

(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,	pleas	se enter the file nu	ımbe	r in this box	·→ <i>H</i>	6-18-31-	
SECTION A. CANDIDATE I	NEOR	MATION: Fill i	n ali	applicable box	s as	fully and	accurat	elv as possible.	
2. Last Name		t Name		Middle Name		Nickname		3. Type of Committee (Check or	7 0)
1) (, ,		1 00				Candidate's Principal Commit	tee
1 Kimmel	11	atriua		400				☐ Exploratory Committee	ŀ
4. Mailing Address (number and street, city, sta-	te. and ZI.	P code)		5. FAX (Opti	onal)		6. E-mail	Address (Optional)	\neg
					-		holl-	tool@csinet.net	ŀ
1015 S Westwo				()	0 7-1	ephone (Day)	ויטעו	10. Telephone (Evening)	
[;,] ^ / [State	ZIP Code	8. Co				100		
ILa Porte	IN	46350				1,362-6		219,362-6150	
11. Party Affiliation				12. Office Sought	[Inclu	de district numbe	r, if any. N	ot required for an exploratory committ	88.)
Democratic 🔲 Libertarian 🔲 Republic						7rus			
SECTION B. COMMITTEE II	NFOF	RMATION: Fill	in ali	l applicable box	es a:	s fully and	accurat	tely as possible.	
13 Full Name of Committee (Do not abbre	viate.)	☐ Check If this is a	new n	ame.					
(Committee to	Ыe	ct Patri	cic	. Kimmel					
14. Mailing Address (number and street, city, st	_		this is	a new address. 15. FA	X (Opt	ionai)	16. E-mall	Address (Optional)	
1015 S Westwa		Dr -					bell	todd @csinct.n	σH
		ZIP Code	18. Co	1(10 To	lephone		20. Committee Organization Date	=
	State		10.00					(mm/dd/yy) 1 - 31-18	
LaPorte 1	IN L	46350	$\iota \iota$	LPOLTC	<u> ۱۷۲</u>	1362-6	150	1-31-18	
21. Chairperson's Full Name 🔲 Design	nate Car	ididate as Chalrpersor	. 🗆	Check if this is a new of	hairpe	rson.			
Vatricia k	Liv	nmel .			•				
22. Mailing Address (number and street, city, si			this is	a new address. 23. FA	X (Opt	ional)	24. E-mail	Address (Optional)	$\overline{}$
1015 S West		/ · · · ·		i.			hell	todd@csinet.ne	25
	State	ZIP Code	26 C) 27 To	lephone (Day)	DON	28. Telephone (Evening)	\dashv
	N	46350		Porte			160	219.362-6150	- 1
 -		• •				1362-6		17 7 2 2	
29. Bank or Other Depositories (List all ba	inks or c	other depositories in wi	nich the	e committee deposits fur	ids, ho	ids accounts, rei	nts safety d	leposit boxes or maintains funds.)	- }
30. Exploratory Committee (Give brief statem	ent explai	ning purpose of an explora	огу сол					committee pay the candidate a salar	
				reimbursen	ient to	riost wages / if t	гез, апасл	a copy of the contract.) 🔲 Yes 🔀	.100
SECTION C. APPOINTMEN	T OF	TREASURER (C 3	9-1-14)		-			
32. I, as Chairperson of the						Signature	of the Con	nmittee Chairperson	
committee, appoint the following	persor	n as				17)	_ • •	1/	
Treasurer of the Committee.		1.Jame	<u>S</u>	Kimmel		Gat	ruce	a plume	
33. Treasurer's Full Name Designate	e candid	ate as treasurer.	Chec	k If this is a new treasur	er.				
Tames E. K	im	mel					, .		
34. Mailing Address (number and street, city, st	ate, and a	(IP code)	this is	a new address. 35. FA	X (Opt	ional)	36. E-mail	Address (Optional)	
1015 SWesting		\mathcal{D}_{∞}		1,			صميمنا	skimmel@concast	א.
	itate	ZIP Code	38. Co	nunty L	39 Te	tephone (Day)		40. Telephone (Evening)	-4
``		4. 1	1					765730 0891	
		46350			(lo	3 130-0	זן טי	(16) 190 08 (1	
SECTION D. ACCEPTANCE	OF /	APPOINTMENT	(IC	3-9-1-15)					
41. I give notice that I accept the	e dutie	s and responsible	ilities	of Treasurer of the	iis Si	gnature of Pe	rson Acc	epting Appointment	
Committee. I am not the chairper	rson o	t a campaign tina	ince -	committee (except	a5 (_	777 L. S.	<u>S</u>		l
permitted for a candidate committee						ב, ישטיק		FOR OFFICE USE ONLY	
SECTION E. CERTIFICATION We certify as the candidate and	Ana di	STATEWIENT	imor	son of the Commi	ttoo.	and that we	have F		
examined this statement. To the bes	tile ot	ir knowledge and l	nelief	it is true, correct an	d cor	nolete.	المسا	IN CLERKS OFFICE	- //
42. Typed or Printed Name of Chair	person	Signature of C				Date (mm/dd/yy		GLERKS OFFICE	- []
() ()	_ 1	1 1		. K	.1	1-21-1	8	ł] [
tatricia Kimme	<u> </u>	Vair	L	a Kymin	\underline{w}	1 31-1	<u> </u>	EED O OOGO	
43 Typed or Printed Name of Candi	date	Signature of C	andi	date ,' .		Date (mm/dd/yr)	ا رم ا	FEB - 2 2018	
Patricia Kimme	1	Patri		i Komen	0	1-31-1	18	1	
Yarring: State law courses that any cha	_ 1	this information he ma	orted	within ten (10) days of	the c	hanne (IC 3.0-)	10) A	K	
Warning: State law requires that any person who knowingly files a fraudulent relaccurate report as required by the Indiana	oout cou	amits a Level 6 D felo	ny (IC	3-14-1-13). A person v	ho fai	s to file a comp	lete on ov	OF Jufferfelletek	
accurate report as required by the Indiana	Campa	ign Finance Law coπ	mits a	Class B misdemeanor	(IC 3	14-1-14), and ri	īāÿ be l`^-	OF 14 PURIE CIRCUIT COURT	_]
subject to civil penalties (IC 3-9-4-16, IC 3-9)-4-17, <u>a</u>	nd IC 3-9-4-18).							



