

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

(CFA-1)

MC3/

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
. IS THIS AN AMENDMENT?	Yes X No	o If Yes, please	e enter the file	number in t	his box. →	46-18-28
ECTION A. CANDIDATE	INFORMATION	ON: Fill in all a	applicable bo	xes as full	y and accura	tely as possible.
. Last Name	First Name	10	Viiddle Name	Nickn	ame	3. Type of Committee (Check one)
Atwater	1 0	KLINE			Jackie	Candidate's Prindpal Committee Exploratory Committee
. Mailing Address (number and street, city, s	tate, and ZIP code)	5. COURT	5. FAX (O	plional)	6. E-mai	Address (Optional)
. City	State ZIP (9. Telephone	e (Day)	10. Telephone (Evening)
4ichigan City	IN 463	361 LA	Porte	29.50	61-6696	29,879-5499 Not required for an exploratory committee
Party Affiliation Democratic ☐ Libertarian ☐ Repub	dican □ Other		MC13 -	Coloni	na Town	ship TRUSTEE
SECTION B. COMMITTEE	INFORMATI	ON: Fill in all	applicable bo	xes as full	y and accura	itely as possible.
3. Full Name of Committee (Do not abb	reviste.) 🔲 Che					
The Committee 4	DELLET	Jacklin Sanewhar	e "Jack	ie" 194	water	
 Mailing Address (number and street, city, 	state, and ZIP code)	Check if this is a	new address. 15. I	AX (Optional)	16. E-ma	il Address (Oplional)
P.O. BOX 9264	<u> </u>	Code 18. Cou	<u> </u>	19. Telephor	nel	20. Committee Organization Date
7. City	IN 463		Parto.		61-6696	(mm/dd/yy) 01-16-2018
Michigan UTY 1 Chairnerson's Full Name Desi		s Chairperson.	Check If this is a ne			0, 10 00.0
		- CHERDOISON -			-	
2. Majling Address (number and street, city.	tuater	Check If this is a	new address. 23.	FAX (Optional)	24. E-ma	II Address (Optional)
P.O. Box 9264	State, and Eli- code;		[c_)		100
5. City	State ZIP (26, Cou	Porte	27. Telephor	he (Day) 61- <u>6696</u>	28. Telephone (Evening) (219) 879-5499
Park or Other Depositories J ist all	hanks or other dep	ositories in which the	committee deposits	funds, holds acc	counts, rents safety	deposit boxes or maintains funds.)
LAPorte Commu		Lecal Cre	dit Unic	D)		
30. Exploratory Committee (Give brief state	ement explaining purpo		elfon ontil 31 Sala	rice and Rolmh	ursements (Will th	e committee pay the candidate a salary o
N/	4		reimburs	ement for lost w	ages? If Yes, attac	h a copy of the contract.) Yes N
SECTION C. APPOINTME	NT OF TREA	SURER (IC 3-9	9-1-14)			
32 L as Chairperson of the	e foregoing P	erson Appointed Tre	asurer /	, ,	- 1	mmittee Chairperson
committee, appoint the following	g person as	- ar klin	w Utwa	uter	ach	exe Sturtu
Treasurer of the Committee. 3. Treasurer's Full Name Qesign	ate candidate as tr	easy:er.	If this is a new treas	surer.	1/	
		-U			V	
Jacklive Htw. 34. Malling Address (number and street, city,	state, and ZIP codel	☐ Check If this is a	new address. 35.	FAX (Optional)	36. E-ma	il Address (Optional)
DA BAY GOLD	4	_	1,	1		•
	State , ZIP	Code 38. Cou	unty	39. Telepho:		40. Telephone (Evening)
Michigan City		361 UA	porte	29.5	61-6696	29, 879-5499
		INTMENT (IC 3		11920		
44 Laive notice that Laccent t	he duties and	responsibilities	of Treasurer of	this Signatu	re of Person Ad	cepting Appointment
Committee. I am not the chairp	erson of a car	npaign finance c	ommittee (exce	ot as 🔾	achline	- atworter
permitted for a candidate committed	ee under (C 3-9	-1-7)				FOR OFFICE USE ONLY
SECTION E. CERTIFICAT	ON OF STA	I EWIEN	on of the Com	mittee and t	hat we have	FILED
We certify as the candidate and examined this statement. To the b	a the duly app est of our know	oointed Chairpers /ledge and belief i	t is true, correct	and complete	9.	IN CLERKS OFFICE
42. Typed or Printed Name of Cha	irperson Si	pature of Chairpe	erson	Date	(mm/dd/yy)	HA CERMAN
Jackine Atu	rater C	- Jackie	ni atur		-24-18	JAN 2 4 2018
43. Typed or Printed Name of Can	didate Si	gnature of Candid	ate A	+ Date	(mm/dd/yy)	
(1/)(1/20=-1	pater	Jackline	J Celar	01	124-18	3:30 pm
Warning: State law requires that any operson who knowingly files a fraudulent	ronad commite a l	LOVAL N. I.I TPINNY III	.1 · · 4 · / · · · 1 / · · · · · · · · · · · · ·	H MINO IDIIS LO III	E B CONTINUES ON I	CLERK OF LA PORTE CIRCUIT CO
person who knowingly files a fraudulent accurate report as required by the India subject to civil penalties (IC 3-9-4-16, IC 3	na Campaign Fina	INCE LAW COMMINS A	Ciass o misuemea	101 po 5-14-1-1	.,, and may 00	
anient to cital partition 1.000 0 1.10110 c				-		

