

## 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 Ye	s nlease enter the file n	umber in this box. →	H10-18-51
SECTION A. CANDIDATE				
2. Last Name	First Name	Middle Name	Nickname	3. Type of Committee (Check one)
				☐ Candidate's Principal Committee
A Mailing Address (number and street, city,	JAMES	HAROLD	JIM_	Exploratory Committee
4. Mailing Address (number and street, city,	state, and ZIP code)	5. FAX (Opt		nail Address (Optional)
3231 NORTH	BRIAR LEAF State ZIP Code	<u>CT. ( ) </u>	9. Telephone (Day)	ICE - JAMES ACOMCAST. NET
7. City	1	8. County		10. Telephone (Evening)
LAPORTE	IN 46350	LAPORTE	219 362-968	y. Not required for an exploratory committee.)
11. Party Affiliation ☐ Democrate ☐ Libertarian 🕱 Repul	blican □ Other			DIST: 2
SECTION B. COMMITTEE				
13. Full Name of Committee (Do not abl				
COMMITTEE	TO FLECT	JIM RICE		,
14. Mailing Address (number and street, city	r, state, and ZIP code)	ck if this is a new address. 15. FA	X (Optional) 16. E-	-mail Address (Optional)
3231 NORTH	BRIAR LEAT	- CT.	R	E-JAMES ALCONCAGT · NET
17. City	State ZIP Code	18. County	19. Telephone	20. Committee Organization Date
I A DODATE	IN 46350	LAPORTE	(219) 362-9680	(mm/dg/yy) 2-16-2018
21. Chairperson's Full Name Des	signate Candidate as Chairpe	rson.   Check if this is a new		
· ' '				
JAMES H. RI 22. Mailing Address (number and street, city	, state, and ZIP code)	k if this is a new address. 23. FA	X (Optional) 24. E-	-mail Address (Optional)
3231 NOATH	BRIAR LEAF	CT	RIC	E-JAMES A)CONCAST. NE
25. City	State ZIP Code	26. County	27. Telephone (Day)	E-JAMES NOMCAST NE
LAPARTE	IN 46350	IADORTE	WA 362-968	(G ( )
29, Bank or Other Depositories (List all	banks or other depositories i	n which the committee deposits fu	nds, holds accounts, rents saf	ety deposit boxes or maintains funds.)
SEADCHING FOR	MOUNTEERS	TO SERVE AS	COMMITTEE	CHAIDDERSONS
30. Exploratory Committee (Give brief stat	tement explaining purpose of an exp	oloratory committee only.) 31. Salarie	s and Reimbursements (Wil	CHAI OPER SON S  If the committee pay the candidate a salary or tach a copy of the contract.)
		reimourser	ment for lost wages? If Tes, at	tacm's copy of the contract.)
SECTION C. APPOINTME				
32. I, as Chairperson of th		pointed Treasurer	Signature of the	Committee Chairperson
committee, appoint the following Treasurer of the Committee.	TAM	IES H.RICE	lano	Wit- Luc
33. Treasurer's Full Name 🔄 Design	nate candidate as treasurer.	Check if this is a new treasur	er.	
JAMES H RIC	Œ			
34. Mailing Address (number and street, city	, state, and ZIP code) 🔲 Chec	k if this is a new address. 35. FA	X (Optional) 36. E-	mail Address (Optional)
3231 NOATH	BRIAR LEAF			CE-JAMES A/COMCAST. N
37. City	State ZIP Code	38. County	39. Telephone (Day)	40. Telephone (Evening)
LAPORTE	IN 46350	LAPORTE	QA) 362-968	6 ( )
SECTION D. ACCEPTANG	CE OF APPOINTME	NT (IC 3-9-1-15)		
41. I give notice that I accept to	the duties and respon	sibilities of Treasurer of t	his Signature of Person	Accepting Appointment
Committee. I am not the chairp permitted for a candidate committed	tee under IC 3-9-1-7).	mance committee (except	as Jama)	A./Yue
	ION OF STATEMEN	T	MAC 10/2 17	FOR OFFICE USE ONLY
We certify as the candidate and	d the duly appointed	Chairperson of the Comm	ittee and that we have	
examined this statement. To the b			Date (mm/dd/yy)	FILED
42. Typed or Printed Name of Cha	airperson Signature	of Chairperson	Date (minocuryy)	IN CLERKS OFFICE
JAMES H. RICE 13. Typed or Printed Name of Can	- la	nes # / Sec	0-16-18	]
13. Typed or Printed Name of Can	didate Signature	of Candidate	Date (mm/dd/yy)	FER 1 6 2018
JAMES H. RICE	X/m	ws H. Ku	2-16-18	
Warning: State law requires that any o	change in this information be	reported within ten (10) days o	f the change (IC 3-9-1-0). A	
