

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?	☐ Ye	s 🗹 No If Yes,	pleas	e enter the	file n	umber	in this box	c. →	46-18-43
SECTION A . CANDIDATE	INFC	RMATION: Fill	in all	applicable		es as i	fully and		ately as possible.
2. Last Name	F	First Name		Middle Name		N	ickname		3. Type of Committee (Check one) ✓ Candidate's Principal Committee
Deckard		Kaelynn		D					Exploratory Committee
4. Mailing Address (number and street, city, s 1482 West 500 South	state, and	d ZIP code)		5. F.	AX (Opt	ional)		6. E-ma	il Address (Optional)
7. City	State		8. Cou	-		1	hone (Day)	4	10. Telephone (Evening)
La Porte	IN	46350	Lal	Porte			608-18		(219) 608-1853
11. Party Affiliation	F	7.04		1	_	t <i>(include</i> iship T		er, if any.	Not required for an exploratory committee.)
□ Democratic □ Libertarian ☑ Republication B. COMMITTEE			in all	_ ,				accur	ataly as nossible
13. Full Name of Committee (Do not abb	reviate	.) 🔲 Check if this is a	new na	me.	e DUX	ธอ สอ	iully allu	accus	ately as possible.
Kaelynn Ludlow Deckard	d for	Scipio Trustee							
14. Mailing Address (number and street, city, 1482 West 500 South	state, a	nd ZIP code) ☐ Check i	f this is a	a new address.	15. FA	X (Option	nal)	16. E-m	all Address (Optional)
17. City	State	ZIP Code	18. Co	unty		19. Tele	phone	1	20. Committee Organization Date
La Porte	IN	46350	Lal	Porte		(219)	608-18	53	(mm/dd/yy) 02/02/2018
21. Chairperson's Full Name ☑ Designate Candidate as Chairperson. ☐ Check if this is a new chairperson. Kaelynn D Deckard									
22. Mailing Address (number and street, city, 1482 West 500 South	state, a	nd ZIP code) Check i	f this is a	new address.	23. FA	X (Option	nal)	24. E-m	all Address (Optional)
25. City	State	ZIP Code	26. Co	•	1	l '	phone (Day)		28. Telephone (Evening)
La Porte	IN	46350	La	Porte		(219)	608-18	53	(219) 608-1853
29. Bank or Other Depositories (List all 30. Exploratory Committee (Give brief state SECTION C. APPOINTME	ement ex		atory com	mittee only.) 31 rei	. Salarie	s and Re	eimbursemen	its (Will to	he committee pay the candidate a salary or ch a copy of the contract.)
32. I, as Chairperson of the committee, appoint the following Treasurer of the Committee.	e for	egoing Person Appoi	nted Tr	easurer			Signature	of the C	ommittee Chairperson
33. Treasurer's Full Name ☑ Design Kaelynn D Deckard	ate can	didate as treasurer.	Chec	(if this is a new	/ treasu	rer.			
34. Mailing Address (number and street, city, 1482 West 500 South	, state, a	nd ZIP code) ☐ Check i	f this is a	new address.	35. FA	XX (Option	nal)	36. E-m	all Address (Optional)
37. City	State		38. Co	-		1	phone (Day)		40. Telephone (Evening)
La Porte	Z	46350	La	porte		(219 ₎	608-18	53	₍ 219 ₎ 608-1853
SECTION D. ACCEPTANC	E OF	APPOINTMEN	Γ (IC :	3-9-1-15)				,	
41. I give notice that I accept t Committee, I am not the chairp permitted for a candidate committ	erson	of a campaign fin					nature of Pe	erson A	ccepting Appointment
44.4		OF STATEMENT							FOR OFFICE USE ONLY
We certify as the candidate and								have	FILED
examined this statement. To the b 42. Typed or Printed Name of Cha					rect a		piete. Date (mm/dd/yy	,	IN CLERKS OFFICE
Kaelynn D Deckard		Kae		D.Dee	· ka	U/	02/13/20	· 1 1	Janes Office
43. Typed or Printed Name of Can	didate						Date (mm/dd/yy		
Kaelynn D Deckard	414410	L'ael		DD	cka	icl	02/13/20	1 1	FEB 1 3 2018
Warning: State law requires that any c person who knowingly files a fraudulent accurate report as required by the India	report o	in this information be re commits a Level 6 D fel	posted v	3-14-1-13). A	person (who fails	to file a comp	olete or	Karepape habak
subject to civil penalties (IC 3-9-4-16, IC 3								4	LERK OF LA PORTE CIRCUIT 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? Yes V No