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

∑ No

OF

(CFA-4) Summary Sheet

Guilliary Grider	
FILE NUMBER	
46-18-28	
TOTAL PAGES IN ENTIRE CFA-4 RE	EPORT
10	

COMMITTEE INFORMATION	1		
i. Full Name of Committee (as on Statement of Organization)			
The Committee TO Elect JACKINE "JACKIE"	AtwATER		
. Acronym or Abbreviated Name (if any)	3. Committee 1er	•	
	(219)5	61-669	6
. Mailing Address (Address where all campaign finance correspondence is received.) P.O. Box 9264	Check if this is a new	v address.	
	6. Party Affiliation		
Michigan Cety, IN 46361	Democ		
CANDIDATE INFORMATION (For Candidate's			
. Full Name of Candidate (<i>lînclude any nickname.</i>)	8. Party Affiliation		nt Candidate
JACKline "Jackie" Atwater	Democ		
Office Sought (Include district number, if any. Not required for exploratory committee.) Looispring Township Trustee	10. County of Re	LAT	GITE
TYPE OF REPORT		CONVENTIO	N CANDIDATES ON
1. Check one:	_	Check one:	
Pre-Primary Pre-Election Annual Nomination Other		Pre-Conv	
Final / Disbands Committee (Lines 18, 19, and 20 must be "0".) Uoutgoing Treasurer (Within ten (10) days amend S	Statement of Organization.)	Post-Con	ivention
2. Reporting Period (mm/dd/yy):		DLUMN A	COLUMN B
rom: 01-01-18 Through: 04-13-18	· I n	is Period	Year to Date
Cash on hand and investments at the beginning of this reporting period.	-	↔	
4. Cash on hand and investments January 1, current year.	sacration of the	4.0 (40) (40)	-0-
CONTRIBUTIONS AND RECEIPTS Note: these amounts include in-kind contributions and loans, as well as cash contributions.)	**************************************		
		<i>-</i>	€
5a. Itemized (Use Schedule A.) 5b. Unitemized		Ö	0
	BTOTAL	0	0
6. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B.	TOTAL	Ð	0
EXPENDITURES	-1-4	54	
Note: These amounts include in-kind expenditures and loan repayments.)			
7a. Itemized (Use Schedule B.) (Public Question: use Schedule C.)		0	0
7b. Unitemized		10	0
	JBTOTAL	0	0
8. Cash on hand and investments at close of this reporting period (Subtract 17c from 16 in both columns.)	TOTAL	Ð	0
9. Debts OWED BY the committee (Use Schedule D.)		0	A. 18 14 14 14 14 14 14 14 14 14 14 14 14 14
Debts OWED By the committee (Use Schedule E.) Debts OWED TO the committee (Use Schedule E.)		Ø _F T	
		4 h	RKS-OFFICE ONL
CERTIFICATION	O TOUR CODDECT AND		CASSESSED DATE ON
CERTIFY THAT I HAVE EXAMINED THIS STATEMENT. TO THE BEST OF MY KNOWLEDGE AND BELIEF IT IS	S TRUE, CORRECT AND Date (mm/	dd/vv	0.0.0040
Signature of Treasurer Title		9-18 R	2 0 2018
	Date (mm/		11:33 Ar
in the of Candidate (if applicable).			
ignature of Candidate (if applicable) ARNING: Any information contained in this report may not be copied for sale or used for any commercial purpos	4-1	9-18 Km	derdehabet



