



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 AMENDME	NT? Yes	☑ No if Ye	s, please enter the f	ile number in this box	r. →	46-18-75
SECTION A . CANDID				The second secon		tely as possible.
2. Last Name		Name	Middle Name	Nickname		3. Type of Committee (Check one) ☑ Candidate's Principal Committee
Espar	c	hristina	М	Nina		Exploratory Committee
I. Mailing Address (number and stre		- 1000	<u></u>	X (Optional)	6. E-mail	Address (Optional)
P.O. Box 444	31, 313, 312 13, 2112 211	,	,	, , ,		
7, City	State	ZIP Code	8. County	(9.) Telephone (Day)	<u> </u>	10.)Telephone (Evening)
Michigan City	IN	46360	La Porte	219, 229-21	1712	29, 229-2170
1. Party Affiliation			12. Office S	Sought (Include district numb	er, if any. N	lot required for an exploratory committee.)
☐ Democratic ☐ Libertarian 🗹	Republican 🔲 0	Other	Delikarent	executing Prosecuting	g Attorne	ey for the 32nd Jud. Cir.
SECTION B. COMMIT	TEE INFOR	MATION: Fi	II in all applicable	boxes as fully and	accura	tely as possible.
3. Full Name of Committee (Do						
Committee to Elect						
4. Mailing Address (number and str	reet, city, state, and Z	IP code) ☐ Chec	k if this is a new address.	15. FAX (Optional)	16. E-mai	il Address (Optional)
P.O. Box 444				()	<u> </u>	On One to Control
7. City	State	ZIP Code	18. County	19. Telephone		20. Committee Organization Date (mm/dd/yy) 07/12/2019
Michigan City	IN	46360	La Porte	()		(mm/da/yy) 07/13/2018
1. Chairperson's Full Name	Designate Car	didate as Chairper	son. Check if this is	a new chairperson.		
Sharon K. Sacks						
2. Malling Address (number and st	reet, city, state, and Z	IP code)	k if this is a new address.	23. FAX (Optional)	l l	il Address (Optional)
107 Woodland Cou	ırt, Ste B	•		()	sacks	sphd@comcast.net
5. City	State	ZIP Code	26. County	27. Telephone (Day)		28. Telephone (Evening)
Michigan City	IN	46360	La Porte	219, 210-0	oitt	(Z19) 210. 0111
0. Exploratory Committee (Give			rein	nbursement for lost wages? If	Yes, attach	e committee pay the candidate a salary or n a copy of the contract.)
SECTION C. APPOIN 32. I, as Chairperson C	TWENT OF	oing Person An	R (IC 3-9-1-14)	Signature	e of the Co	mmittee Chairperson
committee, appoint the fol	lowing persor	اممد				n Sails
reasurer of the Committee.		Loneir	H. Janowiak		(www	1 Jacies
		ate as treasurer.	☐ Check if this is a new	treasurer.		
Robert Hayden Jan			It if this is a new address	35, FAX (Optional)	36 E-ma	il Address (Optional)
4. Mailing Address (number and st 302 Elmwood Drive		(IP code) ☐ Chec	ck if this is a new address.	35. FAX (Opaulial)	PUT	ANOWPakegnail.a
		ZIP Code	38. County	() 39. Telephone (Day)	17413	40. Telephone (Evening)
7. City	State IN	46360	La Porte	411 1427 2	ははくだ	(417) 437 3135
Michigan City	l			(111) 431 3	ノフノン	(911) 951 00)
SECTION D. ACCEPT 11. I give notice that I ac	TANCE OF	APPOINTIVIE	NT (IC 3-9-1-15)	of this Signature of D	oreon Ac	centing Appointment
in. I give notice that I ac Committee. I am not the	cept the dute chairperson o	fa campaign i	finance committee (e	xcept as	010011710	oopg , pp o
permitted for a candidate co	mmittee unde	r IC 3-9-1-7)				010- 10- 011 V
SECTION E. CERTIF	CATION OF	STATEMEN	IT		,	FOR OFFICE USE ONLY F I L E D
Ve certify as the candida	te and the de	uly appointed	Chairperson of the (Committee and that we	a have	IN CLERKS OFFICE
xamined this statement. To 2. Typed or Printed Name of			of Chairperson	Date (mm/dd/y	y)	II CLERKS OF THE
• •	, onanperson	()	10.1	07/13/2	" []	
Sharon K. Sacks		Juan		<u> </u>		JUL 1 7 2018
13. Typed or Printed Name of		1 7 7	of Candidate	Date (mm/dd/y		
Christina M. Espai		7 000	my m	07/13/2		
Warning: State law requires that	at any change in	this information be	reported within ten (10)	days of the change (IC 3-9-	1-10). A	KANJERRERWERK
person who knowingly files a frau accurate report as required by th	idulent report cor le Indiana Campa	nmits a Level 6 D aign Finance Law	commits a Class B misde	erson who rails to file a come emeanor (IC 3-14-1-14), and	may be	CLERK OF LA PORTE CIRCUIT CO
subject to civil penalties (IC 3-9-4-	16 IC 3-9-4-17 A	and IC 3-9-4-18).			_ [



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.

							<u> </u>			FILE NUMBE	R
1. IS THIS AN AMENDMENT? [46-18-75	
SECTION A. CANDIDATE			in ali		box			accura			
2. Last Name		irst Name		Middle Name			Nickname			Type of Committee (Candidate's Principal	
Espar		Christina		М			Nina			Exploratory Committee	
4. Mailing Address (number and street, city, s P O Box 444	tate, and	ZIP code)		5. F/	4X (Opt)			6. E-mail	Addres	ss (Optional)	
7. City	State	ZIP Code	8. Co	=			phone (Day)			elephone (Evening)	
Michigan City	IN	46361-0444	La	Porte		11	₎ 229-21		- 11	9 ₎ 229-2176	
11. Party Affiliation ☐ Democratic ☐ Libertarian ☑ Repub	lican F	7 Other		12. Office Prosec	Sough Cutina	t (Includ Attor	le district numb ney 32nd J	er, if any. I Iudicial	Not requ Circui	ired for an explorator	y committee.)
		RMATION: Fill	in al								
13. Full Name of Committee (Do not abb	reviate.) 🔲 Check if this is a	new n	ame.			<u> </u>				
Committee to Elect Chris			tor								
14. Mailing Address (number and street, city, P O Box 444	state, an	d ZIP code) 🔲 Check it	this is	a new address.	15. FA	X (Opti)	onal)	16. E-ma	il Addre	ess (Optional)	
17. City	State	ZIP Code	18. C	ounty	1).		lephone			nmittee Organizatio	
Michigan City	IN	46360-0444	La	Porte		₍ 219) 229-21	76	(mm/dd/	^{yy)} 07/13/2	2018
21. Chairperson's Full Name Desi Sharon K. Sacks	gnate C	Candidate as Chairperso	n. 🗀	Check if this is	а пем	chairpei	rson.				
22. Mailing Address (number and street, city,	state, an	nd ZIP code)	this is	a new address.	23. FA	X (Opti	onal)	24. E-ma	il Addre	ess (Optional)	
10 Noodland Ct Ste B		,			,	1		sack	sphd	@comcast.ne	et
City	State	ZIP Code	26. C	ounty	П.	27. Te	lephone (Day)	 		elephone (Evening)	
Michigan City	IN	46360	La	Porte		(219	210-01	11	(219	9 ₎ 210-0111	
29. Bank or Other Depositories (List all	banks c	or other depositories in w	hich th	e committee der	osits fu	nds, ho	ids accounts, re	ents safety	deposit	boxes or maintains fu	inds.)
Horizon Bank, N.A.											
30. Exploratory Committee (Give brief state	ement ex	plaining purpose of an explore	atory con	nmittee only.) 31.						ittee pay the candidat of the contract.)	
APPOINTME	NT O	C TOEACUDED	11C 2	0 1 14)					-		
SECTION C. APPOINTME 32. I, as Chairperson of the	o for	egoing Person Appoi	nted T	reasurer			Signature	of the Co	mmitte	e Chairperson	
committee, appoint the following							* Sh	am	San	el-	
33. Treasurer's Full Name Design	ate can	didate as treasurer.] Chec	ck if this is a new	treasu	rer.	1/2 // 0	· · · · · · · · · · · · · · · · · · ·			
Robert Hayden Janowia	k										
34. Mailing Address (number and street, city.		nd ZIP code) 🔲 Check i	f this is	a new address.	35. FA	XX (Opti	ional)			ess (Optional)	
302 Elmwood Dr					l()		rhjar		k@gmail.com)
37. City	State	ZIP Code	1	ounty			lephone (Day)	0.5		elephone (Evening)	
Michigan City	<u>IN</u>	46360-1943		Porte		41/	7 _{).} 437-34	35	(41	7 ₎ 437-3435	
SECTION D. ACCEPTANCE	E Of	APPOINTMEN	ſ (IC	3-9-1-15)		e de	amortume of D	A		a Annaintment	
41. I give notice that I accept t Committee. I am not the chairp	he du erson	ities and responsit of a campaign fin	ilities ance	committee (e	er of t except	nis Si as	gnature of P	erson Ad	cceptin	g Appointment	
permitted for a candidate committ	ee un	der IC 3-9-1-7).		(*	(//////				
SECTION E. CERTIFICAT	ON (OF STATEMENT								R OFFICE USE	
We certify as the candidate and examined this statement. To the b	d the	duly appointed Ch	airpe heliet	rson of the	Comm	littee : nd cor	and that we polete.	have	F	ILE CLERKS OFFIC	ČE D
42. Typed or Printed Name of Cha			Chair	person /	10014	10 00.	Date (mm/dd/y	v)	_ <u>"\</u>	CLLING OFFI	<u></u>
Sharon K. Sacks	-	Sha	n.	Sack)	 ,.	7-23.	-181		0 7 004	
Typed or Printed Name of Can	didate	Signature of	Candi	date			Date (mm/dd/y	W	,	JUL 2 7 2018	5
Chiristina M. Espar		Char	_	821	_				<u> </u>		
Warning: State law requires that any operson who knowingly files a fraudulent	report (commits a Level 6 D fe	onv (((7 3-14-1-13) A	person :	wno tai	is to file a com	DIERE OI I	JEDK W	FREEDOM PORTE CIRCUM	COUPT
accurate report as required by the India	na Car	npaign Finance Law co	mmits	a Class B misd	emeand	or (IC 3	-14-1-14), and	may be	LUKK U	TENTORIE CIRCUII	COURT
subject to civil penalties (IC 3-9-4-16, IC 3	3-9-4-1	r, and IU 3-9-4-16).									



