

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
. IS THIS AN AMENDMENT?	☐ Yes	□ No If Yes,	, please e	nter the file	number in this b	ox. →	E 46-18-05.
ECTION A . CANDIDATE							· / ·
Last Name	Fi	rst Name		dle Name	Nickname		3. Type of Committee (Check one)
	<u> </u>	10000		,			Candidate's Principal Committee
Garner		lerry		<u></u>	- C P	10.5	Exploratory Committee
Mailing Address (number and street, city	, state, and a	(IP code)		5. FAX (O	ptional)	6. E-ma	il Address (Optional)
4611W 13005		T	10 0				
City	State	ZIP Code	8. County		9. Telephone (Day		10. Telephone (Evening)
Hanne	IN	44340	∠A				(219797-4115
Party Affiliation	b#a [7]	LOther		12. Office Soug	tht (include district nur	nber, if any.	Not required for an exploratory committee.)
Democratic Libertarian Repr			Lin all an	plicable be	vac ac fully an	d soour	ataly as passible
. Full Name of Committee (Do not al	bbreviate.)	Check if this is:	a new name.	plicable bu	xes as lully all	u accur	ately as possible.
Committee to		ect Ter					
. Mailing Address (number and street, ci	tv. state. and	ZIP code) Check	if this is a ne	w address. 15.	AX (Optional)	16. E-m	all Address (Optional)
4611W 1300							(-, ,
. City .	ے State	ZIP Code	18. Count	<u> (</u>	19. Telephone		20. Committee Organization Date
Hanne	In	46340					(mm/dd/yy) 1-9-2015
Chalana Sull Name De		· · · · · · · · · · · · · · · · · · ·		eck if this is a ne	u shairaamaa		7-7-20
. Chairperson's Full Name 🔲 De	signate Ci	andidate as Chalrperso	Oil. L. Cil	eck ii tilis is a ile	w crianperson.		
Analian Address (Ambridge of street of	(h. stata ass	(7/0 andol Chook	if this loss no	waddees 122	EAV (Ontional)	24 5	ail Address (Optional)
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City	State	ZIP Code	26. Count	у	27. Telephone (Da	y)	26. Telephone (Evening)
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REPORT OF RECEIPTS AND EXPENDITURES OF 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.

IS THIS AN AMENDMENT? Yes No

(CFA-4) Summary Sheet

FILE NUMBER

46-18-05

TOTAL PAGES IN ENTIRE CFA-4 REPORT

C	COMMITTEE INFORMATION			1 0 = 1			
Full Name of Committee (as on Statement of Organization)	Check if this is a new r	name.					
Committee to Elect T	erry L Garn-						
2. Acronym or Abbreviated Name (if any)		3. Comm	nittee Telephone Num	nber			
		()		_		
4. Mailing Address (Address where all campaign finance corres	spondence is received.)	heck if this	s is a new address.				
5. City, State, ZIP Code Hanna, In. 46340		6. Party	Affiliation (if applicabl	'e)			
Hanna In. 46340		Re	publican	S			
	RMATION (For Candidate's C						
7. Full Name of Candidate (Include any nickname.)		8. Party	Affiliation or If Indepe	ndent Candidate	\neg		
Terry Lee Garne	~	Re	epublica	· ^			
9. Office Sought (Include district number, if any. Not required to		10. Cour	ity of Residence		\neg		
County Council	District 1	ん	APorte				
TYPE OF REI			CONVEN	ITION CANDIDATES ONL	Υ		
11. Check one:			Check on	ne:			
Pre-Primary Pre-Election Annual Nomination Othe	er		Pre-0	Convention			
Final / Disbands Committee (Lines 18, 19, and 20 must be '0".) Outgoin	ng Treasurer (Within ten (10) days amend State	ement of Organ	nization.) Dost	-Convention			
12. Reporting Period (mm/dd/yy):			COLUMN A	COLUMN B			
From: Through:			This Period	Year to Date			
13. Cash on hand and investments at the beginning of this repo	orting period.		0	•			
14. Cash on hand and investments January 1, current year.				0			
CONTRIBUTIONS AND RE	ECEIPTS						
(Note: these amounts include in-kind contributions and loans, a	ns well as cash contributions.)		/Agins				
15a. Itemized (Use Schedule A.)							
15b. Unitemized					_		
15c. Add lines 15a and 15b in both columns.		OTAL	0.		_		
16. Add lines 13 and 15c in Column A and lines 14 and 15c in t	Column B.	TOTAL	0.0	0.0	00		
EXPENDITURES							
(Note: These amounts include in-kind expenditures and loan re	<u> </u>			<u></u>			
17a. Itemized (Use Schedule B.) (Public Question: use Schedu	ile C.)				_		
17b. Unitemized							
17c. Add lines 17a and 17b in both columns.		TOTAL	0.0				
18. Cash on hand and investments at close of this reporting period (Sub	tract 17c from 16 in both columns.)	TOTAL	0.1	00 0.0	00		
19. Debts OWED BY the committee (Use Schedule D.)			<u> </u>				
20. Debts OWED TO the committee (Use Schedule E.)	a second second		9				
CERTIF	FICATION		ा ।	NEGENERAL SHEET)		
I CERTIFY THAT I HAVE EXAMINED THIS STATEMENT, TO THE BEST O	F MY KNOWLEDGE AND BELIEF IT IS T	RUE, CORRE	ECT AND COMPLET E.	A CTEKKS OFFICE	7		
Signature of Treasurer Ti	tle	Da	ite (mm/dd/yy)		1		
APR 2 0 2018							
Signature of Candidate (if applicable)		111	te (mm/dd/yy) ースロー1名		1.		
WARNING: Any information contained in this report may not be copied for s files a fraudulent report commits a Level 6 felony. (IC 3-14-1-13) A person Campaign Finance Law commits a Class B misdemeanor, (IC 3-14-1-14) and	sale or used for any commercial purpose.	(IC 3-9-4-5) I	A person who knowingly	Kura 11:32	pm		
files a fraudulent report commits a Level 6 felony. (IC 3-14-1-13) A person Campaign Finance Law commits a Class B misdemeanor, (IC 3-14-1-14) and	on who fails to file a complete or accurate	te report as	required by the indiana	DE LA PORTE CIRCUIT COL	(OT		



