

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

OF

(CFA-4) **Summary Sheet**

FILE NUMBER **TOTAL PAGES IN ENTIRE CFA-4 REPORT**

| | <u> </u> | | | | |
|--|--|------------------------|---|----------------|---|
| | COMMITTEE INFORMAT | ON | | | |
| 1. Fuli Name of Committee (as on Statement of Organizati | ion) Check if this is a | new name. | | | |
| LATORIE FIREFIGHTERS | PAC | | | | |
| 2. Acronym or Abbreviated Name (if any) | ****** | 3. Comm | ittee Telepho | one Number | |
| | | (219 | 362 | -3456 | |
| 4. Mailing Address (Address where all campaign finance of | orrespondence is received.) | Check if this | is a new ad | dress. | |
| 809 W. 18TH STA | | | | | |
| 5. City, State, ZIP Code _ | | 6. Party A | Affiliation (if a | applicable) . | |
| | 46350 | | | | |
| CANDIDATE IN | IFORMATION (For Candidat | | | | |
| 7. Full Name of Candidate (Include any nickname.) | | 8. Party A | Affiliation or I | f Independer | nt Candidate |
| | | | | | · |
| 9. Office Sought (Include district number, if any. Not requi | ired for exploratory committee. |) 10, Coun | ty of Reside | nce | |
| • | | | | | |
| TYPE OF | REPORT | | C | ONVENTIO | N CANDIDATES ONL |
| 11. Check one: | | | (| Check one: | |
| Pre-Primary Pre-Election Annual Nomination | Other | | | Pre-Conv | vention |
| Final / Disbands Committee (Lines 18, 19, and 20 must be *0".) | | end Statement of Organ | nization.) | Dost-Cor | vention. |
| 12. Reporting Period (mm/dd/yy): | | ** | COLU | MN A | COLUMN B |
| -1/1/- | unh: 12/31/17 | | This P | | Year to Date |
| 13. Cash on hand and investments at the beginning of this | | | 11,39 | 3,20 | |
| Cash on hand and investments January 1, current year | | | .,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | 11,393,20 |
| CONTRIBUTIONS AN | | | | | |
| (Note: these amounts include in-kind contributions and loa | |) | | | |
| 15a. Itemized (Use Schedule A.) | | | 2.7 | 93.61 | 2,793.61 |
| 15b. Unitemized | | | | | |
| 15c. Add lines 15a and 15b in both columns. | | SUBTOTAL | 2,7 | 73.61 | 2,793,61 |
| 16. Add lines 13 and 15c in Column A and lines 14 and 15 | ic in Column B. | TOTAL | 14,186 | 2.81 | 14,186.81 |
| EXPENDITUI | | | | | |
| (Note: These amounts include in-kind expenditures and lo | an repayments.) | | | | |
| 17a. Itemized (Use Schedule B.) (Public Question: use Sc | | | 138, | 2.88 | 1382.88 |
| 17b. Uniternized | | | | | |
| 17c. Add lines 17a and 17b in both columns. | | SUBTOTAL | 138 | 2.88 | 1382,88 |
| 18. Cash on hand and investments at close of this reporting period | Subtract 17c from 16 in both column | s.) TOTAL | 12,80 | 13.93 | 12,803.9 |
| 19. Debts OWED BY the committee (Use Schedule D.) | · Joanna · · · · · · · · · · · · · · · · · · | | 100 | / | , |
| | | | | | |
| 20. Debts OWED TO the committee (Use Schedule E.) | | | | F I | L E D |
| | RTIFICATION | | , | E | KR OFFETE ONLY |
| I CERTIFY THAT I HAVE EXAMINED THIS STATEMENT. TO THE BI | EST OF MY KNOWLEDGE AND BELIEF | IT IS TRUE, CORRI | ECT AND COM | PLETE. | |
| Signature of Treasurer | Title | Da | ate (mm/dd/ | * * | 4 0 0040 |
| -Sittes | SEC/TREAS. | | 11 1 | | 1 8 2018 |
| Signature of Candidate (if applicable) | | į Da | ate (mm/dd/) | 'Y) | |
| WARNING: Any information contained in this report may not be copie | ed for sale or used for any commercial p | urpose. (IC 3-9-4-5) | A person who | knowingly aug | Mchaback |
| 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 | PRKOODSPALALPO | RTE CIRCUIT COURT |
| 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- | (8) | |



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

(CFA-4 SCHEDULE A-1) CONTRIBUTIONS BY INDIVIDUALS

Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY INDIVIDUALS ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from individuals OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee). A contributor's occupation is required if an individual makes at least \$1,000 in contributions during the calendar year. Otherwise, this is optional.

| FILE NUMBER | | | | | |
|-------------|----|--|--|--|--|
| | | | | | |
| Page | of | | | | |

| CONTRIBUTOR'S FULL NAME AND OCCUPATION | TYPE OF CONTRIBUTION | COLUMN A | COLUMN B | DATE RECEIVED |
|---|--------------------------------|-------------|--------------|------------------------|
| FULL MAILING ADDRESS | OR OTHER RECEIPT | AMOUNT THIS | CUMULATIVE | (mm/dd/yy) RECEIVED BY |
| (street, number, city, state, ZIP code) | Contributions: | PERIOD | YEAR-TO-DATE | RECEIVED BY |
| 1. | Direct | | | |
| ACCUMULATIVE WITH INTEREST | n-Kind (describe) | | | |
| MCCUMULATIVE | | 2793,61 | 2793 W | |
| WITH INTEREST | Other Receipts: Interest Loan | 2772701 | 2,73,4 | |
| | Miscellaneous (specify) | | | |
| Contributor's Occupation (if required) | | | | |
| 2. | Contributions: | | | |
| | Direct In-Kind (describe) | | | |
| | E THEKING (Describe) | | | |
| | Other Receipts: | | | |
| | Interest Loan | | | |
| | Miscellaneous (specify) | | | |
| Contributor's Occupation (if required) | | | | |
| 3. | Contributions: Direct | | i i | |
| | In-Kind (describe) | | | |
| | <u> </u> | | | |
| | 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: | | | |
| | In-Kind (describe) | | | |
| | | | | |
| | Other Receipts: | | | |
| | Miscellaneous (specify) | | | |
| | | | | |
| Contributor's Occupation (if required) | THIS PAGE OF SCHEDULE A | \$ | | |
| TOTAL OF ALL PAGES OF SCHEDULE | | | | |
| (Enter total on ITEM | 1 15a of the Summary Sheet.) | \$ | | |



