



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

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?	Yes	☐ No If Yes,	, please enter	the file n	umber in this b	ox. → l	f6-18-35
SECTION A. CANDIDATE						d accura	tely as possible.
2. Last Name	First	Name	Middle N	ame	Nickname		3. Type of Committee (Check one) Candidate's Principal Committee
Meer	<i> </i>	tanes					Exploratory Committee .
4. Mailing Address (number and street, city	, state, and ZIP of	code		5. FAX (Opt	ional)	6. E-mai	l Address (Optional)
7. City.	State	ZIP Code	8. County	1	9. Telephone (Day)		10. Telephone (Evening)
Michigan City	IN 4	46360	Lato	rte	219 221.	-7099	5 919 874-3370
Democratic Libertarian Rep	ublican □ Ot	her	M	inhin	no Town	shin	rustre MC10
1 			in all applic				ately as possible.
13. Full Name of Committee (Do not as		Check if this is		Λ			-
Committee	10 EL	ECT AC	ancs N	eer			
14. Mailing Address (number and street, ci	ly, state, and ZIP	code) ☐ Check	f this is a new add	ress. 15. FA	X (Optional)	16. E-ma	all Address (Optional)
JUB ROBERIA AV	State .	ZIP Code	18 County) 19. Telephone		20. Committee Organization Date
Michigan City	IN	H0360	Lator	rto.	219221-7	1095	(mm/dd/w) 07/2018
21. Chairperson's Full Name La De	signate Cand	idate as Chairperso	on. Check if	this is a new	chairperson.		
Hanes Met	ty, state, and ZIP	Prodel D Chacki	f this is a new add	ress 23 FA	X (Ontional)	24 F-ma	nil Address (Optional)
22. Mailing Address (number and street, ci	_	1006) D Check	T LINS IS & TIEW AGG	()	24. 2 17.	
-5, City	State	ZIP Code	262County	,	27. Telephone (Da)	1)	28. Telephone (Evening)
Michigan City	IN	+6360	Lator	te .	219,221-	7095	219 814-2370
29. Bank or Other Depositories (List a	Il banks or oth	ier depositories in v	which the committe	e deposits fu	nds, holds accounts,	rents safety	deposit boxes or maintains funds.)
30. Exploratory Committee (Give brief st	atement explainir	ng purpose of an explor	atory committee only.)	31. Salarie	s and Reimbursem	ents (Will th	e committee pay the candidate a salary or
				reimburser	nent for lost wages?	If Yes, attac	h a copy of the contract.) 🔲 Yes 🏻 🗖 🤊
		REASURER			Signatu	re of the Co	ommittee Chairperson
32. I, as Chairperson of to committee, appoint the following Treasurer of the Committee.			ertine	Alle	n /	ene	exheles_
	nate candidat	e as treasurer.	Check if this is a	new treasur	er.	0	
34. Mailing Address (number and street, co	ly, state, and ZIP	code) 🔲 Check i	f this is a new add	ress. 35. FA	X (Optional)	36. E-ma	iil Address (Optional)
	ue.	710.0-4-	29 County	() 39. Telephone <i>(Da</i>)		40. Telephone (Evening)
37. City	State	ZIP Code	38. County LaPort	_	39. Telephone (Da)	·	
michigan City SECTION D. ACCEPTAN	CE OF A	<u>4६३६<i>७</i></u> PPOINTMEN			617)0171	000	(011) 0010146
41. I give notice that I accept	the duties	and responsi	oilities of Trea	surer of t	nis Signature of	Person Ad	cepting Appointment
Committee. I am not the chair permitted for a candidate commi	person of	a campaign fin	ance committe	e (except	as	hertis	() 11
SECTION E. CERTIFICAT						יטועטוני	FOR OFFICE USE ONLY
We certify as the candidate as	nd the duly	y appointed Ch	nairperson of	the Comm	ittee and that w	e have	FILED
examined this statement. To the	best of our	knowledge and	belief it is true	, correct ar	nd complete. Date (mm/dd.	1	IN CLERKS OFFICE
42. Typed or Printed Name of Ch	airperson 2 h	Signature of	A DA J	10. 0.	as as les	11/2	•
Typed or Printed Name of Ca	-/	Signature of	Candidate	vice	Date mm/dd	// O	FEB 1 4 2018
1 Naves M	1010ale	July 100	2010	IN PR	1 02/12	1/2	
Warning: State law requires that any	change in thi	s information be re	ported within ten	(10) days o	the change (IC 3-9	1-10). A	Kowpapehishek
person who knowingly files a fraudulen accurate report as required by the Indi	t report come	site a tayal 6 D fel	any //C 3-14-1-13	1 A nerson v	who fails to file a cou	mole f e ori	ERK OF LA PORTE CIRCUIT COURT
subject to civil penalties (IC 3-9-4-16, IC	3-9-4-17, and	IC 3-9-4-18).					



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.