person who knowingly files a fraudulent accurate report as required by the India	report commits a/Level 6 D	felony (IC 3-14-1-13), A person v	who fails to file a complete or	Kowardehobek
subject to civil penalties (IC 3-9-4-16, IC 3	3-9-4-17, and IC[3/9-4-18).		, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	CIFRE 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	
1. IS THIS AN AMENDMENT? 💢 Y	ſes □ No If Yes, plea	se enter the file nui	nber in this box.	→ 4le-18-51	$\Box$
SECTION A. CANDIDATE INF	ORMATION: Fill in al	applicable boxe	s as fully and a	ccurately as possible.	
2. Last Name	First Name	Middle Name	Nickname	3. Type of Committee (Check o	
RICE	JAMES	HAROLD	JIM	Candidate's Principal Commit Exploratory Committee	itee
4. Mailing Address (number and street, city, state, a		5. FAX (Option	,	6. E-mail Address (Optional)	
323/ N. BRIAN 7. City Sta		unty ( )	. Telephone (Day)	RICE- JAMES UCONCAST.  10. Telephone (Evening)	NET
LA PORTE IN	1 46350 L	APORTE		686 (319) 362 - 9686 If any. Not required for an exploratory commit	#00.1
☐ Democratic ☐ Libertarian     Republican	n ☐ Other			COUNCIL DISTRICT 2	100./
	ORMATION: Fill in al	l applicable boxe		ccurately as possible.	
COMMITTEE TO	FLECT JIM 1	RICE TO		OUNCIL DISTRICT 2	
14. Mailing Address (number and street, city, state	· -	a new address. 15. FAX	` ` '	16. E-mail Address (Optional)	
3231 N. BRIAK		ounty ( )	9. Telephone	20. Committee Organization Date	NE /
LAPORTE 11	1 46350 Li	A PORTE (	)	(mm/dd/yy)	
21. Chairperson's Full Name Designate	e Candidate as Chairperson. • C		airperson.		
22. Mailing Address (number and street, city, state	, and ZIP code)	a new address. 23. FAX	(Optional) 2	24. E-mail Address (Optional)	
	-leaf Ct.				
25. City Star	26. C U 46350 L	17 + - I	7. Telephone (Day)	861 219 395-486	.
29. Bank or Other Depositories (List all bank		a rorse	<u> </u>		
30. Exploratory Committee (Give brief statement		reimburseme		s (Will the committee pay the candidate a salar as, attach a copy of the contract.) Yes ☐	
	OF TREASURER (IC 3		Signature	f the Committee Chairperson	
32. I, as Chairperson of the forcommittee, appoint the following permanent of the Committee.		Foolesong	Th.	. Kentant	
33. Treasurer's Full Name	andidate as treasurer. X Che	ck if this is a new treasurer	·	7	
James H. Fa	g 1830 ng	a new address. 35. FAX	(Ontinual)	36. E-mail Address (Optional)	_
34. Mailing Address (number and street, city, state  3229 N. Briar		a new aduress. 35. FAX	(Optional)		
27. City Star II	. 1		9. Telephone (Day)	194 (219) 362 - 7794	
	OF APPOINTMENT (IC	3-9-1-15)	711) 50 8 1		
41. I give notice that I accept the	duties and responsibilities	of Treasurer of thi	s Signature of Per	son Accepting Appointment	
Committee. I am not the chairperso permitted for a candidate committee u	on of a campaign finance	committee (except a	s pm	us M. Fallson	
	OF STATEMENT			FOR OFFICE USE ONLY	
We certify as the candidate and th	e duly appointed Chairpe	rson of the Commit	tee and that we l	have	1
examined this statement. To the best 42 Typed or Printed Name of Chairpe	of our knowledge and belied rson Signature of Chair		Date (mm/dd/yy)	FILE	5
Chery 1 Reinhart	- Berll	Seulis	Date (mm. 00.333)	IN CLERKS OFFICE	<u>,</u>
43. Typed of Printed Name of Candida	te Signature of Cand	date	Date (mm/dd/yy)		
JAMES H. RICE	pries	A. Luce	What a harman (10, 2, 0, 4, 4	MAR 1 3 2018	
Warning: State law requires that any chang person who knowingly files a fraudulent report	rt commits a Leyel 6 D felony (//	C 3-14-1-13). À person wh	no fails to file a comple	ete or	
accurate report as required by the Indiana C subject to civil penalties (IC 3-9-4-16, IC 3-9-4-		a Class B misdemeanor (	(IC 3-14-1-14), and ma		
				CLERK OF LA FORTE CIRCUIT COU	RT



