



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 number in this box. →

46-19-47

SECTION A. CANDIDATE INFORMATION: Fill in all applicable boxes as fully and accurately as possible.

| | | | | | | | |
|---|--------------------|----------------------------|------------------------------|--|--|---|--|
| 2. Last Name PARRY | | First Name DUANE | | Middle Name ARTHUR | Nickname N/A | 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) 2206 Maple St. | | | | 5. FAX (Optional) () N/A | | 6. E-mail Address (Optional) duane.parry@yahoo.com | |
| 7. City Michigan City | State IN | ZIP Code 46360 | 8. County LA PORTE | 9. Telephone (Day) (219) 873-6302 | 10. Telephone (Evening) (509) 554-9300 | | |
| 11. Party Affiliation <input type="checkbox"/> Democratic <input type="checkbox"/> Libertarian <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Other | | | | 12. Office Sought (Include district number, if any. Not required for an exploratory committee.) MAYOR OF MICHIGAN CITY | | | |

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. CITIZENS FOR DUANE PARRY | | | | | | | |
| 14. Mailing Address (number and street, city, state, and ZIP code) <input type="checkbox"/> Check if this is a new address. 2206 Maple St. | | | | 15. FAX (Optional) () | | 16. E-mail Address (Optional) duane.parry68@gmail.com | |
| 17. City Michigan City | State IN | ZIP Code 46360 | 18. County LA PORTE | 19. Telephone (219) 873-6302 | 20. Committee Organization Date (mm/dd/yy) 02/06/19 | | |
| 21. Chairperson's Full Name <input type="checkbox"/> Designate Candidate as Chairperson. <input checked="" type="checkbox"/> Check if this is a new chairperson. CONNIE D. GRAMAROSSA | | | | | | | |
| 22. Mailing Address (number and street, city, state, and ZIP code) <input checked="" type="checkbox"/> Check if this is a new address. 8444 N. 500 EAST | | | | 23. FAX (Optional) () | | 24. E-mail Address (Optional) Connie.GRAMAROSSA@Yahoo.com | |
| 25. City Rolling Prairie | State IN | ZIP Code 46371 | 26. County LA PORTE | 27. Telephone (Day) 219 221-7326 | 28. Telephone (Evening) () | | |
| 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.) CENTIER BANK | | | | | | | |
| 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 DUANE A. PARRY | | 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. DUANE ARTHUR PARRY | | | | | | | |
| 34. Mailing Address (number and street, city, state, and ZIP code) <input type="checkbox"/> Check if this is a new address. 2206 Maple St. | | | | 35. FAX (Optional) () | | 36. E-mail Address (Optional) duane.parry@yahoo.com | |
| 37. City Michigan City | State IN | ZIP Code 46360 | 38. County LA PORTE | 39. Telephone (Day) (219) 873-6302 | 40. Telephone (Evening) (509) 554-9300 | | |

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 Duane A. Parry | |
|--|--|--|--|

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 Connie GRAMAROSSA | Signature of Chairperson | Date (mm/dd/yy) 02/19/19 |
| 43. Typed or Printed Name of Candidate Duane A. Parry | Signature of Candidate | Date (mm/dd/yy) 02/19/19 |

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FILED
IN CLERKS OFFICE

FEB 20 2019

Kristen Schuch
CLERK OF LA PORTE CIRCUIT COURT

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).



CANDIDATE'S STATEMENT OF ORGANIZATION AND DESIGNATION OF PRINCIPAL COMMITTEE OR EXPLORATORY COMMITTEE
 State Form 4604 (R14 / 10-17)
 Indiana Election Division (IC 3-9-1-3; IC 3-9-1-4; IC 3-9-1-5)

(CFA-1)

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FEB 6 2019
 CLERK OF LA PORTE CIRCUIT COURT

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 number in this box. → **46-19-47**

SECTION A. CANDIDATE INFORMATION: Fill in all applicable boxes as fully and accurately as possible.

| | | | | | | | |
|---|--------------------|----------------------------|------------------------------|--|------------------------|---|--|
| 2. Last Name PARRY | | First Name DUANE | | Middle Name ARTHUR | Nickname N/A | 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) 2206 Maple Street | | | | 5. FAX (Optional) () | | 6. E-mail Address (Optional) duane.parry@yahoo.com | |
| 7. City Michigan City | State IN | ZIP Code 46360 | 8. County LA PORTE | 9. Telephone (Day) (219) 873-6302 | | 10. Telephone (Evening) (509) 554-9300 | |
| 11. Party Affiliation <input type="checkbox"/> Democratic <input type="checkbox"/> Libertarian <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Other _____ | | | | 12. Office Sought (include district number, if any. Not required for an exploratory committee.) MAYOR OF MICHIGAN CITY | | | |

