



**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

46-18-14

TOTAL PAGES IN ENTIRE CFA-4 REPORT

6

**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)  Check if this is a new name  
**Citizens to Elect Meer**

2. Acronym or Abbreviated Name (if any)

3. Committee Telephone Number  
( **219** ) **874-2370**

4. Mailing Address (address where all campaign finance correspondence is received)  Check if this is a new address  
**105 Roberta Ave.**

5. City, State, ZIP Code  
**Michigan City, IN 46360**

6. Party Affiliation (if applicable)  
**Democrat**

**CANDIDATE INFORMATION (For Candidate's Committees Only)**

7. Full Name of Candidate (include any nickname)  
**Ronald "Ron" Alan Meer**

8. Party Affiliation or If Independent Candidate  
**Democrat**

9. Office Sought (Include district number, if any. Not required for exploratory committee.)  
**Mayor of Michigan City**

10. County of Residence  
**LaPorte**

**TYPE OF REPORT**

**CONVENTION CANDIDATES ONLY**

11. Check one:  
 Pre-Primary  Pre-Election  Annual  Nomination  Other \_\_\_\_\_  
 Final/Disbands Committee (lines 18, 19, and 20 must be "0")  Outgoing Treasurer (within 10 days amend Statement of Organization)

Check one:  
 Pre-Convention  
 Post-Convention

12. Reporting Period:  
From: **1/1/17** Through: **12/31/17**

**COLUMN A** This Period **COLUMN B** Year to Date

13. Cash on hand and investments at the beginning of this reporting period. **4213.82**

14. Cash on hand and investments January 1, current year. **10297.97**

**CONTRIBUTIONS AND RECEIPTS**

(Note: these amounts include in-kind contributions and loans, as well as cash contributions.)

15a. Itemized (use Schedule A) **6050.00** **6050.00**

15b. Unitemized **550.00** **550.00**

15c. Add lines 15a and 15b in both columns **SUBTOTAL** **6600.00** **6600.00**

16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B **TOTAL** **10813.82** **10813.82**

**EXPENDITURES**

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

17a. Itemized (use Schedule B) (Public Question: use Schedule C) **455.85** **455.85**

17b. Unitemized **60.00** **60.00**

17c. Add lines 17a and 17b in both columns **SUBTOTAL** **515.85** **515.85**

18. Cash on hand and investments at close of this reporting period (subtract 17c from 16 in both columns) **TOTAL** **10297.97** **10297.97**

19. Debts OWED BY the committee (use Schedule D)

20. Debts OWED TO the committee (use Schedule E)

**CERTIFICATION**

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 **[Signature]** Title **Treasurer** Date **1/11/18**

Signature of Candidate (if applicable) **[Signature]** Date **1/11/18**

**FOR OFFICE USE ONLY**  
**FILED**  
**IN CLERKS OFFICE**

**JAN 16 2018**

**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)

**LA PORTE SUPERIOR COURT**

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

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

State  
Indiana Election Commission

**(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.

<b>FILE NUMBER</b>
Page <u>2</u> of <u>6</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
Thomas Stevenson 2515 Lakeshore Drive Michigan City, IN 46460	Contributions: Direct X In-Kind <i>(describe)</i>  Other Receipts: Interest Loan Misc. <i>(specify)</i>	200.00	200.00	11/4/17
Alan Sirinek 2710 Franklin St Michigan City, IN 46360  Attorney	Contributions: Direct X In-Kind <i>(describe)</i>  Other Receipts: Interest Loan Misc. <i>(specify)</i>	200.00	200.00	11/4/17
Sammy Johns 415 Thurman Ave. Michigan City, IN 46360	Contributions: Direct X In-Kind <i>(describe)</i>  Other Receipts: Interest Loan Misc. <i>(specify)</i>	150.00	150.00	12/6/17
Andrew Skwiat 0141 S. Forrester Rd LaPorte, IN 46350	Contributions: Direct X In-Kind <i>(describe)</i>  Other Receipts: Interest Loan Misc. <i>(specify)</i>	1500.00	1500.00	11/11/17
Edward Skwiat 0448 N Shebel Rd Michigan City, IN 46360	Contributions: Direct X In-Kind <i>(describe)</i>  Other Receipts: Interest Loan Misc. <i>(specify)</i>	1500.00	1500.00	11/1/17
<b>SUBTOTAL THIS PAGE OF SCHEDULE A</b>		<b>3550.00</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)  
(IC 3-9-5-14)