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

(CFA-4 SCHEDULE B) ITEMIZED EXPENDITURES

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

| FILE NUMBER | | | | | |
|-------------|----|---------|--|--|--|
| • | | | | | |
| Page | of | <u></u> | | | |

| | RECIPIENT'S OCCUPATION | TYPE OF EVPENDITURE | COLUMNA | DATE OF | |
|---|---|---|-----------------------------------|--|---------------------------|
| RECIPIENT'S NAME AND MAILING ADDRESS (street, number, city, state, ZIP code) | OFFICE SOUGHT (if applicable) | TYPE OF EXPENDITURE and PURPOSE (be specific) | COLUMN A AMOUNT THIS PERIOD | COLUMN B CUMULATIVE YEAR-TO-DATE | EXPENDITURE (mm/dd/yy) |
| | (ii application) | | | | |
| Southwest Aurunes | | Direct In-Kind Payment of Debt Returned Contribution Other Purpose: | 274.88 | 274,88 | 1/30/17 |
| PROFESSIONAL FIREFILHTER PAC | | Drect In-Kind Payment of Debt Returned Contribution Other Purpose: | 1108,00 | 1108,00 | 5/14/17 |
| Code | | Direct In-Kind Payment of Debt Returned Contribution Other Purpose: | | | |
| Code | | Direct In-Kind Payment of Debt Returned Contribution Other Purpose: | | | , de s |
| Code | | Direct In-Kind Payment of Debt Returned Contribution Other Purpose: | | · | |
| Code | | Direct In-Kind Payment of Debt Returned Contribution Other Purpose: | | | |
| Code | | Direct In-Kind Payment of Debt Returned Contribution Other Purpose: | | | |
| | SUBTOTAL THIS PAG | | \$ | | |
| TOTAL OF ALL PA | AGES OF SCHEDULE B ON TH (Enter total on ITEM 17a of t | E LAST PAGE ONLY he Summary Sheet.) | \$ | | |



POLITICAL ACTION COMMITTEE OR LEGISLATIVE CAUCUS COMMITTEE STATEMENT OF ORGANIZATION



State Form 28251 (R9/9-09)
Indiana Election Commission (IC 3-9-1-3 and IC 3-9-1-4)

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

| | FILE NUMBER |
|--|--|
| 1. IS THIS AN AMENDMENT? No Yes If Yes, please enter the | ne file number in this box \rightarrow 46-18-78 |
| SECTION A. COMMITTEE INFORMATION: Fill in all applica | ble boxes as fully and accurately as possible. |
| 2. Full Name of Committee (Do not abbreviate) | 3. Acronym or Abbreviated Name (if any) |
| 4. Mailing Address (Address where all campaign finance correspondence is received) | x if this is a new address 5. E-mall Address (Optional) |
| 809 W 1874 STREET 6. City State ZIP Code 7. FAX (Optional) | |
| 6. City State ZIP Code 7. FAX (Optional) | 8. Telephone 9. Committee Organization Date |
| LAFORTE IN 46350 () | (219) 362-3456 (MM-DD-YY) 07/08/07 |
| 10. is this committee registered with the Federal Election Commission? | this committee a "Legislative Caucus Committee" under IC 3-5-2-27.3? |
| 12. State the purpose of the committee and on which issues the committee expect | THE LAPORTE FIRE DEPT. |
| 13. Name and address of any connected, affiliated, sponsoring organization, corporation, 14. Is the | the committee aumanting a military matter than the state of a life to the |
| Toroup, or individual. | |
| | party affiliation if applicable: Democratic Libertarian Republican |
| Ott | |
| 15. If supporting or opposing a public question, state both the subject of the que | stion AND the committee position. |
| | |
| 16. Chairperson's Name | 17. E-mail Address (Optional) |
| | |
| Mailing Address Check if this is a new address | 19. Télephoné (Day) 20. Telephone (Evening) |
| , 809 W. 18TH STREET LABORTE, IN 46 | |
| 21. Treasurer's Name | 6350 (219)362-3456 () 22. E-mail Address (Optional) |
| 2 -6 | 22. E-mail Address (Optional) |
| 23. Mailing Address Check if this is a new address | 04 7-1 |
| 1 · · · · · · · · · · · · · · · · · · · | 24. Telephone (Day) 25. Telephone (Evening) |
| | 350 (219) 362-3457 (|
| 26. Custodian of Records' Name | 27. E-mail Address (Optional) |
| 28. Mailing Address | |
| 28. Mailing Address | 29. Telephone (Day) 30. Telephone (Evening) |
| 809 W. 18TH STREET LABORTE, IN 4633 | 50 (219) 362-3456() |
| 31. Bank or Other Depositories (List all banks or other depositories in which the committee | ne deposits funds, holds accounts, rents safety deposit boxes or maintains funds.) |
| | |
| SECTION B. APPOINTMENT OF TREASURER (IC 3-9-1-14) | |
| 32. I, as Chairperson of the foregoing committee, Person Appointed Treasurer | Signature of the Committee Chairperson |
| appoint the following person as Treasurer of the Committee. | 10,25.1 |
| The state of the s | <u> </u> |
| SECTION C. ACCEPTANCE OF APPOINTMENT (IC 3-9-1-15) 33. I give notice that I accept the duties and responsibilities of Treasurer of t | |
| I am not the chairperson of any other campaign finance committee. | this Committee. FOR OFFICE USE ONLY |
| 34. Typed or Printed Name of Treasurer Signature of Treasurer | Date (MM-DD-YY) |
| BREW SWIER SHOTER | 01-17-18 |
| SECTION D. CERTIFICATION OF STATEMENT | |
| I certify that I am the duly appointed Chairperson of the Committee and have | examined this statement. |
| To the best of my knowledge and belief it is true, correct and complete. | |
| Typed or Printed Name of Chairperson Signature of Chairperson | Date (MM-DD-YY) JAN 1 8 2018 |
| BRIAN L GRAY (SE) Du | 01-17-18 |
| Warning: Any information contained in this statement may not be copied for sale or used for any con requires that any change in this information must be reported within 10 days of the change. (IC 3-9-1-10) | mmercial purpose. (IC 3-9-4-5) State law |
| report commits a Class D felony. (IC 3-14-1-13) A person who fails to file a complete or accurate rep | |
| 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) |