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. CITIZENS FOR DUANE PARRY | | | | | | | |
| 14. Mailing Address (number and street, city, state, and ZIP code) <input type="checkbox"/> Check if this is a new address. 2206 Maple Street | | | | 15. FAX (Optional) () N/A | | 16. E-mail Address (Optional) duane.parry68@gmail.com | |
| 17. City Michigan City | State IN | ZIP Code 46360 | 18. County LA PORTE | 19. Telephone (219) 873-6302 | | 20. Committee Organization Date (mm/dd/yy) 02/06/19 | |
| 21. Chairperson's Full Name <input checked="" type="checkbox"/> Designate Candidate as Chairperson. <input type="checkbox"/> Check if this is a new chairperson. DUANE ARTHUR PARRY | | | | | | | |
| 22. Mailing Address (number and street, city, state, and ZIP code) <input type="checkbox"/> Check if this is a new address. 2206 Maple Street | | | | 23. FAX (Optional) () N/A | | 24. E-mail Address (Optional) duane.parry68@gmail.com | |
| 25. City Michigan City | State IN | ZIP Code 46360 | 26. County LA PORTE | 27. Telephone (Day) (219) 873-6302 | | 28. Telephone (Evening) (509) 554-9300 | |
| 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.) CENTIER BANK | | | | | | | |
| 30. Exploratory Committee (Give brief statement explaining purpose of an exploratory committee only.) Exploring candidacy through primary election | | | | 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. DUANE ARTHUR PARRY | | | Person Appointed Treasurer | | Signature of the Committee Chairperson Duane A. Parry | | |
| 33. Treasurer's Full Name <input checked="" type="checkbox"/> Designate candidate as treasurer. <input type="checkbox"/> Check if this is a new treasurer. DUANE ARTHUR PARRY | | | | | | | |
| 34. Mailing Address (number and street, city, state, and ZIP code) <input type="checkbox"/> Check if this is a new address. 2206 Maple Street | | | | 35. FAX (Optional) () N/A | | 36. E-mail Address (Optional) duane.parry68@gmail.com | |
| 37. City Michigan City | State IN | ZIP Code 46360 | 38. County LA PORTE | 39. Telephone (Day) (219) 873-6302 | | 40. Telephone (Evening) (509) 554-9300 | |

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 Duane A. Parry | | | | |
|--|--|--|--|--|--|--|--|

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 DUANE A. PARRY | | Signature of Chairperson Duane A. Parry | | Date (mm/dd/yy) 02/06/19 |
| 43. Typed or Printed Name of Candidate DUANE A. PARRY | | Signature of Candidate Duane A. Parry | | Date (mm/dd/yy) 02/06/19 |

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).

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**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.

IS THIS AN AMENDMENT? Yes No

| FILE NUMBER |
|------------------------------------|
| 46-19-47 |
| TOTAL PAGES IN ENTIRE CFA-4 REPORT |
| 6 |

COMMITTEE INFORMATION

| | |
|--|---|
| 1. Full Name of Committee (as on Statement of Organization) <input type="checkbox"/> Check if this is a new name. CITIZENS FOR DUANE PARRY | |
| 2. Acronym or Abbreviated Name (if any) N/A | 3. Committee Telephone Number (219) 873-6302 |
| 4. Mailing Address (Address where all campaign finance correspondence is received.) <input type="checkbox"/> Check if this is a new address. 2206 MAPLE STREET | |
| 5. City, State, ZIP Code MICHIGAN CITY, IN 46360 | 6. Party Affiliation (if applicable) REPUBLICAN |

CANDIDATE INFORMATION (For Candidate's Committees Only)

| | |
|--|---|
| 7. Full Name of Candidate (Include any nickname.) DUANE ARTHUR PARRY | 8. Party Affiliation or If Independent Candidate REPUBLICAN |
| 9. Office Sought (Include district number, if any. Not required for exploratory committee.) MAYOR OF MICHIGAN CITY | 10. County of Residence LA PORTE |

TYPE OF REPORT

CONVENTION CANDIDATES ONLY

| | |
|--|---|
| 11. Check one: <input checked="" type="checkbox"/> Pre-Primary <input 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 |
|--|---|

| | | |
|--|---------------------------------|----------------------------------|
| 12. Reporting Period (mm/dd/yy): From: 01/01/19 Through: 04/12/19 | COLUMN A This Period | COLUMN B Year to Date |
| 13. Cash on hand and investments at the beginning of this reporting period. | 439.38 | |
| 14. Cash on hand and investments January 1, current year. | | 439.38 |

CONTRIBUTIONS AND RECEIPTS

| | | |
|---|-----------------|-----------------|
| (Note: these amounts include in-kind contributions and loans, as well as cash contributions.) | | |
| 15a. Itemized (Use Schedule A.) | 1,100.00 | 1,100.00 |
| 15b. Unitemized | 170.00 | 170.00 |
| 15c. Add lines 15a and 15b in both columns. SUBTOTAL | 1,270.00 | 1,270.00 |
| 16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B. TOTAL | 1,709.38 | 1,709.38 |

EXPENDITURES

| | | |
|---|-----------------|-----------------|
| (Note: These amounts include in-kind expenditures and loan repayments.) | | |
| 17a. Itemized (Use Schedule B.) (Public Question: use Schedule C.) | 1,629.94 | 1,629.94 |
| 17b. Unitemized | -0- | -0- |
| 17c. Add lines 17a and 17b in both columns. SUBTOTAL | 1,629.94 | 1,629.94 |
| 18. Cash on hand and investments at close of this reporting period (Subtract 17c from 16 in both columns.) TOTAL | 79.44 | 79.44 |
| 19. Debts OWED BY the committee (Use Schedule D.) | 1,515.36 | |
| 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 Duane A. Parry | Title COMMITTEE TREASURER | Date (mm/dd/yy) 04/21/19 |
| Signature of Candidate (if applicable) Duane A. Parry | | Date (mm/dd/yy) 04/21/19 |