State  
Indiana Election Commission

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

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FILE NUMBER
Page <u>3</u> of <u>6</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
Amber Lapaich 5023 W. Meritage Tr LaPorte, IN 46350  Attorney	Contributions: Direct X In-Kind <i>(describe)</i>  Other Receipts: Interest Loan Misc. <i>(specify)</i>	500.00	500.00	11/1/17
Dennis Gates 400 E. Rendolph Chicago, IL 60601	Contributions: Direct X In-Kind <i>(describe)</i>  Other Receipts: Interest Loan Misc. <i>(specify)</i>	200.00	200.00	11/1/17
	Contributions: Direct X In-Kind <i>(describe)</i>  Other Receipts: Interest Loan Misc. <i>(specify)</i>			
	Contributions: Direct X In-Kind <i>(describe)</i>  Other Receipts: Interest Loan Misc. <i>(specify)</i>			
	Contributions: Direct X In-Kind <i>(describe)</i>  Other Receipts: Interest Loan 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>4250.00</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-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 15g 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).

<b>FILE NUMBER</b>
Page <u>4</u> of <u>6</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
IBEW PAC fund 2751 State Rd 39N LaPorte, IN 46350	Contributions: Direct In-Kind <i>(describe)</i>  Other Receipts: Interest Loan Misc. <i>(specify)</i>	<b>300.00</b>	<b>300.00</b>	
Horizon PAC 515 Franklin St Michigan City, IN 46360	Contributions: Direct In-Kind <i>(describe)</i>  Other Receipts: Interest Loan Misc. <i>(specify)</i>	<b>250.00</b>	<b>250.00</b>	
3.	Contributions: Direct In-Kind <i>(describe)</i>  Other Receipts: Interest Loan Misc. <i>(specify)</i>			
4.	Contributions: Direct In-Kind <i>(describe)</i>  Other Receipts: Interest Loan Misc. <i>(specify)</i>			
5.	Contributions: Direct In-Kind <i>(describe)</i>  Other Receipts: Interest Loan Misc. <i>(specify)</i>			
<b>SUBTOTAL THIS PAGE OF SCHEDULE A</b>		<b>550.00</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 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*).

<b>FILE NUMBER</b>	
Page <u>5</u>	of <u>6</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.  Marquiss Electric 203 E. Harrison St. Michigan City, IN 46360	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> ) _____	\$1250.00	\$1250.00	12/7/17
2.	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> ) _____			
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>		\$ 1250.00		
<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>		\$ 1250.00		

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

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

State Form  
Indiana Election Commission

**(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 <u>6</u> of <u>6</u>

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>				
		Direct X In-Kind Payment of Debt Returned Contribution Other _____ Purpose: _____			
code O Page Pop 8380 E. 109th St Crown Point, IN 46307	Web Design	Direct In-Kind Payment of Debt Returned Contribution Other _____ Purpose: _____	225.00	225.00	12/9/17
Code O Office depot 118 Dunes Plaza Michigan City, IN 46360	Printing	Direct In-Kind Payment of Debt Returned Contribution Other _____ Purpose: _____	230.85	230.85	9/28/17
		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: _____			
<b>SUBTOTAL THIS PAGE OF SCHEDULE B</b>			455.85		



**SUPPLEMENTAL "LARGE CONTRIBUTION" REPORT  
BY A CANDIDATE'S COMMITTEE  
(\$1,000 CONTRIBUTIONS OR MORE)**

State Form 48492 (R5 / 10-17)  
Indiana Election Division (IC 3-9-5-20.1; 3-9-5-22)

(CFA-11)

FILE NUMBER

40-18-14

TOTAL PAGES IN ENTIRE CFA-11  
REPORT

**INSTRUCTIONS:** Only candidates receiving a "large contribution" are required to file this report. 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.