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

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

Itemized Contributions and Other Receipts

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

FILE NUMBER				
Page _	2	of	10	

Contributor's Occupation (I required)	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 (mm/dd/yy) RECEIVED BY
Contributor's Occupation (if required) Substitute This PAGE OF SCHEDULE A \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	1.	Direct			14
Contributor's Occupation (if required) Contributor's Occupation (if requir	· ·	Interest Loan			, /A
Contributor's Occupation (if required) 3. Cantributions: Direct In-Kind (describe) W/A Other Receipts: Interest Loan Miscellaneous (specify) Contributor's Occupation (if required) 4. Contributions: Direct In-Kind (describe) W/A Other Receipts: Interest Loan Miscellaneous (specify) Contributions: Other Receipts: Interest Loan Miscellaneous (specify) Contributions: Other Receipts: Interest Loan Miscellaneous (specify) Contributions: Direct In-Kind (describe) W/A Other Receipts: Interest Loan Miscellaneous (specify) Contributions: Other Receipts: Interest Loan Miscellaneous (specify) Contributor's Occupation (if required) Substitute As Example Of Schedule A Other Receipts: Interest Loan Miscellaneous (specify)	2.	Direct			-N/A
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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).

	Fil	E NUMB	ER
			,
Page_	3	of	10

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 (mmlddlyy) RECEIVED BY
n/k	Contributions: Direct In-Kind (describe) Other Receipts: Interest Loan Miscellaneous (specify)	Ð	8	N/A
N/A	Contributions: Direct In-Kind (describe) Other Receipts: Interest Loan Miscellaneous (specify)			
J. N/A	Contributions: Direct In-Kind (describe) Other Receipts: Interest Loan Miscellaneous (specify)			
N/A	Contributions: Direct In-Kind (describe) Other Receipts: Interest Loan Miscellaneous (specify)			
2 N/B	Contributions: Direct In-Kind (describe) Other Receipts: Interest Loan Miscellaneous (specify)			
TOTAL OF ALL PAGES OF SCHEDULE	THIS PAGE OF SCHEDULE A A ON THE LAST PAGE ONLY M 15a of the Summary Sheet.)	s <i>B</i>		



