

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

(CFA-1)

154

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

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

							FILE NUMBER
1. IS THIS AN AMENDMENT?	☐ Yes	No If Yes,	please ente	r the file n	umber in this bo	$x. \rightarrow \frac{7}{7}$	16-18-46
SECTION A. CANDIDATE							
2. Last Name		st Name	Middle N		Nickname		3. Type of Committee (Check one)
METILTAN	1	7-11-					Candidate's Principal Committee
MITIMENY	<u></u>)ENULS	>	T = 10.00 / 0		10 - 10	Exploratory Committee
4. Mailing Address (number and street, city, s	tale, and Z	IP code)		5. FAX (Opi	tional)	1	Address (Optional)
173/W 4501	$\mathcal{O}_{\underline{\underline{}}}$					DUME	THE DY @ CONCAST ON GT
7. City	State	ZIP Code	8. County		9. Telephone (Day)		10. Telephone (Evening)
MICHIBAN CITY	IN	46360	LA POR	175E.	()		()
11. Party Affiliation			12.	Office Sough	t (Include district numb	er, if any. N	lot required for an exploratory committee.)
☐ Democratic ☐ Libertarian ☐ Repub							
SECTION B. COMMITTEE	INFO	RMATION: <i>Fill</i>		cable box	es as fully and	accura	tely as possible.
13. Full Name of Committee (Do not abb	reviate.)		_	A			Eq. 4
ELECT DEN	JNI	S METI	HENY	pun	C12	· ·	the state of the s
14. Mailing Address (number and street, city,	state, and	ZIP code) 🔲 Check i	if this is a new ad	dress. 15. FA	AX (Optional)	16. E-ma	il Address (Optional)
6757W450N	,			()		
17. City	State	ZIP Code	18 County		19. Telephone		20. Committee Organization Date
MICHICANCITY	T7)	A/23/20	LAPORT		219 879/08	224	(mm/dd/yy) 2/12/18
21. Chairperson's Full Name (R) Desi	onate Ca	andidate as Chairperso			W L/ / F 1 CD U		7,4,0
			2		or an porcorn		
22. Mailing Address (number and street, city,	<u> </u>	HENY	Ethiologopou ad	drong 22 E/	NY (Ontional)	24 E-mai	il Address (Optional)
	^	ZIP code) Check i	i this is a new ao	Jiess. 23. FA	чх (Ориопаі)	24. E-Ma	ii Address (Optional)
6757W 450)		
25. City	State	ZIP Code	26. County		27. Telephone (Day)		28. Telephone (Evening)
MICHIGAN (ITY	LU	46360	LAPON	ATE	1218 879-6	6834	(219) 879-6834
29. Bank or Other Depositories (List all I	banks or	ather depositories in w	vhich the committ	ee deposits fu	ınds, holds accounts, re	ents safety	deposit boxes or maintains funds.)
NOTATTHIS TIME	- 12	O MONEY !	RECIEVED	1 OR 5	PENT		
30. Exploratory Committee (Give brief state	ment expl	aining purpose of an explor	atory committee only) 31. Salario	es and Reimburseme	nts (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	TREASURER	(IC 3-9-1-14	1			
32. I, as Chairperson of the				,	Signature	of the Co	mmittee Chairperson _
committee, appoint the following				. سدا جسید	~ .	/_	· hreat
Treasurer of the Committee.				<u> 21 HEL</u>	Y A	Cum	i ffalleur
33. Treasurer's Full Name Designa	ate candi	date as treasurer.	Check it this is	a new treasu	rer.		
DENNIS ME	111	ENY					/
34. Mailing Address (number and street, city,	state, and	'ZIP cod e) ☐ Check i	f this is a new ad	dress. 35. FA	XX (Optional)	36. E-ma	II Address (Optional)
6757 W450N	,			10)		, K .
37. City	State	ZIP Code	38. County		39. Telephone (Day)	*	" 40. Telephone (Evening)
MICHIGAN CITY	IN	A6360	1 A-POE	TE	B19 879 68	334	(219, 8796834
SECTION D. ACCEPTANCE		APPOINTMEN	T (IC 3-9-1-	5)			N 3/01 2 3 3 7 .
41. I give notice that I accept t					his Sigpature of P	erson Ac	cepting Appointment
Committee. I am not the chairp	erson (of a campaign fin	ance committ	ee (except	as b	- //	Watthe
permitted for a candidate committee					1 Pun	m v	FOR OFFICE AND ONLY
SECTION E. CERTIFICATI					***	-	FOR OFFICE USE ONLY
We certify as the candidate and examined this statement. To the be	the c	iuly appointed Cr	nairperson of	the Comm	vittee and that we	nave	
42. Typed or Printed Name of Chai				a, confect a	Date (mm/dd/y	u lu	FILED
	٠.	0	- MA	f-	12/10-1	1/2	IN CLERKS OFFICE
DENNIS METHE		Mun	1 // the	M	2/15/1	<u> </u>	1
43. Typed or Printed Name of Cand		Signature of	Candidate	11	Date (mm/dd/y)	^{y)} .	
DENNIS METHE	1A	& land	1 Was	0000	0/15/11	%	FEB 1 5 2018
Warning: State law requires that any c	hange in	this information be re	ported within te	n (10) days	of the change (IC 3-9-	1-10. A	
person who knowingly files a fraudulent i							L
accurate report as required by the Indian subject to civil penalties (IC 3-9-4-16, IC 3	na Camp	aign Finance Law cor					PRINCHIAL COURT



