



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

(CFA-1)

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

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

FILE NUMBER

1. IS THIS AN AMENDMENT? Yes No If Yes, please enter the file number in this box. → **46-18-51**

SECTION A. CANDIDATE INFORMATION: Fill in all applicable boxes as fully and accurately as possible.

2. Last Name RICE		First Name JAMES		Middle Name HAROLD	Nickname JIM	3. Type of Committee (Check one) <input type="checkbox"/> Candidate's Principal Committee <input checked="" type="checkbox"/> Exploratory Committee	
4. Mailing Address (number and street, city, state, and ZIP code) 3231 NORTH BRIAR LEAF CT.				5. FAX (Optional) ()		6. E-mail Address (Optional) RICE-JAMES@COMCAST.NET	
7. City LAPORTE	State IN	ZIP Code 46350	8. County LAPORTE	9. Telephone (Day) (219) 362-9686	10. Telephone (Evening) ()		
11. Party Affiliation <input type="checkbox"/> Democratic <input type="checkbox"/> Libertarian <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Other				12. Office Sought (Include district number, if any. Not required for an exploratory committee.) COUNTY COUNCIL, DIST. 2			

SECTION B. COMMITTEE INFORMATION: Fill in all applicable boxes as fully and accurately as possible.

13. Full Name of Committee (Do not abbreviate.) <input type="checkbox"/> Check if this is a new name. COMMITTEE TO ELECT JIM RICE							
14. Mailing Address (number and street, city, state, and ZIP code) <input type="checkbox"/> Check if this is a new address. 3231 NORTH BRIAR LEAF CT.				15. FAX (Optional) ()		16. E-mail Address (Optional) RICE-JAMES@COMCAST.NET	
17. City LAPORTE	State IN	ZIP Code 46350	18. County LAPORTE	19. Telephone (219) 362-9686	20. Committee Organization Date (mm/dd/yy) 2-16-2018		
21. Chairperson's Full Name <input checked="" type="checkbox"/> Designate Candidate as Chairperson. <input type="checkbox"/> Check if this is a new chairperson. JAMES H. RICE							
22. Mailing Address (number and street, city, state, and ZIP code) <input type="checkbox"/> Check if this is a new address. 3231 NORTH BRIAR LEAF CT				23. FAX (Optional) ()		24. E-mail Address (Optional) RICE-JAMES@COMCAST.NET	
25. City LAPORTE	State IN	ZIP Code 46350	26. County LAPORTE	27. Telephone (Day) (219) 362-9686	28. Telephone (Evening) ()		
29. Bank or Other Depositories (List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.) SEARCHING FOR VOLUNTEERS TO SERVE AS COMMITTEE CHAIRPERSONS							
30. Exploratory Committee (Give brief statement explaining purpose of an exploratory committee only.)				31. Salaries and Reimbursements (Will the committee pay the candidate a salary or reimbursement for lost wages? If Yes, attach a copy of the contract.) <input type="checkbox"/> Yes <input type="checkbox"/> No			

SECTION C. APPOINTMENT OF TREASURER (IC 3-9-1-14)

32. I, as Chairperson of the foregoing committee, appoint the following person as Treasurer of the Committee. JAMES H. RICE				Person Appointed Treasurer				Signature of the Committee Chairperson <i>James H. Rice</i>			
33. Treasurer's Full Name <input checked="" type="checkbox"/> Designate candidate as treasurer. <input type="checkbox"/> Check if this is a new treasurer. JAMES H. RICE											
34. Mailing Address (number and street, city, state, and ZIP code) <input type="checkbox"/> Check if this is a new address. 3231 NORTH BRIAR LEAF CT				35. FAX (Optional) (219) 362-9686		36. E-mail Address (Optional) RICE-JAMES@COMCAST.NET					
37. City LAPORTE	State IN	ZIP Code 46350	38. County LAPORTE	39. Telephone (Day) (219) 362-9686	40. Telephone (Evening) ()						