OF

(CFA-4)
Summary Sheet

FILE NUMBER

46-18-43

TOTAL PAGES IN ENTIRE CFA-4 REPORT

12 ILI2 WA WIENDINIEM I. F. 162 F. 140	L	<u> </u>	
COMMITTEE INFORMAT	TION		
1. Full Name of Committee (as on Statement of Organization)	a new name,		
Knehno Ludias Deckard for Sciolo	Trusto	<u>e</u>	
Acronym or Abbreviated Name (if any)	3. Cor	nmittee Telephone Numb	er C O
	<u> la</u>	14) 1000.18	200
4. Mailing Address (Address where all campaign finance correspondence is received.)	Check if t	this is a new address.	
1482 W.5005.		<u> </u>	
5. City State, ZIP Code	6. Par	ty Affiliation (if applicable)
Latore in 40350)
CANDIDATE INFORMATION (For Candida			dent Candidate
7. Full Name of Candidate (Include any nickname.)	8. Par	ty Affiliation or If Independent	dent Candidate
Kachno D. Ludiaw- Deckaral	1000	ELLINIO Projectores	1)
9 Office Sought (Include district number, if any. Not required for exploratory committee	i,) 10. Co	ounty of Residence	
SCIDIO Township Trustee		CONVENT	TON CANDIDATES ONLY
		Check one	·
11, Check one: V Pre-Primary Pre-Election Annual Nomination Other			onvention
Final / Disbands Committee (Lines 18, 19, and 20 must be "0".) Using Treasurer (Within ten (10) days ar	mend Statement of O	rganization.) Dost-C	Convention
		COLUMN A	COLUMN B
12. Reporting Period (mm/dd/yy):		This Period	Year to Date
13. Cash on hand and investments at the beginning of this reporting period.	<i>,</i>	<i>↔</i>	
13. Cash on hand and investments at the beginning of this reporting period. 14. Cash on hand and investments January 1, current year.		<u> </u>	-0 -
	1 3 2 1 2 3		
(Note: these amounts include in-kind contributions and loans, as well as cash contributions	s.)		
15a. Itemized (Use Schedule A.)	······································	515	15/5
15b. Unitemized		-6	6.5
15c. Add lines 15a and 15b in both columns.	SUBTOTAL	515	1010
16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B.	TOTAL	515	515
EXPENDITURES			
(Note: These amounts include in-kind expenditures and loan repayments.)			1102 (0)
17a. Itemized (Use Schedule B.) (Public Question: use Schedule C.)		140a.09	700.07
17b. Unitemized	AUGZOZA	1100 100	402 109
17c. Add lines 17a and 17b in both columns.	SUBTOTAL	402.69	402.67
18. Cash on hand and investments at close of this reporting period (Subtract 17c from 16 in both column	ns.) TOTAL	110.01	119.01
19. Debts OWED BY the committee (Use Schedule D.)		-0	
20. Debts OWED TO the committee (Use Schedule E.)		F	
CERTIFICATION			A CHERKE PERFORM
I CERTIFY THAT I HAVE EXAMINED THIS STATEMENT. TO THE BEST OF MY KNOWLEDGE AND BELIE	FIT IS TRUE, CO	RRECT AND COMPLETE.	
Signature of Ireasurer Title		Date (mm/dd/yy)	APR 2 0 2018
Kaelyn D. Deckard		04.00.10	-
Signature of Candidate (if applicable)		Date (mm/dd/yy)	Kura 200. 0. 2.
WARNING: Any information contained in this report may not be copied for sale or used for any commercial p	purpose. (IC 3-9-4-	-5) A person who knowing kin	OF LA PORTE CIRCUIT COURT
files a 'fraudulent report commits a Level 6 felony. (IC 3-14-1-13) A person who fails to file a complete o Campaign Finance Law commits a Class B misdemeanor, (IC 3-14-1-14) and may be subject to civil penalties.	or accurate report	as required by the intilana i	