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.

THIS AN AMENDMENT? Tes X

OF

(CFA-4) Summary Sheet

Summary Sheet FILE NUMBER

46-18-6218

TOTAL PAGES IN ENTIRE CFA-4 REPORT

| COMMITTEE INFORMATION Check if this is a new name Committee (as on Statement of Organization) Check if this is a new name Campaign (in any) Campaign (in a | IS THIS AN AMENDMENT? TES A NO | <u> </u> | | | |
|--|--|-------------------|---------------------------|---------------------------|--|
| APGRTR FIREFILHTERS PAC | COMMITTEE INFORMATION | | | | |
| APGRTR FIREFILHTERS PAC | 1 Full Name of Committee (as on Statement of Organization) Check if this is a new | name. | 1 | | |
| 2. Acronym or Abbreviated Name (if any) 3. Committee Telephone Number (29) 362-3856 4. Mailing Address (Address where eti campaign finance correspondence is received.) Check if this is a new address. 8. Party Affisiation (if epplicable) CANDIDATE INFORMATION (For Candidate's Committees Only) 7. Full Name of Candidate (include any rickname.) 9. Office Sought (include district number, if any. Not required for exploratory committee.) 10. County of Residence TYPE OF REPORT 11. Check one: 12. Pep-Convention Annual Noting Interest (within the (it) days amout Sitemant of Openitation) 12. Reporting Period (inmitted)(y): 13. Cesh on hand and investments at the beginning of this reporting period. 14. Cash on hand and investments at the beginning of this reporting period. 15. Acron on hand and investments and contributions and loans, as well as cash contributions.) 15b. Hernised (Use Schedule A.) 15b. Unitemized 17c. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B. 17c. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B. 17c. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B. 17c. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B. 17c. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B. 17c. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B. 17c. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B. 17c. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B. 17c. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B. 17c. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B. 17c. Add lines 17c and 17c in both columns. 17c. Add lines 17c and 17c in both columns. 17c. Add lines 17c and 17c in both columns. 17c. Add lines 17c and 17c in both columns. 17c. Add lines 17c and 17c in both columns. 17c. Add lines 17c and 17c in both columns. 17c. Add lines 17c and 17c in both columns. 17c. Candidate (Use Schedule B.) (Public Openition: Use Schedule C.) | | 4.0 | . ka | | |
| 4. Mailing Address (Address where all campaign finance correspondence is received.) Check If this is a new address. **ROG W. 87H Special | o O minute Talanhara Number | | | | |
| S. City, State, ZiP Code LACOLTE., (N. 1975) CANDIDATE INFORMATION (For Candidate's Committees Only) 7. Full Name of Candidate (Include any nickname.) 8. Party Affiliation or if Independent Candidate 9. Office Sought (include district number, if siny, Not required for exploratory committee.) 10. County of Residence TYPE OF REPORT 11. Check one: Pre-Primary Pre-Election Annual Namination Other | 2. Addright of Australia Country | 1219 | 1 362-345 | 6 | |
| S. City, State, ZIP Code LAH GAPTE. LANDIDATE INFORMATION (For Candidate's Committees Only) 7. Full Name of Candidate (Include any nickname.) 9. Office Sought (Include district number, if siny, Not required for exploratory committee.) 10. County of Residence 11. Check one: TYPE OF REPORT 11. Check one: Pre-Finary Pre-Election Annual Nominablon Other Pre-Convention Pre-Convention Pre-Finary Pre-Election Annual Nominablon Other Pre-Convention Pr | A Mailing Address (Address where all campaign finance correspondence is received.) | Check if this I | s a new address. | | |
| 5. City, Stele, ZIP Code LHOCTE CANDIDATE INFORMATION (For Candidate's Committees Only) 7. Full Name of Candidate (include any nickname.) 8. Party Affiliation or if Independent Candidate 9. Office Sought (Include district number, if siny. Not required for exploratory committee.) 10. County of Residence TYPE OF REPORT 11. Check one: Pre-Primary Pre-Election Annual Nomination Other Check one: Pre-Convention Pre-Convention Pre-Convention | | | | | |
| ### LACATE. CANDIDATE INFORMATION (For Candidate's Committees Only) 7. Full Name of Candidate (Include any nickname.) 9. Office Sought (Include district number, if any. Not required for exploratory committee.) 10. County of Residence 10. County of Residence 10. County of Residence 11. Check one: 11. Check one: 12. Reporting 12. Pre-Primary Pre-Election Annual Nomination Other 13. Pre-Convention Pre- | | 6. Party Af | filiation (if applicable) | | |
| CANDIDATE INFORMATION (For Candidate's Committees only) 8. Party Affiliation or if Independent Candidate 9. Office Sought (Include district number, if any. Not required for exploratory committee.) 10. County of Residence 11. Check one: 11. Check one: 12. Reporting Pre-Election Annual Nomination Other Check one: 13. Pre-Election Annual Nomination Other Pre-Convention Pre | | · _ | | | |