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.

⊠ No

OF

(CFA-4) **Summary Sheet** 

FILE NUMBER U10-18-51 **TOTAL PAGES IN ENTIRE CFA-4 REPORT** 1 of 4

— . <del>-</del>	<u> </u>		
COMMITTEE INFORMATIO	N		
1. Full Name of Committee (as on Statement of Organization) Check if this is a ne			
Committee to Elect Jim Rice County C.	purcil	District )	
2. Acronym or Abbreviated Name (if any)	3. Comr	nittee Telephone Number	
,	(21	9,545-50	757
4. Mailing Address (Address where all campaign finance correspondence is received.)  3231 N. Briar Leaflt.	Check if thi	is is a new address.	
5. City. State. ZIP Code		Affiliation (if applicable)	
La Porte, IN 46356	/	e publican	
CANDIDATE INFORMATION (For Candidate's			
7. Full Name of Candidate (Include any nickname.)	, -	Affiliation or If Independen	. [
James Harold Rice		Republican	
9. Office Sought (Include district number, if any. Not required for exploratory committee.)	10. Cou	nty of Residence	
County Council District 2		La Porte	
TYPE OF REPORT		·	N CANDIDATES ONLY
11. Check one:		Check one:	antina
Pre-Primary Pre-Election Annual Nomination Other			
Final / Disbands Committee (Lines 18, 19, and 20 must be "0".) Utgoing Treasurer (Within ten (10) days amend	Statement of Orga	anization.)	
12. Reporting Period (mm/dd/yy):		COLUMN A This Period	COLUMN B Year to Date
From: 01/01/18 Through: 04/13/18		This relied	Tear to Dute
13. Cash on hand and investments at the beginning of this reporting period.		-6-	
14. Cash on hand and investments January 1, current year.			<del>()</del>
CONTRIBUTIONS AND RECEIPTS  (Note: these amounts include in-kind contributions and loans, as well as cash contributions.)			
15a. Itemized (Use Schedule A.)		1038,51	1039.51
15b. Unitemized		200.00	200.00
	JBTOTAL	1278.07	1238.51
16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B.	TOTAL	123807	1238151
EXPENDITURES		-	
(Note: These amounts include in-kind expenditures and loan repayments.)			
17a. Itemized (Use Schedule B.) (Public Question: use Schedule C.)		949,72	949.72
17b. Unitemized		88.79	99.79
17c. Add lines 17a and 17b in both columns.	UBTOTAL	1098.51	1038.51
18. Cash on hand and investments at close of this reporting period (Subtract 17c from 16 in both columns.)	TOTAL	200.00	700.00
19. Debts OWED BY the committee (Use Schedule D.)		1038.51	
20. Debts OWED TO the committee (Use Schedule E.)			
CERTIFICATION		· F	CLERKS OFFICE
I CERTIFY THAT I HAVE EXAMINED THIS STATEMENT. TO THE BEST OF MY KNOWLEDGE AND BELIEF IT	IS TRUE, CORF	RECT AND COMPLETE	CLEKKS OFFICE
VERVIOLE HUST STATE EVALUATED TO CONTRACT TO THE CONTRACT OF T			

