



# 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)  
**Summary Sheet**

FILE NUMBER

40-18-07

TOTAL PAGES IN ENTIRE CFA-4 REPORT

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 <i>Statement of Organization</i> ) <input type="checkbox"/> Check if this is a new name. Committee to Elect Randy Novak	
2. Acronym or Abbreviated Name (if any)	3. Committee Telephone Number ( 219 ) 362-4603
4. Mailing Address ( <i>Address where all campaign finance correspondence is received.</i> ) <input type="checkbox"/> Check if this is a new address. 7000 W 125 N	
5. City, State, ZIP Code La Porte, IN 46350	6. Party Affiliation (if applicable) Democrat

### CANDIDATE INFORMATION (For Candidate's Committees Only)

7. Full Name of Candidate (Include any nickname.) Randall J. Novak (Randy Novak)	8. Party Affiliation or If Independent Candidate Democrat
9. Office Sought (Include district number, if any. <i>Not required for exploratory committee.</i> ) County Council District 2	10. County of Residence La Porte

### TYPE OF REPORT

### CONVENTION CANDIDATES ONLY

11. Check one: <input type="checkbox"/> Pre-Primary <input type="checkbox"/> Pre-Election <input checked="" type="checkbox"/> Annual <input type="checkbox"/> Nomination <input type="checkbox"/> Other <input 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
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12. Reporting Period (mm/dd/yy): From: 01/01/2017 Through: 12/31/2017	COLUMN A This Period	COLUMN B Year to Date
13. Cash on hand and investments at the beginning of this reporting period.	50.35	
14. Cash on hand and investments January 1, current year.		50.35

### CONTRIBUTIONS AND RECEIPTS

<i>(Note: these amounts include in-kind contributions and loans, as well as cash contributions.)</i>		
15a. Itemized (Use Schedule A.)	650.00	650.00
15b. Unitemized	0.00	0.00
15c. Add lines 15a and 15b in both columns. <b>SUBTOTAL</b>	650.00	650.00
16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B. <b>TOTAL</b>	700.35	700.35

### EXPENDITURES

<i>(Note: These amounts include in-kind expenditures and loan repayments.)</i>		
17a. Itemized (Use Schedule B.) (Public Question: use Schedule C.)	63.88	63.88
17b. Unitemized	5.00	5.00
17c. Add lines 17a and 17b in both columns. <b>SUBTOTAL</b>	68.88	68.88
18. Cash on hand and investments at close of this reporting period (Subtract 17c from 16 in both columns.) <b>TOTAL</b>	631.47	631.47
19. Debts OWED BY the committee (Use Schedule D.)	0.00	
20. Debts OWED TO the committee (Use Schedule E.)		

### CERTIFICATION

### FOR OFFICE USE ONLY

I CERTIFY THAT I HAVE EXAMINED THIS STATEMENT, TO THE BEST OF MY KNOWLEDGE AND BELIEF IT IS TRUE, CORRECT AND COMPLETE.			FILED IN CLERKS OFFICE
Signature of Treasurer <i>Randy Novak</i>	Title Treasurer	Date (mm/dd/yy) 01/08/2018	
Signature of Candidate (if applicable) <i>Randy Novak</i>		Date (mm/dd/yy) 01/08/18	JAN 10 2018
<p><b>WARNING:</b> 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)</p>			

*Kristina Schuch*  
CLERK OF LA PORTE CIRCUIT COURT



**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 A-4)  
CONTRIBUTIONS BY  
POLITICAL ACTION COMMITTEES  
Itemized Contributions and Other Receipts**

**INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY POLITICAL ACTION COMMITTEES ON THIS SCHEDULE.** Please type or print legibly **IN BLACK INK** all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from political action committees **OVER \$100** per contributor, within a calendar year **MUST** be itemized on this schedule (*over \$200, if regular party committee*). All transfers-in and in-kind contributions regardless of amount from political action committees **MUST** be itemized on this schedule. All cumulative receipts, (*such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income*) **OVER \$100** per contributor, within a calendar year, **MUST** be itemized on this schedule (*over \$200 if regular party committee*).