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

(CFA-4) **Summary Sheet**

FILE NUMBER 46-18-75 **TOTAL PAGES IN ENTIRE CFA-4 REPORT** 10

	ļ <u> </u>		
COMMITTEE INFORMATION			
1. Full Name of Committee (as on <i>Statement of Organization</i>)	ame.		-
Committee to Elect Christina Espar Prosecutor			
2. Acronym or Abbreviated Name (if any)		elephone Number 29-2176	
4. Mailing Address (Address where all campaign finance correspondence is received.) P O Box 444	heck if this is a ne	ew address.	
5. City, State, ZIP Code Michigan City IN 46361-0444	6. Party Affiliation Republican		
CANDIDATE INFORMATION (For Candidate's Co	mmittees Onl	у)	
7. Full Name of Candidate (Include any nickname.)	8. Party Affiliation	on or If Independent	Candidate
Christina M. Espar "Nina"			
9. Office Sought (Include district number, if any. Not required for exploratory committee.)	10. County of R		
Prosecuting Attorney, 32nd Judicial Circuit	La Porte C	ounty	
TYPE OF REPORT		CONVENTION	CANDIDATES ONLY
11. Check one:		Check one:	
Pre-Primary Pre-Election Annual Momination Other	 	_ Pre-Conver	ntion
Final / Disbands Committee (Lines 18, 19, and 20 must be "0".) Utgoing Treasurer (Within ten (10) days amend State	ment of Organization.)	Post-Conve	ntion
12. Reporting Period (mm/dd/yy): From: 7/13/2018 Through: 7/23/2018		COLUMN A This Period	COLUMN B 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.			0.00
CONTRIBUTIONS AND RECEIPTS			
(Note: these amounts include in-kind contributions and loans, as well as cash contributions.)			
15a. Itemized (Use Schedule A.)		608.00	608.00
15b. Unitemized		0.00	0.00
15c. Add lines 15a and 15b in both columns.	OTAL	608.00	608.00
16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B.	OTAL	608.00	608.00
EXPENDITURES			
(Note: These amounts include in-kind expenditures and loan repayments.)			
17a. Itemized (Use Schedule B.) (Public Question: use Schedule C.)		428.00	428.00
17b. Unitemized		0.00	0.00
17c. Add lines 17a and 17b in both columns.	TOTAL	428.00	428.00
18. Cash on hand and investments at close of this reporting period (Subtract 17c from 16 in both columns.)	TOTAL	180.00	180.00
19. Debts OWED BY the committee (Use Schedule D.)		0.00	
20. Debts OWED TO the committee (Use Schedule E.)		9,00	
CERTIFICATION		Nte	FERREC DIRECTION
ERTIEX THAT I HAVE EXAMINED THIS STATEMENT. TO THE BEST OF MY KNOWLEDGE AND BELIEF IT IS T	RUE, CORRECT AN	D COMPLETE	
Instance of Treasurer	Date (mr 7/2	n/dd/vy) 3/2018 JU	L 2 7 2018
Signature of Candidate (if applicable)		3/2018	zuzuflhahek
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 3-9-14-1-14)	te report as required	d by the Indiana	& PORTE CIRCUIT COURT



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						
46-18-75						
Page	1	of	11			

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. Yolla K. Espar 112 Garden Trl Michigan City IN 46360-2706	Contributions: ☐ Direct ☑ In-Kind (describe) ☐ T-shirts			7/3/2018
Contributor's Öccupation (if required)	Other Receipts: Interest Loan Miscellaneous (specify)	\$428.00	\$428.00	Candidate
2. Christina M. Espar 302 Elmwood Dr Michigan City IN 46360-1943	Contributions: Direct In-Kind (describe)			7/23/2018
	Other Receipts: Interest Loan Miscellaneous (specify)	\$180.00	\$180.00	Candidate
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)	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest Loan Miscellaneous (specify)			
Contributor's Occupation (if required)	THIS PAGE OF SCHEDULE A	\$ 608.00		
TOTAL OF ALL PAGES OF SCHEDULE				
(Enter total on ITE	M 15a of the Summary Sheet.)	\$ 608.00		



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

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).

	FIL	E NUMB	ER			
46-18-75						
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. None	Contributions: Direct tn-Kind (describe)	LNOD		
÷	Other Receipts: Interest Loan Miscellaneous (specify)	1		
2.	Contributions: Direct In-Kind (describe)	8		
	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 Recelpts: Interest Loan Miscellaneous (specify)			
	. THIS PAGE OF SCHEDULE A	\$ 0.00		
TOTAL OF ALL PAGES OF SCHEDULE (Enter total on ITE	A ON THE LAST PAGE ONLY MAY 15a of the Summary Sheet.)	\$ 0.00		



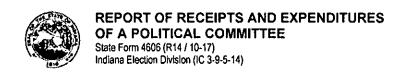
(CFA-4 SCHEDULE A-3) CONTRIBUTIONS BY LABOR ORGANIZATIONS

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					
	46-	18-75			
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.} None	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest Loan Miscellaneous (specify)			
2.	Contributions: Direct In-Kind (describe)			
1	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 ITE)	A ON THE LAST PAGE ONLY I 15a of the Summary Sheet.)	\$ 0.00		



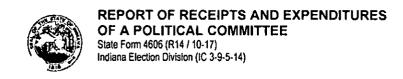
(CFA-4 SCHEDULE A-4) CONTRIBUTIONS BY POLITICAL ACTION COMMITTEES

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						
46-18-75						
Page	1	of	1			

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. None	Contributions: Direct In-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	THIS PAGE OF SCHEDULE A	\$ 0.00		
TOTAL OF ALL PAGES OF SCHEDULE (Enter total on ITE)	A ON THE LAST PAGE ONLY If 15a of the Summary Sheet.)	\$ 0.00		



(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 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 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	NUMBEI	₹	
	46	-18-75		
Page	1	of	1	

CONTRIBUTOR'S FULL NAME AND 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)		PERIOD	YEAR-TO-DATE	RECEIVED BY
1. None	Contributions: Direct			
	In-Kind (describe)			
•				
	Other Receipts:			
	☐ Interest ☐ Loan ☐ Miscellaneous (specify)			
		'		
2.	Contributions:			
	Direct			
	In-Kind (describe)			
1	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)			
	I miscellaneous (specify)			
5.	Contributions:			
-	Direct			
	n-Kind (describe)			
	Other Receipts:			
	Interest Loan		1	
	Miscellaneous (specify)			
t	THIS PAGE OF SCHEDULE A	\$ 0.00		
TOTAL OF ALL PAGES OF SCHEDULE		\$ 0.00		
(Enter total on 11 En	f 15a of the Summary Sheet.)	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 NUMBER					
46-18-75					
Page _	1	_ of _	1	_	

RECIPIENT'S NAME AND MAILING ADDRESS (street, number, city, state, ZIP code)	RECIPIENT'S OCCUPATION	TYPE OF EXPENDITURE and	COLUMN A AMOUNT THIS	COLUMN B Cumulative	DATE OF EXPENDITURE
istreet, number, city, state, 211 code;	OFFICE SOUGHT (if applicable)	PURPOSE (be specific)	PERIOD	YEAR-TO-DATE	(mm/dd/yy)
St. Andrews Products Company 500 Mariner Dr Michigan City IN 46360	Printer	Direct In-Kind Payment of Debt Returned Contribution Other Purpose:	\$428.00	\$428.00	7/3/2018
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 In-Kind Payment of Debt Returned Contribution Other Purpose:			
Code		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:			
Code		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:			
	SUBTOTAL THIS PA		\$ 428.00	-	
TOTAL OF ALL P	AGES OF SCHEDULE B ON TH (Enter total on ITEM 17a of t	E LAST PAGE ONLY the Summary Sheet.)	\$ 428.00		



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

(CFA-4 SCHEDULE C) ITEMIZED EXPENDITURES For Public Questions

_..TRUCTIONS: 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					
46-18-75					
Page	1	_ of			
	1	_			

			Page <u>1</u> 1	of
PUBLIC QUESTIO	N INFORMATION			
Enter Text of Public Question.				
Type of Question: Statewide Local				
Position: Supported Dpposed				_
RECIPIENT'S NAME AND MAILING ADDRESS RECIPIENT'S OCCUPATION (street, number, city, state, ZIP code)	TYPE OF EXPENDITURE and PURPOSE (be specific)	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE OF EXPENDITURE (mm/dd/yy)
(61004) 747725, 5477, 5474, 5474	Direct In-Kind	T ENIOD	TEARCICODATE	(mm/dd/yy/
Code	Payment of Debt			
	Returned Contribution			
	OtherPurpose:			
	☐ Direct ☐ In-Kind			
	Payment of Debt			
	Returned Contribution Other			
	Purpose:		,	
Code	Direct In-Kind			
	Payment of Debt Returned Contribution			
	Other			
	Purpose:			
	☐ Direct ☐ In-Kind			
Code	Payment of Debt			
	Returned Contribution Other	•		
	Purpose:			
Code	☐ Direct ☐ In-Kind ☐ Payment of Debt			
	Returned Contribution			
	Other			
	Purpose:			
	☐ Direct ☐ In-Kind			
Code	Payment of Debt			
i	Returned Contribution Other			
	Purpose:			
	GE OF SCHEDULE C	\$ 0.00		
TOTAL OF ALL PAGES OF SCHEDULE C ON THE (Enter total on ITEM 17a of	IE LAST PAGE ONLY the Summary Sheet.)	\$ 0.00		



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

(CFA-4 SCHEDULE D) DEBTS OWED BY THIS COMMITTEE

**STRUCTIONS: 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 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	₹		
46-18-75					
Page	1	of	1		

CREDITOR'S OR LENDER'S NAME AND MAILING ADDRESS	RESS AND MAILING ADDRESS (if any)		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
None					
				•	
LENDER'S OCCUPATION					
					:
					-
LENDER'S OCCUPATION:					
LENDER'S OCCUPATION:					
				;	
LENDER'S OCCUPATION.					
,					
LENDER'S OCCUPATION:					
]		
LENDER'S OCCUPATION					
		-			
Come cool IDATION					
SUBTOTAL THIS PAGE OF SCHEDULE D					
TOTAL OF ALL PAGES OF SCHEDULE D ON THE LAST PAGE ONLY					\$ 0.00
(Enter total on ITEM 19 of the Summary Sheet.)					1.00



(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, <u>regardless of the amount</u>, **OWED TO** the committee during the reporting period. Include all amounts the committee has loaned to others.