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

(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	NUMBE	R
Page	4	of	10

CONTRIBUTOR'S FULL NAME AND	. TYPE OF CONTRIBUTION	COLUMN A AMOUNT THIS	COLUMN B	DATE RECEIVED (mm/ddl/yy)
FULL MAILING ADDRESS (street, number, city, state, ZIP code)	OR OTHER RECEIPT	PERIOD	YEAR-TO-DATE	RECEIVED BY
1. WA	Contributions: Direct In-Kind (describe) Other Receipts: Interest Loan Miscellaneous (specify)	8	0	MA
N A	Contributions: Direct In-Kind (describe) Other Receipts: Interest Loan Miscellaneous (specify)			Asia Canada Cana
N A	Contributions: Direct In-Kind (describe) Other Receipts: Interest Loan Miscellaneous (specify)			
D/A	Contributions: Direct In-Kind (desc ibe) Other Receipts: Interest Loan Miscellaneous (specify)			
5. N/B	Contributions: Direct In-Kind (describe) Other Receipts: Interest Loan Miscellaneous (specify)			
	THIS PAGE OF SCHEDULE A	\$ 6		
TOTAL OF ALL PAGES OF SCHEDULE (Enter total on ITEM	A ON THE LAST PAGE ONLY 1 15a of the Summary Sheet.)	\$ 6		



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 atl 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 NUMBE	R
Page _	· 5 of _	10

CONTRIBUTOR'S FULL NAME AND	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A	COLUMN B CUMULATIVE	DATE RECEIVED (mm/dd/yy)
FULL MAILING ADDRESS (street, number, city, state, ZIP code)	OR OTHER RECEIPT	PERIOD	YEAR-TO-DATE	RECEIVED BY
1. N/A	Contributions: Direct In-Kind (describe) Other Receipts: Interest Loan Miscellaneous (specify)	0	0	N/A
NIA	Contributions: Direct In-Kind (describe) Other Receipts: Interest Loan Miscellaneous (specify)			
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v14	Contributions Direct In-Kind (describe) Other Receipts: Interest Loan Miscellar eous (specify)			
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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 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 requardless 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	NUMBE	R	
Page _	6	of	10	

	CONTRIBUTOR'S FULL NAME AND	TYPE OF CONTRIBUTION	COLUMN A	COLUMN B CUMULATIVE	DATE RECEIVED (mm/dd/yy)
	FULL MAILING ADDRESS (street, number, city, state, ZIP code)	OR OTHER RECEIPT	AMOUNT THIS PERIOD	YEAR-TO-DATE	RECEIVED BY
1.	N/A	Contributions: Direct In-Kind (describe) Other Receipts: Interest Loan Miscellaneous (specty)	X	0	NIA
2.	N/A	Contributions: Direct In-Kind (describe) Other Receipts: Interest Loan Miscellaneous (specify)			
3.	N/A	Contributions: Direct In-Kind (describe) Other Receipts: Interest Loan Miscellaneous (specify)			
4.	N/A	Contributions: Direct In-Kind (describe) Other Recelpts: Interest Loan Miscellaneous (specity)			
5. ,	A1a	Contributions: Direct In-Kind (describe) Other Receipts: Interest Loan Miscellaneous (specify)			
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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_	1	_ of _	10

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)
CodeNA	Ala	Direct In-Kind Payment of Debt Returned Contribution Other Purpose:	Ø	8	NJA
Code		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:			
\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:			
Code		Direct In-Kin; Payment of Debt Returned Contribution Other Purpose:			731
N/N		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:			
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TOTAL OF ALL F	SUBTOTAL THIS PAR AGES OF SCHEDULE B ON TH (Enter total on ITEM 17a of	E LAST PAGE ONLY	s Ø		



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.

FILE	NUMBER	
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Page _	O of	

	PUBLIC QUESTIO	NUMBORMATION			
Enter Text of Public Question.	PUBLIC QUESTIO	NINFORMATION		,	,
Enter reat or unite auction					
	NIA				
Type of Question: Statewide Position: Supported Oppo	Local sed				
	RECIPIENT'S OCCUPATION	TYPE OF EXPENDITURE	COLUMN A	COLUMN B	DATE OF
RECIPIENT'S NAME AND MAILING ADDRESS (street, number, city, state, ZIP code)	RECIPIENT 3 OCCOPATION	and PURPOSE (be specific)	AMOUNT THIS PERIOD	CUMULATIVE YEAR-TO-DATE	EXPENDITURE (mm/dd/yy)
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Code		Payment of Debt			1
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		☐ Direct ☐ In-Kind	-		
Code		Payment of Debt			
1110		Returned Contribution Other			
N/N		Purpose:			
Code		Direct In-Hind Payment of Debt		\	
A L v		Returned Contribution Other			
NIN		Purpose:			
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NA		Returned Contribution			
N/K		Other Purpose:			
				<u> </u>	' -
Code		Direct In-Kind Payment of Debt			
1/10		Returned Contribution			
14 /.	\	OtherPurpose:			
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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 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	NUMBE	R
Page _	9	of	10