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APR 22 2019

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 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 (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 | |
|-------------|--------|
| 46-19-47 | |
| Page | 1 of 2 |

| CONTRIBUTOR'S FULL NAME AND OCCUPATION 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. Richard GRAMAROSSA 335 Lake Hills Rd. Michigan City, IN 46360 Contributor's Occupation <i>(if required)</i> _____ | 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> _____ | 500.00 | 500.00 | 03/03/19 DUANE PARRY |
| 2. DUANE PARRY 2206 Maple St. Michigan City, IN 46360 Contributor's Occupation <i>(if required)</i> <u>Candidate</u> | 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> _____ | 100.00 | 600.00 | 03/11/19 DUANE PARRY |
| 3. VARIOUS DONATORS Contributor's Occupation <i>(if required)</i> _____ | 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> _____ | 70.00 | 670.00 | 03/12/19 DUANE PARRY |
| 4. DUANE PARRY 2206 Maple St. Michigan City, IN 46360 Contributor's Occupation <i>(if required)</i> _____ | Contributions: <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind <i>(describe)</i> _____ Other Receipts: <input type="checkbox"/> Interest <input checked="" type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous <i>(specify)</i> _____ | 150.00 | 820.00 | 03/14/19 DUANE PARRY |
| 5. DUANE PARRY 2206 Maple St. Michigan City, IN 46360 Contributor's Occupation <i>(if required)</i> _____ | Contributions: <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind <i>(describe)</i> _____ Other Receipts: <input type="checkbox"/> Interest <input checked="" type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous <i>(specify)</i> _____ | 100.00 | 920.00 | 03/15/19 DUANE PARRY |
| SUBTOTAL THIS PAGE OF SCHEDULE A | | \$ 920.00 | | |
| TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY <i>(Enter total on ITEM 15a of the Summary Sheet.)</i> | | \$ 1,270.00 | | |



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

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 | |
|-------------|--------|
| 46-19-47 | |
| Page | 2 of 2 |

| CONTRIBUTOR'S FULL NAME AND OCCUPATION 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. DUANE PARRY 2206 Maple St. Michigan City, IN 46360 Contributor's Occupation <i>(if required)</i> _____ | Contributions: <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind <i>(describe)</i> _____ Other Receipts: <input type="checkbox"/> Interest <input checked="" type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous <i>(specify)</i> _____ | 250.00 | 1,170.00 | 03/28/19 DUANE PARRY |
| 2. VARIOUS DONATORS Contributor's Occupation <i>(if required)</i> _____ | 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> _____ | 100.00 | 1,270.00 | 03/13/19 DUANE PARRY |
| 3. Contributor's Occupation <i>(if required)</i> _____ | 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. Contributor's Occupation <i>(if required)</i> _____ | 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. Contributor's Occupation <i>(if required)</i> _____ | 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 | | \$ 350.00 | | |
| TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY <i>(Enter total on ITEM 15a of the Summary Sheet.)</i> | | \$ 1,270.00 | | |



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

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 | |
|-------------|--------|
| 46-19-47 | |
| Page | 1 of 2 |

| RECIPIENT'S NAME AND MAILING ADDRESS <i>(street, number, city, state, ZIP code)</i> | RECIPIENT'S OCCUPATION | TYPE OF EXPENDITURE and PURPOSE (be specific) | COLUMN A AMOUNT THIS PERIOD | COLUMN B CUMULATIVE YEAR-TO-DATE | DATE OF EXPENDITURE <i>(mm/dd/yy)</i> |
|---|---|---|-----------------------------------|--|---|
| | OFFICE SOUGHT (if applicable) | | | | |
| Code _____ The Cellular Connection (TCC) 5230 S. FRANKLIN ST. MICHIGAN CITY, IN | Verizon cell phone service provider MAYOR | <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other Purpose: Service for Campaign Phone | 34.10 | 34.10 | 02/02/19 |
| Code _____ WALMART 5780 FRANKLIN ST. MICHIGAN CITY, IN | RETAILER MAYOR | <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other Purpose: Purchase Phone | 42.67 | 76.77 | 03/02/19 |
| Code _____ TCC 5230 S. FRANKLIN ST. MICHIGAN CITY, IN | Verizon service Provider MAYOR | <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other Purpose: Cell phone Service | 34.10 | 110.87 | 03/02/19 |
| Code _____ WALMART 5780 FRANKLIN ST. MICHIGAN CITY, IN | RETAILER MAYOR | <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other Purpose: Paper for HANDOUTS | 9.47 | 120.34 | 03/02/19 |
| Code _____ Reprographic Arts 2824 E. Michigan Blvd. MICHIGAN CITY, IN | PRINTING & APPAREL SILKSCREENING MAYOR | <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other Purpose: T-Shirts for Campaign | 120.00 | 240.34 | 03/07/19 |
| Code _____ HAWKINS PRINTING 315 LINCOLN WAY LA PORTE, IN | PRINTERS MAYOR | <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other Purpose: Campaign Bus. Cards | 66.34 | 306.68 | 03/07/19 |
| Code _____ Access La Porte County 301 E. 8th St. MICHIGAN CITY, IN | TU STATION MAYOR | <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other Purpose: SPONSOR ST. PATRICKS Parade | 75.00 | 381.68 | 03/08/19 |
| SUBTOTAL THIS PAGE OF SCHEDULE B | | | \$ 381.68 | | |
| TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY <i>(Enter total on ITEM 17a of the Summary Sheet.)</i> | | | \$ 1,629.94 | | |