	FILE	NUMBER	₹	
	46	-18-75		
Page	1	of_	1	

BORROWER'S NAME AND MAILING ADDRESS	ADDRESS AND MAILING ADDRESS (if any)		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
			j		
			:		
	,				
·					
			1		
SUBTOTAL THIS PAGE OF SCHEDULE E					
					\$ 0.00
	TOTAL OF	ALL PAGES OF SCHEDU (Enter total on	ITEM 20 of the S		\$ 0.00



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

State Form 4606 (R14 / 10-17)

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 NUMBER

46-18-75

TOTAL PAGES IN ENTIRE CFA-4 REPORT

15 THIS AN AMENDMENT? Tes V No	L	15	
COMMITTEE INFORMATION			
Full Name of Committee (as on Statement of Organization) Check if this is a new	name.		,
Committee to Elect Christina Espar Prosecutor			
2. Acronym or Abbreviated Name (if any)	3. Committe	e Telephone Number	
	(219	229-2176	
4. Mailing Address (Address where all campaign finance correspondence is received.)	Check if this is	a new address.	
P O Box 444			
5. City, State, ZIP Code		iation (if applicable)	
Michigan City IN 46361-0444	Republic		
CANDIDATE INFORMATION (For Candidate's C	Committees (Only)	
7. Full Name of Candidate (Include any nickname.)	8. Party Affil	iation or If Independent	Candidate
Christina M. Espar "Nina"			
9. Office Sought (Include district number, if any. Not required for exploratory committee.)	1	of Residence	
Prosecuting Attorney, 32nd Judicial Circuit	La Porte	County	
TYPE OF REPORT			CANDIDATES ONLY
11. Check one:		Check one:	
Pre-Primary Pre-Election Annual Nomination Other		Pre-Conve	
Final / Disbands Committee (Lines 18, 19, and 20 must be "0".) Utgoing Treasurer (Within ten (10) days amend Sta	atement of Organizati	on.) Post-Conv	ention
12. Reporting Period (mm/dd/yy):		COLUMN A	COLUMN B Year to Date
From: 7/24/2018 Through: 10/12/2018		This Period	real to Date
13. Cash on hand and investments at the beginning of this reporting period.		180.00	0.00
14. Cash on hand and investments January 1, current year. CONTRIBUTIONS AND RECEIPTS			0.00
(Note: these amounts include in-kind contributions and loans, as well as cash contributions.)			
15a. Itemized (Use Schedule A.)		21,293.67	21,901.67
15b. Unitemized		2,155.00	2,155.00
15c. Add lines 15a and 15b in both columns.	TOTAL	23,448.67	24,056.67
16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B.	TOTAL	23,628.67	24,056.67
EXPENDITURES		Ì	
(Note: These amounts include in-kind expenditures and loan repayments.)		Ì	
17a. Itemized (Use Schedule B.) (Public Question: use Schedule C.)		10,640.42	11,068.42
17b. Unitemized		100.00	100.00
17c. Add lines 17a and 17b in both columns.	BTOTAL	10,740.42	11,168.42
18. Cash on hand and investments at close of this reporting period (Subtract 17c from 16 in both columns.)	TOTAL	12,888.25	12,888.25
19. Debts OWED BY the committee (Use Schedule D.)		0.00	
20. Debts OWED TO the committee (Use Schedule E.)		0.00	
OF DIVIDATION		FI	DE OFFICE ISE DAILY
CERTIFICATION ERTIFY THAT I HAVE EXAMINED THIS STATEMENT. TO THE BEST OF MY KNOWLEDGE AND BELIEF IT IS	TRUE CORRECT	CLB CANDICOMPLETE.	RAS OFFICE DILY
Title	Date	(mmfdd/yy)	1
Treasure II		0/17/2018 OCT	1 9 2018
Signature of Candidate (Wapplicable)		(mn/dd/yy	
WARNING: Any information contained in this report may not be copied for sale or used for any commercial purpos		0/17/2018 erson wherknewingly Tay	Alhabet.
files a fraudulent report commits a Level 6 felony. (IC 3-14-1-13) A person who fails to file a complete or accu	rate report as rec	uired by the Indiana Po	Alfredick RTE CIRCUIT COURT

Campaign Finance Law commits a Class B misdemeanor, (IC 3-14-1-14) and may be subject to civil penalties. (IC 3-9-4-16, 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					
46-18-75					
Page	1	of	4		

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
Yolla K. Espar 112 Garden Trl Michigan City IN 46360-2706	Contributions: ☑ Direct ☑ In-Kind (describe) T-shirts			9/11/2018
Contributor's Occupation (if required) Paralegal/Ofc Mgr	Other Receipts: Interest Loan Miscellaneous (specify)	\$25.00	\$451.00	Candidate
2. Christina M. Espar 302 Elmwood Dr Michigan City IN 46360-1943	Contributions: ☑ Direct ☐ In-Kind (describe)			8/17/2018
Contributor's Occupation (if required) Deputy Prosecutor	Other Receipts: Interest Loan Miscellaneous (specify)	\$15,000.00	\$15,180.00	Candidate
3. Mitchell Feikes 217 Whispering Blvd La Porte IN 46350	Contributions: Direct In-Kind (describe)		4500.00	7/31/2018
Contributor's Occupation (if required)	Other Receipts: Interest Loan Miscellaneous (specify)	\$500.00	\$500.00	Candidate
4 Tony Drzewiecki 7058 Red Apple Dr Michigan City IN 46360	Contributions: ☑ Direct ☐ In-Kind (describe)			9/12/2018
Contributor's Occupation (if required)	Other Receipts: Interest Loan Miscellaneous (specify)	\$150.00	\$150.00	Candidate
5. James Janowiak 3506 Iroquois Trl Michigan City IN 46360	Contributions: Direct In-Kind (describe)	405000	0050.00	9/12/2018
Contributor's Occupation (if required)	Other Receipts: Interest Loan Miscellaneous (specify)	\$250.00	\$250.00	Candidate
	THIS PAGE OF SCHEDULE A	\$ 15,925.00		
TOTAL OF ALL PAGES OF SCHEDULE		\$		



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				
46-18-75				
Page	2	of	4	

	1			DATE-BEOSTIES
CONTRIBUTOR'S FULL NAME AND OCCUPATION FULL MAILING ADDRESS	TYPE OF CONTRIBUTION	COLUMN A AMOUNT THIS	COLUMN B CUMULATIVE	DATE RECEIVED (mm/dd/yy)
(street, number, city, state, ZIP code)	OR OTHER RECEIPT	PERIOD	YEAR-TO-DATE	RECEIVED BY
1. Sharon Sacks	Contributions:			
304 Northbrook Dr	Direct			9/12/2018
Michigan City IN 46360	In-Kind (describe)			0/12/2010
	Other Receipts:	\$250.00	\$250.00	
	Interest Loan	• • • •	,	
	Miscellaneous (specify)			Candidate
Contributor's Occupation (if required)				
2. Marc A Espar	Contributions:			
1501 Washington St	Direct			9/12/2018
Michigan City IN 46360	In-Kind (describe)		}	0, 12,2010
	Other Receipts:	\$250.00	\$250.00	
	☐ Interest ☐ Loan			
l	Miscellaneous (specify)			Candidate
Contributor's Occupation (if required)				
3. William G Espar, MD	Contributions:			
116 Woodside Dr	Direct In-Kind (describe)			9/11/2018
Michigan City IN 46360	I II-Killa (describe)	\$250.00	\$250.00	
	Other Receipts:			
	Interest Loan			Candidata
	Miscellaneous (specify)			Candidate
Contributor's Occupation (if required)		- JEMP		*
4 Ilene K Zona	Contributions: Direct			
6706 N 300 W	In-Kind (describe)			9/7/2018
Michigan City IN 46360				
	Other Receipts:	\$500.00	\$500.00	
	Interest Loan			Candidate
	Miscellaneous (specify)			Carididate
Contributor's Occupation (if required)	Contributions			
5. Shawn Virk 3901 W Dunes Hwy	Contributions: Direct			
Michigan City IN 46360	In-Kind (describe)			9/18/2018
initial inguitions, including		#050.00	¢250.00	
	Other Receipts: Interest Loan	\$250.00	\$250.00	
I	Miscellaneous (specify)			Candidate
Contributor's Occupation (if required)	THIS PAGE OF SCHEDULE A	\$ 1,500.00		
TOTAL OF ALL PAGES OF SCHEDULE	A ON THE LAST PAGE ONLY	\$		
(Enter total on ITE	M 15a of the Summary Sheet.)			



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, rebetes, 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				
46-18-75				
Page	3	of	4	

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 (min/dd/yy) RECEIVED BY
Kathleen Kelly Devonshire Ct Apt 5 Michigan City IN 46360	Contributions: Direct In-Kind (describe)			9/29/2018
	Other Receipts: Interest Loan Miscellaneous (specify)	\$200.00	\$200.00	Candidate
Contributor's Occupation (if required)	Contributions:			
2. Timothy Stabosz 1501 Michigan Ave La Porte IN 46350	Direct In-Kind (describe)			9/24/2018
Investor	Other Receipts: Interest Loan Miscellaneous (specify)	\$2,000.00	\$2,000.00	Candidate
Contributor's Occupation (if required) Investor	Contributions			
3 Richard Schaeffer 402 Hendricks St Michigan City IN 46360	☐ In-Kind (describe)			10/6/2018
	Other Receipts: Interest Loan Miscellaneous (specify)	\$200.00	\$200.00	Candidate
Contributor's Occupation (if required)				
Christina Espar 3021 Elmwood Dr Michigan City IN 46360	Contributions. Direct In-Kind (describe) Yard Signs		:	9/10/2018
Doguty Brancouter	Other Receipts: Interest Loan Miscellaneous (specity)	\$128.40 :	\$128.40 :	Candidate
Contributor's Occupation (if required) Deputy Prosecutor				
5. Yolla Espar 112 Garden Trl Michigan City IN 46360	Contributions: Direct In-Kind (describe) Advertising Mat'l	0400.00	£400.00	9/18/2018
	Other Receipts: Interest Loan Miscellaneous (specify)	\$423.02	\$423.02	Candidate
Contributor's Occupation (if required) Para-legal/Ofc Mgr				
·	THIS PAGE OF SCHEDULE A	\$ 2,951.42		
TOTAL OF ALL PAGES OF SCHEDULE (Enter total on ITER	A ON THE LAST PAGE ONLY f 15a of the Summary Sheet.)	\$		



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				
46-18-75				
Page	44	of	4	

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
Yolla Espar 112 Garden Trl Michigan City IN 46360	Contributions: ☐ Direct ☐ In-Kind (describe) Food/Candy		0405.00	8/3/2018
Contributor's Occupation (if required) Para-legal/Ofc Mgr	Other Receipts: Interest Loan Miscellaneous (specify)	\$165.68	\$165.68	Candidate
William G Espar, MD 116 Woodside Dr Michigan City IN 46360	Contributions: Direct In-Kind (describe)			8/15/2018
Contributor's Occupation (if required)	Other Receipts: Interest Loan Miscellaneous (specify)	\$350.36	\$350.36	Candidate
3. Sharon Sacks 304 Northbrook Dr Michigan City IN 46360	Contributions: Direct In-Kind (describe) Postcards	057.40	057.40	8/22/2018
Contributor's Occupation (if required)	Other Receipts: Interest Loan Miscellaneous (specify)	\$57.42	\$57.42	Candidate .
4. John M Espar 112 Garden Trl Michigan City IN 46360	Contributions: Direct In-Kind (describe) Advertising		¢2.42.70	8/2/2018
Contributor's Occupation (if required) Prosecutor	Other Receipts: Interest Loan Miscellaneous (specify)	\$343.79	\$343.79	Candidate
5.	Contributions: Direct In-Kind (describe)			
Contributor's Occupation (if required)	Other Receipts: Interest Loan Miscellaneous (specify)			
	THIS PAGE OF SCHEDULE A	\$ 917.25		
TOTAL OF ALL PAGES OF SCHEDULE (Enter total on ITE)	A ON THE LAST PAGE ONLY M 15a of the Summary Sheet.)	\$ 21,293.67		



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

..STRUCTIONS: 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).