SECTION D. ACCEPTANCE OF APPOINTMENT (IC 3-9-1-15)

41. I give notice that I accept the duties and responsibilities of Treasurer of this Committee. I am not the chairperson of a campaign finance committee (except as permitted for a candidate committee under IC 3-9-1-7).				Signature of Person Accepting Appointment <i>James H. Rice</i>			
--	--	--	--	---	--	--	--

SECTION E. CERTIFICATION OF STATEMENT

We certify as the candidate and the duly appointed Chairperson of the Committee and that we have examined this statement. To the best of our knowledge and belief it is true, correct and complete.						FOR OFFICE USE ONLY FILED IN CLERKS OFFICE FEB 16 2018	
42. Typed or Printed Name of Chairperson JAMES H. RICE		Signature of Chairperson <i>James H. Rice</i>		Date (mm/dd/yy) 2-16-18			
43. Typed or Printed Name of Candidate JAMES H. RICE		Signature of Candidate <i>James H. Rice</i>		Date (mm/dd/yy) 2-16-18			

Warning: State law requires that any change in this information be reported within ten (10) days of the change (IC 3-9-1-10). A person who knowingly files a fraudulent report commits a Level 6 D felony (IC 3-14-1-13). A person who fails to file a complete or accurate report as required by the Indiana Campaign Finance Law commits a Class B misdemeanor (IC 3-14-1-14), and may be subject to civil penalties (IC 3-9-4-16, IC 3-9-4-17, and IC 3-9-4-18).

James H. Rice
CLERK OF LA PORTE CIRCUIT COURT



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

(CFA-1)

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

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

FILE NUMBER
46-18-51

1. IS THIS AN AMENDMENT? Yes No If Yes, please enter the file number in this box. →

SECTION A. CANDIDATE INFORMATION: Fill in all applicable boxes as fully and accurately as possible.

2. Last Name RICE		First Name JAMES		Middle Name HAROLD		Nickname JIM		3. Type of Committee (Check one) <input checked="" type="checkbox"/> Candidate's Principal Committee <input type="checkbox"/> Exploratory Committee	
4. Mailing Address (number and street, city, state, and ZIP code) 3231 N. BRIAR LEAF CT.					5. FAX (Optional) ()		6. E-mail Address (Optional) RICE-JAMES@COMCAST.NET		
7. City LAPORTE		State IN	ZIP Code 46350		8. County LAPORTE		9. Telephone (Day) 219 362-9686		10. Telephone (Evening) 219 362-9686
11. Party Affiliation <input type="checkbox"/> Democratic <input type="checkbox"/> Libertarian <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Other					12. Office Sought (Include district number, if any. Not required for an exploratory committee.) LAPORTE COUNTY COUNCIL, DISTRICT 2				

SECTION B. COMMITTEE INFORMATION: Fill in all applicable boxes as fully and accurately as possible.

13. Full Name of Committee (Do not abbreviate.) <input checked="" type="checkbox"/> Check if this is a new name. COMMITTEE TO ELECT JIM RICE TO COUNTY COUNCIL DISTRICT 2									
14. Mailing Address (number and street, city, state, and ZIP code) <input type="checkbox"/> Check if this is a new address. 3231 N. BRIAR LEAF CT.					15. FAX (Optional) ()		16. E-mail Address (Optional) RICE-JAMES@COMCAST.NET		
17. City LAPORTE		State IN	ZIP Code 46350		18. County LAPORTE		19. Telephone ()		20. Committee Organization Date (mm/dd/yy)
21. Chairperson's Full Name <input type="checkbox"/> Designate Candidate as Chairperson. <input type="checkbox"/> Check if this is a new chairperson. Cheryl Jean Reinhart									
22. Mailing Address (number and street, city, state, and ZIP code) <input type="checkbox"/> Check if this is a new address. 3201 N. Briarleaf Ct.					23. FAX (Optional) ()		24. E-mail Address (Optional)		
25. City LaPorte		State IN	ZIP Code 46350		26. County LaPorte		27. Telephone (Day) 219 395-4861		28. Telephone (Evening) 219 395-4861

