



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.

1. IS THIS AN AMENDMENT? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If Yes, please enter the file number in this box.</i> →	FILE NUMBER 46-18-66
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SECTION A. CANDIDATE INFORMATION: Fill in all applicable boxes as fully and accurately as possible.

2. Last Name Schultz	First Name Michael	Middle Name R	Nickname Mike	3. Type of Committee (Check one) <input checked="" type="checkbox"/> Candidate's Principal Committee <input type="checkbox"/> Exploratory Committee
4. Mailing Address (number and street, city, state, and ZIP code) 5375 W. 150 N.		5. FAX (Optional)		6. E-mail Address (Optional) mgotgreen002econcast.net
7. City LaPorte	State IN	ZIP Code 46350	8. County LaPorte	9. Telephone (Day) 219 362-0390
11. Party Affiliation <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Libertarian <input type="checkbox"/> Republican <input type="checkbox"/> Other			10. Telephone (Evening) 219 362-0390	
12. Office Sought (Include district number, if any. Not required for an exploratory committee.) LaPorte County Assessor				

SECTION B. COMMITTEE INFORMATION: Fill in all applicable boxes as fully and accurately as possible.

13. Full Name of Committee (Do not abbreviate.) <input type="checkbox"/> Check if this is a new name. Mike Schultz For LaPorte County Assessor				
14. Mailing Address (number and street, city, state, and ZIP code) <input type="checkbox"/> Check if this is a new address. 5375 W. 150 N.		15. FAX (Optional)		16. E-mail Address (Optional) same as above
17. City LaPorte	State IN	ZIP Code 46350	18. County LaPorte	19. Telephone 219 362-0390
21. Chairperson's Full Name <input checked="" type="checkbox"/> Designate Candidate as Chairperson. <input type="checkbox"/> Check if this is a new chairperson. Michael R. Schultz			20. Committee Organization Date (mm/dd/yyyy) 02/05/18	
22. Mailing Address (number and street, city, state, and ZIP code) <input type="checkbox"/> Check if this is a new address. 5375 W. 150 N.		23. FAX (Optional)		24. E-mail Address (Optional) same as above
25. City LaPorte	State IN	ZIP Code 46350	26. County LaPorte	27. Telephone (Day) 219 362-0390
28. Telephone (Evening) 219 362-0390				
29. Bank or Other Depositories (List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.) LaPorte Federal Credit Union				
30. Exploratory Committee (Give brief statement explaining purpose of an exploratory committee only.)			31. Salaries and Reimbursements (Will the committee pay the candidate a salary or reimbursement for lost wages? If Yes, attach a copy of the contract.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

SECTION C. APPOINTMENT OF TREASURER (IC 3-9-1-14)

32. I, as Chairperson of the foregoing committee, appoint the following person as Treasurer of the Committee.	Person Appointed Treasurer	Signature of the Committee Chairperson
33. Treasurer's Full Name <input checked="" type="checkbox"/> Designate candidate as treasurer. <input type="checkbox"/> Check if this is a new treasurer. Michael R. Schultz		
34. Mailing Address (number and street, city, state, and ZIP code) <input type="checkbox"/> Check if this is a new address. 5375 W. 150 N.		36. E-mail Address (Optional) Same as above
37. City LaPorte	State IN	ZIP Code 46350
38. County LaPorte		39. Telephone (Day) 219 362-0390
40. Telephone (Evening) 219 362-0390		

SECTION D. ACCEPTANCE OF APPOINTMENT (IC 3-9-1-15)

41. I give notice that I accept the duties and responsibilities of Treasurer of this Committee. I am not the chairperson of a campaign finance committee (except as permitted for a candidate committee under IC 3-9-1-7).	Signature of Person Accepting Appointment
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SECTION E. CERTIFICATION OF STATEMENT

We certify as the candidate and the duly appointed Chairperson of the Committee and that we have examined this statement. To the best of our knowledge and belief it is true, correct and complete.

42. Typed or Printed Name of Chairperson Michael R Schultz	Signature of Chairperson	Date (mm/dd/yyyy) 2/28/18
43. Typed or Printed Name of Candidate Michael R Schultz	Signature of Candidate	Date (mm/dd/yyyy) 2/28/18

FOR OFFICE USE ONLY

FILED
IN CLERKS OFFICE

FEB 28 2018

CLERK OF LA PORTE COUNTY

Warning: State law requires that any change in this information be reported within ten (10) days of the change (IC 3-9-1-10). A person who knowingly files a fraudulent report commits a Level 6 D felony (IC 3-14-1-13). A person who fails to file a complete or accurate report as required by the Indiana Campaign Finance Law commits a Class B misdemeanor (IC 3-14-1-14), and may be subject to civil penalties (IC 3-9-4-16, IC 3-9-4-17, and IC 3-9-4-18).