	FIL	E NUMB	ER	
46-18-75				
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.} None	Contributions: Direct In-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)			
	. THIS PAGE OF SCHEDULE A	\$ 0.00		
TOTAL OF ALL PAGES OF SCHEDULE	A ON THE LAST PAGE ONLY	\$ 0.00		



(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				
46-18-75				
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	COLUMN B CUMULATIVE	DATE RECEIVED (mm/dd/yy) RECEIVED BY
1. None	Contributions: Direct In-Kind (describe)	PERIOD	YEAR-TO-DATE	RECEIVED BY
	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)			
•	THIS PAGE OF SCHEDULE A	\$ 0.00		
TOTAL OF ALL PAGES OF SCHEDULE (Enter total on ITER	A ON THE LAST PAGE ONLY If 15a of the Summary Sheet.)	\$ 0.00		



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	NUMBE	R	
46-18-75				
Page	1	of	1	

CONTRIBUTOR'S FULL NAME AND 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)		PERIOD	YEAR-TO-DATE	RECEIVED BY
^{1.} None	Contributions: Direct			
	In-Kind (describe)			
	Other Receipts: Interest Loan			~A
	Miscellaneous (specify)			
2.	Contributions: Direct			
	In-Kind (describe)			
	Other Receipts:			
	Miscellaneous (specify)			
3.	Contributions:			
	In-Kind (describe)			
	Other Receipts:			
·.	Miscellaneous (specify)			•.
4.	Contributions:			
	In-Kind (describe)			
	Other Receipts:			
	Miscellaneous (specify)			
5.	Contributions:			
	In-Kind (describe)			
	Other Receipts:			
	Miscellaneous (specify)			
CHIPTOTAL	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 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 regardless 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	NUMBE	R		
46-18-75					
Page	1	of	1		

party commineer.			rage	· *'
CONTRIBUTOR'S FULL NAME AND FULL MAILING ADDRESS (street number city state 7/8 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
(street, number, city, state, ZIP code) 1. None	Contributions: Direct In-Kind (describe)	- PERIOD	TEAR-TO-DATE	
	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)			á á
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	THIS PAGE OF SCHEDULE A	\$ 0.00		
TOTAL OF ALL PAGES OF SCHEDULE (Enter total on ITER	A ON THE LAST PAGE ONLY If 15a of the Summary Sheet.)	\$ 0.00		



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

(CFA-4 SCHEDULE B) ITEMIZED EXPENDITURES

.. ASTRUCTIONS: 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						
46-18-75						
Page _	1	of	3			

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)
St. Andrews Products Company 500 Mariner Dr Michigan City IN 46360	Printer	Direct In-Kind Payment of Debt Returned Contribution Other Purpose:	\$0.00	\$428.00	7/3/2018
Decal Arts & Signs 5648 N US 35 La Porte IN 46350	Printer	Direct In-Kind Payment of Debt Returned Contribution Other Purpose:	\$128.40	\$128.40	9/10/2018
Code A 'A/omen Unwind Je Chip Casino Michigan City IN 46360	Casino	☐ Direct ☑ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other ☐ Purpose:	\$250.00	\$250.00	9/18/2018
Code F Admit One Products 15331 Barranca Pky Irvine CA 92618	Event Ticket Printing	☐ Direct ☑ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other ☐ Purpose:	\$76.72	\$76.72	8/10/2018
Code A Reprographic Arts 2824 E Michigan Blvd Michigan City IN 46360	Printer	Direct In-Kind Payment of Debt Returned Contribution Other Purpose:	\$96.30	\$96.30	8/1/2018
Code A Oriental Trading Company P.O. Box 2308 Omaha, NE 68103-2308	Promotional Items	Direct In-Kind In-K	\$89.98	\$89.98	8/3/2018
Aldi Store # 73 5102 Franklin St chigan City IN 46360	Grocery Store	☐ Direct ☑ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other ☐ Purpose:	\$75.70	\$75.70	9/28/2018
SUBTOTAL THIS PAGE OF SCHEDULE B					
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) Indiana Election Division (IC 3-9-5-14

(CFA-4 SCHEDULE B) ITEMIZED EXPENDITURES

"ASTRUCTIONS: 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					
46-18-75					
Page _	2	of	3_		

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)
Speedy Buttons Plainview MN 55964	Printer	Direct In-Kind Payment of Debt Returned Contribution Other Purpose:	\$350.36	\$350.36	8/15/2018
Sacks Clinical Consulting PC 104 Woodland Ct Ste B Michigan City IN 46360	Printing	Direct In-Kind Payment of Debt Returned Contribution Other Purpose:	\$57.42	\$57.42	8/22/2018
code A iildASign.com 525A Stonehollow Dr. Austin TX 78758	Printer	Direct In-Kind Payment of Debt Returned Contribution Other Purpose:	\$248.62	\$248.62	8/2/2018
GoDaddy.com 14455 N. Hayden Rd., Ste. 226 Scottsdale AZ 85260	Web Hosting	Direct In-Kind Payment of Debt Returned Contribution Other Purpose:	\$95.17	\$95.17	10/2/2018
Code A Ryan J. Bolger Chicago IL 60601	Photographer	☐ Direct ☑ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other ☐ Purpose:	\$150.00	\$150.00	8/30/2018
Code A Interfaith Community Pads P O Box 38 Michigan City IN 46361	Shelter/Help Ctr	Direct In-Kind Payment of Debt Returned Contribution Other Purpose:	\$100.00	\$100.00	9/11/2018
Barker Pub 607 E Barker Ave chigan City IN 46360	Restaurant	Direct In-Kind Payment of Debt Returned Contribution Other Purpose:	\$680.00	\$680.00	9/11/2018
SUBTOTAL THIS PAGE OF SCHEDULE B 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) Indiana Election Division (IC 3-9-5-14

(CFA-4 SCHEDULE B) ITEMIZED EXPENDITURES

ASTRUCTIONS: 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					
46-18-75					
Page _	3	of	3		

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)
Andy Sperling 2407 Duneland Beach Dr Michigan City IN 46360	Printer	☐ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other ☐ Purpose:	\$426.93	\$426.93	9/16/2018
A.C. Signs and Consulting 836 S Arlington Heights Rd Elk Grove Village IL 60007	Printer	☑ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other Purpose:	\$3,045.00	\$3,045.00	9/19/2018
The LaPorte Cnty Republican Party 4 Jefferson Ave La Porte IN 46350	PAC	☐ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other ☐ Purpose:	\$1,250.00	\$1,250.00	8/27/2018
Code A MC Sports Network 411 Carroll Ave Michigan City IN 46360	Advertising	Direct In-Kind Payment of Debt Returned Contribution Other Purpose:	\$200.00	\$200.00	9/13/2018
Code A Pat Kowalski Golf Outing Michigan City IN 46360	Hole Sponsorship	☐ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other ☐ Purpose:	\$100.00	\$100.00	9/24/2018
Code A Office Max/Office Depot 118 Dunes Plz Michigan City IN 46360	Office Supplies	☑ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other ☐ Purpose:	\$107.32	\$107.32	9/12/2018
A.C. Signs and Consulting 936 S Arlington Heights Rd 4 Grove Village IL 60007	Printer	Direct In-Kind Payment of Debt Returned Contribution Other Purpose:	\$3,112.50	\$3,112.50	10/11/2018
	SUBTOTAL THIS PA		\$ 8,241.75	-	,
TOTAL OF ALL P	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) Indiana Election Division (IC 3-9-5-14)

(CFA-4 SCHEDULE C) ITEMIZED EXPENDITURES For Public Questions

.3TRUCTIONS: 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	NUMB	ER	
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Page _	1	of	
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	PUBLIC QUESTIO	N INFORMATION			
Enter Text of Public Question.					
Type of Question: Statewide Position: Supported Oppo					
RECIPIENT'S NAME AND MAILING ADDRESS (street, number, city, state, ZIP code)	RECIPIENT'S OCCUPATION	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		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:			
Code		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:			
Code		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:			
Code		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:			
Code		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:			
Code		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:			
	SUBTOTAL THIS PA		\$ 0.00		
TOTAL OF ALL PAG	GES OF SCHEDULE C ON TH (Enter total on ITEM 17a of		\$ 0.00		
ĺ	(Enter total on Helvi 1/a of)	ure Summary Street.)			



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

(CFA-4 SCHEDULE D) DEBTS OWED BY THIS COMMITTEE

JSTRUCTIONS: 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 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						
46-18-75						
Page	1	of	1			

CREDITOR'S OR LENDER'S NAME AND MAILING ADDRESS (street, number, city, state, ZIP code)	ENDORSER'S OR VENDOR'S NAME AND MAILING ADDRESS (if any) (street, number, city, state, ZIP code)	AMOUNT	DATE DEBT INCURRED (mm/dd/yy)	ED PAID		OUTSTANDING BALANCE THIS PERIOD		
None								
LENDER'S OCCUPATION:								
LENDER'S OCCUPATION:						·		
LENDER'S OCCUPATION:						<u> </u>		
LENDER'S OCCUPATION						- (t		
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LENDER'S OCCUPATION.								
I								
JER'S OCCUPATION:		SUBTOTA	AL THIS PAGE (OF SCHEDULE D	\$	0.00		
TOTAL OF ALL PAGES OF SCHEDULE D ON THE LAST PAGE ONLY					\$	0.00		
		(Enter total on	(Enter total on ITEM 19 of the Summary Sheet.)					



(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, <u>regardless of the amount</u>, **OWED TO** the committee during the reporting period. Include all amounts the committee has loaned to others.

	FILE	NUMBER	3	
	46	-18-75		
Page	1	of	1	

BORROWER'S NAME AND MAILING ADDRESS	CO-SIGNER'S NAME AND MAILING ADDRESS (if any)	ORIGINAL AMOUNT	DATE DEBT	CUMULATIVE PAID YEAR-TO-DATE	OUTSTANDING BALANCE THIS
(street, number, city, state, ZIP code)	(street, number, city, state, ZIP code)	NATURE OF DEBT	(mm/dd/yy)	TEAR-TO-DATE	PERIOD
1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1					
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		SUBTOTA	AL THIS PAGE O	F SCHEDULE E	\$ 0.00
	TOTAL OF	ALL PAGES OF SCHEDU			\$ 0.00
		(Enter total on	ITEM 20 of the S	ummary Sheet.)	