OF

(CFA-4) **Summary Sheet**

<u> </u>
FILE NUMBER
46-18-35
TOTAL PAGES IN ENTIRE CFA-4 REPORT

COMMITTEE INFORMATION			
1. Full Name of Committee (as on Statement of Organization) Check if this is a new new form it fee. To ELECT Agnes Mee	4 -		
2. Acronym or Abbreviated Name (if any)		lephone Number	95
4. Mailing Address (Address where all campaign finance correspondence is received.)	heck if this is a ne		
5. City State, ZIP Code . City, IN 46360		n (if applicable) OCKA7	-
CAND!DATE INFORMATION (For Candidate's Co	ommittees Only)	
7. Full Name of Candidate (Include any nickname.)	8. Party Affiliation	n or If Independent	Candidate
9. Office Sought (Include district number, if any. Not required for exploratory committee.) NICHIGAN TOWNSHIP TRUSTER MC/O	10. County of Re	esidence Orte	
TYPE OF REPORT	<i>e</i> , , , , , , , , , , , , , , , , , , ,	CONVENTION Check one:	CANDIDATES ONLY
11 / Check one: Pre-Primary Pre-Election Annual Nomination Other Arge Control Final / Disbands Committee (Lines 18, 19, and 20 must be "0".) Outgoing Treasurer (Within ten (10) days amend State	DUTTON	Pre-Conve	
			0.01.1111.0
12. Reporting Period (<i>mm/dd/yy</i>): From: /-/-/8 Through: 4-13-18		OLUMN A nis Period	COLUMN B Year to Date
13. Cash on hand and investments at the beginning of this reporting period.		.000	
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.)		000,00	· · · · · · · · · · · · · · · · · · ·
15b. Unitemized	OTAL /	000.00	
150. Add filles 15d and 15b in 55d totalines			
16. Add titles 19 and 190 at Oblam A and miles 14 and 190 at Oblam A	TOTAL 🚜 /	0000,00	
EXPENDITURES		-	
(Note: These amounts include in-kind expenditures and loan repayments.)			
17a. Itemized (Use Schedule B.) (Public Question: use Schedule C.)			
17b. Unitemized			
TYC. Add lines TYA allo 170 III oddi dololilido.	TOTAL		<u> </u>
18. Cash on hand and investments at close of this reporting period (Subtract 17c from 16 in both columns.)	TOTAL		
19. Debts OWED BY the committee (Use Schedule D.)			
20. Debts OWED TO the committee (Use Schedule E.)		IN CIE	OFFICE
CERTIFICATION			OR OFFICE USE ONLY
I CERTIFY THAT I HAVE EXAMINED THIS STATEMENT. TO THE BEST OF MY KNOWLEDGE AND BELIEF IT IS TI	RUE, CORRECT AND		1
Signature of Treasurer	Date (mm.	(dd/yr) 1 1 1	4 2018
Signature of Candidate (if applicable)	Date (mm	LEGEN SOL POR	ALAWA & RIE CIRCUIT COURT
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 accurat Campaign Finance Law commits a Class B misdemeanor, (IC 3-14-1-14) and may be subject to civil penalties. (IC 3-9-	te réport as required l	who mowingly by the Indiana	





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

(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	NUMB	ER	
		•		,
Page	(_ of	1	

Contributor's Occupation (if required) Contributor's Occupation (if requir	CONTRIBUTOR'S FULL NAME AND OCCUPATION FULL MAILING ADDRESS	TYPE OF CONTRIBUTION	COLUMN A AMOUNT THIS	COLUMN B CUMULATIVE	DATE RECEIVED (mm/dd/yy)
Ronald Meev	(street, number, city, state, ZIP code)	OR OTHER RECEIPT			RECEIVED BY
Interest Conflictor's Occupation (if required) Acypt	1 Ronald Meer 105 Roberta Ave	Direct		1,000.00	02/13/18
Contributor's Occupation (if required) Subtrotal This Page Of Schedule A \$ Do D, DO TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY	00	☐ Interest ☐ Loan			
Circle In-Kind (describs)		0.41.5			:
Interest Loan Miscellaneous (specify)	2.	Direct			
Contributions: Direct		☐ Interest ☐ Loan			
Direct In-Kind (describe)					
Interest	3.	☐ Direct			
Contributions: Direct In-Kind (describe) Other Receipts: Interest Loan Miscellaneous (specify) Miscellaneous (specify) Other Receipts: Direct In-Kind (describe) Other Receipts: Interest Loan Miscellaneous (specify) Other Receipts: Interest Loan Interest Loan Other Receipts: Interest Loan Inter		Interest Loan			
Direct In-Kind (describe)		2-1/2-1/			
Contributor's Occupation (if required) 5. Contributions: Direct In-Kind (describe) Contributor's Occupation (if required) SUBTOTAL THIS PAGE OF SCHEDULE A TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY	4. :	☐ Direct	:		
Contributions: Direct In-Kind (describe) Other Receipts: Interest Loan Miscellaneous (specify) SUBTOTAL THIS PAGE OF SCHEDULE A \$ 100.00		Interest Loan			
Direct In-Kind (describe) Other Receipts: Interest Loan Interest Loan Interest Substitution's Occupation (if required) SUBTOTAL THIS PAGE OF SCHEDULE A \$ 100.00	Contributor's Occupation (if required)				
Contributor's Occupation (if required) SUBTOTAL THIS PAGE OF SCHEDULE A \$ 000.00	5.	Direct	ŕ		
SUBTOTAL THIS PAGE OF SCHEDULE A \$ 1000.00		interest Loan			
TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY		THIS PAGE OF SCHEDULE A	\$ 180 = 00		
	TOTAL OF ALL PAGES OF SCHEDULE	A ON THE LAST PAGE ONLY	i A	a Triber to the	