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

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

46-19-47

Page 2 of 2

| RECIPIENT'S NAME AND MAILING ADDRESS (street, number, city, state, ZIP code) | RECIPIENT'S OCCUPATION | TYPE OF EXPENDITURE and PURPOSE (be specific) | COLUMN A AMOUNT THIS PERIOD | COLUMN B CUMULATIVE YEAR-TO-DATE | DATE OF EXPENDITURE (mm/dd/yy) |
|--|---|--|-----------------------------------|--|--------------------------------------|
| | OFFICE SOUGHT (if applicable) | | | | |
| Code _____ HAWKINS PRINTING 315 LINCOLNWAY LA PORTE, IN | PRINTERS Mayor | <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: PRINT HANDOUTS | 300.00 | 681.68 | 03/14/19 |
| Code _____ Mysshopangel.com BALLSTON LAKE, NY | ADVERTISEMENT MANUFACTURERS Mayor | <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: CAMPAIGN BAGS + CALENDARS | 681.80 | 1,363.48 | 03/18/19 |
| Code _____ Beacher BUS. PRINTERS 911 FRANKLIN ST. MICHIGAN CITY, IN | PRINTERS Mayor | <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: CAMPAIGN BUS. CARDS | 52.47 | 1,415.95 | 03/25/19 |
| Code _____ AQUARIAN PROMOTIONS 2710 FRANKLIN ST. MICHIGAN CITY, IN | SIGN MAKER Mayor | <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: SIGN LETTERS FOR BOARD | 106.00 | 1,515.95 | 04/01/19 |
| Code _____ TCC 5230 S. FRANKLIN ST. MICHIGAN CITY, IN | VERIZON SERVICE PROVIDER Mayor | <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: Cell phone SERVICE | 34.10 | 1,550.05 | 04/02/19 |
| Code _____ GRANTHAM AIRBRUSH 1122 W. 1000 N LA PORTE, IN | SIGN MAKER Mayor | <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: Upgrade CAMPAIGN SIGNS | 51.00 | 1,601.05 | 04/03/19 |
| Code _____ HAWKINS PRINTING 315 LINCOLNWAY LA PORTE, IN | PRINTERS Mayor | <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: Rubber stamp AND PRINTING | 28.89 | 1,629.94 | 04/05/19 |
| SUBTOTAL THIS PAGE OF SCHEDULE B | | | \$1,248.26 | | |
| TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY (Enter total on ITEM 17a of the Summary Sheet.) | | | \$1,629.94 | | |



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

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 NUMBER |
| 46-19-47 |
| Page <u>1</u> of <u>1</u> |

| CREDITOR'S OR LENDER'S NAME AND MAILING ADDRESS <i>(street, number, city, state, ZIP code)</i> | ENDORSER'S OR VENDOR'S NAME AND MAILING ADDRESS <i>(if any)</i> <i>(street, number, city, state, ZIP code)</i> | AMOUNT | DATE DEBT INCURRED <i>(mm/dd/yy)</i> | CUMULATIVE PAID YEAR-TO-DATE | OUTSTANDING BALANCE THIS PERIOD |
|--|--|---|--|------------------------------------|---------------------------------------|
| | | NATURE OF DEBT | | | |
| Duane Parry 2206 Maple St. Michigan City, IN 46360 <small>LENDER'S OCCUPATION:</small> | CITIZENS FOR DUANE PARRY 2018 CAMPAIGN COMMITTEE | 1,015.36 | 12/31/18 | 1,015.36 | 1,015.36 |
| | | TRANSFER from previous CAMPAIGN COMMITTEE | | | |
| Duane Parry 2206 Maple St. Michigan City, IN 46360 <small>LENDER'S OCCUPATION:</small> | CITIZENS FOR DUANE PARRY 2019 MAYORAL CAMPAIGN COMMITTEE | 500.00 | 04/12/19 | 1,515.36 | 1,515.36 |
| | | LOANS FOR PRIMARY CAMPAIGN | | | |
| <small>LENDER'S OCCUPATION:</small> | | | | | |
| <small>LENDER'S OCCUPATION:</small> | | | | | |
| <small>LENDER'S OCCUPATION:</small> | | | | | |
| <small>LENDER'S OCCUPATION:</small> | | | | | |
| SUBTOTAL THIS PAGE OF SCHEDULE D | | | | | \$1,515.36 |
| TOTAL OF ALL PAGES OF SCHEDULE D ON THE LAST PAGE ONLY <i>(Enter total on ITEM 19 of the Summary Sheet.)</i> | | | | | \$1,515.36 |



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

(CFA-1)