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

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40-18-31

TOTAL PAGES IN ENTIRE CFA-4 REPORT

assistance in completing this form, see instr			this form, For
IS THIS AN AMENDMENT?	☐ Yes	No No	

COMMITTEE INFORMATION					
COMMITTEE INFORMATION					
1. Full Name of Committee (as on Statement of Organization)	name.	at f) atric	ia Kimr	ne1
Toel					
2. Acronym or Abbreviated Name (if any)	3. Comr	nittee Telepl	none Number	55 3627	/ (m)
	1 10		· · · · · · · · · · · · · · · · · · ·	35 362	6150
4. Mailing Address (Address where all campaign finance correspondence is received.)	Check if thi	is is a new a	ddress.		
5. City, State, ZIP Code	6. Party.	Affiliation (if	applicable)	,	
LaPorte In 46350	<u> </u>	Den	<u> </u>		
CANDIDATE INFORMATION (For Candidate's C	ommitte	es Only)			
7. Full Name of Candidate (Include any nickname.)	8. Party	Affiliation or	If Independe	nt Candidate	
Potricia Kimmel					
9. Office Sought (Include district number, if any. Not required for exploratory committee.)	10. Cou	nty of Reside	ence		
Scinio I wo Trustee	\perp \perp	ator	TC_		
TYPE OF REPORT			CONVENTIO	N CANDIDATES	ONLY
11. Check one:			Check one:		
Pre-Primary Pre-Election Annual Nomination Other			Pre-Com		
Final / Disbands Committee (Lines 18, 19, and 20 must be "0".) Outgoing Treasurer (Within ten (10) days amend State	tement of Orga	nization.)	Post-Cor	nvention	
12. Reporting Period (mm/dd/yy):		COLL	JMN A	COLUMN	В
From: - - 8 Through: 4-13-18		This	Period	Year to Da	te
13. Cash on hand and investments at the beginning of this reporting period.					
14. Cash on hand and investments January 1, current year.				\mathcal{O}_{-}	
CONTRIBUTIONS AND RECEIPTS					
(Note: these amounts include in-kind contributions and loans, as well as cash contributions.)					
15a. Itemized (Use Schedule A.)		\sim)	0	
15b. Unitemized		$-\frac{\mathcal{O}}{\mathcal{O}}$		-2	
15c. Add lines 15a and 15b in both columns.	TOTAL	\mathcal{O}		\mathcal{Q}	
16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B.	TOTAL		<u>ر</u>	0	
EXPENDITURES					
(Note: These amounts include in-kind expenditures and loan repayments.)					
17a. Itemized (Use Schedule B.) (Public Question: use Schedule C.)				0	
17b. Unitemized					
17c. Add lines 17a and 17b in both columns.	TOTAL		2		
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.)		0			
20. Debts OWED TO the committee (Use Schedule E.)					
			FI	L E D	·
CERTIFICATION ERTIFY THAT I HAVE EXAMINED THIS STATEMENT. TO THE BEST OF MY KNOWLEDGE AND BELIEF IT IS TO	DUE CODE	ECT AND COL		BKDIDEE CE	JNLY
signature of Treasurer Title		ate (mn/dd/)	VV		
TREASUREL	12	- / 3-		1 4 2018	
\$ignature of Candidate (if applicable)	D	ate (mn/dd/)	ny of		
Patricia Junnel	1/	0-18-	18 2	poplhabek	
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 accurate	(IC 3-9-4-5)	A persor who	KINOMING WELL & S	ORTE CIRCUIT CO	URT
Campaign Finance Law commits a Class B misdemeanor, (IC 3-14-1-14) and may be subject to civil penalties. (IC 3-9-					