REPORT OF RECEIPTS AND EXPENDITURES OF A POLITICAL COMMITTEE

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

(CFA-4)

Summary Sheet

FILE NUMBER

46-18-666

TOTAL PAGES IN ENTIRE CFA-4 REPORT

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

IS THIS AN AMENDMENT? Yes No

COMMITTEE INFORMATION

1. Full Name of Committee (as on Statement of Organization) Check if this is a new name
Mike Schultz For LaPorte County Assessor

2. Acronym or Abbreviated Name (if any)

3. Committee Telephone Number
(219) 362-0390

4. Mailing Address (address where all campaign finance correspondence is received) Check if this is a new address
5375 W. 150 N.

5. City, State, ZIP Code
LaPorte, IN 46350

6. Party Affiliation (if applicable)
Democratic

CANDIDATE INFORMATION (For Candidate's Committees Only)

7. Full Name of Candidate (include any nickname)
Michael R (Mike) Schultz

8. Party Affiliation or If Independent Candidate
Democratic

9. Office Sought (Include district number, if any. Not required for exploratory committee.)
County Assessor

10. County of Residence
LaPorte

TYPE OF REPORT

CONVENTION CANDIDATES ONLY

11. Check one:
 Pre-Primary Pre-Election Annual Nomination Other
Final/Disbands Committee (lines 18, 19, and 20 must be "0") Outgoing Treasurer (within 10 days amend Statement of Organization)

Check one:
 Pre-Convention
 Post-Convention

12. Reporting Period:	COLUMN A This Period	COLUMN B Year to Date
From: 1/1/18 Through: 4/13/18		
13. Cash on hand and investments at the beginning of this reporting period.	-0-	
14. Cash on hand and investments January 1, current year.		-0-

CONTRIBUTIONS AND RECEIPTS

(Note: these amounts include in-kind contributions and loans, as well as cash contributions.)

15a. Itemized (use Schedule A)	-0-	-0-
15b. Unitemized	100-0-	-0-
15c. Add lines 15a and 15b in both columns SUBTOTAL		
16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B TOTAL	-0-	-0-

EXPENDITURES

(Note: These amounts include in-kind expenditures and loan repayments.)

17a. Itemized (use Schedule B) (Public Question: use Schedule C)	-0-	-0-
17b. Unitemized	100	100
17c. Add lines 17a and 17b in both columns SUBTOTAL	100	100
18. Cash on hand and investments at close of this reporting period (subtract 17c from 16 in both columns) TOTAL	-0-	-0-
19. Debts OWED BY the committee (use Schedule D)	0-	
20. Debts OWED TO the committee (use Schedule E)	100	

CERTIFICATION

FOR OFFICE USE ONLY

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 **Candidate** Date **4/18/18**

Signature of Candidate (if applicable) _____ Date **4/18/18**

FILED IN CLERKS OFFICE

APR 20 2018

11:55 AM

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 Class D felony. (IC 3-14-1-13) A person who fails to file a complete or accurate report as required by the Indiana Campaign Finance Law commits a Class B misdemeanor, (IC 3-14-1-14) and may be subject to civil penalties. (IC 3-9-4-16, IC 3-9-4-17, IC 3-9-4-18)

CLERK OF LA PORTE CIRCUIT COURT



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

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

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

INSTRUCTIONS: Please type or print legibly **IN BLACK INK** all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. List all debts and loans, regardless of the amount, **OWED BY** the committee during the reporting period. Include all amounts owed for or to lend institutions, individuals, credit purchases, committee credit card accounts, etc. List each vendor paid by credit card issued in the name of the committee in the ENDORSER'S column. A lender's occupation is required if an individual makes loans of at least \$1,000 during the calendar year. Otherwise, this is optional.

FILE NUMBER
Page _____ of _____

CREDITOR'S OR LENDER'S NAME & MAILING ADDRESS <i>(street, number, city, state, ZIP code)</i>	ENDORSER'S OR VENDOR'S NAME & MAILING ADDRESS <i>(if any)</i> <i>(street, number, city, state, ZIP code)</i>	AMOUNT	DATE DEBT INCURRED	CUMULATIVE PAID YEAR-TO-DATE	OUTSTANDING BALANCE THIS PERIOD
		NATURE OF DEBT			
Michael R Schultz LENDER'S OCCUPATION: Candidate	5375 W. 150th LP	Loan for shirts	3/9/ 18	0-	\$100 ⁰⁰
SUBTOTAL THIS PAGE OF SCHEDULE D					\$
TOTAL OF ALL PAGES OF SCHEDULE D ON THE LAST PAGE ONLY <i>(Enter total on ITEM 19 of the Summary Sheet)</i>					\$



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

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

OF

**(CFA-4)
Summary Sheet**

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.