	CERTIFICATION		IN CLERKS OFFICE
CERTIFY THAT I HAVE EXAMINED THIS STATEMENT. TO T	HE BEST OF MY KNOWLEDGE AND BELIEF IT IS TRU	IE, CORRECT AND COMPLETE	
Signature of Treasurer	Title	Date (mm/dd/ry)	,
Janes M. Faylising	Treasurer	4-17-18	APR 2 0 2018
Signature of Candidate (in applicable)		Date (mm/dd/yy)	
homes) /Ying		4-20-18	
WARNING: Any information contained in this report may not be	e copied for sale or used for any commercial purpose. (IC	3-9-4-5) A person who knowingly	Perpefellatel

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 in Campaign Finance Law commits a Class B misdemeanor, (IC 3-14-1-14) and may be subject to civil penalties. (IC 3-9-4-16, IC 3-9-4-17, IC 3-9-4-17)





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

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

Itemized Contributions and Other Receipts

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

FILE NUMBER					
_				•	
Page	2	_ of	4		

CONTRIBUTOR'S FULL NAME AND OCCUPATION FULL MAILING ADDRESS	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A	COLUMN B	DATE RECEIVED (mm/dd/yy)
(street, number, city, state, ZIP code)	OR OTHER RECEIPT	PERIOD	YEAR-TO-DATE	RECEIVED BY
James Harold Rike	Contributions: Direct In-Kind (describe)			Various
JAMES HAVOID RIZE	Other Receipts: Interest Loan Miscellaneous (specify)	1038.51	1038.51	James H. Foglesong Tueasurer
Contributor's Occupation (if required)				
2.	Contributions:  Direct In-Kind (describe)			· .
	Other Receipts: Interest Loan Miscellaneous (specify)			
Contributor's Occupation (if required)				
3.	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest Loan Miscellaneous (specify)			
Contributor's Occupation (if required)				
<b>4.</b> :	Contributions: Direct In-Kind (describe)			·
	Other Receipts: Interest Loan Miscellaneous (specify)			
Contributor's Occupation (if required)	<del></del>	,		
5.	Contributions: Direct In-Kind (describe)			
	Other Receipts:  Interest Loan  Miscellaneous (specify)			
Contributor's Occupation (if required)				J
1	THIS PAGE OF SCHEDULE A	\$ 103851	and a	K. W. C. S.
TOTAL OF ALL PAGES OF SCHEDULE (Enter total on ITEM	A ON THE LAST PAGE ONLY I 15a of the Summary Sheet.)	\$ 1038151	The state of the s	





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.

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	OUTSTANDING BALANCE THIS PERIOD
James Harold Rive 3831 N. Briar Leaf Ct. La Porte, IN 46300		1038.51 Cas 4	Various	0	1098.51
LENDERS OCCUPATION Retired		CAS 4			
LENDER'S OCCUPATION					
The second secon					
			;		
LENDER'S OCCUPATION:					
CENTER'S OCCUPATION.					
A STATE OF A GALLEY TIME				, 43 × 64 £	A Company
LENDER'S OCCUPATION:					
LENDER'S OCCUPATION:					
~					
LENDER'S OCCUPATION:				,	
LENDER'S OCCUPATION:		SUBTOTA	L THIS PAGE O	F SCHEDULE D	\$ 1038.51
	TOTAL OF ALL	PAGES OF SCHEDUL	E D ON THE LA	ST PAGE ONLY ummary Sheet.)	\$ 1038.51
		(⊏inter total on i	icin is of the s	umming enecty	100001



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

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

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

OF

(CFA-4)