REPORT OF RECEIPTS AND EXPENDITURES A POLITICAL COMMITTEE

State Form 4606 (R14 / 10-17)

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

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

OF .

(CFA-4)

Summary Sheet

FILE NUMBER 46-18-31

TOTAL PAGES IN ENTIRE CFA-4 REPORT

IS THIS AN AMENDMENT? Yes W No		· .	
COMMITTEE INFORMATION			
1. Full Name of Committee (as on Statement of Organization)	name.		
+ FIFE PATRICIA K	$(\sim$		
2. Acronym or Abbreviated Name (if any)		mittee Telephone Number	_
	1210	7,363-605	5
4. Mailing Address (Address where all campaign finance correspondence is received.)	Check if th	nis Is a new address.	
1015 S, WESTWOOD DR.			
5. City, State, ZIP/Sode 10 16350	6. Party	Affiliation (if applicable)	
		DEM	
CANDIDATE INFORMATION (For Candidate's C	Online	y Affiliation or If Independer	nt Candidate
7. Full Name of Candidate (Include any nickname.)	o. ran	Allilation of it independen	
HATRICIA KIMMEC	10 Co	unty of Residence	
9. Office Sought (Include district number, if any. Not required for exploratory committee.)	10.000	/ABETE	
SCIPIO TOUP TRUSTER TYPE OF REPORT	,		N CANDIDATES ONLY
		Check one:	
11. Check one: Pre-Primary X Pre-Election Annual Nomination Other		Pre-Conv	rention
Final / Disbands Committee (Lines 18, 19, and 20 must be '0'.) Outgoing Treasurer (Wilhin ten (10) days amend State	tement of Org	genization.) Dost-Con	vention
		COLUMN A	COLUMN B
12. Reporting Period (<i>mm/dd/yy</i>): From: 4 - 13 - 18		This Period	Year to Date
13. Cash on hand and investments at the beginning of this reporting period.			
14. Cach on hand and investments January 1, current year.			0
CONTRIBUTIONS AND RECEIPTS	新新之人	19 1 年 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
(Note: these amounts include in-kind contributions and loans, as well as cash contributions.)		\$ 1,300,00	41,300.00
15a. Itemized (Use Schedule A.)		4 1, 300,00	1, 3000
15b. Unitemized	TOTAL	+ 1 200 W	4/300,W
15c. Add lines 15a and 15b in both columns.	TOTAL	91,200,00	1,30000
16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column 5.	TOTAL	1,200	1,700
EXPENDITURES			
(Note: These amounts include in-kind expenditures and loan repayments.)		1/27063	\$ 1270.63
17a. Itemized (Use Schedule B.) (Public Question: use Schedule C.)		10.70-02	70.7
17b. Unitemized	BTOTAL	1/270.63	1270.63
17c. Add lines 17a and 17b in dots coldinas.	TOTAL	929,37	\$2937
18. Cash on hand and investments at close of this reporting period (Subtract 17c from 16 in both columns.)	TOTAL	1 211	
19. Debts OWED BY the committee (Use Schedule D.)			
20. Debts OWED TO the committee (Use Schedule E.)			
CERTIFICATION	1.25	10.1	TR OFFICE USE ONL'D
I CERTIFY THAT I HAVE EXAMINED THIS STATEMENT. TO THE BEST OF MY KNOWLEDGE AND BELIEF IT IS TO THE BEST OF MY	TRUE, COF	Date (mm/dd/yy)	CLERKS OFFICE
1 Title	- 1	Cate Hilliyou/YYI 1	