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? THE

OF

(CFA-4)

Summary Sheet FILE NUMBER

46-18-40 **TOTAL PAGES IN ENTIRE CFA-4 REPORT**

13 THIS MA MAIEIADIAICIAL TO 162 140	<u>.</u>		
COMMITTEE INFORMATION			* * * * * * * * * * * * * * * * * * * *
Full Name of Committee (as on Statement of Organization) Check if this is a new	name.		
ELECT DEPNIS METHENY COUNCIL			
2. Acronym or Abbreviated Name (if any)	3. Comn	nittee Telephone Numb	ner ·
	1	7) 879-6	
4. Mailing Address (Address where all campaign finance correspondence is received.)		s is a new address.	
6757 W 450 N			
5. City. State. ZIP Code	6. Party	Affiliation (if applicable,)
MICHIGAN CITY INDIANA 46360	RE	PUBLICA	<i>J</i>
CANDIDATE INFORMATION (For Candidate's C	ommittee	es Only)	
7. Full Name of Candidate (Include any nickname.)	8. Party	Affiliation or If Independ	dent Candidate
DEUNIS METHENY	REI	PUBLICAN	J
9. Office Sought (Include district number, if any. Not required for exploratory committee.)	10. Cour	ity of Residence	
LAPORTE COUNTY COUNCIL DISTRICT 2	LA	- PORTE	and the second second second
TYPE OF REPORT			ION CANDIDATES ONLY
11. Check one:	· ·	Check one	
Pre-Primary Pre-Election Annual Nomination Other		Pre-Co	i
Final / Disbands Committee (Lines 18, 19, and 20 must be *0".) Utgoing Treasurer (Within ten (10) days amend Sta	tement of Organ	nization.) L. Post-C	Convention
12. Reporting Period (mm/dd/yy):	′	COLUMN A	COLUMN B
From: 61-01-18 Through: 04-13-18		This Period	Year to Date
13. Cash on hand and investments at the beginning of this reporting period.		, gritinal O ditor, adad	
14. Cash on hand and investments January 1, current year. CONTRIBUTIONS AND RECEIPTS	·		William Control
(Note: these amounts include in-kind contributions and loans, as well as cash contributions.)	•		
15a. Itemized (Use Schedule A.)		54,84	A Company of the Comp
15b. Unitemized		0	
15c. Add lines 15a and 15b in both columns.	TOTAL	54,84	
16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B.	TOTAL	54.84	- Destruction of the second
EXPENDITURES			
(Note: These amounts include in-kind expenditures and loan repayments.)			
17a. Itemized (Use Schedule B.) (Public Question: use Schedule C.)		54.84	
17b. Unitemized		٥	
17c. Add lines 17a and 17b in both columns.	TOTAL	54.84	
18. Cash on hand and investments at close of this reporting period (Subtract 17c from 16 in both columns.)	TOTAL	0	and the second second
19. Debts OWED BY the committee (Use Schedule D.)		. 0	
20. Debts OWED TO the committee (Use Schedule E.)		0	
A CONTROL OF THE CONT			F I L E
CERTIFICATION I CERTIFY THAT I HAVE EXAMINED THIS STATEMENT. TO THE BEST OF MY KNOWLEDGE AND BELIEF IT IS TO	RISE CORRE	CT AND COMPLETE	FOR OFFICE UNEXOFFICE
Signature of Treasurer Title		te (mm/dd/yy)	
Denn Methry TREASURER	04	119/18	APR 1 9 2018
Signature of Candidate (If applicable)		te (mm/dd/yy)	
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		Kongedelichek
files a fraudulent report commits a Level 6 felony. (IC 3-14-1-13) A person who fails to file a complete or accurat	te report as r	equired by the Indiana	CLERK OF LA PORTE CIRCUIT C
Campaign Finance Law commits a Class B misdemeanor, (IC 3-14-1-14) and may be subject to civil penalties. (IC 3-9-			