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

CONTRIBUTOR'S FULL NAME AND 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. Indiana Realtors Political Action Committee 320 N Meridian St., Ste. 428 Indianapolis, IN 46204	Contributions: <input checked="" 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>	\$650.00	\$650.00	10/11/2017
				Randall Novak
2.	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.	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.	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.	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>			
<b>SUBTOTAL THIS PAGE OF SCHEDULE A</b>		<b>\$ 650.00</b>		
<b>TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY</b> <i>(Enter total on ITEM 15a of the Summary Sheet.)</i>		<b>\$ 650.00</b>		



**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.

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

CREDITOR'S OR LENDER'S NAME AND MAILING ADDRESS <i>(street, number, city, state, ZIP code)</i>	ENDORSER'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			
Randall & Deborah Novakk 7000 W 125 N LaPorte, IN 46350	3	\$63.88	10/26/2014	\$63.88	\$0.00
LENDER'S OCCUPATION: Fire Chief & Realtor		Loan to Committee			
LENDER'S OCCUPATION:					
LENDER'S OCCUPATION:					
LENDER'S OCCUPATION:					
LENDER'S OCCUPATION:					
<b>SUBTOTAL THIS PAGE OF SCHEDULE D</b>					\$ 0.00
<b>TOTAL OF ALL PAGES OF SCHEDULE D ON THE LAST PAGE ONLY</b> <i>(Enter total on ITEM 19 of the Summary Sheet.)</i>					\$ 0.00



**SUPPLEMENTAL "LARGE CONTRIBUTION" REPORT BY  
A CANDIDATE'S COMMITTEE  
CONTRIBUTIONS OR MORE)**

**(\$1,000)**

**(CFA-11)**

State Form 48492 (R5 / 10-17)

Indiana Election Division (IC 3-9-5-20.1; 3-9-5-22)

FILE NUMBER

46-18-07

TOTAL PAGES IN ENTIRE CFA-11  
REPORT

1

**INSTRUCTIONS:** Only candidates receiving a "large contribution" are required to file this report. 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.

**COMMITTEE INFORMATION**

1. Full Name of Candidate (Include any nickname.) <input type="checkbox"/> Check if this is a new name. <b>Randall J. Novak (Randy Novak)</b>		2. Committee Telephone Number <b>(219) 362-4603</b>	
3. Mailing Address (Address where all campaign finance correspondence is received.) <input type="checkbox"/> Check if this is a new address. <b>7000 W 125 N</b>			
4. City <b>LA PORTE</b>	State <b>IN</b>	ZIP Code <b>46350</b>	5. Party Affiliation or If Independent Candidate <b>Democratic</b>
6. Office Sought (Include district number, if any. Not required for exploratory committee.) <b>County Council, District 2</b>		7. County of Residence <b>LaPorte</b>	
8. Reporting Period (mm/dd/yy): From: <b>4/4/18</b> Through: <b>10/12/18</b>			

For classification, enter INDV for individual; PAC for political action committee; CORP for corporation; LAB for labor organization; OTHER for all entries which are not one of the above categories.

Classification	CONTRIBUTOR'S FULL NAME AND OCCUPATION FULL MAILING ADDRESS (Street, number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT OF CONTRIBUTION	DATE RECEIVED
				(mm/dd/yy) RECEIVED BY
PAC	1. Indiana Realtors Political Action Committee 143 W Market St., Suite 100 Indianapolis, IN 46204  Contributor's Occupation (if applicable) <b>LaPorte Local allocation</b>	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)	<b>\$1,000.00</b>	<b>6/12/18</b>
INDV	2. Edward F. Skwiat 5 Kosmyna Skwiat 0448 N Shebel Rd. Michigan City, IN 46360  Contributor's Occupation (if applicable) <b>UNKNOWN</b>	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)	<b>\$1,000.00</b>	<b>9/17/18</b>
INDV	3. Andrew Skwiat Tegen Skwiat 0141 S Forrester Rd. LaPorte, IN 46350  Contributor's Occupation (if applicable) <b>Electrician</b>	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)	<b>\$1,000.00</b>	<b>9/17/18</b>