**Summary Sheet** 

FILE NUMBER
46-18-57
TOTAL PAGES IN ENTIRE CFA-4 REPORT
1 of 3

15 THIS AN AMENDMENT? Yes X No	<u> </u>	ot	<u> </u>
COMMITTEE INFORMATION			<u>-</u> .
1. Full Name of Committee (as on Statement of Organization)			
Committee to Elect Jim Rize County Course	il Dis	trict 2	
2. Acronym or Abbreviated Name (if any)	3. Committee Te	lephone Number	
	(719)0	145-60	31
4. Mailing Address (Address where all campaign finance correspondence is received.) Ch	heck if this is a nev	w address.	
5. City, State, ZIP Code	6. Party Affiliation		
LA Porte IN 46350		blican	. =:
CANDIDATE INFORMATION (For Candidate's Co			
7. Full Name of Candidate (Include any nickname.)		or If Independent	Candidate
James Harold Rive		chlican	
9. Office Sought (Include district number, if any. Not required for exploratory committee.)  County Council District 2	10. County of Re	forte	
TYPE OF REPORT	LA		CANDIDATES ONLY
11. Check one:		Check one:	OANDIDATED ONE!
☐ Pre-Primary ☑ Pre-Election ☐ Annual ☐ Nomination ☐ Other		Pre-Conver	ານ່ວກ
Final / Disbands Committee (Lines 18, 19, and 20 must be "0".) Utgoing Treasurer (Within ten (10) days amend Staten	ment of Organization.)	Post-Conve	ention
12. Reporting Period (mm/dd/yy):		DLUMN A	COLUMN B
From: 4-13-2018 Through: 10-9-2018		is Period	Year to Date
13. Cash on hand and investments at the beginning of this reporting period.		200.00	
14. Cash on hand and investments January 1, current year.			-0-
CONTRIBUTIONS AND RECEIPTS			
(Note: these amounts include in-kind contributions and loans, as well as cash contributions.)		244 44	0.000.00
15a. Itemized (Use Schedule A.) 15b. Unitemized	<del></del>	200.00	3838.07
15c. Add lines 15a and 15b in both columns.		145,30	1745.30
		45.30	5683.81
EXPENDITURES	TIAL -CLO	40.70	5687.81
(Note: These amounts include in-kind expenditures and loan repayments.)			
17a. Itemized (Use Schedule B.) (Public Question: use Schedule C.)	n	340.51	3290.43
17b. Unitemized	7.	7-10 101	98 19
17c. Add lines 17a and 17b in both columns.	OTAL 2	340151	3379,07
18. Cash on hand and investments at close of this reporting period (Subtract 17c from 16 in both columns.)		304,79	2304.79
19. Debts OWED BY the committee (Use Schedule D.)	<del></del>	32.51	700000
20. Debts OWED TO the committee (Use Schedule E.)		F	
			CLERKS OFFICE

20. Bebis GYZO TO the Committee (636 Buried	oro E.y		HIN CLE	KKS OFFICE
	CERTIFICATION			ICE USE ONLY
I CERTIFY THAT I HAVE EXAMINED THIS STATEMENT.	TO THE BEST OF MY KNOWLEDGE AND BELIEF IT IS T	RUE, CORRECT AND COMPLETE.		0
Signature of Treasurer	Title	Date (mm/dd/yy	OCT	9 2018
Signature of Candidate (if applicable)	Treasgrev	10-9-2018		
Signature of Candidate (if applicable)		Date (mm/dd/yy)	. V	
Ances Lice		10 -9 - 30 Kg	RK OF L	RIE CIRCUIT CO
WARNING: Any information contained in this report may no		, , - ,	OF LA PO	KIE CIKCUIT CO
files a fraudulent report commits a Level 6 felony. (IC 3-	14-1-13) A person who fails to file a complete or accura-	te report as required by the Indiana		



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

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

Itemized Contributions and Other Receipts

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

FILE NUMBER					
	. •				
Page	ス	_ of _	3		

CONTRIBUTOR'S FULL NAME AND OCCUPATION FULL MAILING ADDRESS	TYPE OF CONTRIBUTION	COLUMN A	COLUMN B	DATE RECEIVED (mm/dd/yy)
(street, number, city, state, ZIP code)	OR OTHER RECEIPT	AMOUNT THIS PERIOD	CUMULATIVE YEAR-TO-DATE	RECEIVED BY
Charles G. St. Peter 3603 Michieda Ct.	Contributions: Direct In-Kind (describe)	\$200	200	4-22-19
michigan lity, IN 46360	Other Receipts: Interest Loan Miscellaneous (specify)			Candidate
Contributor's Occupation (if required)				
7, m Stahosz	Contributions:  Direct In-Kind (describe)	1000	1000	6-5-19
La Porte, IN 46350	Other Receipts:  Interest Loan  Miscellaneous (specify)			Condidate
Contributor's Occupation (if required)	Contributions			
"mitchell Fiekes	Contributions: Direct In-Kind (describe)	500	000	9-11-19
217 Whisporung Old				
La Parte, IN 46750	Other Receipts: Interest Loan Miscellaneous (specify)			Candi date
Contributor's Occupation (if required)				
Paul Callan 3225 N. Break Leaf a.	Contributions:  Direct In-Kind (describe)	200	200	9-78-19
3220 N. Ontar hear				
LA Porte, IN 46300	Other Receipts: Interest Loan Miscellaneous (specify)			Candidate
Contributor's Occupation (if required)				
5.	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest Loan Miscellaneous (specify)			·
Contributor's Occupation (if required)				
	THIS PAGE OF SCHEDULE A	\$		
TOTAL OF ALL PAGES OF SCHEDULE / /Enter total on ITEM	A ON THE LAST PAGE ONLY 1 15a of the Summary Sheet.)	\$	К	