State Form 4604 (R15 / 5-19)
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? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>If Yes, please enter the file number in this box. →</i> | | | | | | | | | | 46-19-47 |
| SECTION A. CANDIDATE INFORMATION: Fill in all applicable boxes as fully and accurately as possible. | | | | | | | | | | |
| 2. Last Name PARRY | | First Name DUANE | | Middle Name ARTHUR | | Nickname N/A | | 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) 2206 Maple Street | | | | | 5. FAX (Optional) () N/A | | 6. E-mail Address (Optional) duane.parry@yahoo.com | | | |
| 7. City Michigan City | | State IN | ZIP Code 46360 | 8. County LA PORTE | | 9. Telephone (Day) (219) 873-6302 | | 10. Telephone (Evening) (509) 554-9300 | | |
| 11. Party Affiliation <input type="checkbox"/> Democratic <input type="checkbox"/> Libertarian <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Other _____ | | | | | 12. Office Sought (Include district number, if any. Not required for an exploratory committee.) MAYOR OF MICHIGAN CITY | | | | | |
| 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. CITIZENS FOR DUANE PARRY | | | | | | | | | | |
| 14. Mailing Address (number and street, city, state, and ZIP code) <input type="checkbox"/> Check if this is a new address. 2206 Maple Street | | | | | 15. FAX (Optional) () | | 16. E-mail Address (Optional) duaneparry68@gmail.com | | | |
| 17. City Michigan City | | State IN | ZIP Code 46360 | 18. County LA PORTE | | 19. Telephone (219) 873-6302 | | 20. Committee Organization Date (mm/dd/yy) 02/06/19 | | |
| 21. Chairperson's Full Name <input checked="" type="checkbox"/> Designate Candidate as Chairperson. <input checked="" type="checkbox"/> Check if this is a new chairperson. DUANE ARTHUR PARRY | | | | | | | | | | |
| 22. Mailing Address (number and street, city, state, and ZIP code) <input type="checkbox"/> Check if this is a new address. 2206 Maple Street | | | | | 23. FAX (Optional) () N/A | | 24. E-mail Address (Optional) duaneparry@yahoo.com | | | |
| 25. City Michigan City | | State IN | ZIP Code 46360 | 26. County LA PORTE | | 27. Telephone (Day) (219) 873-6302 | | 28. Telephone (Evening) (509) 554-9300 | | |
| 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.) CENTIER BANK | | | | | | | | | | |
| 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 DUANE A. PARRY | | Signature of the Committee Chairperson <i>Duane A. Parry</i> | | | |
| 33. Treasurer's Full Name <input type="checkbox"/> Designate candidate as treasurer. <input type="checkbox"/> Check if this is a new treasurer. DUANE ARTHUR PARRY | | | | | | | | | | |
| 34. Mailing Address (number and street, city, state, and ZIP code) <input type="checkbox"/> Check if this is a new address. 2206 Maple Street, Michigan City, IN 46360 | | | | | 35. FAX (Optional) () N/A | | 36. E-mail Address (Optional) duane.parry@yahoo.com | | | |
| 37. City Michigan City | | State IN | ZIP Code 46360 | 38. County LA PORTE | | 39. Telephone (Day) (219) 873-6302 | | 40. Telephone (Evening) (509) 554-9300 | | |
| 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 <i>Duane A. Parry</i> | | | | | |
| 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 DUANE A. PARRY | | Signature of Chairperson <i>Duane A. Parry</i> | | | | Date (mm/dd/yy) 06/17/19 | | | | |
| 43. Typed or Printed Name of Candidate DUANE A. PARRY | | Signature of Candidate <i>Duane A. Parry</i> | | | | Date (mm/dd/yy) 06/17/19 | | | | |
| 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). | | | | | | | | | | |

FOR OFFICE USE ONLY

FILED
IN CLERKS OFFICE

JUN 17 2019

Kristen Schaback
CLERK OF LA PORTE CIRCUIT COURT



**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**

| |
|---|
| FILE NUMBER |
| 46-19-47 |
| TOTAL PAGES IN ENTIRE CFA-4 REPORT |
| 4 |

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) <input type="checkbox"/> Check if this is a new name. CITIZENS FOR DUANE PARRY | |
| 2. Acronym or Abbreviated Name (if any) N/A | 3. Committee Telephone Number (219) 873-6302 |
| 4. Mailing Address (Address where all campaign finance correspondence is received.) <input type="checkbox"/> Check if this is a new address. 2206 Maple St. | |
| 5. City, State, ZIP Code MICHIGAN CITY, IN 46360 | 6. Party Affiliation (if applicable) REPUBLICAN |

| CANDIDATE INFORMATION (For Candidate's Committees Only) | |
|--|---|
| 7. Full Name of Candidate (Include any nickname.) DUANE ARTHUR PARRY | 8. Party Affiliation or If Independent Candidate REPUBLICAN |
| 9. Office Sought (Include district number, if any. Not required for exploratory committee.) MAYOR OF MICHIGAN CITY | 10. County of Residence LA PORTE |

| TYPE OF REPORT | CONVENTION CANDIDATES ONLY |
|--|---|
| 11. Check one: <input checked="" type="checkbox"/> Pre-Primary <input 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 |

| 12. Reporting Period (mm/dd/yy): From: 01/01/19 Through: 04/12/19 | COLUMN A This Period | COLUMN B Year to Date |
|--|-------------------------|--------------------------|
| 13. Cash on hand and investments at the beginning of this reporting period. | 439.38 | |
| 14. Cash on hand and investments January 1, current year. | | 439.38 |

| CONTRIBUTIONS AND RECEIPTS (Note: these amounts include in-kind contributions and loans, as well as cash contributions.) | | |
|---|-----------------|-----------------|
| 15a. Itemized (Use Schedule A.) | 1,805.00 | 1,805.00 |
| 15b. Unitemized | 0 | 0 |
| 15c. Add lines 15a and 15b in both columns. SUBTOTAL | 1,805.00 | 1,805.00 |
| 16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B. TOTAL | 2,244.38 | 2,244.38 |