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.

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

IS THIS AN AMENDMENT?

✓ Yes

(CFA-4) Summary Sheet

FILE NUMBER

, 46-18-75

TOTAL PAGES IN ENTIRE CFA-4 REPORT

16

COMMITTEE INFORMATION			
1. Full Name of Committee (as on Statement of Organization)	/ name.		
Committee to Elect Christina Espar Prosecutor			
2. Acronym or Abbreviated Name (if any)		e Telephone Number	
	(219	229-2176	
4. Mailing Address (Address where all campaign finance correspondence is received.) P O Box 444	Check if this is	a new address.	
5. City, State, ZIP Code		iation (if applicable)	
Michigan City IN 46361-0444	Republic	an	
CANDIDATE INFORMATION (For Candidate's	Committees (Only)	
7. Full Name of Candidate (Include any nickname.)	8. Party Affil	iation or If Independent (Candidate
Christina M. Espar "Nina" .			
 Office Sought (Include district number, if any. Not required for exploratory committee.) Prosecuting Attorney, 32nd Judicial Circuit 		of Residence County	
TYPE OF REPORT		CONVENTION	CANDIDATES ONLY
11. Check one:		Check one:	
Pre-Primary Pre-Election Annual Other Other		Pre-Conver	
Final / Disbands Committee (Lines 18, 19, and 20 must be "0".) Outgoing Treasurer (Within len (10) days amend S	talement of Organizat	ion.) Dost-Conve	ention
12. Reporting Period (mm/dd/yy):		COLUMN A	COLUMN B
From: 7/24/2018 Through: 10/12/2018		This Period	Year to Date
13. Cash on hand and investments at the beginning of this reporting period.		180.00	
14. Cash on hand and investments January 1, current year.			0.00
CONTRIBUTIONS AND RECEIPTS (Note: these amounts include in-kind contributions and loans, as well as cash contributions.)			
15a. Itemized (Use Schedule A.)		26,293.68	26,901.67
15b. Unitemized		2,155.00	2,155.00
	BTOTAL	28,448.68	29,056.67
16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B.	TOTAL	28,628.68	29,056.67
EXPENDITURES			
(Note: These amounts include in-kind expenditures and loan repayments.)		į,	
17a. Itemized (Use Schedule B.) (Public Question: use Schedule C.)		15,640.42	16,068.42
17b. Unitemized	****	100.00	100.00
17c. Add lines 17a and 17b in both columns.	JBTOTAL	15,740.42	16,168.42
18. Cash on hand and investments at close of this reporting period (Subtract 17c from 16 in both columns.)	TOTAL	12,888.26	12,888.25
19. Debts OWED BY the committee (Use Schedule D.)		4,292.12	
20. Debts OWED TO the committee (Use Schedule E.)		0.00	
CERTIFICATION		₽ FO	OFF DE USE ONLY
ERTIFY THAT LHAVE EXAMINED THIS STATEMENT. TO THE BEST OF MY KNOWLEDGE AND BELIEF IT IS	S TRUE, CORREC		FICE
Signature of Treasurer	Upite	(mm/dd/yy)	

Signature of Teasurer

Signature of Teasurer

Title

Signature of Teasurer

Title

Date (mm/dd/yy)

11/H/2018

To the BEST OF MY KNOWLEDGE AND BELIEF IT IS TRUE, CORRECT AND COMPLETE:

Title

Date (mm/dd/yy)

11/H/2018

To the BEST OF MY KNOWLEDGE AND BELIEF IT IS TRUE, CORRECT AND COMPLETE:

Date (mm/dd/yy)

11/H/2018

To the BEST OF MY KNOWLEDGE AND BELIEF IT IS TRUE, CORRECT AND COMPLETE:

Date (mm/dd/yy)

11/H/2018

To the BEST OF MY KNOWLEDGE AND BELIEF IT IS TRUE, CORRECT AND COMPLETE:

Date (mm/dd/yy)

11/H/2018

To the BEST OF MY KNOWLEDGE AND BELIEF IT IS TRUE, CORRECT AND COMPLETE:

Date (mm/dd/yy)

11/H/2018

To the BEST OF MY KNOWLEDGE AND BELIEF IT IS TRUE, CORRECT AND COMPLETE:

To the BEST OF MY KNOWLEDGE AND BELIEF IT IS TRUE, CORRECT AND COMPLETE:

Date (mm/dd/yy)

11/H/2018

To the BEST OF MY KNOWLEDGE AND BELIEF IT IS TRUE, CORRECT AND COMPLETE:

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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				
46-18-75				
Page	1	of	4	

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
Yolla K. Espar 112 Garden Trl Michigan City IN 46360-2706	Contributions. Direct In-Kind (describe) T-shirts/Legal Fees			9/11/2018
Contributor's Occupation (if required) Paralegal/Ofc Mgr	Other Receipts: Interest Loan Miscellaneous (specify)	\$2,525.00	\$2,951.00	Candidate
2. Christina M. Espar 302 Elmwood Dr Michigan City IN 46360-1943	Contributions. Direct In-Kind (describe)			8/17/2018
Contributor's Occupation (if required) Deputy Prosecutor	Other Receipts: Interest Loan Miscellaneous (specify)	\$15,000.00	\$15,180.00	Candidate
3. Mitchell Feikes 217 Whispering Blvd La Porte IN 46350	Contributions: Direct In-Kind (describe)			7/31/2018
Contributor's Occupation (if required)	Other Receipts: Interest Loan Miscellaneous (specify)	\$500.00	\$500.00	Candidate
4 Tony Drzewiecki 7058 Red Apple Dr Michigan City IN 46360	Contributions Direct In-Kind (describe)			9/12/2018
Contributor's Occupation (f required)	Other Receipts: Interest Loan Miscellaneous (specify)	\$150.00	\$150.00 } }	Candidate
5. James Janowiak 3506 Iroquois Tri Michigan City IN 46360	Contributions: Direct In-Kind (describe)	40 770 00	00.750.00	9/12/2018
Contributor's Occupation (# required)	Other Receipts. Interest Loan Miscellaneous (specify)	\$2,750.00	\$2,750.00	Candidate
	THIS PAGE OF SCHEDULE A	\$ 20,925.00		
TOTAL OF ALL PAGES OF SCHEDULE (Enter total on ITE	A ON THE LAST PAGE ONLY M 15a of the Summary Sheet.)	ş		



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, rebetes, 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	NUMBE	R		
46-18-75					
Page	2	of	4		

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 (num/dd/yy) RECEIVED BY
Sharon Sacks 304 Northbrook Dr Michigan City IN 46360	Contributions: Direct In-Kind (describe)			9/12/2018
Contributor's Occupation (if required)	Other Receipts: Interest Loan Miscellaneous (specify)	\$250.00	\$250.00	Candidate
2 Marc A Espar 1501 Washington St Michigan City IN 46360	Contributions: Direct In-Kind (describe)			9/12/2018
Contributor's Occupation (if required)	Other Receipts: Interest Loan Miscellaneous (specify)	\$250.00	\$250.00	Candidate
3. William G Espar, MD 116 Woodside Dr Michigan City IN 46360	Contributions: Direct In-Kind (describe)			9/11/2018
Contributor's Occupation (# required)	Other Receipts: Interest Loan Miscellaneous (specify)	\$250.00	\$250.00	Candidate
4 Ilene K Zona 6706 N 300 W Michigan City IN 46360	Contributions. Direct In-Kind (describe)			9/7/2018
Contributor's Occupation (if required)	Other Receipts. Interest Loan Miscellaneous (specify)	\$500.00	\$500.00	Candidate
5. Shawn Virk 3901 W Dunes Hwy Michigan City IN 46360	Contributions: Direct In-Kind (describe)			9/18/2018
Contributor's Occupation (if required)	Other Receipts: Interest Loan Miscellaneous (specify)	\$250.00	\$250.00	Candidate
	THIS PAGE OF SCHEDULE A	\$ 1,500.00		
TOTAL OF ALL PAGES OF SCHEDULE (Enter total on ITE	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-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					
46-18-75					
Page	3	of_	4		

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
Kathleen Kelly Devonshire Ct Apt 5 Michigan City IN 46360	Contributions: Direct In-Kind (describe)			9/29/2018
	Other Receipts: Interest Loan Miscellaneous (specify)	\$200.00	\$200.00	Candidate
Contributor's Occupation (# required)	Contributions:		<u> </u>	
1501 Michigan Ave La Porte IN 46350	Direct In-Kind (describe)			9/24/2018
Contributor's Occupation (& required)	Other Receipts: Interest Loan Miscellaneous (specify)	\$2,000.00	\$2,000.00	Candidate
3. Richard Schaeffer 402 Hendricks St Michigan City IN 46360	Contributions: Direct In-Kind (describe)	***************************************	2000.00	10/6/2018
Contributor's Occupation (if required)	Other Receipts: Interest Loan Miscellaneous (specify)	\$200.00	\$200.00	Candidate
Christina Espar 3021 Elmwood Dr Michigan City IN 46360	Contributions: Direct In-Kind (describe) Yard Signs			9/10/2018
Contributor's Occupation (if required) Deputy Prosecutor	Other Receipts: Interest Loan Miscellaneous (specify)	\$128.40	\$128.40	Candidate
5. Yolla Espar 112 Garden Trl Michigan City IN 46360	Contributions: Direct In-Kind (describe) Advertising Mat'l	2402.00	0.400.00	9/18/2018
Contributor's Occupation (if required) Para-legal/Ofc Mgr	Other Receipts: Interest Loan Miscellaneous (specify)	\$423.02	\$423.02	Candidate
	THIS PAGE OF SCHEDULE A	\$ 2,951.42		
TOTAL OF ALL PAGES OF SCHEDULE (Enter total on ITE)	A ON THE LAST PAGE ONLY 115a of the Summary Sheet.)	\$		



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				
46-18-75				
Page	4	of	4	

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
Yolla Espar 112 Garden Trl Michigan City IN 46360	Contributions: Direct In-Kind (describe) Food/Candy			8/3/2018
Poro togal/Ofe Mar	Other Receipts: Interest Loan Miscellaneous (specify)	\$165.68	\$165.68	Candidate
Contributor's Occupation (if required) Para-legal/Ofc Mgr	Contributions:			
William G Espar, MD 116 Woodside Dr Michigan City IN 46360	☐ Direct ☑ In-Kind (describe)			8/15/2018
	Other Receipts: Interest Loan Miscellaneous (specify)	\$350.36	\$350.36	Candidate
Contributor's Occupation (if required)	Contributions:			
3 Sharon Sacks 304 Northbrook Dr Michigan City IN 46360	Direct In-Kind (describe) Postcards			8/22/2018
	Other Receipts: Interest Loan Miscellaneous (specify)	\$57.42	\$57.42	Candidate
Contributor's Occupation (if required)	Contributions:			
4- John M Espar 112 Garden Trl Michigan City IN 46360	Direct In-Kind (describe) Advertising			8/2/2018
	Other Receipts: Interest Loan Miscellaneous (specify)	\$343.79	\$343.79	Candidate
Contributor's Occupation (# required) Prosecutor				
5 .	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest Loan Miscellaneous (specify)			
Contributor's Occupation (if required)	THE PACE OF SCHEDULES A	\$ 047.05		
SUBTOTAL TOTAL OF ALL PAGES OF SCHEDULE	THIS PAGE OF SCHEDULE A	\$ 917.25	_	
(Enter total on ITE	M 15a of the Summary Sheet.)	\$ 26,293.67		



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).