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

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?	☐ Yes	No If Yes,	, please ente	r the file nu	mber in this b	ox. → /	110-18	- 35',
SECTION A. CANDIDATE	INFOR	MATION: Fill	in all applie	cable boxe	s as fully an	d accura	tely as poss	ible.
2. Last Name		l Name	Middle !		Nickname		3. Type of C	ommittee (Check one)
MARX		ganes					1 ===	e's Principal Committee ry Committee
4. Mailing Address (pymber and street, city,	state, and Zif		<u> </u>	5. FAX (Optio	nat)	6. E-mail	Address (Option	<u> </u>
105 Roberto	<u> </u>	AVE JiP Code	la Court	ين ا	. Telephone (Day		10. Telephone	/Eugalon)
MichiganCit	State IN	44340	8. County Laf	orte 1	219 22	1-709	5 219	874-2370
11. Party Affiliation			/ <i>M</i>	ichioa	Included strict nur I DWI	Ship ?	Irustee	·MC10
		MATION: Fill		cable buxe	s as fully an	d accura	tely as poss	sible.
13. Full Name of Committee (Do not ab	ereviate.)	Check If this is a ELEC	TAG	nes	Meel			
14. Mailing Address (comber and street, cit)	fa.	(Pcode) Checki AVC,	if this is a new ad	dress. 15. FAX	(Optional)	16. E-ma	Il Address (Optio	nė!)
Michigan City	%	ZIP Code 46360	La Po	rte !	9. Telephone 2/9 みみ/	-7095	20. Committee O	rgantzation Date
21. Chairpeison's Full Name Des	ignate Can	didaté as Chairperso	n. 🔲 Check l	f this is a new ch	airperson.		- 7	7
22. Mailing Address (number and street, cl)	ctate and 7	Podel Check	I this is a new ad	dress, 123, FAX	(Ontional)	24. E-ma	Il Address (Option	nel)
est menning routeps (norms the entry wy	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	. water		, ,	(
25. City	State	ZiP Code	26. County	. 2	7. Telephone (Da	n'	28. Telephone	(Evening)
				()		ال	
29. Bank or Other Depositories (List all	banks or o	her depositories in w	rhich the committ	ee deposits fund	is, holds eccounts,	rents safety	deposit baxes or ri	naintains funds.)
30. Exploratory Committee (Give brief state	oment evoleir	ing purpose of an embru	story committee only	3 31. Salaries	and Reimbursem	ents (WW the	committee pay th	e candidate a salary or
30, Exploratory Committee (Ove District	critors express	ang purpuse or an expose	and y destructed disg.					iraci.) Yes O
SECTION C. APPOINTME	NT OF	TREASURER	(IC 3-9-1-14)				
32. I, as Chairperson of th	e forego	oing Person Appoi	nted Treasurer	111	Signatu	re of the Co	mmittee Chairper	son
committee, appoint the followin Treasurer of the Committee.	g person	as Hlhe	rtine	Alle	h	and	X n	reet-
	ate candida	ate as treasurer.	Check if this is	a new treasurer	,	0	. ,	
34. Mailing Address (number and street, city	, state, and Zi	P code) Check i	I this is a new ad	dress. 35. FAX	(Optional)	36. €-ma	ll Address (Option	nal)
309 Euclid Ave				()		.		
37. City	State	ZIP Code	38. County	. 1	9. Telaphone (Da		40. Telephone	(Evening)
Michigan City	IN	46360	La Po	rte 1	219, 87 <i>9</i> 7	43a	(219) 2a	1-0196
SECTION D. ACCEPTANG		PPOINTMENT			10:	D		
41. I give notice that I accept to Committee. I am not the chairs								itment
permitted for a candidate committee	ee under	IC 3-9-1-7).			1 (1-6	berten	e All	led
SECTION E. CERTIFICAT We certify as the candidate an				the Committee	and that		FOR OFFICE	L E D
examined this statement. To the b	o the ou lest of ov	r knowledge and	belief it Is true	e, correct and	complete.	1 1		KS OFFICE
42. Typed or Printed Name of Cha		Signature of			Date (mrp/dd	~ / .		
Hanes Mee	r	Ulgu	an	Max	- 02/0	7/2018	3	_ 7 2010
43. Typed or Printed Name of Can		Signature of	Candidate /		Date (,mm/dd	~~/ 1 l.	FEB -	- 7 2018
Hanes Mee		Son	Du	Zu Oo	207	12018	S	
Warning: State law requires that any o	hance in ti	os information be re	corted within to	n (10) days of t	chance IIC to		Kortel	pelatek
person who knowingly files a fraudulent						molete by	J - f	RTE CIRCUIT COURT



State Form 4606 (R14 / 10-17)

assistance in completing this form, see instructions on the reverse side.