29. Bank or Other Depositories (List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.)

30. Exploratory Committee (Give brief statement explaining purpose of an exploratory committee only.)
31. Salaries and Reimbursements (Will the committee pay the candidate a salary or reimbursement for lost wages? If Yes, attach a copy of the contract.) Yes No

SECTION C. APPOINTMENT OF TREASURER (IC 3-9-1-14)

32. I, as Chairperson of the foregoing committee, appoint the following person as Treasurer of the Committee.		Person Appointed Treasurer James H. Foglesong			Signature of the Committee Chairperson <i>Cheryl Reinhart</i>				
33. Treasurer's Full Name <input type="checkbox"/> Designate candidate as treasurer. <input checked="" type="checkbox"/> Check if this is a new treasurer. James H. Foglesong									
34. Mailing Address (number and street, city, state, and ZIP code) <input checked="" type="checkbox"/> Check if this is a new address. 3229 N. Briar Leaf Ct.					35. FAX (Optional) ()		36. E-mail Address (Optional)		
37. City LaPorte		State IN	ZIP Code 46350		38. County LaPorte		39. Telephone (Day) 219 362-7794		40. Telephone (Evening) 219 362-7794

SECTION D. ACCEPTANCE OF APPOINTMENT (IC 3-9-1-15)

41. I give notice that I accept the duties and responsibilities of Treasurer of this Committee. I am not the chairperson of a campaign finance committee (except as permitted for a candidate committee under IC 3-9-1-7).
Signature of Person Accepting Appointment
James H. Foglesong

SECTION E. CERTIFICATION OF STATEMENT

We certify as the candidate and the duly appointed Chairperson of the Committee and that we have examined this statement. To the best of our knowledge and belief it is true, correct and complete.

42. Typed or Printed Name of Chairperson Cheryl Reinhart		Signature of Chairperson <i>Cheryl Reinhart</i>		Date (mm/dd/yy)	
43. Typed or Printed Name of Candidate JAMES H. RICE		Signature of Candidate <i>James H. Rice</i>		Date (mm/dd/yy)	

FOR OFFICE USE ONLY

FILED
IN CLERKS OFFICE

MAR 13 2018

Karen [Signature]
CLERK OF LA PORTE CIRCUIT COURT

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

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

OF

(CFA-4)
Summary Sheet

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

FILE NUMBER	40-18-51
TOTAL PAGES IN ENTIRE CFA-4 REPORT	1 of 4

COMMITTEE INFORMATION

1. Full Name of Committee (as on Statement of Organization) Check if this is a new name.
Committee to Elect Jim Rice County Council District 2

2. Acronym or Abbreviated Name (if any)

3. Committee Telephone Number
(219) 545-5551

4. Mailing Address (Address where all campaign finance correspondence is received.) Check if this is a new address.
3231 N. Briar Leaf Ct.

5. City, State, ZIP Code
La Porte, IN 46356

6. Party Affiliation (if applicable)
Republican

CANDIDATE INFORMATION (For Candidate's Committees Only)

7. Full Name of Candidate (Include any nickname.)
James Harold Rice

8. Party Affiliation or If Independent Candidate
Republican

9. Office Sought (Include district number, if any. Not required for exploratory committee.)
County Council District 2

10. County of Residence
La Porte

TYPE OF REPORT

CONVENTION CANDIDATES ONLY

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

Check one:
 Pre-Convention Post-Convention

12. Reporting Period (mm/dd/yy):	COLUMN A This Period	COLUMN B Year to Date
From: <i>01/01/18</i> Through: <i>04/13/18</i>		
13. Cash on hand and investments at the beginning of this reporting period.	<i>0</i>	
14. Cash on hand and investments January 1, current year.		<i>0</i>

