

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

(CFA-1)

State Form 4604 (R14 / 10-17)

Indiana Election Division (IC 3-9-1-3; IC 3-9-1-4; IC 3-9-1-5)

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

							FILE NUMBER
1. IS THIS AN AMENDMENT?	☐ Yes	No If Yes,	please enter	the file nun	nber in this bo	c. → 💆	46-18-26
							ely as possible.
2. Last Name		st Name	Middle N	ame	Nickname		3. Type of Committee (Check one)
2. Last Name]'''	T		_			Candidate's Principal Committee
1 (MMa)	- V	(HILDON)	ν				Exploratory Committee .
4. Mailing Address (number and street, city,	X no siets	IP codel		5. FAX (Option	al)	6. E-mail	Address (Optional)
4. Waining Address Indinder and succession,	آبد (کی	ZI	•	i '	•		
1341125 DE	Kel	,4		<u>l()</u>	Talantana (Day)	<u> </u>	10. Telephone (Egening)
7. City	State	ZIP Code	8. 90unty/	- -	Telephone (Day)	, , ,,,	The reconding of the second of
10 405701	IN	4/0350	KATAL	(D) 12	49 361-11	61	
11. Party Affiliation	1		12.0	Offic Sought (II	nclude/distriot numb	ec i f any. N	ot required for an exploratory committee.)
☐ Democratic ☐ Libertarlan 🦃 Repui	olican 🗆	Other		BIND	OSIADK:	1/11/	DIOI
SECTION B. COMMITTEE	INFO	RMATION: Fill	in all applic	able boxes	as fully and	accurat	tely as possible.
13. Full Name of Committee (Do no) ab				. /	4	4 //	
13. Full Halling of Collinating 120 mg	1.	Dot 1	1 to	, - W	lea Land	11/11	~
LXUMM	LD_X	ucu i	rusie	Iron 115 EAY	Optional	16 E-mai	Address (Optional)
14. Malling Address (combet and street, cit)	, stale, and	ZIP code) 🔲 Check	t this is a new auc	Ress. 15. FAA	(Ophonar)	10.2	, J. 201. 202 (2 p. 10. 11. 1
13912F 11 H 14						<u> </u>	Section Date
17. GHX	State	ZIP Code	18. County	19). Telephone		20. Committee Organization Date
1 a Pret		11250	Ja 9M	1. 10	269-1	160	(mm/dd/yy)
Ja July		46550	Charki	this is a new cha		<u> </u>	
21. Chairperson's Full Name 🔲 Des	ignate Ca	andidate as Chairperso	ai. Cibekii	this is a rich one	p 000	•	
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2. Mailing Address (number and street, co.	state, and	ZIP code)	f this is a new add	iress. 23. FAX	(Optional)	24, E-mai	Address (Optional)
1 3001 5 174	1 4			10 3			
25 6 3 7 8 7 8 7 8 7 8 7 8 7 8 7 8 7 8 7 8 7	State	ZIP Code	26. 06Junty	. 27	. Telephone (Day)		28. Telephone (Evening)
25. City (1) 1 +	-	11750	1/ 1/20		119 219	91%	7 369-1167
acrosse		40250	1 Oct	ue y	17)00	oto pololy	Consell hoves or maintains funds)
29. Bank of Other Depositories (List all	banks or	other depositories in w	rhich the committe	ee aeposits tuna:	s, noias accounts, re	ins saidly c	eposit boxes of maintains arrowy
l NI	A-						
30. Exploratory Committee (Give brief st)	ement expl	aining purpose of an explor	atory committee only.	31. Salaries	and Reimbursemer	nts (Will the	committee pay the candidate a salary or a copy of the contract.)
,				reimbursemei	nt for lost wages r if	res, enech	a copy or the contract.
ADDOINTME	NT OF	TREASURER	(IC 3-0-1-14)				
SECTION C. APPOINTME	NI OI	REASURER	nted Treasurer		Signature	of the Cor	nmittee Chairperson
32. I, as Chairperson of th	e rore	going reison Appoi	inted incodure.	م الما			10-10
committee, appoint the followin Treasurer of the Committee.	g perso	"" "" \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	MEIAS	am	m fre	MAN	varu
33. Treasurer's Full Name Design	ate cand	idate as treasurer.	Check if this is	a new treasurer.			
33. 11683410. 3 1 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1							
	-1010 -00	7/2 andal D Chark	f this is a new add	iress 35 FAX	(Optional)	36. E-mai	I Address (Optional)
34. Mailing Address (number and street, cit)	, state, and	ZIP COURT	((III3 IS & NEW BOO		, - , - , - , - , - , - , - , - , - , -		• • •
<u>.</u>				()		<u> </u>	Ido Talanhana (Gunaina)
37. City	State	ZIP Code	38. County	39	. Telephone (Day)		40. Telephone (Evening)
				(a)		()
SECTION D. ACCEPTANG	E OF	ADDOINTMENT	IC 3.9.1.1	5)			
41. I give notice that I accept	JE UF	APPOINTMEN	silities of Tres	surer of this	Signature of P	erson Acc	enting Appointment
Committee. I am not the chairs	the dut	ies and responsi	ance committe	ee (except as		· /	10-
permitted for a candidate commit	erson Ioo undi	oric 3.9.1.7)			MILLA	NI K	AMU
	IONIO	F STATEMENT					FOR OFFICE USE ONLY
SECTION E. CERTIFICAT We certify as the candidate an	ION O	tuly appointed Ci	airnerson of	the Committ	ee and that we	have-	•
We certify as the candidate an examined this statement. To the t	a the t	ur knowledge and	helief it is true	. correct and	complete.	1	
42. Typed or Printed Name of Cha	irperso	n Signature of	Chairperson		Date (mm/dd/y)	1	IN CLERKS OFFICE
142, Typed or Printed Name of Cha	in perso			ب ماليان	1 1 - 1	La	SERVICE OFFICE
SUGAN (-AY	ره ۱(- DUSA	ろくしど	MIC	1/23	181	
43. Typed or Printed Name of Car	didate	Signature of	Candidate /	7	Date (mm/dd/y)	1 , 7	JAN 2 / 2018
	1		Y	210	1/20/	14	JAN 2 / 2018
DUSAN CA	₽/	e / Uu	sand	asie	_1/23/		1 1
tal to the law and the base	hange In	this information be re	ported within ter	າ (10) days of ເຄ	ne change (IC 3/9-)	-10). A	2
	report co	mmits a Level 6 D tel	anv //C 3-14-1-1.	s). A person will	o ians in the a comp	Siere Oil	25 July White
accurate report as required by the India subject to civil penalties (IC 3-9-4-16, IC	ma Camo	oaign Finance Law co	minus a Ciass B	misperifeation (i	o ostastriali and fi	GEORK	OF LA POI
subject to civil penalities (IC 3-9-4-16, IC	J-3-4-17,	und 10 0-0/4-10).					