| 9. Office Sought (Include district number, If any. Not required for exploratory committee.) 10. County of Residence TYPE OF REPORT | CANDIDATE INFORMATION (For Candidate's C | Committees | Only) | | |
| 9. Office Sought (Include district number, if any. Not required for exploratory committee.) 10. County of Residence TYPE OF REPORT CONVENTION CANDIDATES ONLY Check one: Pre-Gramary Pre-Election Annual Nomination Other Pre-Convention Pre-Convention Pre-Convention Pre-Convention Pre-Convention Pre-Convention Pre-Convention Pre-Convention Pre-Convention Pre-Convention | | | | t Candidate | |
| TYPE OF REPORT CONVENTION CANDIDATES ONLY | Mark to gap | | 4 | · | |
| 11. Chack one: TYPE OF REPORT | Office Sought (Include district number, if any, Not required for exploratory committee.) | 10. County | of Residence | | |
| Check one: Check one: Check one: Check one: Pre-Convention Pre | 5. Office Coopin (minutes statistically and stat | | | | |
| 11. Check one: Pre-Finary Pre-Election Annual Nomination Other Pre-Finary Pre-Election Annual Nomination Other Pre-Finary Pre-Election Pre-Finary | TYPE OF REPORT | | CONVENTIO | N CANDIDATES ONLY | |
| Pre-Primary Pre-Election Annual Nomination Other | 11 Check one: | | Check one: | · | |
| Post-Convention Post-Conve | | | Pre-Conv | ention | |
| 12. Reporting Period (mm/dd/yy): From: 0 01 19 Through: 04 13 18 This Period 13. Cash on hand and investments at the beginning of this reporting period. 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.) 15a. Itemized (Use Schedule A.) 15b. Unitemized 15c. Add lines 15a and 15b in both columns. SUBTOTAL 97c. 40 97bc. 4 | | tement of Organiz | ation.) Dost-Con | vention | |
| This Period This Period Terms: Of old S This Period Through: Of 13/8 This Period To 2, 803, 93 Through: Of 13/8 This Period Through: Of 13/8 This Period Through: Of 13/8 This Period To 2, 803, 93 Through: Of 13/8 Through | | | | COLUMN B | |
| 13. Cash on hand and investments at the beginning of this reporting period. 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.) 15a. Itemized (Use Schedule A.) 15b. Uniternized 15c. Add lines 15a and 15b in both columns. 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 repsyments.) 17a. Itemized (Use Schedule B.) (Public Question: use Schedule C.) 17b. Uniternized 17c. Add lines 17a and 17b in both columns. SUBTOTAL 17d. Lemized (Use Schedule B.) (Public Question: use Schedule C.) 17b. Uniternized 17c. Add lines 17a and 17b in both columns. SUBTOTAL 17d. Lemized (Use Schedule B.) (Public Question: use Schedule C.) 17b. Uniternized 17c. Add lines 17a and 17b in both columns. SUBTOTAL 17d. Lemized 17d. Lemized (Use Schedule B.) (Public Question: use Schedule C.) 17b. Uniternized 17c. Add lines 17a and 17b in both columns. SUBTOTAL 17d. Lemized 17d. Lemized (Use Schedule B.) 17d. Lemized (Use | 7 July 20 18 18 18 18 18 | • | This Period | Year to Date | |
| 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.) 15a. Itemized (Use Schedule A.) 15b. Unitemized 15c. Add lines 15a and 15b in both columns. 16. Add lines 15a and 15c in Column A and lines 14 and 15c in Column B. TOTAL 17a. Itemized (Use Schedule B.) (Public Question: use Schedule C.) 17b. Unitemized 17c. Add lines 17a and 17b in both columns. 18. Cesh on hand and investments at close of this reporting period (Subtract 17c from 16 in both columns.) 19. Debts OWED BY the committee (Use Schedule D.) 20. Debts OWED TO the committee (Use Schedule E.) Title CERTIFICATION CERTIFY THAT I HAVE EXAMINED THIS STATEMENT. TO THE BEST OF MY KNOWLEDGE AND BELIEF IT IS TRUE, CORRECT AND COMPLETE. Signature of Treasures Title CERTIFY THAT I HAVE EXAMINED THIS STATEMENT. TO THE BEST OF MY KNOWLEDGE AND BELIEF IT IS TRUE, CORRECT AND COMPLETE. Date (mm dd/yr) PR 1 6 2018 CERK OF A PORTE CIRCUIT COURT WARNING: Any homeon contained in this report may not be copied for sale or used for any commercial purpose, (IC 39-4-5) A person with original parts a level 6 fellow (IC 314-13) A person who fails to file a complete or accourage report as required by the Indiana | | | 12,803.93 | | |
| CONTRIBUTIONS AND RECEIPTS (Note: these amounts include in-kind contributions and loans, as well as cash contributions.) 15a. Itemized (Use Schedule A.) 15b. Unitemized 15c. Add lines 15a and 15b in both columns. 15b. Unitemized 15c. Add lines 15a and 15b in both columns. 16c. Add lines 15a and 15c in Column A and lines 14 and 15c in Column B. 15d. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B. 15d. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B. 15d. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B. 15d. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B. 15d. Add lines 15a and 15c in Column A and lines 14 and 15c in Column B. 15d. Add lines 15a and 15c in Column A and lines 14 and 15c in Column B. 15d. Add lines 15a and 15c in Column A and lines 14 and 15c in Column B. 15d. Add lines 17a and 17b in both columns. 