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 _	١	of	а	

CONTRIBUTION STATE AND OCCUPATION	TYPE OF CONTRIBUTION	COLUMN A	COLUMN B	DATE RECEIVED
CONTRIBUTOR'S FULL NAME AND OCCUPATION FULL MAILING ADDRESS	OR OTHER RECEIPT	AMOUNT THIS	CUMULATIVE YEAR-TO-DATE	(mm/dd/yy) RECEIVED BY
Larry Smith 1 2704 5.150W. LaPorte In 46350	Confibutions: Direct In-Kind (describe) Other Receipts: Interest Loan Miscellaneous (specify)	\$75	\$75	3.13.18
2. James Jackson	Contributions: Direct In-Kind (describe)	\$ 50	\$50	3.15.18
1452 S. 400 W. LaPorte In 46350 Contributor's Occupation (il required)	Other Receipts: Interest Loan Miscellaneous (specify)	*OO .	\$,
Darlene Forker	Contributions: Direct In-Kind (describe)	\$100	\$100	3.17.18
703 Toronado Dr LaPorte In 46350	Other Receipts: Interest Loan Miscellaneous (specify)	2100	0012	
Tom Dermony	Contributions: Direct In-Kind (describe)	\$50	\$60	3.21.18
Ole15 W Morphe Las LaPorte In 46350	Other Recelpts: Interest Loan Miscellaneous (specify)			
Jim Pressel	Contributions: Direct In-Kind (describe)	\$50	\$60	81.74.8
Rolling Prourie in 46371 Contributor's Occupation (1) required)	Other Receipts: Interest Loan Miscellaneous (specify)			
SUBTOTAL	THIS PAGE OF SCHEDULE A	\$ 325		
TOTAL OF ALL PAGES OF SCHEDULE	A ON THE LAST PAGE ONLY 1 15a of the Summary Sheet.)	\$		



(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 _	а	of	a	

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 RECEIVED BY
Robert Gaekle 4201 S. 150 W. LaPorte In 46350	Contributions: Direct In-Kind (describe) Other Receipts: Interest Loan Misc. (specify)	\$50	\$50	04.01.18
Bruce Fisher	Confributions: Direct In-Kind (describe) Other Receipts:	\$60	\$60	03.13.1B
3184 W. Greenbriar Ln LaPorte In 46350	☐ Interest ☐ Loan ☐ Misc. (specify)			
Glen Minich	Contributions: V Direct In-Kind (describe)	\$80	\$80	03.15.18
5141 S. 425 W LaPorte In 46350 Contributor's Occupation (if required)	Other Receipts: Interest Loan Misc. (specify)	400		
	Contributions: Direct In-Kind (describe)			
Contributor's Occupation (if required)	Other Receipts: Interest Loan Misc. (specify)			
5.	Contributions: Direct In-Kind (describe)			
Contributor's Occupation (if required)	Other Receipts: Interest Loan Misc. (specify)			
	THIS PAGE OF SCHEDULE A	\$190		
TOTAL OF ALL PAGES OF SCHEDULE (Enter total on ITE)	A ON THE LAST PAGE ONLY M 15a of the Summary Sheet)	\$515		



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

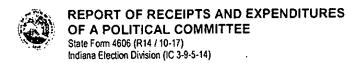
(CFA-4 SCHEDULE A-2) CONTRIBUTIONS BY CORPORATIONS

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).

FILE	NUME	BER
Page	of	
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	CONTRIBUTOR'S FULL NAME AND	TYPE OF CONTRIBUTION	COLUMN A	COLUMN B	DATE RECEIVED
		OR OTHER RECEIPT	AMOUNT THIS	CUMULATIVE	(mm/dd/yy)
	FULL MAILING ADDRESS	OR OTHER RECEIF	PERIOD	YEAR-TO-DATE	RECEIVED BY
	(street, number, city, state, ZIP code)		FERIOD	CARTO DATE	
1.		Contributions:		_	
		☐ Direct		,	
	\	in-Kind (describe)	4		•
	· \	Other Receipts:			
		interest Loan	/ -		•
	;	Miscellaneous (specify)	/		
	:	_			
•		Contributions:			
2.		Direct			
		1			
		n-Kind (describe)			
		Other Receipts:			
		Interest Loan			
		Miscellaneous (specify)			
3.		Contributions:			
••		Direct			
		In Kind (describe)			
					· '
					, <u>.</u>
		Other Receipts:			
	·	Interest Loan	\		
	· · · · · · · · · · · · · · · · · · ·	Miscellaneous (specify)	\		
	· · · · · · /		\		
			\		
		Cantribudians:	\ \		
4,		Contributions: Direct	\ \		
		I	l \		pre 14
		n-Kind (describe)	\		•
			\ \		
		OH - Secretary	l \		
ı	/	Other Receipts:	\		
	· /	Interest Loan			
	/	Miscellaneous (specily)			
	. /	ĺ			
	. /		<u> </u>		
5.		Contributions:	/		
J.	/	Direct	·		
	/	In-Kind (describe)			
	1	In-Kind (describe)			
	(
		Other Receipts:			
		Interest Loan			
		Miscellaneous (specify)			
	<u></u>				
	SURTOTAL	THIS PAGE OF SCHEDULE A	\$		
	TOTAL OF ALL PAGES OF SCHEDULE	A UN THE LAST PAGE ONLY	\$		
	(Enter total on ITE	M 15a of the Summary Sheet.)			