| EXPENDITURES (Note: These amounts include in-kind expenditures and loan repayments.) | | |
|---|-----------------|-----------------|
| 17a. Itemized (Use Schedule B.) (Public Question: use Schedule C.) | 1,629.94 | 1,629.94 |
| 17b. Unitemized | 0 | 0 |
| 17c. Add lines 17a and 17b in both columns. SUBTOTAL | 1,629.94 | 1,629.94 |
| 18. Cash on hand and investments at close of this reporting period (Subtract 17c from 16 in both columns.) TOTAL | 614.44 | 614.44 |
| 19. Debts OWED BY the committee (Use Schedule D.) | 500.00 | |
| 20. Debts OWED TO the committee (Use Schedule E.) | | |

| CERTIFICATION | | | FOR OFFICE USE ONLY |
|---|-------------------------------------|------------------------------------|--|
| I CERTIFY THAT I HAVE EXAMINED THIS STATEMENT. TO THE BEST OF MY KNOWLEDGE AND BELIEF IT IS TRUE, CORRECT AND COMPLETE. | | | IN CLERKS OFFICE OCT - 8 2019 IE |
| Signature of Treasurer Duane A. Parry | Title COMMITTEE TREASURER | Date (mm/dd/yy) 10/08/19 | |
| Signature of Candidate (if applicable) Duane A. Parry | | Date (mm/dd/yy) 10/08/19 | |
| <p>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 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)</p> | | | <p><i>Kempf Schubert</i> CLERK OF LA PORTE CIRCUIT COURT</p> |



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

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 | |
|-------------|--------|
| 46-19-47 | |
| Page | 1 of 2 |

| 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 |
| 1. Richard GRAMAROSSA 335 LAKE HILLS Rd Michigan City, IN 46360 Contributor's Occupation (if required) _____ | Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) _____ Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify) _____ | 500.00 | 500.00 | 05/03/19 DUANE PARRY |
| 2. Richard GRAMAROSSA 335 LAKE HILLS Rd. Michigan City, IN 46360 Contributor's Occupation (if required) _____ | Contributions: <input type="checkbox"/> Direct <input checked="" type="checkbox"/> In-Kind (describe) CAMPAIGN SIGNS & SHIRTS Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify) _____ | 285.00 | 785.00 | 03/09/19 DUANE PARRY |
| 3. DUANE PARRY 2206 Maple St. Michigan City, IN 46360 Contributor's Occupation (if required) _____ | Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) _____ Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify) _____ | 100.00 | 885.00 | 03/11/19 DUANE PARRY |
| 4. VARIOUS DONATIONS Contributor's Occupation (if required) _____ | Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) _____ Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify) _____ | 70.00 | 955.00 | 03/12/19 DUANE PARRY |
| 5. DUANE PARRY 2206 Maple St. Michigan City, IN 46360 Contributor's Occupation (if required) _____ | Contributions: <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) _____ Other Receipts: <input type="checkbox"/> Interest <input checked="" type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify) _____ | 150.00 | 1,105.00 | 3/14/19 DUANE PARRY |
| SUBTOTAL THIS PAGE OF SCHEDULE A | | \$ 1,105.00 | | |
| TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY (Enter total on ITEM 15a of the Summary Sheet.) | | \$ 1,805.00 | | |



**REPORT OF RECEIPTS AND EXPENDITURES
OF A POLITICAL COMMITTEE**
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 | |
|-------------|--------|
| 46-19-47 | |
| Page | 2 of 2 |

| CONTRIBUTOR'S FULL NAME AND OCCUPATION 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. DUANE PARRY 2206 Maple St. MICHIGAN CITY, IN 46360 Contributor's Occupation (if required) _____ | Contributions: <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) _____ Other Receipts: <input type="checkbox"/> Interest <input checked="" type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify) _____ | 100.00 | 1,205.00 | 3/15/19 DUANE PARRY |
| 2. DUANE PARRY 2206 Maple St. MICHIGAN CITY, IN 46360 Contributor's Occupation (if required) _____ | Contributions: <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) _____ Other Receipts: <input type="checkbox"/> Interest <input checked="" type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify) _____ | 250.00 | 1,455.00 | 3/28/19 DUANE PARRY |
| 3. ANTHONY HENDRICKS 306 DECATUR ST. MICHIGAN CITY, IN 46360 Contributor's Occupation (if required) _____ | Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) _____ Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify) _____ | 200.00 | 1,655.00 | 3/28/19 DUANE PARRY |
| 4. VARIOUS DONATIONS Contributor's Occupation (if required) _____ | Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) _____ Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify) _____ | 100.00 | 1,755.00 | 3/18/19 DUANE PARRY |
| 5. VARIOUS DONATIONS Contributor's Occupation (if required) _____ | Contributions: <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) _____ Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify) _____ | 50.00 | 1,805.00 | 3/28/19 DUANE PARRY |
| SUBTOTAL THIS PAGE OF SCHEDULE A | | \$ 700.00 | | |
| TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY <i>(Enter total on ITEM 15a of the Summary Sheet.)</i> | | \$ 1,805.00 | | |