REPORT OF RECEIPTS AND EXPENDITURES A POLITICAL COMMITTEE

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

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

IS THIS AN AMENDMENT?

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

OF

(CFA-4) **Summary Sheet**

FILE NUMBER TOTAL PAGES IN ENTIRE CFA-4 REPORT

COMMITTEE INFORMATION					
1. Full Name of Committee (as on Statemen) of Organization)	name.				
Duran ate	To of male	- Talantana Number			
2. Acronym or Abbreviated Name (if any)	1219	ee Telephone Number) 369-44	67		
4. Mailing Address (Address where all campaign finance correspondence is received.)	Check if this is	a new address.			
5. City, State, Zi9 Code	6. Party Affi	Affiliation (if applicable)			
AND ATT INCORDATION (For Condidate's C	Committees	Only)			
CANDIDATE INFORMATION (For Candidate's Committees Only) 8. Party Affiliation or if Independent Candidate					
7. Full Name of Candidate (Include any nickname.)	O. Faity All	8. Pany Amilation of it independent Candidate			
9. Office Sought (Include district number, if any. Not required for exploratory committee.)	10. County	inty of Residence			
TYPE OF REPORT		CONVENTION	CANDIDATES ONLY		
		Check one:			
11. Check one: Pre-Primary		Pre-Convention			
Final / Disbands Committee (Lines 18, 19, and 20 must be "0".) Utgoing Treasurer (Within ten (10) days amend Sta	etement of Organiza	tion.) Post-Conv	vention		
12. Reporting Period (mm/dd/yy):		COLUMN A	COLUMN B Year to Date		
From: Through:	<u></u>	This Period	real to Dute		
13. Cash on hand and investments at the beginning of this reporting period.		V			
14. Cash on hand and investments January 1, current year.			V		
CONTRIBUTIONS AND RECEIPTS	- n (*)	,			
(Note: these amounts include in-kind contributions and loans, as well as cash contributions.)		0	()		
15a. Itemized (Use Schedule A.)		<u> </u>	0		
15b. Unitemized 15c. Add lines 15a and 15b in both columns. SUB	TOTAL	0	8		
16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B.	TOTAL	/ D	0		
EXPENDITURES					
(Note: These amounts include in-kind expenditures and loan repayments.)					
17a. Itemized (Use Schedule B.) (Public Question: use Schedule C.)		0	<u> </u>		
17b. Unitemized		<u></u>	<u> </u>		
	BTOTAL	0			
18. Cash on hand and investments at close of this reporting period (Subtract 17c from 16 in both columns.)	TOTAL	0	<u> </u>		
19. Debts OWED BY the committee (Use Schedule D.)		0.			
20. Debts OWED TO the committee (Use Schedule E.)		0			
			OD OFFICE HEE ONLY		