	FIL	_E NUMB	ER	
	46	3-18-75		
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.} None	Contributions: Direct In-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)			
i	THIS PAGE OF SCHEDULE A	\$ 0.00		
TOTAL OF ALL PAGES OF SCHEDULI (Enter total on IT)	E A ON THE LAST PAGE ONLY EM 15a of the Summary Sheet.)	\$ 0.00		



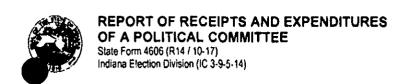
(CFA-4 SCHEDULE A-3) CONTRIBUTIONS BY LABOR ORGANIZATIONS

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					
46-18-75					
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.} None	Contributions: Direct In-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)			
1	THIS PAGE OF SCHEDULE A	\$ 0.00		
TOTAL OF ALL PAGES OF SCHEDULE (Enter total on ITE	A ON THE LAST PAGE ONLY M 15a of the Summary Sheet.)	\$ 0.00		



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

Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY POLITICAL ACTION COMMITTES 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					
46-18-75					
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.} None	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)			
	THIS PAGE OF SCHEDULE A	\$ 0.00		
TOTAL OF ALL PAGES OF SCHEDULE (Enter total on ITE)	A ON THE LAST PAGE ONLY If 15a of the Summary Sheet.)	\$ 0.00		



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 which contributions (gegardless 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, returns, 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	NUMBE	R			
46-18-75						
Page1of1						

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. None	Contributions: Direct In-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)			
	THIS PAGE OF SCHEDULE A	\$ 0.00		
TOTAL OF ALL PAGES OF SCHEDULE (Enter total on ITE)	A ON THE LAST PAGE ONLY M 15a of the Summary Sheet.)	\$ 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 NUMBER				
46-18-75				
Page _	1	of	4	_

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-FO-DATE	DA1E OF EXPENDITURE (mm/dd/yy)
Code A St. Andrews Products Company 500 Mariner Dr Michigan City IN 46360	Printer	☐ Direct ☑ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other Purpose:	\$0.00	\$428.00	7/3/2018
Decal Arts & Signs 5648 N US 35 La Porte IN 46350	Printer	☐ Direct ☑ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other Purpose:	\$128.40	\$128.40	9/10/2018
omen Unwind Blue Chip Casino Michigan City IN 46360	Casino .	Direct In-Kind Payment of Debt Returned Contribution Other Purpose:	\$250.00	\$250.00	9/18/2018
Code F Admit One Products 15331 Barranca Pky Irvine CA 92618	Event Ticket Printing	Direct In-Kind Payment of Debt Returned Contribution Other Purpose:	\$76.72	\$76.72	8/10/2018
Code A Reprographic Arts 2824 E Michigan Blvd Michigan City IN 46360	Printer	Direct In-Kind Payment of Debt Returned Contribution Other Purpose:	\$96.30	\$96.30	8/1/2018
Oriental Trading Company P.O. Box 2308 Omaha, NE 68103-2308	Promotional Items	Direct In-Kind Payment of Debt Returned Contribution Other Purpose:	\$89.98	\$89.98	8/3/2018
Code A Aldi Store # 73 102 Franklin St Michigan City IN 46360	Grocery Store	☐ Direct ☑ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other Purpose:	\$75.70	\$75.70	9/28/2018
TOTAL OF ALL P	SUBTOTAL THIS PAR AGES OF SCHEDULE B ON TH (Enter total on ITEM 17a of	E LAST PAGE ONLY	\$ 717.10 \$		



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				
46-18-75				
Page _	2	_ of	4	

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)
Speedy Buttons Plainview MN 55964	Printer	☐ Direct ☑ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other Purpose:	\$350.36	\$350.36	8/15/2018
Sacks Clinical Consulting PC 104 Woodland Ct Ste B Michigan City IN 46360	Printing	Direct In-Kind Payment of Debt Returned Contribution Other Purpose:	\$57.42	\$57.42	8/22/2018
ildASign.com 11525A Stonehollow Dr. Austin TX 78758	Printer	Direct In-Kind Payment of Debt Returned Contribution Other Purpose:	\$248.62	\$248.62	8/2/2018
GoDaddy.com 14455 N. Hayden Rd., Ste. 226 Scottsdale AZ 85260	Web Hosting	Direct In-Kind Payment of Debt Returned Contribution Other Purpose:	\$95.17	\$95.17	10/2/2018
Ryan J. Bolger Chicago IL 60601	Photographer	Direct In-Kind Payment of Debt Returned Contribution Other Purpose:	\$150.00	\$150.00	8/30/2018
Interfaith Community Pads P O Box 38 Michigan City IN 46361	Shelter/Help Ctr	☑ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other Purpose:	\$100.00	\$100.00	9/11/2018
Code F Parker Pub 7 E Barker Ave Michigan City IN 46360	Restaurant	Direct In-Kind Payment of Debt Returned Contribution Other Purpose:	\$680.00	\$680.00	9/11/2018
TOTAL OF ALL	SUBTOTAL THIS PAGE OF SCHEDULE B 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) 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				
46-18-75				
Page _	3	_ of	4	

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-10-DATE	DATE OF EXPENDITURE (mm/dd/yy)
Code A Andy Sperling 2407 Duneland Beach Dr Michigan City IN 46360	Printer	□ Direct	\$426.93	\$426.93	9/16/2018
Code A A.C. Signs and Consulting 836 S Arlington Heights Rd Elk Grove Village IL 60007	Printer	☑ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other ☐ Purpose:	\$3,045.00	\$3,045.00	9/19/2018
e LaPorte Cnty Republican Party 814 Jefferson Ave La Porte IN 46350	PAC	☑ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other Purpose;	\$1,250.00	\$1,250.00	8/27/2018
Code A MC Sports Network 411 Carroll Ave Michigan City IN 46360	Advertising	Direct In-Kind Payment of Debt Returned Contribution Other Purpose:	\$200.00	\$200.00	9/13/2018
Code A Pat Kowalski Golf Outing Michigan City IN 46360	Hole Sponsorship	Direct In-Kind Payment of Debt Returned Contribution Other Purpose:	\$100.00	\$100.00	9/24/2018
Office Max/Office Depot 118 Dunes Plz Michigan City IN 46360	Office Supplies	Direct In-Kind Payment of Debt Returned Contribution Other Purpose:	\$107.32	\$107.32	9/12/2018
A.C. Signs and Consulting i6 S Arlington Heights Rd Elk Grove Village IL 60007	Printer	Direct In-Kind Payment of Debt Returned Contribution Other Purpose:	\$3,112.50	\$3,112.50	10/11/2018
TOTAL OF ALL B	SUBTOTAL THIS PA AGES OF SCHEDULE B ON TH	GE OF SCHEDULE B	\$ 8,241.75		
TOTAL OF ALL P	(Enter total on ITEM 17a of	the Summary Sheet.)	\$		



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				
46-18-75				
Page _	4	of	4	

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)
McEuen Law Office 6382 Central Ave Portage IN 46368	Law Office	☐ Direct ☑ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other Purpose:	\$5,000.00	\$5,000.00	10/2/2018
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 Debi Returned Contribution Other Purpose:			
Code	·	Direct In-Kind Payment of Debt Returned Contribution Other Purpose:			
Code		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:			
Code		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:			
	SUBTOTAL THIS PA		\$ 5,000.00		,
TOTAL OF ALL P	AGES OF SCHEDULE B ON TH (Enter total on ITEM 17a of	E LAST PAGE ONLY the Summary Sheet.)	\$ 15,640.42		



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.

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 schedule. For assistance in

(CFA-4 SCHEDULE C)
ITEMIZED EXPENDITURES
For Public Questions

FILE NUMBER
46-18-75
Page1of
1

			Page1	of
	ON INFORMATION			
Enter Text of Public Question.				
Type of Question: Statewide Local Position: Supported Dopposed				
	TYPE OF EXPENDITURE	COLUMN A	COLUMN B	DATE OF
RECIPIENT'S NAME AND MAILING ADDRESS (street, number, city, state, ZIP code)	and PURPOSE (be specific)	AMOUNT THIS PERIOD	CUMULATIVE YEAR-10-DATE	EXPENDITURE (mm/dd/yy)
Code	Direct In-Kind			
	Payment of Debt Returned Contribution			
	Other			
	Pulposa.			
	Direct In-Kind	· · ·		
nde	Payment of Debi			
	Returned Contribution Other			
	Purpose.			
Code	☐ Direct ☐ In-Kind			
	Payment of Debt Returned Contribution			
	Other			
	Purpose:			
Code	Direct In-Kind			
	Payment of Debt Rejumed Contribution			
	Other			
	- Pulpose			
Code	☐ Direct ☐ In-Kind ☐ Payment of Debt			
	Returned Contribution			:
	Other		:	
Code	☐ Direct ☐ In-Kind ☐ Payment of Debt			
	Returned Contribution			
·	Other			
SUBTOTAL THIS P TOTAL OF ALL PAGES OF SCHEDULE C ON 1	AGE OF SCHEDULE C	\$ 0.00	-	
(Enter total on ITEM 17a of		\$ 0.00		



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, regardless of the amount, 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				
46-18-75				
Page	1	of	1	

			,		
CREDITOR'S OR LENDER'S NAME AND MAILING ADDRESS (street, number, city, state, ZIP code)	ENDORSER'S OR VENDOR'S NAME AND MAILING ADDRESS (if any) (street, number, city, state, ZIP code)	AMOUNT	DATE DEBT INCURRED (mm/dd/yy)	CUMULATIVE PAID YEAR-10-DATE	OUTSTANDING BALANCE THIS PERIOD
James Janowiak 3506 Iroquois Trl Michigan City IN 46360		\$2,500.00	9/12/2018		\$2,500.00
LENDER'S OCCUPATION		Loan	9/12/2010		
	McEuen Law Office 6382 Central Ave Portage IN 46368	\$1,792.12	10/2/2018	\$5,000.00	\$1,792.12
LENDER'S OCCUPATION		Legal Fees			
LENDER'S OCCUPATION					
LENDER'S OCCUPATION					
LENDER'S OCCUPATION					
LENDER'S OCCUPATION					
			_		
LENDER'S OCCUPATION.		SUBTOTA	AL THIS PAGE (OF SCHEDULE D	\$ 4,292.12
TOTAL OF ALL PAGES OF SCHEDULE DON THE LAST PAGE ONLY					\$ 4,292.12



(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, <u>regardless of the amount</u>, **OWED TO** the committee during the reporting period. Include all amounts the committee has loaned to others.