Indiana Election Division (IC 3-9-5-14)

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this form. For

OF

(CFA-4) **Summary Sheet**

FILE NUMBER TOTAL PAGES IN ENTIRE CFA-4 REPORT

IS THIS AN AMENDMENT? Yes No		
COMMITTEE INFORMATION		
1. Full Nafle of Committee (as on Statement of Organization) Check if this is a new recommendation COMMITTEE TO ELECT AGN	es MBER	
2. Acronym or Abbreviated Name (if any)	3. Committee Telephone Number	
4. Mailing Address (Address where all campaign finance correspondence is received.)	neck if this is a new address.	
5. City State, ZIP Code, MICHIGAN CITY, IN 46360	6. Party Affiliation (if applicable) DEMOCRAT	
CAMUIDATE INFORMATION (For Candidate's C		
7. Full Name of Candidate (Include any nickname.) HGNES MEEN	8. Party Affiliation or If Independent Can DEMOCRAT	didate
9. Office Sought (Include district number, if any. Not required for exploratory committee) MICHIGAN TOWNSHIP TRUSTICE MCID	10. County of Residence APORTE	UDID ATEC ON V
TYPE OF REPORT	CONVENTION CA	NDIDATES ONLY
11. Check one:	Check one:	
Pre-Primary Pre-Election Annual Nomination Other		
Final / Disbands Committee (Lines 18, 19, and 20 must be "0".) Utgoing Treasurer (Within ten (10) days emend State	ment of Organization.)	
12. Reporting Period (mm/dd/yy): From: 0/-0/-/8 Through 04-13-18	COLUMN A This Period	COLUMN B Year to Date
13. Cash on hand and investments at the beginning of this reporting period.	2000 00	:
14. Cash on hand and investments January 1, current year.		
CONTRIBUTIONS AND RECEIPTS 1994 AND AND RECEIPTS 1994 AND AND RECEIPTS 1994 AND		
(Note: these amounts include in-kind contributions and loans, as well as cash contributions.)	9 00	* * :
15a. Itemized (Use Schedule A.)	2000	
15b. Unitemized	2 20	
15c. Add lines 15a and 15b In both columns.	2 000	
16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B.	OTAL 3 000.	
EXPENDITURES		
(Note: These amounts include in-kind expenditures and loan repayments.)		
17a. Itemized (Use Schedule B.) (Public Question: use Schedule C.)		
17b. Uniternized		
17c. Add lines 17a and 17b in both columns.	OTAL	
18. Cash on hand and investments at close of this reporting period (Subtract 17c from 16 in both columns.)	TOTAL	
19. Debts OWED BY the committee (Use Schedule D.)		i
20. Debts OWED TO the committee (Use Schedule E.)		,
CERTIFICATION	INFOR Q	E SEPTE
I CERTIFY THAT I HAVE EXAMINED THIS STATEMENT. TO THE BEST OF MY KNOWLEDGE AND BELIEF IT IS TI	UE, CORRECT AND COMPLETE.	N.S OTTICE
Signature of Treasurer	Date (mm/dd/yy)	

Date (mm/dd) 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 inswingly 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 Indianage.

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 3-9-4-17)

OF LA PORTE CIRCUIT COURT



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

(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	ENUMB	ER	
Page _	1	of	1	- "

CONTRIBUTOR'S FULL NAME AND OCCUPATION 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 Andrew Skwiat 0141 S. Florrester Rd.	Contributions: Direct In-Kind (describe)	1,000,00	1,000 .00	3-24-18
LaPorte, In. 46350	Other Receipts: Interest Loan Miscellaneous (specify)			
Contributor's Occupation (if required)	Contributions:	70	200	2110
² Edward Skwiat 0448 V. Shebel Rd.	Direct In-Kind (describe)	1,00000	1,00000	3-24-18
Michigan City, In 46360	Other Receipts:			
46360	Interest Loan Miscellaneous (specify)			٠,
Contributor's Occupation (if required)		•		
3.	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest Loan Miscellaneous (specify)			
Contributor's Occupation (if required)		······································		
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 Miscellaneous (specify)			
Contributor's Occupation (if required)				
	THIS PAGE OF SCHEDULE A	\$ 200000		
TOTAL OF ALL PAGES OF SCHEDULE	1 15a of the Summary Sheet.)	\$ 2 000	^	



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 essistance in completing this form, see instructions on the reverse side.