19. Debts OWED BY the continues (03c concess 2),	
20. Debts OWED TO the committee (Use Schedule E.)	V
CERTIFICATION I CERTIFY THAT I HAVE EXAMINED THIS STATEMENT. TO THE BEST OF MY KNOWLEDGE AND BELIEF IT IS TRUE, CO	ORRECT AND COMPLETE. F I L E D
Signature of Treasurer	Date (mm/dd/yy)
Signature of Candidate (if applicable)	Dale (mm/dd/yy) MAY - 2 2018
WARNING: Any information contained in this lepon 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 Commits a Class B misdemeanor. (IC 3-14-1-14) and may be subject to civil penalties. (IC 3-9-4-16, IC	3-94-17, IC 3-94-18) CLERK OF LA PORTE CIRCUIT COURT



REPORT OF RECEIPTS AND EXPENDITURES A POLITICAL COMMITTEE

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

IS THIS AN AMENDMENT? Yes No		1071			
COMMITTEE INFORMATION					
1. Full Name of Committee (as on Statement of Organization)					
2. Acronym or Abbreviated Name (if any)	3. Comm	nittee Telephone Number 9) 369-	1167		
4. Mailing Address (Address where all campaign finance correspondence is received.)		s is a new address.			
5. City, State ZIP Code	<u> </u>	y Affiliation (if applicable)			
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 any. Not required for exploratory committee.)	nty of Residence				
TYPE OF REPORT.			N CANDIDATES ONLY		
11. Check one: Pre-Primary Pre-Election Annual Nomination Other		Check one: Pre-Convention			
Final / Disbands Committee (Lines 18, 19, and 20 must be "0".) Utgoing Treasurer (Within ten (10) days amend Str	atement of Orga	nization.) Post-Con	vention		
12. Reporting Period (mm/dd/yy): From: $4-27-18$ Through: $10-19-18$		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.		1 1 1 1 1	0		
CONTRIBOTIONS AND ADDRESS OF THE PROPERTY OF T	4.6				
(Note: these amounts include in-kind contributions and loans, as well as cash contributions.)			0		
15a. Itemized (Use Schedule A.)		0			
15b. Unitemized	BTOTAL				
15c. Add lines 15a and 15b in Out Columns.	TOTAL	$\frac{\delta}{\delta}$	0		
16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B.	TOTAL				
EXPENDITURES					
(Note: These amounts include in-kind expenditures and loan repayments.)		\triangle	· (1)		
17a. Itemized (Use Schedule B.) (Public Question: use Schedule C.)		0	0		
17b. Uniternized	BTOTAL		0 .		
17C. Add lines 178 and 170 lin doct determine.	TOTAL	<u> </u>			
18. Cash on hand and investments at close of this reporting period (Subtract 17c from 16 in both columns.)	TOTAL				
19. Debts OWED BY the committee (Use Schedule D.)		<u> </u>	, ,		
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 Signature of Treasurer Title	TRUE CORP	ECT AND COMPLETIN CLE	OR OFFICE USE ONLY ERKS OFFICE		
Signature of Treasurer Title Title	Di	ate (mm/dd/yy)			

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	•	CERTIFICATION	#			CIERKS OFFICE	IL.Y
I CERTIFY THAT I HAVE EXAM	INED THIS STATEME	VT. TO THE BEST OF MY KNOWLED	GE AND BELIEF IT IS TRUE	, CORRECT AND C	OMPLETE -	CLERKS CITICE	1
. Signature of Treasurer	12	Title 0	,	Date (mm/d	d/yy)		
Susan	all		asuren	10-15	<u> 140 o</u>	CT 2 2 2018	Ī
Signature of Candidate (if	applica j oje) ,	,	-	Date (mm/d	d/yy		1
1 / / / / / / / / / /	' Pall	·		10-18	-/K		1
WARNING: Any information cor	ntained in this report ma	y not be copied for sale or used for a	ny commercial purpose. (IC :	3-9-4-5) A person w	ho knowingly	Kongrafthabak	
files a fraudulent report commi	ts a Level 6 felony. (f0	3-14-1-13) A person who fails to fil	e a complete or accurate re	eport as required by	CLERK OF	LA PORTE CIRCUIT CO	URI
Campaign Finance Law commits	s a Class B misdemean	or, (IC 3-14-1-14) and may be subject	to civil penalues. (IC 3-9-4-16	, IC 3-9-4-17, IC 3-9	1-4-10)]	