CONTRIBUTIONS AND RECEIPTS

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

15a. Itemized (Use Schedule A.)	<i>1038.51</i>	<i>1038.51</i>
15b. Unitemized	<i>200.00</i>	<i>200.00</i>
15c. Add lines 15a and 15b in both columns. SUBTOTAL	<i>1238.51</i>	<i>1238.51</i>
16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B. TOTAL	<i>1238.51</i>	<i>1238.51</i>

EXPENDITURES

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

17a. Itemized (Use Schedule B.) (Public Question: use Schedule C.)	<i>949.72</i>	<i>949.72</i>
17b. Unitemized	<i>88.79</i>	<i>88.79</i>
17c. Add lines 17a and 17b in both columns. SUBTOTAL	<i>1038.51</i>	<i>1038.51</i>
18. Cash on hand and investments at close of this reporting period (Subtract 17c from 16 in both columns.) TOTAL	<i>200.00</i>	<i>200.00</i>
19. Debts OWED BY the committee (Use Schedule D.)	<i>1038.51</i>	
20. Debts OWED TO the committee (Use Schedule E.)		

CERTIFICATION

I CERTIFY THAT I HAVE EXAMINED THIS STATEMENT. TO THE BEST OF MY KNOWLEDGE AND BELIEF IT IS TRUE, CORRECT AND COMPLETE

Signature of Treasurer <i>James M. [Signature]</i>	Title <i>Treasurer</i>	Date (mm/dd/yy) <i>4-17-18</i>
Signature of Candidate (if applicable) <i>James Rice</i>		Date (mm/dd/yy) <i>4-20-18</i>

FOR OFFICIAL USE ONLY
CLERK OF LA PORTE CIRCUIT COURT

APR 20 2018

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**REPORT OF RECEIPTS AND EXPENDITURES
OF A POLITICAL COMMITTEE**
State Form 4606 (R14 / 10-17)
Election Division (IC 3-9-5-14)

Indiana

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

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY INDIVIDUALS ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from individuals OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee). A contributor's occupation is required if an individual makes at least \$1,000 in contributions during the calendar year. Otherwise, this is optional.

FILE NUMBER
Page <u>2</u> of <u>4</u>

CONTRIBUTOR'S FULL NAME AND OCCUPATION FULL MAILING ADDRESS <i>(street, number, city, state, ZIP code)</i>	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED <i>(mm/dd/yy)</i>
				RECEIVED BY
1. <i>James Harold Rice</i>	Contributions: <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind <i>(describe)</i> _____ Other Receipts: <input type="checkbox"/> Interest <input checked="" type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous <i>(specify)</i> _____	<i>1038.51</i>	<i>1038.51</i>	<i>Various</i> <i>James H. Foglesong</i> <i>TUESDAY</i>
2. Contributor's Occupation <i>(if required)</i> _____	Contributions: <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind <i>(describe)</i> _____ Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous <i>(specify)</i> _____			
3. Contributor's Occupation <i>(if required)</i> _____	Contributions: <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind <i>(describe)</i> _____ Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous <i>(specify)</i> _____			
4. Contributor's Occupation <i>(if required)</i> _____	Contributions: <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind <i>(describe)</i> _____ Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous <i>(specify)</i> _____			
5. Contributor's Occupation <i>(if required)</i> _____	Contributions: <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind <i>(describe)</i> _____ Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous <i>(specify)</i> _____			
SUBTOTAL THIS PAGE OF SCHEDULE A		\$ <i>1038.51</i>		
TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY <i>(Enter total on ITEM 15a of the Summary Sheet.)</i>		\$ <i>1038.51</i>		



**REPORT OF RECEIPTS AND EXPENDITURES
OF A POLITICAL COMMITTEE**
State Form 4606 (R14 / 10-17)
Indiana Election Division (IC 3-9-5-14)