**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 <b>Deborah S. Novak</b>	Title <b>Treasurer</b>	Date (mm/dd/yy) <b>9/30/18</b>
Signature of Candidate (if applicable) <b>Randall J. Novak</b>		Date (mm/dd/yy) <b>9/30/18</b>

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, and IC 3-9-4-18)

**FOR OFFICE USE ONLY**

**FILED  
IN CLERKS OFFICE**

**OCT 1 2018**

*Kruppeltchuck*  
CLERK OF LA PORTE CIRCUIT COURT



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

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

**F I L E D**  
CLERK'S OFFICE  
APR 18 2018  
LA PORTE SUPERIOR COURT

**(CFA-4)  
Summary Sheet**

FILE NUMBER

46-18-07

TOTAL PAGES IN ENTIRE CFA-4 REPORT

1

**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 <i>Statement of Organization</i> ) <input type="checkbox"/> Check if this is a new name. <b>Committee to Elect Randy Novak</b>	
2. Acronym or Abbreviated Name (if any)	3. Committee Telephone Number ( 219 ) 362-4603
4. Mailing Address ( <i>Address where all campaign finance correspondence is received.</i> ) <input type="checkbox"/> Check if this is a new address. 7000 W 125 N	
5. City, State, ZIP Code LaPorte, IN 46350	6. Party Affiliation (if applicable) Democrat

**CANDIDATE INFORMATION (For Candidate's Committees Only)**

7. Full Name of Candidate ( <i>Include any nickname.</i> ) <b>Randall J. Novak (Randy Novak)</b>	8. Party Affiliation or If Independent Candidate Democrat
9. Office Sought ( <i>Include district number, if any. Not required for exploratory committee.</i> ) County Council District 2	10. County of Residence LaPorte

**TYPE OF REPORT**

**CONVENTION CANDIDATES ONLY**

11. Check one: <input checked="" type="checkbox"/> Pre-Primary <input type="checkbox"/> Pre-Election <input type="checkbox"/> Annual <input type="checkbox"/> Nomination <input type="checkbox"/> Other <input type="checkbox"/> Final / Disbands Committee ( <i>Lines 18, 19, and 20 must be "0".</i> ) <input type="checkbox"/> Outgoing Treasurer ( <i>Within ten (10) days amend Statement of Organization.</i> )	Check one: <input type="checkbox"/> Pre-Convention <input type="checkbox"/> Post-Convention
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12. Reporting Period ( <i>mm/dd/yy</i> ): From: 1/01/2018 Through: 4/13/2018	<b>COLUMN A This Period</b>	<b>COLUMN B Year to Date</b>
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13. Cash on hand and investments at the beginning of this reporting period.	631.47	
14. Cash on hand and investments January 1, current year.		631.47

**CONTRIBUTIONS AND RECEIPTS**

<i>(Note: these amounts include in-kind contributions and loans, as well as cash contributions.)</i>		
15a. Itemized ( <i>Use Schedule A.</i> )	0.00	0.00
15b. Unitemized	5.00	5.00
15c. Add lines 15a and 15b in both columns. <b>SUBTOTAL</b>	5.00	5.00
16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B. <b>TOTAL</b>	636.47	636.47

**EXPENDITURES**

<i>(Note: These amounts include in-kind expenditures and loan repayments.)</i>		
17a. Itemized ( <i>Use Schedule B.</i> ) ( <i>Public Question: use Schedule C.</i> )	0.00	0.00
17b. Unitemized	135.00	135.00
17c. Add lines 17a and 17b in both columns. <b>SUBTOTAL</b>	135.00	135.00
18. Cash on hand and investments at close of this reporting period ( <i>Subtract 17c from 16 in both columns.</i> ) <b>TOTAL</b>	501.47	501.47
19. Debts OWED BY the committee ( <i>Use Schedule D.</i> )		
20. Debts OWED TO the committee ( <i>Use Schedule E.</i> )		

**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>Randy Novak</i>	Title Treasurer	Date (mm/dd/yy) 04/17/2018
Signature of Candidate (if applicable) <i>Randall J. Novak</i>		Date (mm/dd/yy) 04/17/2018