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	ュ	_of	3				

CONTRIBUTOR'S FULL NAME AND OCCUPATION	TYPE OF CONTRIBUTION	COLUMN A	COLUMN B	DATE RECEIVED
FULL MAILING ADDRESS (street, number, city, state, ZIP code)	OR OTHER RECEIPT	AMOUNT THIS PERIOD	CUMULATIVE YEAR-TO-DATE	(mm/dd/yy) RECEIVED BY
. ,	Contributions:			03/09/18
DENNIS METHENY 6757 W 450 N	In-Kind (describe)			13/30/18
MICHIGAN CITY IN 46360	Other Receipts:			03/09/18 03/30/18 DENNIS; METHENY
	☐ Interest ☐ Loan ☐ Miscellaneous (specify)		.	METHENY
Contributor's Occupation (if required) CAUDI DATE		54.84	54.84	L
2.	Contributions:			
	in-Kind (describe)			
	Other Receipts:	•		
	☐ Interest ☐ Loan ☐ Miscellaneous (specify)			٠٠٠ ري ٠٠٠
Contributor's Occupation (If required)		,		
3.	Contributions:			
	n-Kind (describe)			
	Other Receipts:			
	Miscellaneous (specify)			
Contributor's Occupation (if required)				
4.	Contributions:			
i	In-Kind (describe)	•		
	Other Receipts:			
	Miscellaneous (specify)			
Contributor's Occupation (if required)				
5.	Contributions: Direct			
	In-Kind (describe)			
	Other Receipts:			
	Miscellaneous (specify)	ı		
Contributor's Occupation (if required)		ر س		
1	THIS PAGE OF SCHEDULE A	\$54.84		
TOTAL OF ALL PAGES OF SCHEDULE ((Enter total on ITEM	A ON THE LAST PAGE UNLY 1 15a of the Summary Sheet.)	\$54.84		



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-lTEM-17a of the Summary Sheef. 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 NUMI	BER
Page		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)
COULD A DENNIS METHENY 6757W 450 N MICHIGAN CITY IN 46360	CANDIDATE LABORTE COUNTY COUNCIL DIST 2	Direct tn-Kind Payment of Debt Returned Contribution Other Purpose:	12.04		03/09/18
CODE A DENNIS METHENY 6757W45ON MICHIGAN CITY IN 46360	CANDIDATE LARORTE COUNTY COUNCIL DIST 2	Direct In-Kind Payment of Debt Returned Contribution Other Purpose:		54,84	
Code		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:			7.0
Code		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:			
Code		Direct in-Kind Payment of Debt Returned Contribution Other Purpose:			_ 48 g
Code		Direct In-Kind Payment of Debt Returned Contribution Other		•	
Code		Direct [] (n-Kind] Payment of Debt Returned Contribution Other			
TOTAL OF ALL PAGE	SUBTOTAL THIS PAGE ES OF SCHEDULE B ON THE L Enter total on ITEM 17a of the	AST PAGE ONLY	54,84 54,84		



No

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?