**(CFA-4 SCHEDULE 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

Page 4 of 4

CREDITOR'S OR LENDER'S NAME AND MAILING ADDRESS <i>(street, number, city, state, ZIP code)</i>	ENDORSEER'S OR VENDOR'S NAME AND MAILING ADDRESS <i>(if any)</i> <i>(street, number, city, state, ZIP code)</i>	AMOUNT	DATE DEBT INCURRED <i>(mm/dd/yy)</i>	CUMULATIVE PAID YEAR-TO-DATE	OUTSTANDING BALANCE THIS PERIOD
		NATURE OF DEBT			
James Harold Rice 3831 N. Briar Leaf Ct. LaPorte, IN 46306 LENDER'S OCCUPATION: Retired		1038.51 CASH	VARIOUS	0	1038.51
LENDER'S OCCUPATION:					
LENDER'S OCCUPATION:					
LENDER'S OCCUPATION:					
LENDER'S OCCUPATION:					
LENDER'S OCCUPATION:					
SUBTOTAL THIS PAGE OF SCHEDULE D					\$ 1038.51
TOTAL OF ALL PAGES OF SCHEDULE D ON THE LAST PAGE ONLY <i>(Enter total on ITEM 19 of the Summary Sheet.)</i>					\$ 1038.51



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

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

OF

(CFA-4)

Summary Sheet

FILE NUMBER

40-18-51

TOTAL PAGES IN ENTIRE CFA-4 REPORT

1 of 3

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this form. For assistance in completing this form, see instructions on the reverse side.

IS THIS AN AMENDMENT? Yes No

COMMITTEE INFORMATION

1. Full Name of Committee (as on Statement of Organization) Check if this is a new name.
Committee to Elect Jim Rice County Council District 2

2. Acronym or Abbreviated Name (if any)

3. Committee Telephone Number
(219) 545-5551

4. Mailing Address (Address where all campaign finance correspondence is received.) Check if this is a new address.
3231 N. Briar Leaf Ct.

5. City, State, ZIP Code
La Porte IN 46350

6. Party Affiliation (if applicable)
Republican

CANDIDATE INFORMATION (For Candidate's Committees Only)

7. Full Name of Candidate (Include any nickname.)
James Harold Rice

8. Party Affiliation or If Independent Candidate
Republican

9. Office Sought (Include district number, if any. Not required for exploratory committee.)
County Council District 2

10. County of Residence
La Porte

TYPE OF REPORT

CONVENTION CANDIDATES ONLY

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

Check one:
 Pre-Convention Post-Convention

12. Reporting Period (mm/dd/yy):	COLUMN A This Period	COLUMN B Year to Date
From: <i>4-13-2018</i> Through: <i>10-9-2018</i>		
13. Cash on hand and investments at the beginning of this reporting period.	<i>200.00</i>	
14. Cash on hand and investments January 1, current year.		<i>0</i>

CONTRIBUTIONS AND RECEIPTS

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

	COLUMN A	COLUMN B
15a. Itemized (Use Schedule A.)	<i>2900.00</i>	<i>3232.07</i>
15b. Unitemized	<i>1545.30</i>	<i>1745.30</i>
15c. Add lines 15a and 15b in both columns. SUBTOTAL	<i>4445.30</i>	<i>5687.81</i>
16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B. TOTAL	<i>4645.30</i>	<i>5687.81</i>

EXPENDITURES

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

17a. Itemized (Use Schedule B.) (Public Question: use Schedule C.)	<i>2340.51</i>	<i>3290.43</i>
17b. Unitemized		<i>88.79</i>
17c. Add lines 17a and 17b in both columns. SUBTOTAL	<i>2340.51</i>	<i>3379.07</i>
18. Cash on hand and investments at close of this reporting period (Subtract 17c from 16 in both columns.) TOTAL	<i>2304.79</i>	<i>2304.79</i>
19. Debts OWED BY the committee (Use Schedule D.)	<i>1039.51</i>	
20. Debts OWED TO the committee (Use Schedule E.)		

