe) | | | |
| | Other Receipts: Interest Loan Miscellaneous (specify) | | | |
| 2 | Contributions: Direct In-Kind (describe) | | | |
| | Other Receipts: Interest Loan Miscellaneous (specify) | | | |
| 3 | Contributions: Direct In-Kind (describe) | | | |
| | Other Receipts: Interest Loan Miscellaneous (specify) | : | | |
| 4. | Contributions: Direct In-Kind (describe) | | | |
| | Other Receipts: Interest Loan Miscellaneous (specify) | | | |
| 5. | Contributions: Direct In-Kind (describe) | | | |
| | Other Receipts: Interest Loan Miscellaneous (specify) | | | |
| SUBTOTAL 1 | THIS PAGE OF SCHEDULE A | \$ 0.00 | | |
| TOTAL OF ALL PAGES OF SCHEDULE A | ON THE LAST PAGE ONLY 15a of the Summary Sheet.) | \$ | | |



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

(CFA-4 SCHEDULE A-5) CONTRIBUTIONS BY OTHER ORGANIZATIONS

Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY ORGANIZATIONS OTHER THAN CORPORATIONS, LABOR ORGANIZATIONS, POLITICAL ACTION COMMITTEES AND 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 other entities OVER \$100 per contribution, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All transfers-in and in-kind contributions receipts of amount from candidate's, legislative caucus, and regular party 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 | | | | |
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| Page _ | 1 | of | 1 | _ |

| Les Assessment | | | | |
|--|---|-------------------------|--------------|-----------------------------|
| CONTRIBUTOR'S FULL NAME AND FULL MAILING ADDRESS | TYPE OF CONTRIBUTION OR OTHER RECEIPT | COLUMN A AMOUNT THIS | COLUMN B | DATE RECEIVED (mm/dd/yy) |
| (street, number, city, state, ZIP code) | | PERIOD | YEAR-TO-DATE | RECEIVED BY |
| 1. | Contributions: Direct In-Kind (describe) | LINGS | | |
| | Other Receipts: Interest Loan Miscellaneous (specify) | | | |
| 2. | Contributions: Direct In-Kind (describe) | | | |
| | Other Receipts: Interest Loan Miscellaneous (specify) | | | |
| 3. | Contributions: Direct In-Kind (describe) | | | |
| | Other Receipts: Interest Loan Miscellaneous (specify) | | | |
| | Contributions: Direct tn-Kind (describe) | | | |
| | Other Receipts: Interest Loan Miscellaneous (specify) | | | |
| 5. | Contributions: Direct In-Kind (describe) | | | |
| - | Other Receipts: Interest Loan Miscellaneous (specify) | | | |
| SUBTOTAL * | THIS PAGE OF SCHEDULE A | \$ 0.00 | | |
| TOTAL OF ALL PAGES OF SCHEDULE | | \$ 0.00 | | |



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 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 | NUMBI | ER | |
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| Page _ | 1 | of | 1 | |

| RECIPIENT'S NAME AND MAILING ADDRESS (street, number, city, state, ZIP code) | RECIPIENT'S OCCUPATION OFFICE SOUGHT (if applicable) | TYPE OF EXPENDITURE and PURPOSE (be specific) | COLUMN A AMOUNT THIS PERIOD | COLUMN B CUMULATIVE YEAR-TO-DATE | DATE OF EXPENDITURE (mm/dd/yy) |
|---|---|---|-----------------------------------|--|--------------------------------------|
| Scotty's Dynamic Designs LLC 3409 Franklin Street Michigan City, IN 46360 | | Direct : th-Kind Payment of Debt Returned Contribution Other Purpose: T-Shirts | \$141.24 | \$141.24 | 19 Feb 2018 |
| Code A Repographic Arts 2824 E Michigan Blvd Michigan City, IN 46360 | | Direct In-Kind Payment of Debt Returned Contribution Other Purpose: Banner | \$78.93 | \$78.93 | 1 March 2018 |
| 48Hour Print 3410 Eastland Road Suite E Brook Park, OH 44142 | | ☑ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other Purpose: Postcards | \$160.62 | \$160.62 | 6 Feb 2018 |
| 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 tn-Kind Payment of Debt Returned Contribution Other | | | |
| TOTAL OF ALL D | SUBTOTAL THIS PAC AGES OF SCHEDULE B ON TH | | \$ 380.79 | | |
| IOTAL OF ALL PA | AGES OF SCHEDULE BON IN Enter total on ITEM 17a of t | | \$. | | |