OF

(CFA-4) **Summary Sheet**

FILE NUMBER

TOTAL PAGES IN ENTIRE CFA-4 REPORT

IS THIS AN AMENDMENT? Yes No			
COMMITTEE INFORMATION			
1. Full same of Committee (as on Statement of Organization)	/ name. (467)	P .	
2. Acronym or Abbreviated Name (if any)	3. Com	mittee Telephone Number	7095
4. Mailing Address (Address where all campaign finance correspondence is received.)		is is a new address.	
5. City, State, ZIP Gode State, ZIP Gode CITY, IN 46360	D	Affiliation (if applicable) EMOCK	AT
CANDIDATE INFORMATION (For Candidate's			et Condidate
7. Full-Name of Candidate (Include any nickname.)		Affiliation or If Independent	AT_
9. Office Sought (Include district number, if any. Not required for exploratory committee.)	10. Cou	nty of Residence	4-0
MICHIGAN TOWNSHIP TRUSTED MC/C	2	hator	te_
TYPE OF REPORT		CONVENTIO	N CANDIDATES ONLY
11. Pheck one:		Check one:	
Pre-Primary Pre-Election Annual Nomination Other		Pre-Con	vention
Final / Disbands Committee (Lines 18, 19, and 20 must be '0'.) Utgoing Treasurer (Within ten (10) days amend St	latement of Orga	enization.) Dost-Cor	vention
12. Reporting Period (mm/dd/yy):		COLUMN A	COLUMN B
From: 0//0//8 Through: 04//3//8		This Period	Year to Date
13. Cash on hand and investments at the beginning of this reporting period.		<u> </u>	
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.)		111700	
15a. Itemized (Use Schedule A.)		4 675.00	<u> </u>
15b. Unitemized	BTOTAL		<u></u>
Total Add lines for all to ill best best and		2//2/20	4/760
16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B. EXPENDITURES	TOTAL	4.675.00	4675,00
(Note: These amounts include in-kind expenditures and loan repayments.)			
17a. Itemized (Use Schedule B.) (Public Question: use Schedule C.)		2552.47	
17b. Unitemized			,
17c. Add lines 17a and 17b in both columns.	BTOTAL	25.59,47	,
18. Cash on hand and investments at close of this reporting period (Subtract 17c from 16 in both columns.)	TOTAL	2122.53	2122.53
19. Debts OWED BY the committee (Use Schedule D.)			
20. Debts OWED TO the committee (Use Schedule E.)		FI	KKS OFFICE
CERTIFICATION	-		OR OFFICE USE ONLY
I CERTIFY THAT I HAVE EXAMINED THIS STATEMENT. TO THE BEST OF MY KNOWLEDGE AND BELIEF IT IS	TRUE, CORF		
Signature of Treasurer Like Tropsure		Pate (mm/dd/yt) AT	1 3 2018
Signature of Candidate (if applicable)	0	Date (mm/dd/yy)	profeliabel
WARNING/any information contained in this report may not be copied for sale or used for any commercial purpose	e. (IC 3-9-4-5)	A person who knowingly	ORTE CIRCUIT COURT
files a fraudulent report commits a Level 6 felony. (IC 3-14-1-13) A person who fails to file a complete or accu. Campaign Finance Law commits a Class B misdemeanor, (IC 3-14-1-14) and may be subject to civil penalties. (IC 3-	rrate report as	required by the Indiana	·

Cardidate agris men



REPORT OF RECEIPTS AND EXPENDITURES OF A POLITICAL COMMITTEE

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

(CFA-4 SCHEDULE B) ITEMIZED EXPENDITURES

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document expenditures totaled on ITEM 17a of the Summary Sheet. All cumulative expenses paid to individuals, businesses, labor organizations and other entities OVER \$100 per recipient, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative expenses, including in-kind, regardless of amount paid to political committees, (such as transfers-out from candidate, legislative caucus, political action, or regular party committees) MUST be itemized on this schedule.

	FILE	NUMBER	
			_,
Page _	/	of <u>2</u>	<u> </u>

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)
Family Dollar 4217 Franklin St. Michigan City, In 46360		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:	14.45	14.45	3-7-18
Mal mart 5780 Franklin St. Michigan City, In 46360		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:	157.30	157.30	3-7-18
Meijer Meijer 5150 Franklia St. Michigan City In 46360		☑ Direct In-Kind Payment of Debt Returned Contribution Other Purpose:	5.65	5.65	3-7-18
Dollar General 244 W. U.S. Hoy 20 Michigan City, In		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:	4.50	6.50	3-9-18
Code F Family Dollar Hall Franklin St. Michigan City	·	Direct In-Kind Payment of Debt Returned Contribution Other Purpose:	10.70	10.70	-3-9-18
Shoreline Brewery 308 Websh St. michigan City, IN 46360		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:	134.82	134,82	3-9-18
Family Dollar H217 Franklin St Michigan City, In 46360		Payment of Debt Returned Contribution Other Purpose:	24.61	24.61	370-18
	AGES OF SCHEDULE B ON TH	GE OF SCHEDULE B	5		

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REPORT OF RECEIPTS AND EXPENDITURES OF A POLITICAL COMMITTEE

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

(CFA-4 SCHEDULE B) ITEMIZED EXPENDITURES

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	FILE	NUME	3ER	
Page_	2	of_	3_	