**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)

**FOR OFFICE USE ONLY**



# 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)  
Summary Sheet

<b>FILE NUMBER</b>	46-18-07
<b>TOTAL PAGES IN ENTIRE CFA-4 REPORT</b>	8

**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) Committee to Elect Randy Novak	<input type="checkbox"/> Check if this is a new name.
2. Acronym or Abbreviated Name (if any)	3. Committee Telephone Number ( 219 ) 362-4603
4. Mailing Address (Address where all campaign finance correspondence is received.) 7000 W 125 N	<input type="checkbox"/> Check if this is a new address.
5. City, State, ZIP Code La Porte, IN 46350	6. Party Affiliation (if applicable) Democrat

CANDIDATE INFORMATION (For Candidate's Committees Only)	
7. Full Name of Candidate (Include any nickname.) Randall J. Novak (Randy Novak)	8. Party Affiliation or If Independent Candidate Democrat
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: <input type="checkbox"/> Pre-Primary <input checked="" type="checkbox"/> Pre-Election <input type="checkbox"/> Annual <input type="checkbox"/> Nomination <input type="checkbox"/> Other <input 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): From: 04/14/2018 Through: 10/12/2018	COLUMN A This Period	COLUMN B Year to Date
13. Cash on hand and investments at the beginning of this reporting period.	501.47	
14. Cash on hand and investments January 1, current year.		631.47

CONTRIBUTIONS AND RECEIPTS		
<i>(Note: these amounts include in-kind contributions and loans, as well as cash contributions.)</i>		
15a. Itemized (Use Schedule A.)	6,020.00	6,020.00
15b. Unitemized	3,850.00	3,855.00
15c. Add lines 15a and 15b in both columns. <b>SUBTOTAL</b>	9,870.00	9,875.00
16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B. <b>TOTAL</b>	10,371.47	10,506.47

EXPENDITURES		
<i>(Note: These amounts include in-kind expenditures and loan repayments.)</i>		
17a. Itemized (Use Schedule B.) (Public Question: use Schedule C.)	2,339.23	2,364.23
17b. Unitemized	108.94	218.94
17c. Add lines 17a and 17b in both columns. <b>SUBTOTAL</b>	2,448.17	2,583.17
18. Cash on hand and investments at close of this reporting period (Subtract 17c from 16 in both columns.) <b>TOTAL</b>	7,923.30	7,923.30
19. Debts OWED BY the committee (Use Schedule D.)		
20. Debts OWED TO the committee (Use Schedule E.)		

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>Randy Novak</i>	Title Treasurer	Date (mm/dd/yy) 10/16/2018	OCT 16 2018
Signature of Candidate (if applicable) <i>Randy Novak</i>		Date (mm/dd/yy) 10/16/2018	
<b>WARNING:</b> 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)			<i>K. J. ...</i> LA PORTE SUPERIOR COURT



**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 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	1 of 5

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. Vidya S & Sudha M Kora 105 Woodside Drive Michigan City, IN 46360  Contributor's Occupation <i>(if required)</i> <u>Doctor and County Commissioner</u>	Contributions: <input checked="" 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>	\$200.00	\$200.00	09/15/18  Deborah Novak
2. Stephanie K Oberlie 405 E Lakefront Dr. Beverly Shores, IN 46301  Contributor's Occupation <i>(if required)</i> <u>Financial Advisor</u>	Contributions: <input checked="" 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>	\$300.00	\$300.00	09/19/18  Deborah Novak
3. Edward F and S Kosmyrna Skwiat 0448 N Shebel Rd. Michigan City, IN 46360  Contributor's Occupation <i>(if required)</i> <u>Unkown</u>	Contributions: <input checked="" 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>	\$1,000.00	\$1,000.00	09/17/18  Deborah Novak
4. Andrew and Tegen Skwiat 0141 S Forrester Rd. LaPorte, IN 46350  Contributor's Occupation <i>(if required)</i> <u>Electrician</u>	Contributions: <input checked="" 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>	\$1,000.00	\$1,000.00	09/17/18  Deborah Novak
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>			
<b>SUBTOTAL THIS PAGE OF SCHEDULE A</b>		\$ 2,500.00		
<b>TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY</b> <i>(Enter total on ITEM 15a of the Summary Sheet.)</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 A-2)  
CONTRIBUTIONS BY CORPORATIONS  
Itemized Contributions and Other Receipts**