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

| FILE NUMBER | | | | |
|-------------|---|----|--|--|
| | | | | |
| Page | 1 | of | | |

| | | | Page 1 | of |
|---|---------------------------------------|--|----------------------------|-------------|
| PUBLIC QUESTIO | N INFORMATION | | | |
| Enter Text of Public Question. | | | | |
| | | | | |
| | | | | |
| Type of Question: Statewide Local | | | | |
| Position: Supported Opposed | | | | |
| | TYPE OF EXPENDITURE | COLUMN A | COLUMN B | DATE OF |
| RECIPIENT'S NAME AND MAILING ADDRESS RECIPIENT'S OCCUPATION (street, number, city, state, ZIP code) | and | AMOUNT THIS PERIOD | CUMULATIVE YEAR-TO-DATE | EXPENDITURE |
| (since, nomoc, only, state, 211 sodd) | PURPOSE (be specific) | PERIOD | PEAR-TO-DATE | (mm/dd/yy) |
| Code | ☐ Direct ☐ In-Kind ☐ Payment of Debt | | | |
| | Returned Contribution | | | : |
| | Other | | | |
| | Purpose: | | | |
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| Code | Direct In-Kind | | | |
| • | Payment of Debt Returned Contribution | | | |
| | Other | | | , |
| | Purpose: | | | |
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| Code | Direct In-Kind Payment of Debt | | | |
| | Returned Contribution | | | |
| | Other | | | |
| | Purpose: | | | |
| | ☐ Direct ☐ In-Kind | | | |
| Code | Payment of Debt | | | |
| | Returned Contribution Other | | | |
| | Purpose: | | | |
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| Code | Direct tn-Kind | | | |
| | Payment of Debt | | | |
| | Returned Contribution | | | |
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| Code | Direct tn-Kind | | | |
| - | Payment of Debt Returned Contribution | | | |
| | Other | | | |
| | Purpose: | | | , |
| OUDTOTAL THO DA | CE OF SCUEDULE C | * 0.00 | | |
| SUBTOTAL THIS PAGES OF SCHEDULE C ON TH | | \$ 0,00 | | |
| (Enter total on ITEM 17a of t | | \$ 380.79 | | |



State Form 4606 (R14 / 10-17) Indiana Election Division (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, <u>regardless of the amount</u>, 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 | 1 | of | 1 | |

| CREDITOR'S OR LENDER'S NAME AND MAILING ADDRESS | ENDORSER'S OR VENDOR'S NAME AND MAILING ADDRESS (if any) | AMOUNT | DATE DEBT INCURRED | CUMULATIVE PAID | OUTSTANDING BALANCE THIS |
|---|---|---------------------------------------|-----------------------|--------------------|-----------------------------|
| (street, number, city, state, ZIP code) | (street, number, city, state, ZIP code) | NATURE OF DEBT | (mm/dd/yy) | YEAR-TO-DATE | PERIOD |
| | | | | | |
| | | | | | |
| | | | | | |
| LENDER'S OCCUPATION: | | | | | |
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| LENDER'S OCCUPATION: | | | | | |
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| LENDER'S OCCUPATION: | | | | | |
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| LENDER'S OCCUPATION: | ···· | | | | |
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| SUBTOTAL THIS PAGE OF SCHEDULE D | | | | | \$ 0.00 |
| | TOTAL OF ALL | · · · · · · · · · · · · · · · · · · · | . | | 0,00 |
| TOTAL OF ALL PAGES OF SCHEDULE D ON THE LAST PAGE ONLY (Enter total on ITEM 19 of the Summary Sheet.) | | | | | \$ 0.00 |



(CFA-4 SCHEDULE E) DEBTS OWED TO 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 TO the committee during the reporting period. Include all amounts the committee has loaned to others.