CERTIFICATION

I CERTIFY THAT I HAVE EXAMINED THIS STATEMENT. TO THE BEST OF MY KNOWLEDGE AND BELIEF IT IS TRUE, CORRECT AND COMPLETE.

Signature of Treasurer: *James M. Taylor* Title: *Treasurer* Date (mm/dd/yy): *10-9-2018*

Signature of Candidate (if applicable): *James Rice* Date (mm/dd/yy): *10-9-2018*

IN CLERKS OFFICE
FOR OFFICE USE ONLY

OCT 9 2018

CLERK OF LA PORTE CIRCUIT COURT

WARNING: Any information contained in this report may not be copied for sale or used for any commercial purpose. (IC 3-9-4-5) A person who knowingly files a fraudulent report commits a Level 6 felony. (IC 3-14-1-13) A person who fails to file a complete or accurate report as required by the Indiana



**REPORT OF RECEIPTS AND EXPENDITURES
OF A POLITICAL COMMITTEE**
State Form 4606 (R14 / 10-17)
Election Division (IC 3-9-5-14)

Indiana

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

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY INDIVIDUALS ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from individuals OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee). A contributor's occupation is required if an individual makes at least \$1,000 in contributions during the calendar year. Otherwise, this is optional.

FILE NUMBER

Page 2 of 3

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. Charles G. St. Peter 3603 Michinda Ct. Michigan City, IN 46360 Contributor's Occupation (if required) _____	Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify)	\$1200	200	4-22-19 Candidate
2. Tim Stahosz 1001 Michigan Ave La Porte, IN 46350 Contributor's Occupation (if required) _____	Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify)	1000 1000	1000 1000	6-5-19 9-29-18 Candidate
3. Mitchell Fiekes 217 Whispering Blvd La Porte, IN 46350 Contributor's Occupation (if required) _____	Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify)	500	500	9-11-19 Candidate
4. Paul Callan 3225 N. Burrhead Ct. La Porte, IN 46350 Contributor's Occupation (if required) _____	Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify)	200	200	9-28-19 Candidate
5. Contributor's Occupation (if required) _____	Contributions: <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify)			
SUBTOTAL THIS PAGE OF SCHEDULE A		\$		
TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY (Enter total on ITEM 15a of the Summary Sheet.)		\$		



**REPORT OF RECEIPTS AND EXPENDITURES
OF A POLITICAL COMMITTEE**
Form 4606 (R14 / 10-17)
Election Division (IC 3-9-5-14)

State
Indiana

**(CFA-4 SCHEDULE B)
ITEMIZED EXPENDITURES**

FILE NUMBER

Page 3 of 3

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.

RECIPIENT'S NAME AND MAILING ADDRESS <small>(street, number, city, state, ZIP code)</small>	RECIPIENT'S OCCUPATION	TYPE OF EXPENDITURE and PURPOSE (be specific)	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE OF EXPENDITURE <small>(mm/dd/yy)</small>
	OFFICE SOUGHT (if applicable)				
Code _____ Magic Sports LA Porte IN 46300		<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: <u>T-shirts</u>	369.10		6-21-18
Code _____ Shady Creek Winery Michigan City, IN 46300		<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: <u>wine for food netser</u>	542.20		9-28-18
Code _____ Signs on the Cheap Ruston, TX 79759		<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: <u>signs</u>	1029.16		9-11-18
Code _____ LA Porte Co. Republican Party		<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose:	350.00		8-10-18
Code _____ Horizon Bank LA Porte IN 46300		<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: <u>svc. chg</u>	50.00		\$10 monthly
Code _____		<input type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose:			
Code _____		<input type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose:			
SUBTOTAL THIS PAGE OF SCHEDULE B			\$ 2740.51		
TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY <small>(Enter total on ITEM 17a of the Summary Sheet.)</small>			\$		



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

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

OF

(CFA-4)

Summary Sheet

FILE NUMBER
46-18-51
TOTAL PAGES IN ENTIRE CFA-4 REPORT
1 of 3

INSTRUCTIONS: Please type or print legibly **IN BLACK INK** all information on this form. For assistance in completing this form, see instructions on the reverse side.