**COMMITTEE INFORMATION**

1. Full Name of Candidate (Include any nickname.) <input type="checkbox"/> Check if this is a new name.		2. Committee Telephone Number	
Ronald (Ron) Meer		( 219 ) 874-2370	
3. Mailing Address (Address where all campaign finance correspondence is received.) <input type="checkbox"/> Check if this is a new address.			
105 Roberta Ave			
4. City	State	ZIP Code	5. Party Affiliation or If Independent Candidate
Michigan City	IN	46360	Democrat
6. Office Sought (Include district number, if any. Not required for exploratory committee.)			7. County of Residence
Mayor of Michigan City			LaPorte
8. Reporting Period (mm/dd/yy):			
From: 10/26/18		Through: 10/29/18	

For classification, enter INDV for individual; PAC for political action committee; CORP for corporation; LAB for labor organization; OTHER for all entries which are not one of the above categories.

Classification	CONTRIBUTOR'S FULL NAME AND OCCUPATION FULL MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT OF CONTRIBUTION	DATE RECEIVED
				(mm/dd/yy) RECEIVED BY
INDV	1. Andrew Skwiat 0141 S Forrester Rd LaPorte, IN 46350  Contributor's Occupation (if applicable) _____	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"/> Miscellaneous (specify) _____	\$1,500.00	10/26/18
INDV	2. Edward Skwiat 0448 N Shebel Rd Michigan City, IN 46360  Contributor's Occupation (if applicable) _____	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"/> Miscellaneous (specify) _____	\$1,500.00	10/26/18
INC	3. Walsh and Kelly, Inc. 1700 E Main St Griffith, IN 46319  wa Contributor's Occupation (if applicable) _____	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"/> Miscellaneous (specify) _____	\$1,000.00	10/26/18

**CERTIFICATION**

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 *De Soub* Title *Treasurer* Date (mm/dd/yy) *10/29/18*

Signature of Candidate (if applicable) *Ron Meer* Date (mm/dd/yy) *10/29/18*

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 Level 6 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  
OCT 29 2018  
*Kristen Schmitt*  
LA PORTE SUPERIOR COURT



**SUPPLEMENTAL "LARGE CONTRIBUTION" REPORT  
BY A CANDIDATE'S COMMITTEE  
(\$1,000 CONTRIBUTIONS OR MORE)**

State Form 48492 (R5 / 10-17)  
Indiana Election Division (IC 3-9-5-20.1; 3-9-5-22)

**(CFA-11)**

**INSTRUCTIONS:** Only candidates receiving a "large contribution" are required to file this report. 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.

**FILE NUMBER**

**TOTAL PAGES IN ENTIRE CFA-11  
REPORT**

**COMMITTEE INFORMATION**

1. Full Name of Candidate (Include any nickname.) <input type="checkbox"/> Check if this is a new name. <b>Ronald (Ron) Meer</b>		2. Committee Telephone Number <b>( 219 ) 8742370</b>	
3. Mailing Address (Address where all campaign finance correspondence is received.) <input type="checkbox"/> Check if this is a new address. <b>105 Roberta Ave</b>			
4. City <b>Michigan City</b>	State <b>IN</b>	ZIP Code <b>46360</b>	5. Party Affiliation or If Independent Candidate <b>Democrat</b>
6. Office Sought (Include district number, if any. Not required for exploratory committee.) <b>Mayor of Michigan City</b>		7. County of Residence <b>LaPorte</b>	
8. Reporting Period (mm/dd/yy): From: <b>10/26/18</b> Through: <b>10/29/18</b>			

For classification, enter INDV for individual; PAC for political action committee; CORP for corporation; LAB for labor organization; OTHER for all entries which are not one of the above categories.

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				(mm/dd/yy) RECEIVED BY
Other	1. Line Mullens Group  Contributor's Occupation (if applicable) _____	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"/> Miscellaneous (specify) _____	\$1,000.00	10/26/18
LLC	2. NADR Group LLC 528 N Western Ave Chicago, IL 60612  Contributor's Occupation (if applicable) _____	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"/> Miscellaneous (specify) _____	\$2,000.00	10/26/18
INDV	3. Debra Ganus 15363 State Rd 23 Granger, IN 46530  Contributor's Occupation (if applicable) _____	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"/> Miscellaneous (specify) _____	\$1,500.00	10/26/18

**CERTIFICATION**

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 	Title <b>Treasurer</b>	Date (mm/dd/yy) <b>10/26/18</b>
Signature of Candidate (if applicable) 		Date (mm/dd/yy) <b>10/29/18</b>

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**FOR OFFICE USE ONLY**

**FILED**  
IN CLERKS OFFICE

**OCT 29 2018**

LA PORTE SUPERIOR COURT