CERTIFICATION		ADJECTS A	FOR OFFICE USEONLD
CERTIFY THAT I HAVE EXAMINED THIS STATEMENT. TO THE BEST OF MY KNOWLEDGE AND BELIEF IT IS TRUE, CO	Date (mm/dd/		T CLERKS OF TICE
Signature of Irenaurer Title TREASURE	10/16	8)	OCT 1 6 2018
Signature of Cendidate (if applicable)	Date (mm/de//	yy)	001 1 0 2010
WARNING: Any information contained in this report may not be copied for sale or used for any commercial purpose. (IC 3-9-	(-5) A person who	knowingly	
WARNING: Any information contained in this report may not be copied to said of section to file a complete or accurate report 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	ne Indiana	Propaglelistick DE LA PORTE CIRCUIT COLIRT
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 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, 10 3-5-4	7	STATE OF COME



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	of

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
Vida Kora 105 woodside AUE	Contributions: Direct In-Kind (describe)	150-	150-	7-23-18
michigan City, In 46350	Other Receipts: Interest Loan Miscellaneous (specify)			
Contributor's Occupation (if required)				
2 Mike+ Sue mollenhauer 1510 michigan AUE.	Contributions: Direct In-Kind (describe)	100-	100-	7-23-18
La Porte, In 40350	Other Receipts: Interest Loan Miscellaneous (specify)			
, Contributor's Occupation (if required)				
La Porte County Dem Civic Club 10088 ESt. R 4	Contributions: Direct In-Kind (describe)	250	250-	8-13-18
Walkerton, In 46574	Other Receipts: Interest Loan Miscellaneous (specify)		:	
Contributor's Occupation (if required)				
La Porte County Central Committee 230 walnut St.	Contributions: Direct In-Kind (describe) Bill Board	800-	800-	10-11-18
michigan city, In 46360	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	THIS PAGE OF SCHEDULE A	\$/366,00		
TOTAL OF ALL PAGES OF SCHEDULE (Enter total on ITE)	A ON THE LAST PAGE ONLY 1 15a of the Summary Sheet.)	\$		

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.

Page	FILEN
of	FILE NUMBER

		\$120.03	E LAST PAGE ONLY	TOTAL OF ALL PAGES OF SCHEDULE BON THE LAST PAGE ONLY	TOTAL OF ALL PA
		\$127063	SE OF SCHEDULE B	SUBTOTAL THIS PAGE OF SCHEDULE B	
			Purpose:		
			☐ Payment of Debt ☐ Returned Contribution ☐ Other		***************************************
			Direct In-Kind		Code
			Purpose:		
			Other		
			Direct In-Kind Payment of Debt		Code
			Purpose:		
			Other		
			Direct In-Kind Payment of Debt Returned Contribution		Code
			Pupose:		
			C Rewmed Contribution		
			Payment of Debt		
			☐ Direct ☐ In-Kind		
			rupuse		
			Other		
			Returned Contribution		
			☐ Direct ☐ In-Kind ☐ Payment of Debt		Code
			rupos.		
			Other		
			Returned Contribution		
			Direct In-Kind		Code
			Purpose:		GaryIn tutos
6-11-10	127065	1270.63	Returned Contribution Other	Sign Company	Active sign st
0.			¥.		Code
(mm/dd/yy)	YEAR-TO-DATE	PERIOD	PURPOSE (be specific)	OFFICE SOUGHT (if applicable)	Janeel, manneri, erij, statu, En, eeuel
DATE OF	CHMILLATIVE	AMOUNT THIS	TYPE OF EXPENDITURE	NEGIT PER A GOOD STON	(street number city state ZIP code)
				RECIPIENT'S OCCUPATION	