(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_	of			

	AND THE PARTY AND	TYPE OF CONTRIBUTION	COLUMN A	COLUMN B	DATE RECEIVED
	CONTRIBUTOR'S FULL NAME AND FULL MAILING ADDRESS	OR OTHER RECEIPT	AMOUNT THIS	CUMULATIVE	(mm/ddlyy)
	(street, number, city, state, ZIP code)		PERIOD	YEAR-TO-DATE	RECEIVED BY
1.		Contributions:			
		In-Kind (describe)			
		Other Receipts:			<u> </u>
		Interest Loan		/	
		Miscellaneous (specify)			
2.		Contributions: Direct			
		in-Kind (describe)			
		Other Receipts:			
	à	Interest Loan		:	^.
		Miscellaneous (specify)		, , ,	Tank Maring
	·				
3.		Contributions:			
		In-Kind (describe)			
					:
		Other Receipts:			
		Interest Loan			
		Miscellaneous (specify)			
		<u>/</u>			
4.		Contributions: Direct			
	/	In-Kind (describe)			
				!	
		Other Receipts:			
		Interest Loan			
		Miscellaneous (specify)	\		
<u> </u>					
5 .	/	Contributions: Direct			
	/	In-Kind (describe)		:	
	/		:		
	· /	Other Receipts:			1000
		Interest Loan Miscellaneous (specify)			·
		ivilscellaneous (spechy)			
		THIS PAGE OF SCHEDULE A	\$		
	TOTAL OF ALL PAGES OF SCHEDULE /	A ON THE LAST PAGE ONLY I 15a of the Summary Sheet.)	\$		



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 at 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	
	<u> </u>	
Page	of	

<u> </u>				
CONTRIBUTOR'S FULL NAME AND 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)		PERIOD	YEAR-TO-DATE	RECEIVED BY
1.	Contributions: Direct in-Kind (describe)		,	en de la companya de
	Other Receipts: Interest Loan Miscellaneous (specify)			
2	Contributions:			
	Direct In-Kind (describe)			
	Other Receipts: Unterest Loan Miscellarieous (specify)			
	<u> </u>		:	
3.	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest Loan Miscellaneous (specify)			
4.	Contributions: Direct In-Kind (describe)			:
	Other Receipts: Interest Loan Miscellaneous (specify)			
5.	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest Loan Miscellaneous (specify)		·	
CHIDTOTAL	THIS PAGE OF SCHEDULE A	\$		
TOTAL OF ALL PAGES OF SCHEDULE	ON THE LAST PAGE ONLY	\$		
(Enter total on ITEM	15a of the Summary Sheet.)	·		



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 Réceipts

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 totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from other entities OVER \$100 per contribution, within a catendar year MUST be itemized on this schedule (over \$200, if regular party committee). All transfers-in and in-kind contributions 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 catendar year, MUST be itemized on this schedule (over \$200 if regular party committee).

FILE NUMBER			
Page	of		

CONTRIBUTOR'S FULL NAME AND	TYPE OF CONTRIBUTION	COLUMN A	COLUMN B	DATE RECEIVED (mm/dd/yy)
FULL MAILING ADDRESS	OR OTHER RECEIPT	AMOUNT THIS PERIOD	CUMULATIVE YEAR-TO-DATE	RECEIVED BY
(street, number, city, state, ZIP code)	Contributions:	PERIOD		
\	☐ Direct			
	n-Kind (describe)			•
	Other Receipts:			
	Interest Loan			
\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Miscellaneous (specify)	/ /		
2	Contributions: Direct			
	In-Kind (describe)			
	/			-
	Other Receipts:		•	·
	☐ Interest ☐ Loan ☐ Miscellaneous (specify)			
				!
3.	Contributions:			
 	☐ Øirect	:		
	In-Kind (describe)			
/	Other Receipts:			
	Interest Loan			
· /	Miscellaneous (specify)			
	Contributions:			
4.	Contributions:		İ	
	n-Kind (describe)			
/	Other Receipts:	ļ		
/	Miscellaneous (specify)	İ	ļ	
/			<u> </u>	
5.	Contributions:			
	Direct In-Kind (describe)			
_	L_ in-Ning (describe)		· i	
	Other Receipts:			
	☐ Interest ☐ Loan			
	Miscellaneous (specify)		<u> </u>	,
ł	THIS PAGE OF SCHEDULE A	\$		
TOTAL OF ALL PAGES OF SCHEDULE	A ON THE LAST PAGE ONLY	\$		
(Enter total on ITEN	1 15a of the Summary Sheet.)	<u> </u>		