15d. Add lines 17a and 17b in both columns. 15d. Cash on haid and investments at close of this reporting period (Subtrect 17c from 16 in both columns.) 15d. Add lines 17a and 17b in both columns. 15d. Cash on haid and investments at close of this reporting period (Subtrect 17c from 16 in both columns.) 15d. Add lines 17a and 17b in both columns. 15d. Cash on haid and investments at close of this reporting period (Subtrect 17c from 16 in both columns.) 15d. Add lines 17a and 17b in both columns. 15d. Add lines 17a and 17b in both columns. 15d. Cash on haid and investments at close of this reporting period (Subtrect 17c from 16 in both columns.) 15d. Add lines 17a and 17b in both columns. 15d. Add lines 17a and 17b in both columns. 15d. Add lines 17a and 17b in both columns. 15d. Add lines 17a and 17b in both columns. 15d. Add lines 17a and 17b in both columns. 15d. Add lines 17a and 17b in both columns. 15d. Add lines 17a and 17b in both columns. 15d. Add lines 17a and 17b in both columns. 15d. Add lines 17a and 17b in both columns. 15d. Add lines 17a and 17b in both columns. 15d. Add lines 17a and | | - | | 12,863,93 | |
| (Note: these amounts include in-kind contributions and loans, as well as cash contributions.) 15a. Itemized (Use Schedule A.) 15b. Unitemized 15c. Add lines 15a and 15b in both columns. 16. Add lines 15a and 15b in both columns. 16. Add lines 15a and 15b in both columns. 16. Add lines 15a and 15b in both columns. 17a. Itemized (Use Schedule B.) (Public Question: use Schedule C.) 17b. Unitemized 17c. Add lines 17a and 17b in both columns. 18c. Cash on hand and investments at close of this reporting period (Subtrect 17c from 16 in both columns.) 19c. Debts OWED BY the committee (Use Schedule D.) 20c. Debts OWED TO the committee (Use Schedule E.) 10c. CERTIFY THAT I HAVE EXAMINED THIS STATEMENT. TO THE BEST OF MY KNOWLEDGE AND BELIEF IT IS TRUE, CORRECT AND COMPLIES. 11de Signature of Treasures. 11de Sc. Tress. 11de CERTIFY THAT I HAVE EXAMINED THIS STATEMENT. TO THE BEST OF MY KNOWLEDGE AND BELIEF IT IS TRUE, CORRECT AND COMPLIES. 11de Signature of Candidate (If applicable) 11de Sc. Tress. 11de CIERK OF IA PORTE CIRCUIT COURT | CONTRIBUTIONS AND RECEIPTS | | | | |
| 15b. Unitemized 15c. Add lines 15a and 15b in both columns. 16c. Add lines 15a and 15b in both columns. 16c. Add lines 15a and 15b in both columns. 16c. Add lines 15a and 15b in both columns. 16c. Add lines 15a and 15b in both columns. 16c. Add lines 15a and 15b in both columns. 16c. Add lines 15a and 15b in both columns. 17a. Itemized (Use Schedule B.) (Public Question: use Schedule C.) 17b. Unitemized 17c. Add lines 17a and 17b in both columns. 18c. Cash on hand and investments at close of this reporting period (Subtract 17c from 16 in both columns.) 19c. Debts OWED BY the committee (Use Schedule D.) 20c. Debts OWED TO the committee (Use Schedule E.) 15c. Add lines 17a and 17b in both columns. 16c. Cash on hand and investments at close of this reporting period (Subtract 17c from 16 in both columns.) 16c. Cash on hand and investments at close of this reporting period (Subtract 17c from 16 in both columns.) 16c. Cash on hand and investments at close of this reporting period (Subtract 17c from 16 in both columns.) 16c. Cash on hand and investments at close of this reporting period (Subtract 17c from 16 in both columns.) 16c. Cash on hand and investments at close of this reporting period (Subtract 17c from 16 in both columns.) 16c. Cash on hand and investments at close of this reporting period (Subtract 17c from 16 in both columns.) 16c. Cash on hand and investments at close of this reporting period (Subtract 17c from 16 in both columns.) 16c. Cash on hand and investments at close of this report may not be copied for sale or used for any commercial purpose. (Ic 3 9 4 5) A person who fails to file a complete or accurate report as required by the Indiana | (Note: these amounts include in-kind contributions and loans, as well as cash contributions.) | | u . | | |
| 15c. Add lines 15a and 15b in both columns. 15c. Add lines 15a and 15c in Column A and lines 14 and 15c in Column B. 15c. Add lines 15a and 15c in Column A and lines 14 and 15c in Column B. 15c. Add lines 15a and 15c in Column A and lines 14 and 15c in Column B. 15c. Add lines 15a and 15c in Column A and lines 14 and 15c in Column B. 15c. Add lines 15a and 15c in Column A and lines 14a and 15c in Column B. 15c. Add lines 15a and 15c in Column A and lines 14a and 15c in Column B. 15c. Add lines 15a and 15c in Column A and lines 14a and 15c in Column B. 15c. Add lines 15a and 15c in Column A and lines 14a and 15c in Column B. 15c. Add lines 15a and 15c in Column A and lines 14a and 15c in Column B. 15c. Add lines 15a and 15c in Column A and lines 14a and 15c in Column B. 15c. Add lines 15a and 15c in Column A and lines 14a and 15c in Column B. 15c. Add lines 15a and 15c in Column A and lines 14a and 15c in Column B. 15c. Add lines 15a and 15c in Column A and lines 14a and 15c in Column B. 15c. Add lines 15a and 15c in Column A and lines 14a and 15c in Column B. 15c. Add lines 15a and 15c in Column B. 15c. Add lin | 15a. Itemized (Use Schedule A.) | | | | |