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

## (CFA-4 SCHEDULE B) ITEMIZED EXPENDITURES

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

FILE NUMBER				
Page _	3	_ of _	3	

			1		-
RECIPIENT'S NAME AND MAILING ADDRESS (street, number, city, state, ZIP code)	RECIPIENT'S OCCUPATION  OFFICE SOUGHT (if applicable)	TYPE OF EXPENDITURE and	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE OF EXPENDITURE (mm/dd/yy)
	Office 3000iii (n applicable)	PURPOSE (be specific)	PERIOD	TEARCIO BATE	
Magic Sports La Porte IN 46300		Direct   In-Kind   Payment of Debt   Returned Contribution   Other   Purpose:	364,15		6-21-18
Thady Creek With michigan City, In 46300		Direct In-Kind Payment of Debt Returned Contribution Other Purpose: Whee for	542.70		9-28-18
Signs on the Cheap  Rusting, TX  78768		Direct   In-Kind   Payment of Debt   Returned Contribution   Other   Purpose: 5 5 9 11 5	1029.16		9-4-18
La Porte Co. Republican Party		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:	350.60		9-10-18
Horizon Bank La Perte IN 46300		Direct In-Kind Payment of Debt Returned Contribution Other Purpose: Suc, Chg	50.00		\$10 monthly
Code		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:			
Code		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:			
	SUBTOTAL THIS PAG	GE OF SCHEDULE B	\$ 234051		
TOTAL OF ALL PA	AGES OF SCHEDULE B ON TH	E LAST PAGE ONLY	\$		



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

OF

(CFA-4) **Summary Sheet** 

FILE NUMBER **TOTAL PAGES IN ENTIRE CFA-4 REPORT** 

COMMITTEE INFORMATION	i		
1. Full Name of Committee (as on Statement of Organization) Check if this is a new			
Committee to Elect Jim Rice C	ounty	Council Di	street 2
2. Acronym or Abbreviated Name (if any)	0. 00	nittee Telephone Number	
	1214	1 545-50	551
4. Mailing Address (Address where all campaign finance correspondence is received.)  3.3.1 N. Burar Leaf Ct.	Check if this	s is a new address.	
5. City. State, ZIP Code		Affiliation (if applicable)	
La Porte IN 46300	3	publican	
CANDIDATE INFORMATION (For Candidate's			
7. Full Name of Candidate (Include any nickname.)		Affiliation or If Independer	nt Candidate
9. Office Sought (Include district number, if any. Not required for exploratory committee.)		publican	
9. Office Sought (Include district number, if any. Not required for exploratory committee.)		nty of Residence	·
County Council District 2	h	a Porte	
TYPE OF REPORT			N CANDIDATES ONLY
11. Check one:		Check one:	
Pre-Primary Pre-Election Annual Nomination Other		Pre-Conv	
Final / Disbands Committee (Lines 18, 19, and 20 must be "0".) Outgoing Treasurer (Within ten (10) days amend S	tatement of Organ	nization.) Post-Con	vention
12. Reporting Period (mm/dd/yy):		COLUMN A	COLUMN B
From: 10-9-1017 Through: 12-4-401	8	This Period	Year to Date
13. Cash on hand and investments at the beginning of this reporting period.		2304.79	
14. Cash on hand and investments January 1, current year.			-0
CONTRIBUTIONS AND RECEIPTS	·*	the second of	
(Note: these amounts include in-kind contributions and loans, as well as cash contributions.)		1100 41	5000 112
15a. Itemized (Use Schedule A.)		1100.42	5098.93
15b. Unitemized	BTOTAL	1100.42	1790,00
130. Add lifes 13a and 13b in both columns.			6204 13
16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B.	TOTAL	3405.21	6794.73
EXPENDITURES			
(Note: These amounts include in-kind expenditures and loan repayments.)		alan ac	6 4ma 11
17a. Itemized (Use Schedule B.) (Public Question: use Schedule C.)		3182.98	6479.21
17b. Unitemized		222.23	911.0%
170. Add siles 178 and 170 in court columns.	BTOTAL	3460.71	6184.33
18. Cash on hand and investments at close of this reporting period (Subtract 17c from 16 in both columns.)	TOTAL		-0
19. Debts OWED BY the committee (Use Schedule D.)		-6	
20. Debts OWED TO the committee (Use Schedule E.)		-0-	