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.

	ILE NUMBER	
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Page	of	.

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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) 1.	Contributions: Direct In-Kind (describe)	PERIOD	YEAR-TO-DATE	RECEIVED BY
4	Other Receipts: Interest Loan Miscellaneous (specify)			
Contributor's Occupation (if required)				
2.	Contributions: Direct In-Kind (describe)			
Contributor's Occupation (if required)	Other Receipts: Interest Loan Miscellaneous (specify)			
	Combath utions			
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)				
	HIS PAGE OF SCHEDULE A	\$ 0.00		
TOTAL OF ALL PAGES OF SCHEDULE A (Enter total on ITEM	ON THE LAST PAGE ONLY 15a of the Summary Sheet.)	\$ 0		



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 C) ITEMIZED EXPENDITURES For Public Questions

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. All cumulative expenses or transfers-out, regardless of amount paid to political committees supporting or opposing a public question, MUST be itemized on this schedule.

FILE NUMBER						
Page	of					

				Page	of
	PUBLIC QUESTIC	N INFORMATION			
Enter Text of Public Question.	7 00210 0020110	A IN OKWATION			
	,				
Type of Question: Statewide Position: Supported Oppos					
Position: Supported Oppos		TYPE OF EXPENDITURE	COLUMN A	COLUMN B	DATE OF
RECIPIENT'S NAME AND MAILING ADDRESS (street, number, city, state, ZIP code)	RECIPIENT'S OCCUPATION	and PURPOSE (be specific)	AMOUNT THIS PERIOD	CUMULATIVE YEAR-TO-DATE	EXPENDITURE (mm/dd/yy)
Code		☐ Direct ☐ In-Kind			
		Payment of Debt Returned Contribution			
		Other			
		Purpose:			
Code		☐ Direct ☐ In-Kind			
		Payment of Debt			
		Returned Contribution Other			
		Purpose:			
Code		Direct In-Kind			
		Payment of Debt Returned Contribution		<u> </u>	
		Other			
		Purpose:			
		☐ Direct ☐ In-Kind			
Code		Payment of Debt			
		Returned Contribution			
		Other Purpose:]	
		· argudui			
Code		☐ Direct ☐ In-Kind			
		Payment of Debt			
		Returned Contribution Other			
		Purpose:			
Code		☐ Direct ☐ In-Kind ☐ Payment of Debt			
		Returned Contribution			
		Other			
		Purpose:			
	SUBTOTAL THIS PA	GE OF SCHEDULE C	\$ 0.00		
TOTAL OF ALL PAG	ES OF SCHEDULE C ON TH				
	(Enter total on ITEM 17a of		\$ 🔘		