| 16. Add lines 13 and 15c In Column A and lines 14 and 15c in Column B. TOTAL /3,800,33 /3500,33 SEXPENDITURES | 15b. Uniternized | | | | |
| (Note: These amounts include in-kind expenditures and loan repayments.) 17a. Itemized (Use Schedule B.) (Public Question: use Schedule C.) 17b. Unitemized 17c. Add lines 17a and 17b in both columns. 18. Cash on hand and investments at close of this reporting period (Subtract 17c from 16 in both columns.) 19. Debts OWED BY the committee (Use Schedule D.) 20. Debts OWED TO the committee (Use Schedule E.) 10. CERTIFICATION 11. CERTIFY THAT I HAVE EXAMINED THIS STATEMENT. TO THE BEST OF MY KNOWLEDGE AND BELIEF IT IS TRUE, CORRECT AND COMPLETE. 11. Signature of Treasures, 12. TRES. 13. PR 1 6 2018 14. July 8 15. Signature of Candidate (if applicable) 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 knowledged based on white knowledged board as required by the Indiana | 15c. Add lines 15a and 15b in both columns. | TOTAL | | | |
| (Note: These amounts include in-kind expenditures and loan repayments.) 17a. Itemized (Use Schedule B.) (Public Question: use Schedule C.) 17b. Unitemized 17c. Add lines 17a and 17b in both columns. 18. Cash on hand and investments at close of this reporting period (Subtrect 17c from 16 in both columns.) 19. Debts OWED BY the committee (Use Schedule D.) 20. Debts OWED TO the committee (Use Schedule E.) 10. CERTIFICATION 11. CERTIFY THAT I HAVE EXAMINED THIS STATEMENT. TO THE BEST OF MY KNOWLEDGE AND BELIEF IT IS TRUE, CORRECT AND COMPLETE. Signature of Treasures, 11. CIERTIFY THAT I HAVE EXAMINED THIS STATEMENT. TO THE BEST OF MY KNOWLEDGE AND BELIEF IT IS TRUE, CORRECT AND COMPLETE. Signature of Candidate (if applicable) 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 knowledge are complete or accurate report as required by the Indiana | 16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B. | TOTAL | /3,800,33 | <i>13\$0</i> 0, <i>33</i> | |
| 17a. Itemized (Use Schedule B.) (Public Question: use Schedule C.) 17b. Unitemized 17c. Add lines 17a and 17b in both columns. 18c. Cash on hand and investments at close of this reporting period (Subtrect 17c from 16 in both columns.) 19c. Debts OWED BY the committee (Use Schedule D.) 20c. Debts OWED TO the committee (Use Schedule E.) 10c. CERTIFICATION 11c. CERTIFY THAT I HAVE EXAMINED THIS STATEMENT. TO THE BEST OF MY KNOWLEDGE AND BELIEF IT IS TRUE, CORRECT AND COMPLETE. 11c. Signature of Treasures 11c. TRES. 11c. TRES. 11c. Date (mmiddly) 11c. CLERK OF It. PORTE CIRCUIT COURT 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 fails to file a complete or accurate report as required by the Indiana | | | | | |
| 17a. Itemized (Use Schedule B.) (Public Question: use Schedule C.) 17b. Unitemized 17c. Add lines 17a and 17b in both columns. 18c. Cash on hand and investments at close of this reporting period (Subtrect 17c from 16 in both columns.) 19c. Debts OWED BY the committee (Use Schedule D.) 20c. Debts OWED TO the committee (Use Schedule E.) 10c. CERTIFICATION 11c. CERTIFY THAT I HAVE EXAMINED THIS STATEMENT. TO THE BEST OF MY KNOWLEDGE AND BELIEF IT IS TRUE, CORRECT AND COMPLETE. 11c. Signature of Treasures 11c. TRES. 11c. TRES. 11c. Date (mmiddly) 11c. CLERK OF It. PORTE CIRCUIT COURT 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 fails to file a complete or accurate report as required by the Indiana | (Note: These amounts include in-kind expenditures and loan repayments.) | ; | | | |
| 17b. Unitemized 17c. Add lines 17a and 17b in both columns. 18c. Cash on hand and investments at close of this reporting period (Subtract 17c from 16 in both columns.) 19c. Debts OWED BY the committee (Use Schedule D.) 20c. Debts OWED TO the committee (Use Schedule E.) 10c. CERTIFICATION 11c. CERTIFICATION 11c. CORRECT AND COMPLETE. Signature of Treasures. 11c. Tress. 1 | | | · | | |
| 17c. Add lines 17a and 17b in both columns. 18. Cash on hand and investments at close of this reporting period (Subtrect 17c from 16 in both columns.) 19. Debts OWED BY the committee (Use Schedule D.) 20. Debts OWED TO the committee (Use Schedule E.) 10. CERTIFICATION 10. CERTIFICATION 11. CERTIFICATION 11. CERTIFICATION 12. CORRECT AND COMPLETE. 13. Signature of Treasures. 14. In a complete of Treasures. 15. Certification 16. Correct And Complete Use Only 17. Correct And Complete Use Only 18. Cash on hand and investments at close of this reporting period (Subtrect 17c from 16 in both columns.) 19. Debts OWED BY the committee (Use Schedule D.) 19. Debts OWED TO the committee (Use Schedule D.) 10. Debts OWED TO the committee (Use Schedule E.) 10. Debts OWED TO the committee (Use Schedule E.) 10. Debts OWED TO the committee (Use Schedule D.) 10. Debts OWED TO the committee (Use Schedule D.) 10. Debts OWED TO the committee (Use Schedule D.) 11. CERTIFICATION 12. Debts OWED TO the committee (Use Schedule D.) 13. SOO. 33 | | ; | <u> </u> | <u> </u> | |