RECIPIENT'S NAME AND MAILING ADDRESS	RECIPIENT'S OCCUPATION	TYPE OF EXPENDITURE	COLUMN A AMOUNT THIS	COLUMN B CUMULATIVE	DATE OF . EXPENDITURE
(street, number, city, state, ZIP code)	OFFICE SOUGHT (if applicable)	PURPOSE (be specific)	PERIOD	YEAR-TO-DATE	(mm/dd/yy)
Family Dollar Hall Franklin St. Michigan City In 46360		Direct ltn-Kind Payment of Debt Returned Contribution Other Purpose:	6.42	6.42	3-10-18
Reprographie Arts Reprographie Arts 2824 E. mrchigan isux michigan City. In 46360		Oirect In-Kind Payment of Debt Returned Contribution Other Purpose:	226.04	226.04	3-18-18
nalebook Acct		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:	25,00	25.00	Ð-11-18
Friends of Fritz		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:	700,00	100.00	3-23-18
The Beacher Business frinters qui Franklin St.		Payment of Debt Returned Contribution Other Purpose:	233.98°	2 33. 98	3-28-18
michigan City In 40360 Code F Peres County 301 E.8th. Streat michigan City. In. 46360		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:	12500	126.00	4-2-18
code A WIMS 1420 685 East 1675 North Michigan City In 46360		☐ Firect ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other ☐ Purpose:	91200	972.00	4-3-18
	SUBTOTAL THIS PA		\$ / 488 44		
TOTAL OF ALL P	AGES OF SCHEDULE B ON TH (Enter total on ITEM 17a of	E LAST PAGE ONLY the Summary Sheet.)	\$, , , , , ,	

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REPORT OF RECEIPTS AND EXPENDITURES OF A POLITICAL COMMITTEE

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

(CFA-4 SCHEDULE B) ITEMIZED EXPENDITURES

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	FILE	NUMBER	
Page _	3	of	

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)
Code B WEFM Radio		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:	510.00	5,0,00.	4-6-18
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:			, as
· 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:			
TOTAL OF ALL P	SUBTOTAL THIS PAR AGES OF SCHEDULE B ON TH (Enter total on ITEM 17a of	E LAST PAGE ONLY	\$510.00 \$\$552.47		
L	Letter total arrivation				

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REPORT OF RECEIPTS AND EXPENDITURES OF A POLITICAL COMMITTEE

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

(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, rebales, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee). A contributor's occupation is required if an individual makes at least \$1,000 in contributions during the calendar year. Otherwise, this is optional.

FILE NUMBER			
	-		
Page_		of	

CONTRIBUTOR'S FULL NAME AND OCCUPATION FULL MAILING ADDRESS	TYPE OF CONTRIBUTION	COLUMN A	COLUMN B	DATE RECEIVED (mmidd/yy)
(street, number, city, state, ZIP code)	OR OTHER RECEIPT	AMOUNT THIS PERIOD	CUMULATIVE YEAR-TO-DATE	RECEIVED BY
"Milorad Milatoric	Contributions:	100.00	100.00	2-13-18
1976 Hamilton St.	In-Kind (describe)	700100	,,,,,,	
Portage, In. 46368	Other Receipts: Interest Loan Miscellaneous (specify)	·		
Contributor's Occupation (if required)				
Ronald Meer	Contributions: Direct In-Kind (describe)	1,000.00	1,000.00	2-13-18
105 Roberta Aue				
Michigan City. In 46360	Other Receipts: Interest Loan Miscellaneous (specify)			
Contributor's Occupation (if required) May or				•
3 Charles G. Peller	Contributions: Direct In-Kind (describe)	200.00	200.00	2-15-18
7701 Lake Shore Dr.				
Gary, In. 46403	Other Receipts: Interest Loan Miscellaneous (specify)			
Contributor's Occupation (if required)	Contributions:		A-0.00	
Law Firm of	Direct	200.00	200.00	3-5-18
Alan J. Siriner	In-Kind (describe)			
2710 Franklin St. Michigan City, Fisto	Other Receipts:		,	
michigan City, 46360	Miscellaneous (specify)		`	
Contributor's Occupation (if required) Lawyer				:
Donald S. Smales	Contributions: Direct	100,00	100,00	3-8-18
1907 Lake Store Dr.	In-Kind (describe)			Ĭ
Michigan City, In.	Other Receipts: Interest Loan Miscellaneous (specify)			, .
Contributor's Occupation (if required)				
	THIS PAGE OF SCHEDULE A	\$ 1, 600 00		
TOTAL OF ALL PAGES OF SCHEDULE (Enter total on ITEM	A ON THE LAST PAGE ONLY 1 15a of the Summary Sheet.)	\$		

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REPORT OF RECEIPTS AND EXPENDITURES OF A POLITICAL COMMITTEE

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

(CFA-4 SCHEDULE A-1) CONTRIBUTIONS BY INDIVIDUALS

Itemized Contributions and Other Receipts

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	FILE	E NUA	ИВE	R	
	•	•		**	
Page_	2	of		3	