E IN CLERKS OFFICE OCT -4 2018 **OF** OCT (GF244) Summary Sheet

FILE NUMBER

TOTAL PAGES IN ENTIRE CFA-4 REPORT

COMMITTEE INFORMATION	ON		
1. Full Name of Committee (as on Statement of Organization)	ew name.	, , , , , , , , , , , , , , , , , , , ,	
ELECT DENNIS METHENY COUNCIL			
Acronym or Abbreviated Name (if any)		mittee Telephone Number	
	_ (21	9 879 6	834
4. Mailing Address (Address where all campaign finance correspondence is received.)	Check if the	nis is a new address.	
6757 W 450N			
5. City, State, ZIP Code		y Affiliation (if applicable) EPUR LLCAN	
MICHICAN CITY TO 46360			
CANDIDATE INFORMATION (For Candidate)		y Affiliation or If Independe	ant Candidata
7. Full Name of Candidate (Include any nickname.)		EPUBU.CAN	
9. Office Sought (Include district number, if any. Not required for exploratory committee.)		unty of Residence	
LABORTE COUNTY COUNTY DISTRICT 2		4 PORTE	
TYPE OF REPORT			ON CANDIDATES ONLY
11, Check one:		Check one:	
Pre-Primary Pre-Election Annual Nomination Other		Pre-Con	vention
Final / Disbands Committee (Lines 18, 19, and 20 must be '0".) Outgoing Treasurer (Within ten (10) days among	d Statement of Org	ganization.) 📈 Post-Co	nvention
12. Reporting Period (mm/dd/yy):		COLUMN A	COLUMN B
From: 04-14-18 Through: 10-12-18		This Period	Year to Date
13. Cash on hand and investments at the beginning of this reporting period.		0	
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.)			
15a. Itemized (Use Schedule A.)		\$ 54.84	\$ 380.46
15b. Unitemized		8	75
	UBTOTAL	\$ 54.84	\$ 380,46
16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B.	TOTAL	\$ 54.84	\$ 380,46
EXPENDITURES		9 0 1 0	
(Note: These amounts include in-kind expenditures and loan repayments.)			
17a. Itemized (Use Schedule B.) (Public Question: use Schedule C.)		\$ 54.84	\$ 380,46
17b. Unitemized		0	6
17c. Add lines 17a and 17b in both columns.	SUBTOTAL	\$ 54.84	\$380.46
18. Cash on hand and investments at close of this reporting period (Subtract 17c from 16 in both columns.)	TOTAL	70	0
19. Debts OWED BY the committee (Use Schedule D.)		0	
20. Debts OWED TO the committee (Use Schedule E.)		0	~

CERTIFICATION I CERTIFY THAT I HAVE EXAMINED THIS STATEMENT. TO THE BEST OF MY KNOWLEDGE AND BELIEF IT IS TRUE, CORRECT AND COMPLETE Date (mm/dd/yy) Signature CEASURER Date (mm/dd/yy Candidate (if applicable) 09/04 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 falls 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



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	TYPE OF CONTRIBUTION	COLUMN A	COLUMN B	DATE RECEIVED (mm/dd/yy)
FULL MAILING ADDRESS (street, number, city, state, ZIP code)	OR OTHER RECEIPT	AMOUNT THIS PERIOD	CUMULATIVE YEAR-TO-DATE	RECEIVED BY
DENNIS METHENY	Contributions: Direct			04/14/18
DENNIS METHENY 6757 W 450N	In-Kind (describe)			05/16/18
MICHIGAN CITY IN	Other Receipts:			DENNIS
46360	Miscellaneous (specify)	Alma wa	A	METHOENG
Contributor's Occupation (If required) CANALOATE		\$380.46	\$435.30	
2.	Contributions: Direct In-Kind (describe)			
	The state of the s			
	Other Receipts: Interest Loan			
	Miscellaneous (specify)			
Contributor's Occupation (if required)	Contributions:		,	
3.	Direct in-Kind (describe)			
3	113-Killa (aesorine)			
	Other Receipts:	1		
	Miscellaneous (specify)			
Contributor's Occupation (if required)	0.13.4			
4.	Contributions:			
i	In-Kind (describe)			
	Other Receipts:			
	Interest Loan Miscellaneous (specify)	: #		
Contributor's Occupation (if required)				
5.	Contributions:			
``	in-Kind (describe)			
	Other Receipts:			
	Interest Loan			
	Miscellaneous (specify)			İ
Contributor's Occupation (if required)		Continue M		<u> </u>
TOTAL OF ALL PAGES OF SCHEDULE	THIS PAGE OF SCHEDULE A	\$380.46		
(Enter total on ITEM	1 15a of the Summary Sheet.)	\$ 435,30		



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)
COME A PIONEER CAND COMMITTEE POBOX 554 LAPORTE IN 46352- 0554	Busings County Council DISTRICT 2	Direct In-Kind Payment of Debt Returned Contribution Other Purpose:	\$40.00	\$94.84	
Code A VISTAPRINY, COM	PRINTER COUNTY COUNCIL DISTRICT Z	Direct In-Kind Payment of Debt Returned Contribution Other Purpose: Business Careas	\$55.47	A150.31	04-14-18
Buy coeffromotions. Com 623 STATE ST LAPORTE TAN 46350	PRINTGE CECUTY CEENCE DISTRICT 2	Direct In-Kind Payment of Debt Returned Contribution Other Purpose:	\$ 284.99	8435,30	5-16-18
Code		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:			Types of the second
Code		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:			ed gw. i d
Code		Direct in-Kind Payment of Debt Returned Contribution Other Purpose;			
Code		Direct in-Kind Payment of Debt Returned Contribution Other Purpose:			
TOTAL OF ALL PA	\$ 380, 46 \$ 435,30				

A