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

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 NUMBER
46-19-47

Page 1 of 1

| CREDITOR'S OR LENDER'S NAME AND MAILING ADDRESS <i>(street, number, city, state, ZIP code)</i> | ENDORSER'S OR VENDOR'S NAME AND MAILING ADDRESS <i>(if any)</i> <i>(street, number, city, state, ZIP code)</i> | AMOUNT | DATE DEBT INCURRED <i>(mm/dd/yy)</i> | CUMULATIVE PAID YEAR-TO-DATE | OUTSTANDING BALANCE THIS PERIOD |
|--|--|---|--|------------------------------------|---------------------------------------|
| | | NATURE OF DEBT | | | |
| DUANE PARRY 2206 Maple St. Michigan City, IN 46360 <small>LENDER'S OCCUPATION:</small> | CITIZENS FOR DUANE PARRY 2019 MAYOR CAMPAIGN COMMITTEE | \$500.00 LOAN FOR PRIMARY CAMPAIGN | 04/12/19 | \$500.00 | \$500.00 |
| <small>LENDER'S OCCUPATION:</small> | | | | | |
| <small>LENDER'S OCCUPATION:</small> | | | | | |
| <small>LENDER'S OCCUPATION:</small> | | | | | |
| <small>LENDER'S OCCUPATION:</small> | | | | | |
| <small>LENDER'S OCCUPATION:</small> | | | | | |
| <small>LENDER'S OCCUPATION:</small> | | | | | |
| SUBTOTAL THIS PAGE OF SCHEDULE D | | | | | \$500.00 |
| TOTAL OF ALL PAGES OF SCHEDULE D ON THE LAST PAGE ONLY <i>(Enter total on ITEM 19 of the Summary Sheet.)</i> | | | | | \$500.00 |



**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.

IS THIS AN AMENDMENT? Yes No

| |
|---|
| FILE NUMBER |
| 46-19-47 |
| TOTAL PAGES IN ENTIRE CFA-4 REPORT |
| 20 |

| COMMITTEE INFORMATION | |
|---|---|
| 1. Full Name of Committee (as on Statement of Organization) <input type="checkbox"/> Check if this is a new name. CITIZENS FOR DUANE PARRY | |
| 2. Acronym or Abbreviated Name (if any) N/A | 3. Committee Telephone Number (219) 873-6362 |
| 4. Mailing Address (Address where all campaign finance correspondence is received.) <input type="checkbox"/> Check if this is a new address. 2206 Maple St. | |
| 5. City, State, ZIP Code MICHIGAN CITY, IN 46360 | 6. Party Affiliation (if applicable) Republican |

| CANDIDATE INFORMATION (For Candidate's Committees Only) | |
|--|---|
| 7. Full Name of Candidate (Include any nickname.) DUANE ARTHUR PARRY | 8. Party Affiliation or If Independent Candidate Republican |
| 9. Office Sought (Include district number, if any. Not required for exploratory committee.) MAYOR OF MICHIGAN CITY | 10. County of Residence LA PORTE |

| TYPE OF REPORT | CONVENTION CANDIDATES ONLY |
|---|---|
| 11. Check one: <input type="checkbox"/> Pre-Primary <input checked="" type="checkbox"/> Pre-Election <input checked="" 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 |

| 12. Reporting Period (mm/dd/yy): | COLUMN A This Period | COLUMN B Year to Date |
|---|-------------------------|--------------------------|
| From: 04/13/19 Through: 12/31/19 | | |
| 13. Cash on hand and investments at the beginning of this reporting period. | 614.44 | |
| 14. Cash on hand and investments January 1, current year. | | 614.44 |

| CONTRIBUTIONS AND RECEIPTS | | |
|---|-----------------|------------------|
| (Note: these amounts include in-kind contributions and loans, as well as cash contributions.) | | |
| 15a. Itemized (Use Schedule A.) | 9,150.00 | 10,955.00 |
| 15b. Unitemized | 0 | 0 |
| 15c. Add lines 15a and 15b in both columns. SUBTOTAL | 9,150.00 | 10,955.00 |
| 16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B. TOTAL | 9,764.44 | 11,569.44 |

| EXPENDITURES | | |
|---|-----------------|-----------------|
| (Note: These amounts include in-kind expenditures and loan repayments.) | | |
| 17a. Itemized (Use Schedule B.) (Public Question: use Schedule C.) | 7,983.53 | 9,613.47 |
| 17b. Unitemized | 0 | 0 |
| 17c. Add lines 17a and 17b in both columns. SUBTOTAL | 7,983.53 | 9,613.47 |
| 18. Cash on hand and investments at close of this reporting period (Subtract 17c from 16 in both columns.) TOTAL | 1,780.91 | 1,955.97 |
| 19. Debts OWED BY the committee (Use Schedule D.) | 3,450.00 | |
| 20. Debts OWED TO the committee (Use Schedule E.) | | |

| CERTIFICATION | | | FOR OFFICE USE ONLY IN CLERKS OFFICE |
|---|---------------------------|------------------------------------|---|
| 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 Duane A. Parry | Title TREASURER | Date (mm/dd/yy) 10/25/19 | OCT 27 2020 |
| Signature of Candidate (if applicable) Duane A. Parry | | Date (mm/dd/yy) 10/25/19 | |
| <p>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 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)</p> | | | <p>CLERK OF LA PORTE CIRCUIT COURT</p> |