FILE NUMBER
46-18-666
TOTAL PAGES IN ENTIRE CFA-4 REPORT

IS THIS AN AMENDMENT? Yes No

COMMITTEE INFORMATION

1. Full Name of Committee (as on Statement of Organization) <input type="checkbox"/> Check if this is a new name. Mike Schultz For LaPorte County Assessor	
2. Acronym or Abbreviated Name (if any)	3. Committee Telephone Number
4. Mailing Address (Address where all campaign finance correspondence is received.) <input type="checkbox"/> Check if this is a new address. 5375 W. 150 N	
5. City, State, ZIP Code LaPorte IN 46350	6. Party Affiliation (if applicable) Democratic

CANDIDATE INFORMATION (For Candidate's Committees Only)

7. Full Name of Candidate (Include any nickname.) Michael R. Schultz (Mike)	8. Party Affiliation or If Independent Candidate Democratic
9. Office Sought (Include district number, if any. Not required for exploratory committee.) County Assessor	10. County of Residence LaPorte

TYPE OF REPORT

CONVENTION CANDIDATES ONLY

11. Check one: <input type="checkbox"/> Pre-Primary <input checked="" type="checkbox"/> Pre-Election <input type="checkbox"/> Annual <input type="checkbox"/> Nomination <input type="checkbox"/> Other <input type="checkbox"/> Final / Disbands Committee (Lines 18, 19, and 20 must be "0") <input type="checkbox"/> Outgoing Treasurer (Within ten (10) days amend Statement of Organization.)	Check one: <input type="checkbox"/> Pre-Convention <input type="checkbox"/> Post-Convention
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12. Reporting Period (mm/dd/yy): From: 4/14/18 Through: 10/12/18	COLUMN A This Period	COLUMN B Year to Date
13. Cash on hand and investments at the beginning of this reporting period.	0	
14. Cash on hand and investments January 1, current year.		500

CONTRIBUTIONS AND RECEIPTS

(Note: these amounts include in-kind contributions and loans, as well as cash contributions.)	COLUMN A	COLUMN B
15a. Itemized (Use Schedule A.)	400	400
15b. Unitemized	100	100
15c. Add lines 15a and 15b in both columns. SUBTOTAL	500	500
16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B. TOTAL	500	500

EXPENDITURES

(Note: These amounts include in-kind expenditures and loan repayments.)	COLUMN A	COLUMN B
17a. Itemized (Use Schedule B.) (Public Question: use Schedule C.)	1200	1200
17b. Unitemized	0	100
17c. Add lines 17a and 17b in both columns. SUBTOTAL	1200	1300
18. Cash on hand and investments at close of this reporting period (Subtract 17c from 16 in both columns.) TOTAL	500	500
19. Debts OWED BY the committee (Use Schedule D.)	1300	
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 Treasurer 	Title Candidate	Date (mm/dd/yy) 10/17/18
Signature of Candidate (if applicable)		Date (mm/dd/yy)

IN CLERKS OFFICE
FOR OFFICE USE ONLY
OCT 17 2018
K...
LA PORTE CIRCUIT COURT

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Indiana Election Division (IC 3-9-5-14)

**(CFA-4 SCHEDULE A-5)
CONTRIBUTIONS BY
OTHER ORGANIZATIONS**

Itemized Contributions and Other Receipts

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

FILE NUMBER

Page _____ of _____

CONTRIBUTOR'S FULL NAME AND FULL MAILING ADDRESS <i>(street, number, city, state, ZIP code)</i>	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED <i>(mm/dd/yy)</i>
				RECEIVED BY
1. Labor Democratic Civic Club 1015 S. Westwood Ar Labor, IN 46356	Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <i>(describe)</i> _____ Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous <i>(specify)</i> _____	\$400	\$400	8/9/18
2.	Contributions: <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind <i>(describe)</i> _____ Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous <i>(specify)</i> _____			Mike Schultz
3.	Contributions: <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind <i>(describe)</i> _____ Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous <i>(specify)</i> _____			
4.	Contributions: <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind <i>(describe)</i> _____ Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous <i>(specify)</i> _____			
5.	Contributions: <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind <i>(describe)</i> _____ Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous <i>(specify)</i> _____			
SUBTOTAL THIS PAGE OF SCHEDULE A		\$ 400		
TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY <i>(Enter total on ITEM 15a of the Summary Sheet.)</i>		\$ 400		



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

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		NATURE OF DEBT			
Michael R. Schultz LENDER'S OCCUPATION: Candidate	5375 W. 150 N LP	Loan For Shirts	3/9/18	0 -	\$100
Michael R. Schultz LENDER'S OCCUPATION: Candidate	5375 W. 150 N. LP	Party Assessment	7/10/18	0 -	\$1200
LENDER'S OCCUPATION:					
LENDER'S OCCUPATION:					
LENDER'S OCCUPATION:					
LENDER'S OCCUPATION:					
LENDER'S OCCUPATION:					
SUBTOTAL THIS PAGE OF SCHEDULE D					\$1300
TOTAL OF ALL PAGES OF SCHEDULE D ON THE LAST PAGE ONLY <i>(Enter total on ITEM 19 of the Summary Sheet.)</i>					\$1300