| FILE NUMBER | | | | |
|-------------|---|----|---|--|
| | | | | |
| | | | | |
| Page _ | 1 | of | 1 | |

| | BORROWER'S NAME CO-SIGNER'S NAME ORIGINAL AMOUNT DATE DEBT CUMULATIVE | | | | | | | |
|---|---|----------------------|------------------------------------|--------------------|-----|-----------------------|--|--|
| BORROWER'S NAME AND MAILING ADDRESS | CO-SIGNER'S NAME AND MAILING ADDRESS (if any) (street, number, city, state, ZIP code) | | DATE DEBT INCURRED | CUMULATIVE PAID | BAL | STANDING ANCE THIS | | |
| (street, number, city, state, ZIP code) | (street, number, city, state, ZIP code) | NATURE OF DEBT | (mm/dd/yy) | YEAR-TO-DATE | | PERIOD | | |
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| | TOTAL OF A | ALL PAGES OF SCHEDUL | E E ON THE LAS TEM 20 of the Su | | \$ | 0.00 | | |



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? To Vos

(CFA-4)

Summary Sheet

| FILE NUMBER | | | | |
|------------------------------------|--|--|--|--|
| ~46-18-04 | | | | |
| TOTAL PAGES IN ENTIRE CFA-4 REPORT | | | | |
| 10/2 | | | | |

| 13 THIS AN AMENDMENT? UT | R2 A MO | Ĺ | | <u> </u> | _ |
|--|--|----------------|----------------------------------|----------|--------------------------|
| | COMMITTEE INFORMATIO | N | | V | |
| 1. Full Name of Committee (as on Statement of Or, CITIZENS TO ELECT KEITH HARR | ganization) | | | | |
| 2. Acronym or Abbreviated Name (if any) | | | mmittee Telephone 19) 229-23 | | |
| 4. Mailing Address (Address where all campaign fir 523 TREMONT STREET | nance correspondence is received.) | Check if | this is a new addre | SS. | |
| 5. City, State, ZIP Code 6. Party Affiliation (if applicable) MICHIGAN CITY, IN 46360 REPUBLICAN | | | | | |
| CANDIDA | ATE INFORMATION (For Candidate's | s Commit | tees Only) | | |
| 7. Full Name of Candidate (Include any nickname.) |) | 8. Par | ty Affiliation or If In | depende | nt Candidate |
| KEITH A HARRIS | | RE | PUBLICAN | | |
| 9. Office Sought (Include district number, if any. No MICHIGAN TOWNSHIP TRUSTEE | ot required for exploratory committee.) | | ounty of Residence | | |
| TY | PE OF REPORT | | CON | IVENTIC | N CANDIDATES ONLY |
| 11. Check one: | • | | Che | ck one: | |
| Pre-Primary Pre-Election Annual Nomina | ation Other | | | Pre-Con | i |
| Final / Disbands Committee (Lines 18, 19, and 20 must be 10 | .) Dutgoing Treasurer (Within ten (10) days amend | Statement of O | rganization.) | Post-Co | nvention |
| 12. Reporting Period (mm/dd/yy): From: 14 APRIL 2018 | Through: 12 OCTOBER 2018 | | COLUMN This Perio | | COLUMN B Year to Date |
| 13. Cash on hand and investments at the beginning | g of this reporting period. | | T | 507.80 | |
| 14. Cash on hand and investments January 1, cum | ent year. | • | | | 0.00 |
| CONTRIBUTION | NS AND RECEIPTS | | | | |
| (Note: these amounts include in-kind contributions | and loans, as well as cash contributions.) | | | | |
| 15a. Itemized (Use Schedule A.) | | | | 0.00 | 0.00 |
| 15b. Unitemized | | | | 694.01 | 2,709.01 |
| 15c. Add lines 15a and 15b in both columns. | ડા | JBTOTAL | 1, | 694.01 | 2,709.01 |
| 16. Add lines 13 and 15c in Column A and lines 14 | | TOTAL | 2, | 201.81 | 2,709.01 |
| EXPEN | IDITURES | | | | |
| (Note: These amounts include in-kind expenditures | s and loan repayments.) | | | | |
| 17a. Itemized (Use Schedule B.) (Public Question: | use Schedule C.) | | | 648.04 | 2,028.83 |
| 17b. Unitemized | | | } | 278.91 | 405.32 |
| 17c. Add lines 17a and 17b in both columns. | S | UBTOTAL | 1, | 926.95 | 2,434.15 |
| 18. Cash on hand and investments at close of this reporting | g period (Subtract 17c from 16 in both columns.) | TOTAL | | 274.86 | 274.86 |
| 19. Debts OWED BY the committee (Use Schedule | 9 D.) | | | | |
| 20. Debts OWED TO the committee (Use Schedule | e E.) | | | | |
| | CERTIFICATION | | | | FOR OFFICE USE ONLY |
| I CERTIFY THAT I HAVE EXAMINED THIS STATEMENT. TO | · · · · · - · · · · · · · · · · · · · · | IS TRUE, CO | RRECT AND COMPLE | | FILE |
| Signature of Treasurer | Title | | Date (mm/dd/yy) | | IN CLERKS OFFICE |