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			
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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)
Hawkins Print 315 Uncolnway LaPorte In 48350		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:	49.76		3.16.18
Buycool Promotions 628 State St. La Porte In 46350		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:	275,50		8181.10
Pioneer land Po box 554 (alorte in 46352	·	Direct In-Kind Payment of Debt Returned Contribution Other Purpose:	25		03.02.18
Karahtess Clothing 517 State St. 1 a Porte In 46350		Direct 1n-Kind Payment of Debt Returned Contribution Other Purpose:	19.26		02-27. 18
Karahtess Clothing 517 State St Carorte in 46350	-	Direct In-Kind Payment of Debt Returned Contribution Other Purpose:	33.17	52.43	04.18.18
Code		Direct In-Kind Payment of Debl Returned Contribution Other Purpose:			
Code		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:			
	SUBTOTAL THIS PA	GE OF SCHEDULE B	54031A		
TOTAL OF ALL P	AGES OF SCHEDULE B ON TH (Enter total on ITEM 17a of	E LAST PAGE ONLY	s402.69		



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

(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.

FIL	E NUMBER
Page	of

				-	
Enter Text of Public Question.	PUBLIC QUESTION	NINFORMATION			
Enter Text of Public Question.					
Туре of Question: П Statewide	Local				,
Position: Supported Oppos				001131110	DATE OF
RECIPIENT'S NAME AND MAILING ADDRESS (street, number, city, state, ZIP code)	RECIPIENT'S OCCUPATION	TYPE OF EXPENDITURE and PURPOSE (be specific)	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE OF EXPENDITURE (mm/dd/yy)
Code		Direct In-Kind Payment of Debt Returned Contribution Other			
		Purpose:			1.50 T. 1
Code		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:			
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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 toans, 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.

	FILE NUMBER	
Page _	of	

CREDITOR'S OR LENDER'S NAME AND MAILING ADDRESS	ENDORSER'S OR VENDOR'S NAME AND MAILING ADDRESS (if any)	AMOUNT	DATE DEBT INCURRED	CUMULATIVE PAID	OUTSTANDING BALANCE THIS
(street, number, city, state, ZIP code)	(street, number, city, state, ZIP code)	NATURE OF DEBT	(mm/dd/yy)	YEAR-TO-DATE	PERIOD
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(CFA-4 SCHEDULE E) DEBTS OWED TO 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 TO the committee during the reporting period. Include all amounts the committee has loaned to others.

1	FILE NUMBER	
Page	of	

BORROWER'S NAME AND MAILING ADDRESS	CO-SIGNER'S NAME AND MAILING ADDRESS (if any) (street, number, city, state, ZIP code)	ORIGINAL AMOUNT	DATE DEBT INCURRED	CUMULATIVE PAID YEAR-TO-DATE	OUTSTANDING BALANCE THIS PERIOD
(street, number, city, state, ZIP code)	(street, number, city, state, ZIP code)	NATURE OF DEBT	(mm/dd/yy)	TEAR-TO-DATE	PERIOD
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		(Enter total on l'	TEM 20 of the Su	mmary Sheet.)	