20. Debts OVED 10 the committee (Use Schedule E.)			
CERTIFIC			IF OR OFFICE USE OFFICE
Signature of Treasurer  Signature of Treasurer  Fignature of Candidate (if applicable)		Date (mm/dd/yy)   12 - 4 - 2018	DEC 1 3 2018
Skignature of Candidate (if applicable)  WARMNA: Any information contained in this report may not be copied for sale	e or used for any commercial purpose.	Date (mm/dd/yy) 12-9-2018 (IC 3-9-4-5) A person who knowingly	
files a Vaudulent report commits a Level 6 felony. (IC 3-14-1-13) A person was Campaign Finance Law commits a Class B misdemeanor, (IC 3-14-1-14) and ma	who fails to file a complete or accurati	e report as required by the indiana	Frage Parte CIRCUIT CO



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	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS	COLUMN B CUMULATIVE	DATE RECEIVED (mm/dd/yy)
(street, number, city, state, ZIP code)	Contributions:	PERIOD	YEAR-TO-DATE	RECEIVED BY
James Rice 3231 N. Briar Leaf Ct.	Direct In-Kind (describe)	1100.42	2138.43	Various
3231 N. Briar Leaf Ct. La Porte, IN 46350	Other Receipts: Interest Loan Miscellaneous (specify)			James H. Foglesong Campaign Treasurer
Contributor's Occupation (if required) Refived  2.	Contributions:			1 Vent
	Direct In-Kind (describe)			
	Other Receipts: Interest Loan Miscellaneous (specify)			
Contributor's Occupation (if required)				
3.	Contributions: Direct In-Kind (describe)			
	Other Receipts:  Interest Loan  Miscellaneous (specify)			
Contributor's Occupation (if required)				
4.	Contributions: Direct in-Kind (describe)	,		
	Other Receipts: Interest Loan Miscellaneous (specify)			·
Contributor's Occupation (if required)				
5.	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest Loan Miscellaneous (specify)	. »		
Contributor's Occupation (if required)		-		
SUBTOTAL 1 TOTAL OF ALL PAGES OF SCHEDULE A	HIS PAGE OF SCHEDULE A	\$ 1100.42		
	15a of the Summary Sheet.)	\$ 1100.42		



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

# (CFA-4 SCHEDULE B) ITEMIZED EXPENDITURES

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

FILE NUMBER					
Page _	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)
MEFM MERMINGAN C. 74. IN 46360		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:	560.00	540.00	10-30-18
Harcourt Outlines 1705 5. 175 W. Milrey IX 46156		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:	619.96	619.96	10-20-18
LA Porte, IN		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:	678.17	678.17	10-21-18
Code Quild A 31gm 11520 A Stone Notew Dr. Snite 100 AUStra TX 78708		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:	286.34	1286.34	7-2-18
Jem Rive 3231 N. Brian Leaflt. La Parte IX 46350	-	Direct In-Kind Payment of Debt Returned Contribution Other Purpose:	10.8601	109807	12-4-18
Code		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:			
Code		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:			
	SUBTOTAL THIS PAG		\$3184.99		
TOTAL OF ALL PA	GES OF SCHEDULE B ON THE (Enter total on ITEM 17a of the		\$3182.98		