| CER | RTIFICATION | | |
|---|---|-----------------------------|------|
| I CERTIFY THAT I HAVE EXAMINED THIS STATEMENT. TO THE BES | ST OF MY KNOWLEDGE AND BELIEF IT IS TRUE, CO | ORRECT AND COMPLET | Έ. |
| Signature of Treasurer | Title Candidate/Treasurer | Date (mm/dd/yy) 10/16/18 | |
| Signature of Candidate (if applicable) | Wi: | Date (mm/dd/yy) 10/16/18 | |
| WARNING: Any information contained in this report may not be copied | for sale or used for any commercial purpose, IIC 3-9- | 4-5) A person who knowii | natv |

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 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)

OCT 1 9 2018

Kenjupehabak CLERK OF LA PORTE CIRCUIT COURT



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 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 _ | 1 | of | 1 | |

| RECIPIENT'S NAME AND MAILING ADDRESS (street, number, city, state, ZIP code) | RECIPIENT'S OCCUPATION OFFICE SOUGHT (if applicable) | TYPE OF EXPENDITURE and PURPOSE (be specific) | COLUMN A AMOUNT THIS PERIOD | COLUMN B CUMULATIVE YEAR-TO-DATE | DATE OF EXPENDITURE (mm/dd/yy) |
|---|--|---|-----------------------------------|--|--------------------------------------|
| Gordon Food Service 422 Franklin Street Michigan City, IN 46360 | | Direct In-Kind Payment of Debt Returned Contribution OtherPurpose: | \$120.11 | \$120.11 | 8-13-18 |
| Code F Micigan City Exchange Club | | Direct In-Kind Payment of Debt Returned Contribution Other Purpose: Tickets | \$150.00 | \$150.11 | 8-14-18 |
| 48Hour Print 410 Eastland Road Suite E Brook Park, OH 44142 | | ☑ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other Purpose: POSTCARDS | \$665.58 | \$826.20 | 9-4-18 |
| Buy Cool promotions 2435 Monroe Street LaPorte, IN 46350 | | Direct In-Kind Payment of Debt Returned Contribution Other Purpose: Yard Signs | \$712.35 | \$712.35 | 4-14-18 |
| Code | | Direct In-Kind Payment of Debt Returned Contribution Other Purpose: | | | |
| Code | | Dtrect In-Kind Payment of Debt Returned Contribution Other Purpose: | | | |
| Code | | Direct in-Kind Payment of Debt Returned Contribution Other Purpose: | | | |
| | SUBTOTAL THIS PAG | GE OF SCHEDULE B | \$ 1,648.04 | | |
| TOTAL OF ALL PA | AGES OF SCHEDULE B ON THI (Enter total on ITEM 17a of t | | \$ 1,648.04 | | |