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

<b>FILE NUMBER</b>
Page <u>2</u> of <u>5</u>

CONTRIBUTOR'S FULL NAME AND 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. Schander Remodeling Inc. 2814 Lyndale Way Long Beach, IN 46360	Contributions: <input checked="" 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> _____	\$500.00	\$500.00	09/28/18  Deborah Novak
2.	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.	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.	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.	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> _____			
<b>SUBTOTAL THIS PAGE OF SCHEDULE A</b>		\$ 500.00		
<b>TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY</b> <i>(Enter total on ITEM 15a of the Summary Sheet.)</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 A-3)  
CONTRIBUTIONS BY  
LABOR ORGANIZATIONS**

**Itemized Contributions and Other Receipts**

**INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY LABOR ORGANIZATIONS ON THIS SCHEDULE.** Please type or print legibly **IN BLACK INK** all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from labor organizations **OVER \$100** per contributor, within a calendar year **MUST** be itemized on this schedule (over \$200, if regular party committee). All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) **OVER \$100** per contributor, within a calendar year, **MUST** be itemized on this schedule (over \$200 if regular party committee).

**FILE NUMBER**

Page 3 of 5

CONTRIBUTOR'S FULL NAME AND 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. LaPorte Starke Pulaski Building & Construction Trades Council 1104 6th St. LaPorte, IN 46350	Contributions: <input checked="" 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>	\$500.00	\$500.00	09/30/18  Deborah Novak
2.	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.	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.	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.	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>			
<b>SUBTOTAL THIS PAGE OF SCHEDULE A</b>		\$ 500.00		
<b>TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY</b> <i>(Enter total on ITEM 15a of the Summary Sheet.)</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 A-4)  
CONTRIBUTIONS BY  
POLITICAL ACTION COMMITTEES**  
Itemized Contributions and Other Receipts

**INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY POLITICAL ACTION COMMITTEES ON THIS SCHEDULE.** Please type or print legibly **IN BLACK INK** all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on **ITEM 15a** of the Summary Sheet. All cumulative contributions from political action committees **OVER \$100** per contributor, within a calendar year **MUST** be itemized on this schedule (over \$200, if regular party committee). All transfers-in and in-kind contributions **regardless of amount** from political action committees **MUST** be itemized on this schedule. All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) **OVER \$100** per contributor, within a calendar year, **MUST** be itemized on this schedule (over \$200 if regular party committee).

FILE NUMBER	
Page	4 of 5

CONTRIBUTOR'S FULL NAME AND 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. Northern Indiana Operators Joint Labor-Management PAC 6200 Joliet Road Countryside, IL 60525	Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <i>(describe)</i> <hr/> Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous <i>(specify)</i> <hr/>	\$300.00	\$300.00	09/29/18  Deborah Novak
2. Indiana Realtors Political Action Committee 143 W Market St., Suite 100 Indianapolis, IN 46204	Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <i>(describe)</i> <hr/> Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous <i>(specify)</i> <hr/>	\$1,000.00	\$1,000.00	06/12/18  Deborah Novak
3.	Contributions: <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind <i>(describe)</i> <hr/> Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous <i>(specify)</i> <hr/>			
4.	Contributions: <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind <i>(describe)</i> <hr/> Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous <i>(specify)</i> <hr/>			
5.	Contributions: <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind <i>(describe)</i> <hr/> Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous <i>(specify)</i> <hr/>			
<b>SUBTOTAL THIS PAGE OF SCHEDULE A</b>		\$ 1,300.00		
<b>TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY</b> <i>(Enter total on ITEM 15a of the Summary Sheet.)</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 A-5)  
CONTRIBUTIONS BY  
OTHER ORGANIZATIONS**

**Itemized Contributions and Other Receipts**

**INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY ORGANIZATIONS OTHER THAN CORPORATIONS, LABOR ORGANIZATIONS, POLITICAL ACTION COMMITTEES AND INDIVIDUALS ON THIS SCHEDULE.** Please type or print legibly **IN BLACK INK** all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts **totalled on ITEM 15a** of the Summary Sheet. All cumulative contributions from other entities **OVER \$100** per contributor, within a calendar year **MUST** be itemized on this schedule (over \$200, if regular party committee). All transfers-in and in-kind contributions **regardless of amount** from candidate's, legislative caucus, and regular party committees **MUST** be itemized on this schedule. All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) **OVER \$100** per contributor, within a calendar year, **MUST** be itemized on this schedule (over \$200 if regular party committee).