	FILE	NUMBE	₹ .	
	46-	-18-75		
Page	11	of	1	

BORROWER'S NAME AND MAILING ADDRESS (street, number, city, state, ZIP code)	CO-SIGNER'S NAME AND MAILING ADDRESS (if any) (street, number, city, state, ZIP code)	ORIGINAL AMOUNT	DATE DEBT INCURRED (mm/dd/yy)	CUMULATIVE PAID YEAR-TO-DATE	OUTSTANDING BALANCE THIS PERIOD
,					
			AL THIS PAGE C	 	\$ 0.00
	TOTAL OF	ALL PAGES OF SCHEDU (Enter total on	LE E ON THE LA ITEM 20 of the S		\$ 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? Yes

√ No

(CFA-4) Summary Sheet

FILE NUMBER

46-18-75

TOTAL PAGES IN ENTIRE CFA-4 REPORT

15

-			
COMMITTEE INFORMATION			
1. Full Name of Committee (as on Statement of Organization)	name.		
Committee to Elect Christina Espar Prosecutor			
2. Acronym or Abbreviated Name (if any)	3. Committee Tel	•	
	(219) 22	29-2176	
4. Mailing Address (Address where all campaign finance correspondence is received.) PO Box 444	Check if this is a new	w address.	
5. City, State, ZIP Code	6. Party Affiliation	n (if applicable).	·
Michigan City IN 46361-0444	Republican		
CANDIDATE INFORMATION (For Candidate's C			
7. Full Name of Candidate (Include any nickname.)	8. Party Affiliation	n or if Independent (Candidate
Christina M. Espar "Nina"			
9. Office Sought (Include district number, if any. Not required for exploratory committee.)	10. County of Re		
Prosecuting Attorney, 32nd Judicial Circuit	La Porte Co		
TYPE OF REPORT			CANDIDATES ONLY
11. Check one:		Check one:	
Pre-Primary Pre-Election Annual Nomination Other		Pre-Conver	
, Final / Disbands Committee (Lines 18, 19, and 20 must be "0".) Utgoing Treasurer (Within ten (10) days amend State	tement of Organization.)	Post-Conve	intion
12. Reporting Period (mm/dd/yy): From: 10/13/2018 Through: 12/31/2018		OLUMN A nis Period	COLUMN B Year to Date
13. Cash on hand and investments at the beginning of this reporting period.		12,888.26	
14. Cash on hand and investments January 1, current year.			0.00
CONTRIBUTIONS AND RECEIPTS			
(Note: these amounts include in-kind contributions and loans, as well as cash contributions.)		22.222.22	40,009,67
15a. Itemized (Use Schedule A.)		22,399.00	49,298.67
15b. Uniternized	TOTAL	1,847.00	4,002.00
Too. I say lines to a direction of the control of t	TOTAL	24,246.00	53,300.67
Total and to the date to the date the date to the date	TOTAL	37,134.26	53,3 <u>00.67</u>
EXPENDITURES		į	
(Note: These amounts include in-kind expenditures and loan repayments.)		27.057.22	52 444 46
17a. Itemized (Use Schedule B.) (Public Question: use Schedule C.)		37,067.33 66.93	52,444.46 856.21
17b. Unitemized	TOTAL	37,134.26	53,300.67
	TOTAL	0.00	0.00
18. Cash on hand and investments at close of this reporting period (Subtract 17c from 16 in both columns.)	TOTAL		0.00
19. Debts OWED BY the committee (Use Schedule D.)		0.00	
20. Debts OWED TO the committee (Use Schedule E.)		0.00	L E D
CERTIFICATION			ENERGHEE GALLA
ERTIFY THAT LHAVE EXAMINED THIS STATEMENT. TO THE BEST OF MY KNOWLEDGE AND BELIEF IT IS SIGNATURE OF THE SUPERIOR OF THE SUPER	TRUE, CORRECT AND		
Treas		72019 JAN	1 7 2019
Signature of Candidate (if applicable)	Date (mm 1/16	3/2019	
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 falls to file a complete or accur Campaign Finance Law commits a Class B misdemeanor, (IC 3-14-1-14) and may be subject to civil penalties. (IC 3-5)	e. (IC 3-9-4-5) A person rate report as required	who knowingly by the Indiana OF LA	PORTE CIRCUIT COURT



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

.ASTRUCTIONS: 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 perty 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				
46-18-75				
Page	1	of	4	

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 (d/yy) RECEIVED BY
Yolla K. Espar 112 Garden Trl Michigan City IN 46360-2706	Contributions: Direct In-Kind (describe) T-shirts/Legal Fees			9/11/2018
Contributor's Occupation (if required) Paralegal/Ofc Mgr	Other Receipts: Interest Loan Miscellaneous (specify)	\$0.00	\$3,539.70	Candidate
Christina M. Espar 302 Elmwood Dr Michigan City IN 46360-1943	Contributions: Direct In-Kind (describe)			11/8/2018
Contributor's Occupation (if required) Deputy Prosecutor	Other Receipts: Interest Loan Miscellaneous (specify)	\$899.00	\$16,207.40	Candidate
3. Mitchell Feikes 217 Whispering Blvd La Porte IN 46350	Contributions: Direct In-Kind (describe)		44 000 00	10/22/2018
Contributor's Occupation (if required)	Other Receipts: Interest Loan Miscellaneous (specify)	\$500.00	\$1,000.00	Candidate
4 Tony Drzewiecki 7058 Red Apple Dr Michigan City IN 46360	Contributions: Direct In-Kind (describe)			9/12/2018
Contributor's Occupation (if required)	Other Receipts: Interest Loan Miscellaneous (specify)	\$0.00	\$150.00	Candidate
5. James Janowiak 3506 Iroquois Trl Michigan City IN 46360	Contributions: Direct In-Kind (describe)		20.750.00	9/12/2018
Contributor's Occupation (if required)	Other Receipts: Interest Loan Miscellaneous (specify)	\$0.00	\$2,750.00	Candidate
	THIS PAGE OF SCHEDULE A	\$ 1,399.00		
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-1) CONTRIBUTIONS BY INDIVIDUALS

Itemized Contributions and Other Receipts

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FILE NUMBER					
46-18-75					
Page	2	of	4		

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
Sharon Sacks 304 Northbrook Dr Michigan City IN 46360	Contributions: Direct In-Kind (describe)			9/12/2018
Controlly stands Occurs attent (if manying)	Other Receipts: Interest Loan Miscellaneous (specify)	\$0.00	\$307.42	Candidate
2. Marc A Espar 1501 Washington St Michigan City IN 46360	Contributions: Direct In-Kind (describe)			11/7/2018
Contributor's Occupation (if required)	Other Receipts: Interest Loan Miscellaneous (specify)	\$2,000.00	\$2,250.00	Candidate
3. William G Espar, MD 116 Woodside Dr Michigan City IN 46360	Contributions: Direct In-Kind (describe)			11/7/2018
Contributor's Occupation (if required)	Other Receipts: Interest Loan Miscellaneous (specify)	\$2,000.00	\$2,600.36	Candidate
4 Ilene K Zona 6706 N 300 W Michigan City IN 46360	Contributions: Direct In-Kind (describe)		2500.00	9/7/2018
Contributor's Occupation (if required)	Other Receipts: Unterest Loan Miscellaneous (specify)	\$0.00	\$500.00	Candidate
5. Shawn Virk 3901 W Dunes Hwy Michigan City IN 46360	Contributions: Direct In-Kind (describe)	¢ 0.00	\$250.00	9/18/2018
Contributor's Occupation (# required)	Other Receipts: Interest Loan Miscellaneous (specify)	\$0.00	\$250.00	Candidate
	THIS PAGE OF SCHEDULE A	\$ 4,000.00		
TOTAL OF ALL PAGES OF SCHEDULE (Enter total on ITE)	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-1) CONTRIBUTIONS BY INDIVIDUALS Itemized Contributions and Other Receipts

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FILE NUMBER					
46-18-75					
Page	3	of	4		

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 (min'dd yy) RECEIVED BY
1. Kathleen Kelly 5 Devonshire Ct Apt 5 Michigan City IN 46360	Contributions: Direct In-Kind (describe)			9/29/2018
Contributor's Occupation (if required)	Other Receipts: Interest Loan Miscellaneous (specify)	\$0.00	\$200.00	Candidate
2 Timothy Stabosz 1501 Michigan Ave La Porte IN 46350	Contributions: Direct In-Kind (describe)			9/24/2018
Contributor's Occupation (if required)	Other Receipts: Interest Loan Miscellaneous (specify)	\$0.00	\$2,000.00	Candidate
3. Richard Schaeffer 402 Hendricks St Michigan City IN 46360	Contributions: Direct In-Kind (describe)	60.00	#200.00	10/6/2018
Contributor's Occupation (if required)	Other Receipts: Interest Loan Miscellaneous (specify)	\$0.00	\$200.00	Candidate
Hayden Janowiak 302 Elmwood Dr Michigan City IN 46360	Contributions: Direct In-Kind (describe)	44 500 00	44 500 00	11/8/2018
Contributor's Occupation (if required)	Other Receipts: Interest Loan Miscellaneous (specify)	\$1,500.00	\$1,500.00	Candidate
5 James R Pressel Jr 1772 N Lofgren Rd Rolling Prairie IN 46371	Contributions: Direct In-Kind (describe)	#E00.00	# 500.00	10/24/2018
Contributor's Occupation (# required)	Other Receipts: Interest Loan Miscellaneous (specify)	\$500.00	\$500.00	Candidate
	THIS PAGE OF SCHEDULE A	\$ 2,000.00		
TOTAL OF ALL PAGES OF SCHEDULE (Enter total on ITE)	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-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				
46-18-75				
Page	4	of	4	

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
John M Espar 112 Garden Trl Michigan City IN 46360	Contributions: Direct In-Kind (describe)			11/8/2018
Contributor's Occupation (# required) Attorney at Law	Other Receipts: Interest Loan Miscellaneous (specify)	\$15,000.00	\$15,343.79	Candidate
2.	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest Loan Miscellaneous (specify)			
Contributor's Occupation (if required)	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest Loan Miscellaneous (specify)			
Contributor's Occupation (# required)	Contributions: Direct In-Kind (describe)			
Contributor's Occupation (# required)	Other Receipts: Interest Loan Miscellaneous (specify)			
5.	Contributions: Direct In-Kind (describe)			
Contributor's Occupation (if required)	Other Receipts: Interest Loan Miscellaneous (specify)			
	THIS PAGE OF SCHEDULE A	\$ 15,000.00		
TOTAL OF ALL PAGES OF SCHEDULE (Enter total on ITE)	A ON THE LAST PAGE ONLY If 15a of the Summary Sheet.)	\$ 22,399.00		