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	s ∏ No <i>If</i> Yes.	pleas	e enter ti	he file n	umber in	this box	<i>c</i> →	
SECTION A . CANDIDATE									taly as passible
2. Last Name	Fi	irst Name	III all	Middle Nar	ne Die DOY		iny amu kname	accura	3. Type of Committee (Check one)
				1	***	1	miumo		☐ Candidate's Principal Committee
Garner	+	Terry		4	. ;				Exploratory Committee
4. Mailing Address (number and street, city,	state, and	ZIP code)		5	i. FAX (Op	tional)		6. E-mail	Address (Optional)
46111213005				1,	١				
7. City	State	ZIP Code	8. Cou	enty		9. Telepho	one (Day)		10. Telephone (Evening) (219) 797 - 4/15 Not required for an exploratory committee.
Hanny	IN	1 46340	10	a for L	Parte 219:		797-415		219,797-4115
11. Party Affiliation	1	1	1	12. Off	ice Sough	it (Include di	strict number	er, if any. I	lot required for an exploratory committee.
☐ Democratic ☐ Libertarian ☐ Repu] Other							
SECTION B. COMMITTEE	INFO	RMATION: <i>Fill</i>	in all	applica.	ble box	ces as fu	illy and	accura	tely as possible.
13. Full Name of Committee (Do not ab	breviale.,) 🔲 Check if this is a	a new na	ıme.					
Committee to 14. Mailing Address (number and street, city	2/	eit Terry	<u>、 ん</u>	رنان ،	rham				
	r, state, and	d ZIP code)	if this is a	a new addre	ess. 15. F	AX (Optional)	16. E-ma	il Address (Optional)
4611W 1300S					()		ł	
17. City	State	ZIP Code	18. Co	unty	,	19. Telept	one		20. Committee Organization Date
Hanna	12)	46340	4	A Para	fe_	()			(mm/dd/yy)
21. Chairperson's Full Name Des	signate C	andidate as Chairperso	п. 🔲	Check if thi	is is a new	chalrperson			
22. Mailing Address (number and street, city	r, state, and	d ZIP code) ☐ Check i	f this is a	new addre	ss. 23. F	AX (Optional)	24. E-ma	il Address (Optional)
					- ,	1		•	
25. City	State	ZIP Code	26. Co	unty		27. Teleph	one (Day)		28. Telephone (Evening)
-	ļ			-		, ;	,		
29. Bank or Other Depositories (List all	banks o	l r other depositories in v	vhich the	committee	deposits fi	inds, holds a	accounts re	nts safety	denosit hoves or maintains funds)
, ,						,			
30. Exploratory Committee (Give brief sta	tement exp	laining ouroose of an explor	atory comr	mittee only I	31. Salari	es and Rein	nbursemen	ts (Will the	committee pay the candidate a salary or
			,	,,	reimburse	ment for lost	wages? If	Yes, attach	a copy of the contract.) Yes No
SECTION C. APPOINTME	NT OF	TDEACHDED	/IC 3-0	0_1_14\					·
32. I, as Chairperson of th							Signature	of the Co	nmittee Chairperson
committee, appoint the followin									
Treasurer of the Committee.									
33. Treasurer's Full Name Design	ate cand	lidate as treasurer.	Check	if this is a n	iew treasu	гег.			
34. Mailing Address (number and street, city	, state, and	iZIP code} ∐ Check i —	f this is a	new addres	ss. 35. F /	X (Optional)	36. E-mai 	l Address (Optional)
		3			()			
37. City	State	ZIP Code	38. Co	unty		39. Teleph	one (Day)		40. Telephone (Evening)
						()	·		<u> (</u>
SECTION D. ACCEPTANG	CE OF	APPOINTMEN'	T (IC 3	3 -9-1-1 5)					
41. I give notice that I accept	the dut	ies and responsib	oilities	of Treasu	urer of t	his Signa	ture of Pe	rson Ac	cepting Appointment
Committee. I am not the chair permitted for a candidate commit			ance c	ommittee	(except	as			
		F STATEMENT							FOR OFFICE USE ONLY
We certify as the candidate an			airpers	on of the	e Comm	ittee and	that we	have	,
examined this statement. To the b	est of c	our knowledge and				nd comple	te.		
42. Typed or Printed Name of Cha	irperso	n Signature of	Chairpe	erson		Dat	e (mm/dd/yy)	•	
43. Typed or Printed Name of Can	didate	Signature of	Candid	ate		Dat	e (mm/dd/yy)		
Tours 1 0 -		1	/(\mathcal{M}			-20-1		
Warning: State law	mana :	this information	\leq	- ya-	40)				
Warning: State law requires that any or person who knowingly files a fraudulent									
accurate report as required by the India	na Camp	paign Finance Law cor							
subject to civil penalties (IC 3-9-4-16, IC :	s-9-4-17,	and IC 3-9-4-18).							