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 V No

(CFA-4)
Summary Sheet

FILE NUMBER

TOTAL PAGES IN ENTIRE CFA-4 REPORT

| COMMITTEE INFORMATION | | | | | |
|--|---|---|-----------------------|--------------------------|--|
| Full Name of Committee (as on Statement of Organization) Check if this is a new statement of Organization. | 2200 | | | | |
| CITIZENS TO ELECT KEITH HARRIS | name. | | | | |
| 2. Acronym or Abbreviated Name (if any) | 3. Committee Telephone Number | | | | |
| / N-7 Add / Add / A | Check if this is a new address. | | | | |
| Mailing Address (Address where all campaign finance correspondence is received.) Tremont Stree | Check if the | his is a new | address. | | |
| 5. City, State, ZIP Code Michigan City, IN 46360 | 6. Party Affiliation (if applicable) Republican | | | | |
| CANDIDATE INFORMATION (For Candidate's C | .l | | | | |
| 7. Full Name of Candidate (Include any nickname.) 8. Party Affiliation or If Independent Candidate (Include any nickname.) | | | Candidate | | |
| Keith A. Harris | 1 | Republican | | | |
| 9. Office Sought (Include district number, if any. Not required for exploratory committee.) Michigan Township Trustee | 10. Co | 10. County of Residence Laporte | | | |
| TYPE OF REPORT | Lap | JI C | CONVENTION | CANDIDATES ONLY | |
| 11. Check one: | | | Y | CANDIDATES UNLY | |
| Pre-Primary Pre-Election Annual Nomination Other | ······································ | | Check one: Pre-Conver | ition | |
| 💋 Final / Disbands Committee (Lines 18, 19, and 20 must be "0".) 🔲 Outgoing Treasurer (Within ten (10) days amend Stat | tement of On | ganization.) | Post-Conve | ntion | |
| 12. Reporting Period (mm/dd/yy): From: 13 October 2018 Through: 31 December 2018 | | COLUMN A This Period | | COLUMN B Year to Date | |
| 13. Cash on hand and investments at the beginning of this reporting period. | | | 274.86 | | |
| 14. Cash on hand and investments January 1, current year. | | | 214.00 | 0.00 | |
| CONTRIBUTIONS AND RECEIPTS | | | | 0.00 | |
| (Note: these amounts include in-kind contributions and loans, as well as cash contributions.) | | | | | |
| 15a. Itemized (Use Schedule A.) | | | 0.00 | 0.00 | |
| 15b. Unitemized | | | 0.00 | 2,709.01 | |
| 15c. Add lines 15a and 15b in both columns. | both columns. SUBTOTAL | | 0.00 | 2,709.01 | |
| 16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B. | TOTAL | | | 2,709.01 | |
| EXPENDITURES | | | | | |
| (Note: These amounts include in-kind expenditures and loan repayments.) | | | | | |
| 17a. Itemized (Use Schedule B.) (Public Question: use Schedule C.) | | | 0.00 | 2,028.83 | |
| 17b. Unitemized | | | 274.86 | 680.18 | |
| | TOTAL | | | 2,709.01 | |
| 18. Cash on hand and investments at close of this reporting period (Subtract 17c from 16 in both columns.) | TOTAL | · · · · · · · · · · · · · · · · · · · | | 0.00 | |
| 19. Debts OWED BY the committee (Use Schedule D.) | /ED BY the committee (Use Schedule D.) | | 0.00 | | |
| 20. Debts OWED TO the committee (Use Schedule E.) | ······································ | | 0.00 | | |
| CERTIFICATION | | | - RCI | COSSUME THRE ONLY | |
| I CERTIFY THAT I HAVE EXAMINED THIS STATEMENT. TO THE BEST OF MY KNOWLEDGE AND BELIEF IT IS T | RUE, COR | RECT AND C | OMPLETE, IN CO. | ERKS OFFICE OF | |
| Signature of Treasurer Title Candidate | [| Date (mm/di 01/09 | 4/yy) T | LKIG OTTICE | |
| Signature of Candidate (if applicable) | | Date (mm/di 01/09 | JAN | 1 4 2019 | |
| 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 accura Campaign Finance Law commits a Class B misdemeanor, (IC 3-14-1-14) and may be subject to civil penalties. (IC 3-9- | te renort a |) A person wh | ne knowingly | HISACOLOGIE COURT | |