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

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, rebetes, 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				
46-18-75				
Page	1	of	11	

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.} None	Contributions: Direct In-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)			
	THIS PAGE OF SCHEDULE A	\$ 0.00		
TOTAL OF ALL PAGES OF SCHEDULE (Enter total on ITE	A ON THE LAST PAGE ONLY M 15a of the Summary Sheet.)	\$ 0.00		



(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 N	UMBE	₹	
46-18-75				
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.} None	Contributions: Direct In-Kind (describe) Other Receipts: Interest Loan			
2.	Miscellaneous (specify) Contributions: Direct			
	Other Receipts: Interest Loan Miscellaneous (specify)			
3.	Contributions: Direct tn-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)			
i	THIS PAGE OF SCHEDULE A	\$ 0.00		
TOTAL OF ALL PAGES OF SCHEDULE (Enter total on ITE)	A ON THE LAST PAGE ONLY 15s of the Summary Sheet.)	\$ 0.00		



(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	NUMBE	R		
46-18-75					
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 (um dd yy) RECEIVED BY
1. None	Contributions: Direct In-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	THIS PAGE OF SCHEDULE A	\$ 0.00		
TOTAL OF ALL PAGES OF SCHEDULE (Enter total on ITE	A ON THE LAST PAGE ONLY M 15a of the Summary Sheet.)	\$ 0.00		



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 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 emount from candidate's, legislative caucus, and regular party committees MUST be itemized on this schedule. All cumulative receipts, (such as loan proceeds and repsyments, returns, rebetes, 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	NUMBE	R		
46-18-75					
Page	11	of	11	_	

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. None	Contributions: Direct In-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	THIS PAGE OF SCHEDULE A	\$ 0.00		
TOTAL OF ALL PAGES OF SCHEDULE (Enter total on ITER	A ON THE LAST PAGE ONLY If 15a of the Summary Sheet.)	\$ 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	NUMB	ER		
46-18-75					
Page _	1	_ of	3	_	

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 (ann 'dd yy)
St. Andrews Products Company 500 Mariner Dr Michigan City IN 46360	Printer	Direct In-Kind Payment of Debt Returned Contribution Other Purpose:	\$0.00	\$428.00	7/3/2018
Decal Arts & Signs 5648 N US 35 La Porte IN 46350	Printer	Direct In-Kind Payment of Debt Returned Contribution Other Purpose:	\$0.00	\$128.40	9/10/2018
Code A Yomen Unwind ue Chip Casino Michigan City IN 46360	Casino	Direct In-Kind Payment of Debt Returned Contribution Other Purpose:	\$0.00	\$250.00	9/18/2018
Code F FaceBook 1601 Willow Rd Menlo Park CA 94025	Social Media	Direct In-Kind Payment of Debt Returned Contribution Other Purpose:	\$176.41	\$176.41	11/1/2018
Code A Gerald Media WIMS 685 E 1675 N Michigan City IN 46360	Radio	Direct In-Kind Payment of Debt Returned Contribution Other Purpose:	\$516.00	\$516.00	11/2/2018
Code A WEFM 95.9 FM 1903 Springland Ave Michigan City IN 46360	Radio	Direct In-Kind Payment of Debt Returned Contribution Other Purpose:	\$900.00	\$900.00	10/30/2018
Code A Mark It Red CODE OF DESCRIPTION OF DESCRIPT	Consultant	Direct In-Kind Payment of Debt Returned Contribution Other Purpose:	\$3,954.20		10/18/2018
TOTAL OF ALL PA	\$ 5,546.61 \$				

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

(CFA-4 SCHEDULE B) ITEMIZED EXPENDITURES

MSTRUCTIONS: 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				
46-18-75				
Page _	2	of	3	

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 datyy)
Code A Speedy Buttons Plainview MN 55964	Printer	Direct In-Kind Payment of Debt Returned Contribution Other Purpose:	\$0.00	\$350.36	8/15/2018
Code A Mark it Red P O Box 722 Lebanon IN 46052	Consultant	☐ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other Purpose:	\$1,747.50		10/24/2018
ildASign.com .525A Stonehollow Dr. Austin TX 78758	Printer	Direct In-Kind Payment of Debt Returned Contribution Other Purpose:	\$0.00	\$248.62	8/2/2018
Code A Mark It Red P O Box 722 Lebanon IN 46052	Consultant	Direct In-Kind Payment of Debt Returned Contribution Other Purpose:	\$27,831.10	\$33,532.80	11/13/2018
Ryan J. Bolger Chicago IL 60601	Photographer	☑ Direct	\$150.00	\$300.00	10/24/2018
Code A McEuen Law Office 6382 Central Ave Portage IN 46368	Attorneys at Law	☑ Direct ☐ In-Kind ☑ Payment of Debt ☐ Returned Contribution ☐ Other ☐ Purpose:	\$1,792.12	\$6,792.12	10/24/2018
Barker Pub ^77 E Barker Ave .ichigan City IN 46360	Restaurant	Direct In-Kind Payment of Debt Returned Contribution Other Purpose:	\$0.00	\$680.00	9/11/2018
TOTAL OF ALL P	SUBTOTAL THIS PAGE OF SCHEDULE B 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) / Indiana Election Division (IC 3-9-5-14

(CFA-4 SCHEDULE B) ITEMIZED EXPENDITURES

**EXTRUCTIONS: 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 catendar 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					
46-18-75					
Page _	3	of	3		

RECIPIENT'S NAME AND MAILING (street, number, city, state, Zii		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)
Andy Sperling 2407 Duneland Beach Dr Michigan City IN 46360		Printer	Direct In-Kind Payment of Debt Returned Contribution Other Purpose:	\$0.00	\$426.93	9/16/2018
Code A A.C. Signs and Consulting 836 S Arlington Heights Rd Elk Grove Village IL 60007		Printer	Direct In-Kind Payment of Debt Returned Contribution Other Purpose:	\$0.00	\$6,157.50	9/19/2018
e LaPorte Cnty Republic 4 Jefferson Ave La Porte IN 46350	an Party	PAC	Direct In-Kind Payment of Debt Returned Contribution Other Purpose:	\$0.00	\$1,250.00	8/27/2018
MC Sports Network 411 Carroll Ave Michigan City IN 46360		Advertising	Direct In-Kind Payment of Debt Returned Contribution Other Purpose:	\$0.00	\$200.00	9/13/2018
Code A Office Max/Office Depot 118 Dunes Plz Michigan City IN 46360		Office Supplies	Direct In-Kind Payment of Debt Returned Contribution Other Purpose:	\$0.00	\$107.32	9/12/2018
Code	• • •		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:			
Code	-		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:			
SUBTOTAL THIS PAGE OF SCHEDULE B				\$ 0.00		
TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY (Enter total on ITEM 17a of the Summary Sheet.)				\$ 37,067.33		



State Form 4606 (R14 / 10-17) Indiana Election Division (IC 3-9-5-14) (CFA-4 SCHEDULE C)
ITEMIZED EXPENDITURES
For Public Questions

JTRUCTIONS: 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

				Page1	of
Enter Text of Public Question.	PUBLIC QUESTIO	N INFORMATION			
Litter reactor rubic duestion.					
Type of Question: Statewide !	Local				
Position: Supported Oppose	d				
RECIPIENT'S NAME AND MAILING ADDRESS (street, number, city, state, ZIP code)	RECIPIENT'S OCCUPATION	TYPE OF EXPENDITURE and PURPOSE (be specific)	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE OF EXPENDITURE (mmrdd'yy)
Code		Direct In-Kind Payment of Debt			
		Returned Contribution Other Purpose:			
Code		Direct In-Kind Payment of Debt			
		Returned Contribution Other			
		Purpose:			
Code		☐ Direct ☐ In-Kind ☐ Payment of Debt			
		Returned Contribution Other			
		Purpose:			
Code		Direct In-Kind Payment of Debt			
		Returned Contribution Other		t.	
		Purpose:			
Code		☐ Direct ☐ In-Kind ☐ Payment of Debt			
		Returned Contribution Other			
		Purpose:			
Code		☐ Direct ☐ In-Kind ☐ Payment of Debt			
		Returned Contribution Other			
		Purpose:			
	SUBTOTAL THIS PA	GE OF SCHEDULE C	\$ 0.00		
	ES OF SCHEDULE C ON TH		\$ 0.00		



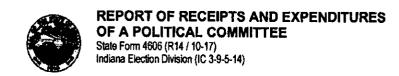
State Form 4606 (R14 / 10-17) Indiana Election Division (IC 3-9-5-14)

(CFA-4 SCHEDULE D) DEBTS OWED BY THIS COMMITTEE

...JRUCTIONS: 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 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							
46-18-75							
Page1of1							

CREDITOR S OR LENDER'S NAME AND MAILING ADDRESS (street, number-city, state, ZIP code)	ENDORSER'S OR VENDOR'S NAME AND MAILING ADDRESS (if any) (street number, city, state, ZIP code)	AMOUNT	DATE DEBT INCURRED (mm/dd yy)	CUMULATIVE PAID YEAR-TO-DATE	BALA	STANDING ANCE THIS ERIOD
McEuen Law Office 6382 Central Ave Portage IN 46368	McEuen Law Office 6382 Central Ave Portage IN 46368	\$0.00	9/12/2018	\$6,792.12	\$	50.00
LENDER'S COCLIPATION: Attorneys at Law		Loan		V 0,1. V =7.1=		
LENDER'S OCCUPATION						
			,			
LENDER'S OCCUPATION						
LENDER'S OCCLIPATION:						
LEADER'S OCCUPATION:						
LENDER'S OCCUPATION:						
ESSECTION (NO.)						
- EMPER'S OCCUPATION:						
		SUBTOTA	AL THIS PAGE O	OF SCHEDULE D	\$	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	?				
46-18-75							
Page	1	of	_1_				

BORROWER'S NAME AND MAILING AODRESS (street number, city, state, ZIP code)	CO-SIGNER'S NAME AND MAILING ADORESS (if any) (street. number. city. state. ZIP code)	ORIGINAL AMOUNT	DATE DEBT INCURRED (mm/dd/yy)	CUMULATIVE PAID YEAR-TO-DATE	BAL.	STANDING ANCE THIS PERIOD
			•			
					 	···
					<u></u>	
SUBTOTAL THIS PAGE OF SCHEDULE E					\$	0.00
TOTAL OF ALL PAGES OF SCHEDULE E ON THE LAST PAGE ONLY (Enter total on ITEM 20 of the Summary Sheet.)					\$	0.00