State Form 4606 (R13/11-05) Indiana Election Commission (IC 3-9-5-14)

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

IS THIS AN AMENDMENT? Yes No

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

(CFA-4) Summary Sheet

FILE NUMBER

40-18-43

TOTAL PAGES IN ENTIRE CFA-4 REPORT

COMMITTEE INFORMATION	
1. Full Name of Committee (as on Statement of Organization) Check if this is a new r	name
Kaehinn Ludlow-Deckard Tor Scipio 1	rustee
2. Acronym or Abbreviated Name (if any)	3. Committee Telephone Number
	1(019) 408.1800
4. Mailing Address (address where all campaign finance correspondence is received)	heck if this is a new address
5. City State, ZIP Code	6. Party Affiliation (if applicable)
LAPOVIE IN 40300 :	REDUDITATI
CANDIDATE INFORMATION (For Candidate's C	
7. Full Name of Candidate (include any nickname)	8. Party Affiliation or If Independent Candidate
Kaelyna D. Luaiow-Deckara	REGIDICAL)
9 Office Sought (Include district number, if any. Not required for exploratory committee.)	10. County of Residence
CLOID IGNOSTIO TUSIC	CONVENTION CANDIDATES ONLY
TYPE OF REPORT	Check one:
11. Check one: Pre-Primary Pre-Election Annual Nomination Other	Pre-Convention
Final/Disbands Committee (lines 18, 19, and 20 must be "0") Utgoing Treasurer (within 10 days amend Statement o	of Organization) Post-Convention
12. Reporting Period: From: 04.14.18 Through: 0.15.18	COLUMN A COLUMN B This Period Year to Date
13. Cash on hand and investments at the beginning of this reporting period.	110.01
14. Cash on hand and investments January 1, current year.	
CONTRIBUTIONS AND RECEIPTS	
(Note: these amounts include in-kind contributions and loans, as well as cash contributions.)	1400 1915
15a. Itemized (use Schedule A)	A A
15b. Uniternized	TOTAL 1400 1915
15c. Add lines 15a and 15b in both columns	TOTAL 1400 1915
16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B EXPENDITURES	
(Note: These amounts include in-kind expenditures and loan repayments.)	
17a. Itemized (use Schedule B) (Public Question: use Schedule C)	1149.08 1551.77
	0
17b. Unitemized 17c. Add lines 17a and 17b in both columns SUE	BTOTAL 1149.08 1551.77
18. Cash on hand and investments at close of this reporting period (subtract 17c from 16 in both columns)	TOTAL 1149.08 1651.77
	-0
Debts OWED BY the committee (use Schedule D) 20. Debts OWED TO the committee (use Schedule E)	
	FOR OFFICE USEONLE
CERTIFICATION I CERTIFY THAT I HAVE EXAMINED THIS STATEMENT. TO THE BEST OF MY KNOWLEDGE AND BELIEF IT IS	A LOLEDIA Arciad
	Date
ignature of Treasurer A 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	10.15 8 OCT 1 5 2018
Signature of Candidate (if applicable)	Date C IQ
1 X March 1 1 1 March 1 1	//C 2 0 4 51 A person who inquintly
WARNING: Any information contained in this report may not be copied for sale or used for any commercial purpos files a fraudulent report commits a Class D felony. (IC 3-14-1-13) A person who fails to file a complete or accurately according to the complete of accurate to the complet	
Campaign Finance Law commits a Class B misdemeanor, (IC 3-14-1-14) and may be subject to civil penalties. (IC 3	3-9-4-16, IC 3-9-4-17, IC 3-9-4-18)



State Form 4606 (R13/11-05) Indiana Election Commission (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	of	

Ed Gilliland 1753 S. 100 W. LaPorte Contributor's Occupation (if required) 2.	ner Receipts: Interest Loan Misc. (specify) ptributions: Direct In-Kind (describe) her Receipts: Interest Loan	50	50	5.18.18
2.	her Receipts: Interest Loan	50		C : 0 10
1 1282 5 1251J	Misc. (specify)	50	50	5.18.18
Aaron Halle 1292 S. Redbud LaPorte	her Receipts: Interest Loan Misc. (specify)	500	500	4.17.18
Lou Voelker 3500 S. 350 W.	ontributions: Direct In-Kind (describe) ther Receipts: Interest Loan Misc. (specify)	50	50	5.22.18
Jerry Orcutt	ontributions: Direct In-Kind (describe) wither Receipts: Interest Loan Misc. (specify)	250	250	67.26.18
	S PAGE OF SCHEDULE A	s 900		