| 18. Cash on hand and investments at close of this reporting period (Subtrect 17c from 16 in both columns.) 19. Debts OWED BY the committee (Use Schedule D.) 20. Debts OWED TO the committee (Use Schedule E.) 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 Treasures Title Signature of Candidate (if applicable) WARNING: Any information contained in this report may not be copied for sale or used for any commercial purpose. (IC 3-94-5) A person who knowingly the londiana. WARNING: Any information contained in this report may not be copied for sale or used for any commercial purpose. (IC 3-94-5) A person who knowingly the londiana. | | TOTAL | 0- | | |
| 19. Debts OWED BY the committee (Use Schedule D.) 20. Debts OWED TO the committee (Use Schedule E.) 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 Treasures, Title Date (mm dd/yy) FOR OFFICE USE ONLY Title Date (mm dd/yy) For 1 6 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 kriovingly 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 kriovingly 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 kriovingly 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 kriovingly Warning: Any information contained in this report may not be copied for sale or used for any commercial purpose are required by the Indiana | | TOTAL | 13,800.33 | 13,800,33 | |
| 20. Debts OWED TO the committee (Use Schedule E.) 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 Treasures. Title Signature of Candidate (if applicable) 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 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 Signature of Candidate (If applicable) 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 Signature of Candidate (If applicable) | | | | | |
| 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, Title Title Date (mm.dd/yy) Date (mm.dd/yy) FOR 1 6 2018 WARNING: Any information contained in this report may not be copied for sale or used for any commercial purpose. (IC 3-94-5) A person who knowlingly the local complete or accurate report as required by the Indiana | | | FI | | |
| Signature of Treasures Signature of Candidate (if applicable) Title Signature of Candidate (if applicable) Date (mm/dd/yy) Date (mm/dd/yy) Frankling: 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 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 Signature of Candidate (if applicable) | | | - IN CI | OR OFFICE USE ONLY | |
| Signature of Treasures Signature of Candidate (if applicable) Date (mm dd/yy) Ferguschele 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 kriovingly Signature of Treasures Date (mm dd/yy) Ferguschele CLERK OF LA PORTE CIRCUIT COURT Warning: Signature of Treasures Signature of Treasures Date (mm dd/yy) Ferguschele CLERK OF LA PORTE CIRCUIT COURT Signature of Candidate (if applicable) | | | | OR OFFICE USE ONE! | |
| Signature of Treasures Signature of Candidate (if applicable) Date (mmdd/yy) WARNING: Any information contained in this report may not be copied for sale or used for any commercial purpose. (IC 3-94-5) A person who knowingly Signature of Candidate (if applicable) WARNING: Any information contained in this report may not be copied for sale or used for any commercial purpose. (IC 3-94-5) A person who knowingly Signature of Candidate (if applicable) | | - ·· - [·na- | PIMMINITER APR | 1 6 2018 | |
| Signature of Candidate (if applicable) Date (mm.dd/yy) CLERK OF LA PORTE CIRCUIT COURT WARNING: Any information contained in this report may not be copied for sale or used for any commercial purpose. (IC 3-94-5) A person who knowingly the contained in this report may not be copied for sale or used for any commercial purpose. (IC 3-94-5) A person who knowingly the contained in this report may not be copied for sale or used for any commercial purpose. (IC 3-94-5) A person who knowingly the location of the contained in this report may not be copied for sale or used for any commercial purpose. (IC 3-94-5) A person who knowingly the location of the contained in this report may not be copied for sale or used for any commercial purpose. | Signature of Madagas | Dail | 11111003337 | | |
| 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 the a facult level of fellow. (IC 3-14-1-13) A person who fails to file a complete or accurate report as required by the Indiana | Day Ca | Date | o (mandalas) | | |
| 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 | and the same of th | | CIERK OF IA | PORTE CIRCUIT COURT | |
| files a transdutent report commits a Level o telony, the 3-14-1-13/ A person who take to the a complete of according to the a | MARAULIC. Any intermedian 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 | Color Singer Section . | |
| 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) | 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) | | |