CONTRIBUTOR'S FULL NAME AND OCCUPATION FULL MAILING ADDRESS	TYPE OF CONTRIBUTION	COLUMN A	· COLUMN B	DATE RECEIVED (mm/dd/yy)
(street, number, city, state, ZIP code)	OR OTHER RECEIPT	AMOUNT THIS PERIOD	CUMULATIVE YEAR-TO-DATE	RECEIVED BY
"Nicholas J. Landers Jill Landers	Contributions: Direct In-Kind (describe)	100.00	100.00	3-8-18
daio Florimond Ave CB michigan City, In 46360	Other Receipts: Interest Loan Miscellaneous (specify)	·		
Contributor's Occupation (if required)				
Bonita A. Schaaf	Contributions: Direct In-Kind (describe)	25.00	25.00	3-8-18
319 Derby Street Michigan City, In. 46360	Other Receipts: Interest Loan Miscellaneous (specify)			
Contributor's Occupation (il required)				
J.A. Engquist 3001 Maple St. Michigan City, Ty6360	Contributions: Direct In-Kind (describe)	50,00	50.00	3-9-18
7110tv gan 5. 41. 46360	Other Receipts: Interest Loan Miscellaneous (specify)			
Contributor's Occupation (if required)	Contributions:	<i></i>	~ ^ -	1010
" Beth Pishkur	Direct	50.00	50.00	3-9-18
113 Riviera Dr.	In-Kind (describe)			
Michigan City, In: 46360	Other Recelpts: Interest Loan Miscellaneous (specify)			
Contributor's Occupation (if required)				
Terri Fitzpatrick	Contributions: Direct In-Kind (describe)	50.00	50,00	3-9-18
230 Walnut St. Michigan City, In. 46360	Other Receipts: Interest Loan Miscellaneous (specify)			
Contributor's Occupation (il required)	THIS PAGE OF SCHEDULE A	5 10 = -0		
TOTAL OF ALL PAGES OF SCHEDULE		\$ 175,00	1 121 134	



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

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

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FILE NUMBER				
Page _	3	of _		_

CONTRIBUTOR'S FULL NAME AND OCCUPATION FULL MAILING ADDRESS	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS	COLUMN B	DATE RECEIVED (mm/dd/yy) RECEIVED BY
Kalon Kubik 385 Sara Lane	Contributions: Direct In-Kind (describe)	/00.00	/OD.OD	3-21-18
La Porte, In. 46350	Other Receipts: Interest Loan Miscellaneous (specify)			
2 Andrew 5k what 0141 S. Forrester Rd.	Contributions: Direct In-Kind (describe)	1000.00	1000.00	3-20-18
La Porte, In 46350 Contributor's Occupation (Il regulary)	Other Receipts: Interest Loan Miscellaneous (specify)			
¹ Edward Skwiat 0448 Shebel Rd.	Contributions: Direct In-Kind (describe)	1,000.00	1,000.00	3-20-18
Michigan City, In 46360 Contributor's Occupation fil required)	Other Receipts: Interest Loan Miscellaneous (specify)			
* Linda Simmons 1709 Johnvue Ave	Contributions: Direct In-Kind (describe)	400.00	4.8000	3-24-18
Michigan City, In 46360	Other Receipts: Interest Loan Miscellaneous (specify)			
5. Eddie V. Fowler 1-348 N. Cleavar St.	Contributions: Direct In-Kind (describe)	300,00	300.00	4-6-18
#BR Chicago, II. 60642	Other Receipts: Interest Loan Miscellaneous (specify)			
Contributor's Occupation (if required)	THIS PAGE OF SCHEDULE A	\$ 2) Qm	refigio de la constitució de la cons	13 - 13 W W
TOTAL OF ALL PAGES OF SCHEDULE	3	\$ 2,800 \$ 4 475		



INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this form. For

State Form 4606 (R14 / 10-17)

Indiana Election Division (IC 3-9-5-14)

assistance in completing this form, see instructions on the reverse side.

OF

(CFA-4)