State Form 4606 (R13/11-05) Indiana Election Commission (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	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 RECEIVED BY
Rip : Shelley Ludlow 1103 W.19th St. Contributor's Occupation (if required)	Contributions: Direct In-Kind (describe) Other Receipts: Interest Loan Misc. (specify)	160-		08.01.18
Mitch Feikes 1328 Lakeside St. LaPorte Contributor's Occupation (if required)	Contributions: Direct In-Kind (describe) Other Receipts: Interest Loan Misc. (specify)	300		08.17.18
TIM Ludlow 908 Virginà Ave La Porte Contributor's Occupation (if required)	Contributions: Direct In-Kind (describe) Other Receipts: Interest Loan Misc. (specify)	100		09.06.18
4. Contributor's Occupation (if required)	Contributions: Direct In-Kind (describe) Other Receipts: Interest Loan Misc. (specify)			
5. Contributor's Occupation (if required)	Contributions: Direct In-Kind (describe) Other Receipts: Interest Loan Misc. (specify)			
	THIS PAGE OF SCHEDULE A	\$ 500		
TOTAL OF ALL PAGES OF SCHEDULE (Enter total on ITEI	A ON THE LAST PAGE ONLY If 15a of the Summary Sheet)	\$1400		



State Form 4606 (R13/11-05) Indiana Election Commission (IC 3-9-5-14)

(CFA-4 SCHEDULE A-2) CONTRIBUTIONS BY CORPORATIONS

Itemized Contributions and Other Receipts

ASTRUCTIONS: 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).

FILE NUMBER	
Page of	

	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 RECEIVED BY
1.	(Street, number, city, State, 21r code)	Contributions: Direct In-Kind (describe)	PENIOD	TEARVIO-DATE	
		Other Receipts: Interest Loan Misc. (specify)			
2.		Contributions: Direct In-Kind (describe)			
		Other Receipts: Interest Loan Misc. (specify)			
3.		Contributions: Direct In-Kind (describe)			
		Other Receipts: Interest Loan Misc. (specify)			
4.		Contributions: Direct In-Kind (describe)			
		Other Receipts: Interest Loan Misc. (specify)			
5.		Contributions: Direct In-Kind (describe)			
		Other Recelpts: Interest Loan Misc. (specify)			
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(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 _	of		

	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 RECEIVED BY
1.		Contributions: Direct In-Kind (describe)			
		Other Receipts: Interest Loan Misc. (specify)			
2.		Contributions: Direct In-Kind (describe)			
		Other Receipts: Interest Loan Misc. (specify)			
3.		Contributions: Direct In-Kind (describe)			
		Other Receipts: Interest Loan Misc. (specify)			
4.		Contributions: Direct In-Kind (describe)			
		Other Receipts: Interest Loan Misc. (specify)			
5.		Contributions: Direct In-Kind (describe)			
		Other Receipts: Interest Loan Misc. (specify)			
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(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 of

	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 RECEIVED BY
1,		Contributions: Direct In-Kind (describe)			
		Other Receipts: Interest Loan Misc. (specify)			
2.		Contributions: Direct In-Kind (describe)			
1		Other Receipts: Interest Loan Misc. (specify)			
3.		Contributions: Direct tn-Kind (describe)			
		Other Receipts: Interest Loan Misc. (specify)			
4.		Contributions: Direct In-Kind (describe)		·	
		Other Receipts: Interest Loan Misc. (specify)			
5.		Contributions: Direct In-Kind (describe)			
1		Other Receipts: Interest Loan Misc. (specify)			
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State Form 4606 (R13/11-05) Indiana Election Commission (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 totaled 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 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).

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Page _	of	_	

CONTRIBUTOR'S FULL NAME AND FULL MAILING ADDRESS	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS	COLUMN B CUMULATIVE	DATE RECEIVED RECEIVED BY
(street, number, city, state, ZIP code)	Contributions: Direct In-Kind (describe) Other Receipts: Interest Loan Misc. (specify)	PERIOD	YEAR-TO-DATE	
2.	Contributions: Direct In-Kind (describe) Other Receipts: Interest Loan Misc. (specify)			
3.	Contributions: Direct tn-Kind (describe) Other Receipts: Interest Loan Misc. (specify)		-	
4.	Contributions: Direct In-Kind (describe) Other Receipts: Interest Loan Misc. (specify)			r
5.	Contributions: Direct In-Kind (describe) Other Receipts: Interest Loan Misc. (specify)	,		
TOTAL OF ALL PAGES OF SCHEDULE	THIS PAGE OF SCHEDULE A A ON THE LAST PAGE ONLY M 15a of the Summary Sheet)	\$		



State Form 4606 (R13/11-05) Indiana Election Commission (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	of		