IS THIS AN AMENDMENT? Yes No

COMMITTEE INFORMATION	
1. Full Name of Committee (as on Statement of Organization) <input type="checkbox"/> Check if this is a new name. <i>Committee to Elect Jim Rice County Council District 2</i>	
2. Acronym or Abbreviated Name (if any)	3. Committee Telephone Number <i>(219) 545-5551</i>
4. Mailing Address (Address where all campaign finance correspondence is received.) <input type="checkbox"/> Check if this is a new address. <i>3231 N. Briarleaf Ct.</i>	
5. City, State, ZIP Code <i>La Porte IN 46300</i>	6. Party Affiliation (if applicable) <i>Republican</i>

CANDIDATE INFORMATION (For Candidate's Committees Only)	
7. Full Name of Candidate (Include any nickname.) <i>James Harold Foglesong</i>	8. Party Affiliation or If Independent Candidate <i>Republican</i>
9. Office Sought (Include district number, if any. Not required for exploratory committee.) <i>County Council District 2</i>	10. County of Residence <i>La Porte</i>

TYPE OF REPORT	CONVENTION CANDIDATES ONLY
11. Check one: <input type="checkbox"/> Pre-Primary <input type="checkbox"/> Pre-Election <input type="checkbox"/> Annual <input type="checkbox"/> Nomination <input type="checkbox"/> Other _____ <input checked="" type="checkbox"/> Final / Disbands Committee (Lines 18, 19, and 20 must be "0") <input type="checkbox"/> Outgoing Treasurer (Within ten (10) days amend Statement of Organization.)	Check one: <input type="checkbox"/> Pre-Convention <input type="checkbox"/> Post-Convention

12. Reporting Period (mm/dd/yy):	COLUMN A This Period	COLUMN B Year to Date
From: <i>10-9-2017</i> Through: <i>12-4-2018</i>		
13. Cash on hand and investments at the beginning of this reporting period.	<i>2304.79</i>	
14. Cash on hand and investments January 1, current year.		<i>0</i>

CONTRIBUTIONS AND RECEIPTS		
<i>(Note: these amounts include in-kind contributions and loans, as well as cash contributions.)</i>		
15a. Itemized (Use Schedule A.)	<i>1100.42</i>	<i>5098.43</i>
15b. Unitemized		<i>1745.30</i>
15c. Add lines 15a and 15b in both columns. SUBTOTAL	<i>1100.42</i>	<i>6843.73</i>
16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B. TOTAL	<i>3405.21</i>	<i>6794.23</i>

EXPENDITURES		
<i>(Note: These amounts include in-kind expenditures and loan repayments.)</i>		
17a. Itemized (Use Schedule B.) (Public Question: use Schedule C.)	<i>3182.98</i>	<i>6479.21</i>
17b. Unitemized	<i>227.23</i>	<i>211.02</i>
17c. Add lines 17a and 17b in both columns. SUBTOTAL	<i>3410.21</i>	<i>6690.23</i>
18. Cash on hand and investments at close of this reporting period (Subtract 17c from 16 in both columns.) TOTAL	<i>0</i>	<i>0</i>
19. Debts OWED BY the committee (Use Schedule D.)	<i>0</i>	
20. Debts OWED TO the committee (Use Schedule E.)	<i>0</i>	