REPORT OF RECEIPTS AND EXPENDITURES A POLITICAL COMMITTEE

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

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

OF

(CFA-4) **Summary Sheet**

FILE NUMBER

46-18-31

TOTAL PAGES IN ENTIRE CFA-4 REPORT

IS THIS AN AMENDMENT? LYes 🔀 No	L		
COMMITTEE INFORMATIO	N		
1. Full Name of Committee (as on Statement of Organization) Check if this is a n	ew name.		
Committee to Elect Patricia Kim	mel		
2. Acronym or Abbreviated Name (if any)	3. Com	mittee Telephone Numb	er
	121	9,363-6	<i>৩</i> ১১ ১
4. Mailing Address (Address where all campaign finance correspondence is received.)	Check if th	nis is a new address.	
1015 S. West wood Dr.			
5. City, State, ZIP Code	6. Party	Affiliation (if applicable)	1
1a Porte In 40350		vem	
CANDIDATE INFORMATION (For Candidate			
7. Full Name of Candidate (Include any nickname.)	8. Party	Affiliation or If Independ	dent Candidate
Patricia Kimmel		Dem_	
9. Office Sought (Include district number, if any. Not required for exploratory committee.)	10. Cot	unty of Residence	•
Scidio Two Trustee		LaPorte	
TYPE OF REPORT	<u> </u>		ION CANDIDATES ONLY
11. Check one:		Check one	: onvention
Pre-Primary Pre-Election Annual Nomination Other			Convention
Final / Disbands Committee (Unes 18, 19, and 20 must be *0*.) Outgoing Treasurer (Within ten (10) days amen	d Statement of Org	Jainzalion.)	
12. Reporting Period (mm/dd/yy):		COLUMN A This Period	COLUMN B Year to Date
From: Through:		\$ 29.37	
13. Cash on hand and investments at the beginning of this reporting period.		J 201.51	9
14. Cash on hand and investments January 1, current year. CONTRIBUTIONS AND RECEIPTS	, 7 s		-0
(Note: these amounts include in-kind contributions and loans, as well as cash contributions.)			
15a. Itemized (Use Schedule A.)		J 800-	4800-
15b. Unitemized			
	UBTOTAL	\$ 800	\$ 800-
16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B.	TOTAL	839.3	7 800
EXPENDITURES			
(Note: These amounts include in-kind expenditures and loan repayments.)			
17a. Itemized (Use Schedule B.) (Public Question: use Schedule C.)		829.37	
17b. Unitemized			·
17c. Add lines 17a and 17b in both columns.	SUBTOTAL	829.37	
18. Cash on hand and investments at close of this reporting period (Subtract 17c from 16 in both columns.)	TOTAL	80	
19. Debts OWED BY the committee (Use Schedule D.)		6	* ** **
20. Debts OWED TO the committee (Use Schedule E.)		et	
			FOR OFFICE USE ONLY
CERTIFICATION : CERTIFY THAT I HAVE EXAMINED THIS STATEMENT. TO THE BEST OF MY KNOWLEDGE AND BELIEF II	IS TRUE, COR	RECT AND COMPLETE.	
Title Title	1	Date (mm/dd/yy)	DEC 2 7 2018
72509-1-		11-27-18	
Signature of Candidate (if applicable)	. [Date (mm/dd/y)) 2-27-18 GFR	Kropulliand K OF LA PORTE CIRCUIT CO
(DININIA DIMMI)	17		K OF LA PORTE CIRCLITÉ CO
WARNING: Any information contained in this report may not be copied for sale or used for any commercial purp files a fraudulent report commits a Level 6 felony. (IC 3-14-1-13) A person who fails to file a complete or a	contate tebour a	S 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)	



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 N	UMBE	R	
			, ,	
Page		of		

L DATE DECEMED

CONTRIBUTOR'S FULL NAME AND OCCUPATION FULL MAILING ADDRESS	OR OTHER RECEIPT	AMOUNT THIS	COLUMN B	(mm/dd/yy)
(street, number, city, state, ZIP code)		PERIOD	YEAR-TO-DATE	RECEIVED BY
Indiana I BEW of Electrical Workers Local 481	Contributions: Direct In-Kind (describe)	800-	800-	11-6-18
Workers Local 401 1828 N Meridan St. Suite 205 Indiana polis, In 40202	Other Receipts: Interest Loan Miscellaneous (specify)			
Contributor's Occupation (if required)		<u> </u>		
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 (il required)	0 - 10 - 10 - 10 - 10 - 10 - 10 - 10 -			
4.	Contributions: Direct In-Kind (describe)			
	Other Recelpts: 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 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.)		\$800 -		



REPORT OF RECEIPTS AND EXPENDITURES OF A POLITICAL COMMITTEE

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

(CFA-4 SCHEDULE B) ITEMIZED EXPENDITURES

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

FILE NUMBER						
Page	of					

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)
Bather Nursery 2305 S. St. Rd 39 LaPort (In 46350		☐ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other Purpose:		165.25	9-19-18
Laporte County Dem Civic Club 10088 E St Rd 4. Walkerton, In 46574		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:		400-	11-6-18
code O committee to elect Pat Kimmel 10155 westwood Dr La Porte, In 40350	scipio township trustee	Direct In-Kind Payment of Debt Returned Contribution Other Purpose:		264.12	
Code		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:			, és
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 PAG		\$		
TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY (Enter total on ITEM 17a of the Summary Sheet.)			829.3		