				<u> </u>			
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		
Howkins Print 315 Lincolnuay Caporte		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:	39.Co	98.82 	CV:01.18		
Karantess 517 State St. La Porte		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:	96.30	14873	04.05.18		
us. Postal		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:	30 -	36-	W. V5.18		
New Day Foundation Po box 13	,	Direct In-Kind Payment of Debt Returned Contribution Other Purpose:	50-	50-	81.61.70		
Karantess 517 State St.		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:	77.04	295.TT	81.06.70		
Scotty's Dynamic 3409 Franklin St.		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:	280-	280-	07.33.18		
Scotty's Dynamic 3409 Franklin St.		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:	319.20	599.30	31.01.80		
Michigan City	SURTOTAL THIS PA	GE OF SCHEDULE B	\$891.6				
TOTAL OF ALL F	AGES OF SCHEDULE B ON TH	IE LAST PAGE ONLY	\$				
(Enter total on ITEM 17a of the Summary Sheet)							



State Form 4606 (R13/11-05) Indiana Election Commission (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 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
Brandy Photo		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:	30-	30-	09.04.18
Vistaprint		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:	128.18	138.18	09.24.18
Magic Sport 724 Lincolnway		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:	99.30	99.30	09.25.18
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:			
Code		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:			
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TOTAL OF ALL PA	GES OF SCHEDULE B ON THE		s1149/59		



State Form 4606 (R13/11-05) Indiana Election Commission (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, tegislative caucus, political action, or regular party committees) MUST be itemized on this schedule.

FILE NUMBER				
Page	of			

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RECIPIENT'S NAME AND MAILING ADDRESS (street, number, city, state, ZIP code)	RECIPIENT'S OCCUPATION	TYPE OF EXPENDITURE and	COLUMN A AMOUNT THIS	COLUMN B CUMULATIVE	DATE OF
(3333, 3333, 334, 333, 333, 333, 333, 33	OFFICE SOUGHT (if applicable)	PURPOSE (be specific)	PERIOD	YEAR-TO-DATE	EXPENDITURE
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:			
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:			
Code		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:			
	SUBTOTAL THIS PAG	SE OF SCHEDULE B	\$		
TOTAL OF ALL PA	GES OF SCHEDULE B ON THE (Enter total on ITEM 17a of the contract of the contr		\$		
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State Form 4606 (R13/11-05) Indiana Election Commission (IC 3-9-5-14) (CFA-4 SCHEDULE C)
ITEMIZED EXPENDITURES
For Public Questions

... ASTRUCTIONS: 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	01
Enter Text of Public Question	PUBLIC QUESTIO	N INFORMATION			
Type of Question: Statewide					
Position: Supported Oppos	ed				
RECIPIENT'S NAME AND MAILING ADDRESS (street, number, city, state, ZIP code)	RECIPIENT'S OCCUPATION	TYPE OF EXPENDITURE and PURPOSE (be specific)	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE OF EXPENDITURE
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:			
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 PA	GE OF SCHEDULE C	\$		
TOTAL OF ALL PAG	ES OF SCHEDULE C ON TH	IE LAST PAGE ONLY	\$		



State Form 4606 (R13/11-05) Indiana Election Commission (IC 3-9-5-14)

(CFA-4 SCHEDULE D) DEBTS OWED BY THIS COMMITTEE

.dSTRUCTIONS: 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.

FILE NUMBER			
Page	of		

CREDITOR'S OR LENDER'S NAME	ENDORSER'S OR VENDOR'S	AMOUNT	DATE DERT	CUMULATIVE	OUTSTANDING
& MAILING ADDRESS (street, number, city, state, ZIP code)	NAME & MAILING ADDRESS (if any) (street, number, city, state, ZIP code)	NATURE OF DEBT	DATE DEBT INCURRED	PAID YEAR-TO-DATE	BALANCE THIS PERIOD
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(CFA-4 SCHEDULE E) DEBTS OWED TO 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 TO the committee during the reporting period. Include all amounts the committee has loaned to others.

	FILE NUMBER	
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BORROWER'S NAME & MAILING ADDRESS	CO-SIGNER'S NAME	ORIGINAL AMOUNT	DATE DEBT	CUMULATIVE PAID	OUTSTANDING BALANCE THIS
(street, number, city, state, ZIP code)	& MAILING ADDRESS (if any) (street, number, city, state, ZIP code)	NATURE OF DEBT	INCURRED	CUMULATIVE PAID SERIOD OUTSTANDING BALANCE THIS PERIOD	
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