CREDITOR'S OR LENDER'S NAME AND MAILING ADDRESS (street, number, city, state, ZIP code)	ENDORSER'S OR VENDOR'S NA AND MAILING ADDRESS (if an (street, number, city, state, ZIP co	y) ————————————————————————————————————	DATE DEST INCURRED BT (mm/dd/yy)	CUMULATIVE PAID YEAR-TO-DATE	OUTSTANDING BALANCE THIS PERIOD
N A	NA	N/A	- N/A	O	D
LENDER'S OCCUPATION		NIA			
N A		NIA			
N A		NIA		,	() () () () () () () () () ()
LENDER'S OCCUPATION:		NIA			
U A		NIA			
N R		NA			
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State Form 4606 (R14 / 10-17) Indiana Election Division (IC 3-9-5-14)

(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.

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<u> </u>			
Page _	10	_ of	10

BORROWER'S NAME AND MAILING ADDRESS	CO-SIGNER'S NAME AND MAILING ADDRESS (if any)	ORIGINAL AMOUNT	DATE DEBT INCURRED	CUMULATIVE PAID	OUTSTANDING BALANCE THIS
(street, number, city, state, ZIP code)	AND MAILING ADDRESS (if any) (street, number, city, state, ZIP code)	NATURE OF DEBT	(mm/dd/yy)	YEAR-TO-DATE	PERIOD
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	TOTAL OF A	LL PAGES OF SCHEDUL (Enter total on I	E E ON THE LAS TEM 20 of the Su		s Ø

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

46-18-28

TOTAL PAGES IN ENTIRE CFA-4 REPORT

IS THIS AN AMENDMENT? Yes X No		10	
COMMITTEE INFORMATION	1		
		1	
1. Full Name of Committee (as on Statement of Organization) The Committee To Elect Jackline "J	ackie	" Atwater	•
Acronym or Abbreviated Name (if any)	3. Comi	mittee Telephone Number	
2.7.6.6.1,7.1.6.7.1.6.2.7.1.6.2.7.7.	(210	1 608-1688	1561-6696
4. Mailing Address (Address where all campaign finance correspondence is received.)] Check if th	is is a new address.	
P.O. Box 9264			
	-	Affiliation (if applicable)	
Michigan City, IN 46361		mocrat	
CANDIDATE INFORMATION (For Candidate's			
7. Full Name of Candidate (Include any nickname.)		Affiliation or If Independen	t Candidate
Jacke, ve "Jackie" Howater		mocrat.	
9. Office Sought (Include district number, if any. Not required for exploratory committee.)	10. Cou	inty of Residence POY+C	
Coolspring Township Trustee	/-		CANDIDATES ONLY
TYPE OF REPORT			(CAMDIDATES UNLT
11. Check one:		Check one:	ention
Pre-Primary Pre-Election Annual Nomination Other	21.1		
Final / Disbands Committee (Lines 18, 19, and 20 must be "0".) Utgoing Treasurer (Within ten (10) days amend	Statement of Org	anization.)	
12. Reporting Period (mm/dd/yy):		COLUMN A This Period	COLUMN B Year to Date
From: 4-14-18 Through: 10-12-18			
13. Cash on hand and investments at the beginning of this reporting period.		·	Q -
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.)		400.00	400.00
15b. Unitemized		<i>O</i>	0
	BTOTAL	0	-0
16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B.	TOTAL	400.00	400.00
EXPENDITURES			
(Note: These amounts include in-kind expenditures and loan repayments.)			
17a. Itemized (Use Schedule B.) (Public Question: use Schedule C.)		337.26	337.26
17b. Unitemized		-0	<i>-0</i>
17c. Add lines 17a and 17b in both columns.	JBTOTAL	337.26	337.26
18. Cash on hand and investments at close of this reporting period (Subtract 17c from 16 in both columns.)	TOTAL	62.14	62.74
19. Debts OWED BY the committee (Use Schedule D.)		-0	
20. Debts OWED TO the committee (Use Schedule E.)	-	D	
			OR OFFICE USE ONLY
CERTIFICATION I CERTIFY THAT I HAVE EXAMINED THIS STATEMENT, TO THE BEST OF MY KNOWLEDGE AND BELIEF IT I	S TRUE, COR	RECT AND COMPLETE.	CLERKS OFFICE
TO FROM YORK THAT I HAVE EXAMINED THIS STATEMENT, TO THE DEST OF MICHAELD OF AND DESIGN OF			しょにいいろ しんといいに