CERTIFICATION			FOR OFFICE USE ONLY IN CLERKS OFFICE
I CERTIFY THAT I HAVE EXAMINED THIS STATEMENT. TO THE BEST OF MY KNOWLEDGE AND BELIEF IT IS TRUE, CORRECT AND COMPLETE.			
Signature of Treasurer <i>James H. Foglesong</i>	Title <i>Treasurer</i>	Date (mm/dd/yy) <i>12-4-2018</i>	DEC 13 2018
Signature of Candidate (if applicable) <i>James H. Foglesong</i>		Date (mm/dd/yy) <i>12-9-2018</i>	
<small>WARNING: Any information contained in this report may not be copied for sale or used for any commercial purpose. (IC 3-9-4-5) A person who knowingly files a fraudulent report commits a Level 6 felony. (IC 3-14-1-13) A person who fails to file a complete or accurate report as required by the Indiana Campaign Finance Law commits a Class B misdemeanor. (IC 3-14-1-14) and may be subject to civil penalties. (IC 3-9-4-16, IC 3-9-4-17, IC 3-9-4-18)</small>			<small>CLERK OF LA PORTE CIRCUIT COURT</small> <i>Keypage Sublet</i>



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

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

Indiana

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

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY INDIVIDUALS ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from individuals OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee). A contributor's occupation is required if an individual makes at least \$1,000 in contributions during the calendar year. Otherwise, this is optional.

FILE NUMBER
Page <u>2</u> of <u>3</u>

CONTRIBUTOR'S FULL NAME AND OCCUPATION FULL MAILING ADDRESS <i>(street, number, city, state, ZIP code)</i>	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED <i>(mm/dd/yy)</i>
				RECEIVED BY
1. James Rice 3231 N. Briar Leaf Ct. LaPorte, IN 46350 Contributor's Occupation (if required) <u>Retired</u>	Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify)	1100.42	2138.93	Various James H. Eagle song Campaign Treasurer
2. Contributor's Occupation (if required) _____	Contributions: <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify)			
3. Contributor's Occupation (if required) _____	Contributions: <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify)			
4. Contributor's Occupation (if required) _____	Contributions: <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify)			
5. Contributor's Occupation (if required) _____	Contributions: <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify)			
SUBTOTAL THIS PAGE OF SCHEDULE A		\$ 1100.42		
TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY <i>(Enter total on ITEM 15a of the Summary Sheet.)</i>		\$ 1100.42		



**REPORT OF RECEIPTS AND EXPENDITURES
OF A POLITICAL COMMITTEE**
Form 4606 (R14 / 10-17)
Election Division (IC 3-9-5-14)

State
Indiana

**(CFA-4 SCHEDULE B)
ITEMIZED EXPENDITURES**

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FILE NUMBER

Page 3 of 3

RECIPIENT'S NAME AND MAILING ADDRESS <small>(street, number, city, state, ZIP code)</small>	RECIPIENT'S OCCUPATION	TYPE OF EXPENDITURE and PURPOSE <i>(be specific)</i>	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE OF EXPENDITURE <i>(mm/dd/yy)</i>
	OFFICE SOUGHT <i>(if applicable)</i>				
Code _____ WEFM Michigan City, IN 46360		<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose:	560.00	560.00	10-20-18
Code _____ Harcourt Outlines 7705 S. 175 W. Milroy IN 46156		<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose:	619.96	619.96	10-20-18
Code _____ USPS La Porte, IN		<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose:	678.17	678.17	10-21-18
Code _____ Build A Sign 11520A Stone Hollow Dr Suite 100 Austin TX 78708		<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose:	286.34	286.34	7-2-18
Code _____ Jim Rive 3231 N. Benton Road Ct. La Porte IN 46350		<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose:	1038.07	1038.07	12-4-18
Code _____		<input type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose:			
Code _____		<input type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose:			
SUBTOTAL THIS PAGE OF SCHEDULE B			\$3182.99		
TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY <small>(Enter total on ITEM 17a of the Summary Sheet.)</small>			\$3182.98		