Summary Sheet

FILE NUMBER

PAGES IN ENTIRE CFA-4 REPORT

IS THIS AN AMENDMENT? Yes W No			•
COMMITTEE INF	ORMATION		
	if this is a new name. \mathcal{MEER}		
2. Acronym or Abbrevlated Name (if any)		tee Telephone Number	
4. Mailing Address (Address where all campaign finance correspondence is received to 5 Kohecta AVP	red.) Check if this	s a new address.	
5. City, State, ZIP Code		filiation (if applicable)	
Michigan City, IN, 46360		morrat.	
CANDIDATE INFORMATION (For C			
7. Full Name of Candidate (Include any nickname.)		filiation or If Independer	nt Candidate
AGNES MEER		mocrat	
9. Office Sought (Include district number, if any. Not required for exploratory co.	mmittee.) 10. Count	of Residence	
MICHIGAN TOWNSHIP TRUSTEE	MCID LA	1 0 / 1) -	N CANDIDATES O
TYPE OF REPORT		Check one:	N CANDIDATES C
11. Check one: Pre-Primary Pre-Election Annual Nomination Other		Pre-Conv	vention
. 	(4D) days award Platament of Ornari		
Final / Dispands Committee (Lines 18. 19. and 20 must be 20.) Outgoing Treasurer (Within ten	(10) gays ameng Statement or Organia	88011.)	(
12. Reporting Period (mm/dd/yy):		COLUMN A This Period	COLUMN B Year to Date
From: 4-14-18 Through: 10-14-	-10		rear to Date
13. Cash on hand and investments at the beginning of this reporting period.		2122.53	·
14. Cash on hand and investments Jaguary 1, current year.			
CONTRIBUTIONS AND RECEIPTS (Note: these amounts include in-kind contributions and loans, as well as cash contributions)	tributions)		
15a. Itemized (Use Schedule A.)		25,00	
15b. Unitemized		78 2100	
15c. Add lines 15a and 15b in both columns.	SUBTOTAL	25,00	
16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B.		21 47,47	á,147.y
EXPENDITURES			
(Note: These amounts include in-kind expenditures and loan repayments.)			
17a. Itemized (Use Schedule B.) (Public Question: use Schedule C.)		812,65	
17b. Unitemized		0 18:16:2	<u> </u>
17c. Add lines 17a and 17b in both columns.	SUBTOTAL	812.65	
18. Cash on hand and investments at close of this reporting period (Subtract 17c from 16 in bo		122/102	/334.8
	in commissi,	1 3,79,80	7 3 3 7.7
19. Debts OWED BY the committee (Use Schedule D.)	-		
20. Debts OWED TO the committee (Use Schedule E.)		FI	
CERTIFICATION		ER/	<u>⟨OROPFINE FISE</u> OF
I CERTIFY THAT I HAVE EXAMINED THIS STATEMENT. TO THE BEST OF MY KNOWLEDGE A			
Signature of Treasurer Title Treas	user 1		2 2018
Signature of Candidate (if applicable)	Dat	Vas Liez	5
WARNING: Any information contained in this report may not be copied for sale or used for any cor	mmercial purpose, IIC 3-9-45) A	person who knowingly!	Allabek
files a frauditient report commits a Level 6 felony, (IC 3-14-1-13) A person who fails to file a c	omplete or accurate report as re	quired by the LA BOXTE SC	PERIOR COURT
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)	



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

(CFA-4 SCHEDULE B) ITEMIZED EXPENDITURES

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FILE NUMBER			
Page	of	2	_

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) Direct In-Kind Payment of Debt Returned Contribution Other Purpose:	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE OF: EXPENDITURE (mmidd/yy) 4-10-18
Code #		Payment of Oebt Returned Contribution Other Purpose:	2.66	2.66	
Code A	·	Direct tn-Kind Payment of Debt Returned Contribution OtherPurpose:	10.00		4-23-18
Code A		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:	235.39		4-24-18
Code A	-	Purpose:	[4.61	14.61	4-34-18
Code A		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:	109.90	109.40	4. 26-16
CodeA		Payment of Debt Returned Contribution Other Purpose:	10.00	10,00	4-30-78
4	SUBTOTAL THIS PAG		\$466.03		137 + 4 15
TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY (Enter total on ITEM 17a of the Summary Sheet.)			\$		



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

Indiana

(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 (TEM 15a) of the Summary Sheet. All cumulative contributions from individuals OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee). A contributor's occupation is required if an individual makes at least \$1,000 in contributions during the calendar year. Otherwise, this is optional.

FILE NUMBER						
Page	of					

CONTRIBUTOR'S FULL NAME AND OCCUPATION FULL MAILING ADDRESS	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS ^L	- COLUMN B CUMULATIVE	DATE RECEIVED (mm/dd/yy)
1. Hubert Newkitk	Contributions:	PERIOD 名らの	J.S.OO	RECEIVED BY
1244 Springville	Direct In-Kind (describe)	02 3.3	22.00	·
1244 Springville Latorte, In 46350				
, , , , , ,	Other Receipts: Interest Loan			
	Miscellaneous (specify)			
Contributor's Occupation (if required)	Contributions:			
	Direct		,	
	In-Kind (describe)			
	Other Receipts:			
	Miscellaneous (specify)			
Contributor's Occupation (il required)				
1	Contributions:			
	In-Kind (describe)			
	Other Receipts:		:	
	☐ Interest ☐ Loan ☐ Miscellaneous (specify)			·
Contributor's Occupation (if required)				
4.	Contributions:			
	☐ Direct ☐ tn-Kind (describe)			
			_	
	Other Receipts:		·	-
	Miscellaneous (spedily)			
Contributor's Occupation (il required)				
5.	Contributions: Direct			
	n-Kind (describe)			
·	Other Receipts:			
	Interest Loan Niscellaneous (specify)		•	
Contributor's Occupation (if required)				
SUBTOTAL	THIS PAGE OF SCHEDULE A	\$ 25.00		
TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY (Enter total on ITEM 15a of the Summary Sheet.)		\$ 25.00	with the	