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 | o | of | | | |

| 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 |
| 1. ACCUMULATIVE WITH INTEREST | Contributions: Direct In-Kind (describe) Other Receipts: Interest Loan Miscellaneous (specify) | | 996.40 | |
| Contributor's Occupation (if required) | Contributions: | | | |
| 2. | Direct In-Kind (describe) Other Receipts: | | | |
| | Interest Loan Miscellaneous (specify) | | | ** |
| Contributor's Occupation (if required) | | | | |
| 3. | Contributions: Direct In-Kind (describe) | | | |
| | Other Receipts: Interest Loan Miscellaneous (specify) | | | |
| Contributor's Occupation (if required) | Contributions: | | | |
| | Direct In-Kind (describe) | | | |
| Contributor's Occupation (if required) | Other Receipts: Interest Loan Miscellaneous (specify) | | | |
| 5. | Contributions: | , | | |
| | Direct In-Klnd (describe) | | | |
| · | Other Receipts: Interest Loan Miscellaneous (specify) | | | |
| Contributor's Occupation (if required) | THIS PAGE OF SCHEDULE A | \$ | | |
| TOTAL OF ALL PAGES OF SCHEDULE | | \$ | | |



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

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

OF (CFA-4)

Summary Sheet

FILE NUMBER 460-18-18

| | | IOTAL PAGES IN ENT | INC OF A TILL ON | |
|--|--|------------------------------|---|--|
| IS THIS AN AMENDMENT? 🗌 Yes 🧩 No | | | | |
| COMMITTEE INFORMATIO | <u>+ </u> | | | |
| | | | - | |
| 1. Full Name of Committee (as on Statement of Organization) Check if this is a ne | . ← .emsn we | | ì | |
| LATORIE HIREFIGHTERS T.A.C. | 3. Com | mittee Telephone Number | | |
| 2. Acronym or Abbreviated Name (if any) | (21 | | | |
| 4. Mailing Address (Address where all campaign finance correspondence is received.) | Check if th | is Is a new address. | | |
| 4. Mailing Address (Address Where all Campaign Inhance correspondence to record | | | | |
| 5. City, State, ZIP Code | 6. Party | Affiliation (if applicable) | | |
| LAPORTE, IN 46350 | | | | |
| CANDIDATE INFORMATION (For Candidate's | | | | |
| 7. Full Name of Candidate (Include any nickname.) | 8. Party | Affiliation or If Independer | nt Candidate | |
| - · · · · · · · · · · · · · · · · · · · | | <u> </u> | <u>, , , , , , , , , , , , , , , , , , , </u> | |
| 9. Office Sought (Include district number, if any. Not required for exploratory committee.) | 10. Cou | unty of Residence | | |
| and the second s | 1.1 | CONNENTIO | N CANDIDATES ONLY | |
| TYPE OF REPORT | | | N CANDIDATES ONLT | |
| 11. Check one: | | Check one: | .estion | |
| Pre-Primary X Pre-Election Annual Nomination Other | | Pre-Conv | • | |
| Final / Disbands Committee (Unes 18, 19, and 20 must be "0".) Utgoing Treasurer (Wilhin ten (10) days amend | Statement of Org | antzation.) L. Post-Cor | ivenbon | |
| 12. Reporting Period (mm/dd/yy): | | COLUMN A This Period | COLUMN B Year to Date | |
| From: 04/14/18 Through: 10/12/18 | | | rear to Date | |
| 13. Cash on hand and investments at the beginning of this reporting period. | | 13,800,33 | 12 602 02 | |
| 14. Cash on hand and investments January 1, current year. | ¥ | | 12,803,93 | |
| CONTRIBUTIONS AND RECEIPTS | | · * | | |
| (Note: these amounts include in-kind contributions and loans, as well as cash contributions.) | | | , | |
| 15a. Itemized (Use Schedule A.) | | 1.464.81 | 2461.21 | |
| 15b. Unitemized 15c. Add lines 15a and 15b in both columns. | UBTOTAL | 1464.81 | 2441.21 | |
| 16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B. | TOTAL | 15,265.14 | 15,265.14 | |
| EXPENDITURES | 1.00 | | | |
| (Note: These amounts include in-kind expenditures and loan repayments.) | | | | |
| 17a. Itemized (Use Schedule B.) (Public Question: use Schedule C.) | - | 1,228,00 | 1, 228.00 | |
| 17b. Unitemized | | | | |
| | UBTOTAL | 1,228,00 | 1,228,00 | |
| 18. Cash on hand and investments at close of this reporting period (Subtract 17c from 16 in both columns.) | TOTAL | 14.037.14 | 14.037.14 | |
| 19. Debts OWED BY the committee (Use Schedule D.) | | , | | |
| 20. Debts OWED TO the committee (Use Schedule E.) | | | | |
| ZO, DODIO CITED TO MIC COMMINE TO THE TOTAL TO | | I P | | |

HORGEREKOS DUNIJCE 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/yÿ) OCT 1 5 2018 Date (mm/dd/yy) Signature of Candidate (if applicable)

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 indianal Campaign Finance Law commits a Class B misdemeanor. (IC 3-14-1-14) and may be subject to said containing the committee of the indianal containing the committee of the indianal containing the committee of the containing 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)



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

(CFA-4 SCHEDULE A-1) CONTRIBUTIONS BY INDIVIDUALS

Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY INDIVIDUALS ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from individuals OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee). A contributor's occupation is required if an individual makes at least \$1,000 in contributions during the calendar year. Otherwise, this is optional.

| FILE NUMBER | | | | |
|-------------|----|--|--|--|
| | | | | |
| Page | of | | | |

| CONTRIBUTOR'S FULL NAME AND OCCUPATION | 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) 1. ACCUMULATIVE WITH INTEREST | Contributions: Direct In-Kind (describe) | | | |
| WITH INTEREST | Other Receipts: Interest Loan Miscellaneous (specify) | 1,464.81 | 2461.21 | |
| Contributor's Occupation (il required) | | | | |
| 2. | Contributions: Direct In-Kind (describe) | | | , |
| | Other Receipts: Interest Loan Miscellaneous (specify) | | | |
| and the standard | | | | |
| Contributor's Occupation (if required) 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) | Contributions: | | <u> </u> | |
| 5. | Direct In-Kind (describe) | | | |
| · · | Other Receipts: Interest Loan | | | |
| Contributor's Occupation (if required) | | | , | <u> </u> |
| | THIS PAGE OF SCHEDULE A | \$ | | |
| TOTAL OF ALL PAGES OF SCHEDULE | A ON THE LAST PAGE ONLY 1 15a of the Summary Sheet.) | \$ | | |



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.

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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 8 CUMULATIVE YEAR-TO-DATE | DATE OF EXPENDITURE (mm/dd/yy) |
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