20. DEDIG CIVED TO the commisse (CTT CT			
	CERTIFICATION	•	TO TOFFICE USE PINLY
I CERTIFY THAT I HAVE EXAMINED THIS STATEME	NT. TO THE BEST OF MY KNOWLEDGE AND BELIEF IT IS TRU	E, CORRECT AND COMPLETE.	IN CLERKS OFFICE
Signature of Treasurer atwitte	Title Irlanuer	Date (mm/dd/y/) 10-18-18	
Signature of Candidate (if applicable)	"Atwater	Date (mm/dd/y/) 10 - 18 - 18	OCT 1 9 2018
WARNING: Any information contained in this report in	nay not be copied for sale or used for any commercial purpose. (IC 3-14-1-13) A person who fails to file a complete or accurate r nor, (IC 3-14-1-14) and may be subject to civil penalties. (IC 3-9-4-1	report as required by the indiana	Frequencial COURT COURT



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	NUMB	ER	
Page _	2	of	10	

CONTRIBUTOR'S FULL NAME AND OCCUPATION FULL MAILING ADDRESS	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A	COLUMN B CUMULATIVE	DATE RECEIVED (mm/dd/yy)
(street, number, city, state, ZIP code)	1	. PERIOD	YEAR-TO-DATE	RECEIVED BY
1 Jackline Atwater P.O. Box 9264	Contributions: Direct In-Kind (describe)	400.00	400.00	10/04/18
Jackline Atwater P.O. Box 9264 2265. Court Michigan City, IN 46361	Other Receipts: Interest Loan Miscellaneous (specify)		·	Gauline atwater
Contributor's Occupation (if required)	Contributions: 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)				
4.	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest Loan Miscellaneous (specify)			
Contributor's Occupation (if required)				
5.	Contributions: Direct In-Kind (describe)	·		
	Other Receipts: Interest Loan Miscellaneous (specify)	·	-	·
Contributor's Occupation (if required)		(10)		
	THIS PAGE OF SCHEDULE A	\$ 400.00		
TOTAL OF ALL PAGES OF SCHEDULE (Enter total on ITE)	A ON THE LAST PAGE ONLY If 15a of the Summary Sheet.)	\$ 400.00		



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_	1	_ of	10				

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)
VISTA Print 9260 Red ROCK Rd REND, NV 89606	Coolspring Townshy Trustee	Direct In-Kind Payment of Debt Returned Contribution Other Purpose:	337.26	337.26	81/1/01
CodeN	NIP	Direct In-Kind Payment of Debt Returned Contribution Other Purpose:	NIA	NA	NJA
Code		Direct In Kind Payment of Debt Returned Contribution Other Purpose:			
Code		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:		ر ا	Ar
. 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:			
TOTAL OF ALL F	SUBTOTAL THIS PAGES OF SCHEDULE B ON THI (Enter total on ITEM 17a of t	E LAST PAGE ONLY	\$337.26		