FILE NUMBER	
Page	5 of 5

CONTRIBUTOR'S FULL NAME AND FULL MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED (mm/dd/yy)
				RECEIVED BY
1. LaPorte Democratic Civic Club <i>Committee</i>  <i>LaPorte,</i> <i>IN 46350</i>	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)	\$600.00	\$600.00	08/11/18  <i>Deborah Novak</i>
2. Hoosiers for Scott Pelath 2817 Roslyn Trl. Long Beach, IN 46360	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)	\$120.00	\$120.00	09/15/18  <i>Deborah Novak</i>
3. LaPorte County Democratic Central Committee LaPorte County Fairgrounds LaPorte, IN 46350 (Donation - Carpenter's Union)	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)	\$500.00	\$500.00	09/28/18  <i>Deborah Novak</i>
4.	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.	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)			
<b>SUBTOTAL THIS PAGE OF SCHEDULE A</b>		\$ 1,220.00		
<b>TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY</b> (Enter total on ITEM 15a of the Summary Sheet.)		\$ 6,020. <sup>00</sup>		



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

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

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

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

**FILE NUMBER**

Page 1 of 2

RECIPIENT'S NAME AND MAILING ADDRESS <i>(street, number, city, state, ZIP code)</i>	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 <u>F</u> Costco Wholesale 1310 E 79th Ave. Merrillville, IN 46410	Retail Store	<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:	\$114.98	\$114.98	09/24/18
Code <u>C</u> LaPorte County Democratic Central Committee LaPorte County Fairgrounds LaPorte, IN 46350	Democratic Committee	<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:	\$150.00	\$150.00	10/08/18
Code <u>A</u> LaPorte County Democratic Civic Committee LaPorte, IN 46350	Democratic Committee	<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:	\$100.00	\$150.00	05/29/18
Code <u>C</u> LaPorte County Democratic Civic Committee LaPorte, IN 46350	Democratic Committee	<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:	\$300.00	\$450.00	06/15/18
Code <u>F</u> Scartozzi's Trattoria 822 Karwick Rd. Michigan City, IN 46360	Catering	<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:	\$380.00	\$380.00	09/28/18
Code <u>A</u> Scotty's Dynamic Design 3409 Franklin St. Michigan City, IN 46360	Printer/Designs	<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:	\$481.50	\$481.50	09/12/18
Code <u>A</u> Scotty's Dynamic Design 3409 Franklin St. Michigan City, IN 46360	Printer/Designs	<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:	\$42.80	\$524.30	09/28/18
<b>SUBTOTAL THIS PAGE OF SCHEDULE B</b>			\$ 1,569.28		
<b>TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY</b> <i>(Enter total on ITEM 17a of the Summary Sheet.)</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 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 2 of 2

RECIPIENT'S NAME AND MAILING ADDRESS <i>(street, number, city, state, ZIP code)</i>	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 <u>A</u> W.A.R. - LLC Westville Printing 361 Main St. Westville, IN 46391	Printer	<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:	\$48.15	\$48.15	09/10/18
Code <u>A</u> W.A.R. - LLC Westville Printing 361 Main St. Westville, IN 46391	Printer	<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:	\$160.00	\$208.15	10/04/18
Code <u>A</u> W.A.R. - LLC Westville Printing 361 Main St. Westville, IN 46391	Printer	<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:	\$42.80	\$250.95	10/09/18
Code <u>F</u> Zorn Brew Works 605 E 9th St. Michigan City, IN 46360	Brewery	<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:	\$519.00	\$519.00	09/28/18
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:			
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:			
<b>SUBTOTAL THIS PAGE OF SCHEDULE B</b>			\$ 769.95		
<b>TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY</b> <i>(Enter total on ITEM 17a of the Summary Sheet.)</i>			\$ 2,339.23		