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

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 | |
| 46-19-47 | |
| Page <u>1</u> of <u>7</u> | |

| 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 |
| 1. Richard Gramarossa 335 Lake Hills Rd. Michigan City, IN 46360 Contributor's Occupation (if required) _____ | Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify) | 500.00 | 500.00 | 03/03/19 Duane Parry |
| 2. Richard Gramarossa 335 Lake Hills Rd. Michigan City, IN 46360 Contributor's Occupation (if required) _____ | Contributions: <input type="checkbox"/> Direct <input checked="" type="checkbox"/> In-Kind (describe) Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify) | 285.00 | 785.00 | 03/09/19 Duane Parry |
| 3. Duane A. Parry 2206 Maple St. Michigan City, IN 46360 Contributor's Occupation (if required) _____ | Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify) | 100.00 | 885.00 | 03/11/19 Duane Parry |
| 4. Various Sources Contributor's Occupation (if required) _____ | Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify) | 70.00 | 955.00 | 03/12/19 Duane Parry |
| 5. Duane A. Parry 2206 Maple St. Michigan City, IN 46360 Contributor's Occupation (if required) _____ | Contributions: <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) Other Receipts: <input type="checkbox"/> Interest <input checked="" type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify) | 150.00 | 1,105.00 | 03/14/19 Duane Parry |
| SUBTOTAL THIS PAGE OF SCHEDULE A | | \$ 1,105.00 | | |
| TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY (Enter total on ITEM 15a of the Summary Sheet.) | | \$ | | |



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

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 | |
|---------------------------|--|
| 46-19-47 | |
| Page <u>2</u> of <u>7</u> | |

| CONTRIBUTOR'S FULL NAME AND OCCUPATION 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. DUANE SEIFERT 4066 W. SCHULTZ RD. LA PORTE, IN. 46350 Contributor's Occupation (if required) _____ | Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify) | 100.00 | 1,205.00 | 03/15/19 DUANE PARRY |
| 2. DUANE A. PARRY 2206 MAPLE ST. MICHIGAN CITY, IN 46360 Contributor's Occupation (if required) _____ | Contributions: <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) Other Receipts: <input type="checkbox"/> Interest <input checked="" type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify) | 250.00 | 1,455.00 | 03/28/19 DUANE PARRY |
| 3. JOHN HENDRICKS 200 E. COOLSPRING AVE. MICHIGAN CITY, IN 46360 Contributor's Occupation (if required) _____ | Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify) | 200.00 | 1,655.00 | 03/28/19 DUANE PARRY |
| 4. DUANE A. PARRY 2206 MAPLE ST. MICHIGAN CITY, IN 46360 Contributor's Occupation (if required) _____ | Contributions: <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) Other Receipts: <input type="checkbox"/> Interest <input checked="" type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify) | 100.00 | 1,755.00 | 03/28/19 DUANE PARRY |
| 5. VARIOUS SOURCES Contributor's Occupation (if required) _____ | Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify) | 50.00 | 1,805.00 | 03/28/19 DUANE PARRY |
| SUBTOTAL THIS PAGE OF SCHEDULE A | | \$ 700.00 | | |
| TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY <i>(Enter total on ITEM 15a of the Summary Sheet.)</i> | | \$ | | |



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

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 | |
|-------------|--------|
| 46-19-47 | |
| Page | 3 of 7 |

| CONTRIBUTOR'S FULL NAME AND OCCUPATION 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. DUANE A. PARRY 2206 Maple St. Michigan City, IN 46360 Contributor's Occupation (if required) _____ | Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) _____ Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify) _____ | 250.00 | 2,055.00 | 03/29/19 DUANE PARRY |
| 2. Gerald Fedorchak Jr. 507 Outlook Cove Dr. LaPorte, IN 46350 Contributor's Occupation (if required) _____ | Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) _____ Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify) _____ | 100.00 | 2,155.00 | 05/06/19 DUANE PARRY |
| 3. DUANE A. PARRY 2206 Maple St. Michigan City, IN 46360 Contributor's Occupation (if required) _____ | Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) _____ Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify) _____ | 1,200.00 | 3,355.00 | 05/22/19 DUANE PARRY |
| 4. DUANE A. PARRY 2206 Maple St. Michigan City, IN 46360 Contributor's Occupation (if required) _____ | Contributions: <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) _____ Other Receipts: <input type="checkbox"/> Interest <input checked="" type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify) _____ | 1,000.00 | 4,355.00 | 05/29/19 DUANE PARRY |
| 5. VARIOUS SOURCES Contributor's Occupation (if required) _____ | Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) _____ Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify) _____ | 100.00 | 4,455.00 | 05/31/19 DUANE PARRY |
| SUBTOTAL THIS PAGE OF SCHEDULE A | | \$ 2,650.00 | | |
| TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY <i>(Enter total on ITEM 15a of the Summary Sheet.)</i> | | \$ | | |



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

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 | |
|---------------|-------------|
| 46-19-47 | |
| Page <u>4</u> | of <u>7</u> |

| CONTRIBUTOR'S FULL NAME AND OCCUPATION 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. DUANE A. PARRY 2206 Maple St. Michigan City, IN 46360 Contributor's Occupation <i>(if required)</i> | Contributions: <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind <i>(describe)</i> Other Receipts: <input type="checkbox"/> Interest <input checked="" type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous <i>(specify)</i> | 400.00 | 4,855.00 | 06/21/19 DUANE PARRY |
| 2. BARBARA J. PARRY 2206 Maple St. Michigan City, IN 46360 Contributor's Occupation <i>(if required)</i> | 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> | 350.00 | 5,205.00 | 06/24/19 DUANE PARRY |
| 3. VARIOUS SOURCES Contributor's Occupation <i>(if required)</i> | 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> | 50.00 | 5,255.00 | 07/01/19 DUANE PARRY |
| 4. VARIOUS SOURCES Contributor's Occupation <i>(if required)</i> | 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> | 100.00 | 5,355.00 | 07/12/19 DUANE PARRY |
| 5. VARIOUS SOURCES VETERANS FROM AMERICAN LEGION POSTS 374451 MICHIGAN CITY, IN Contributor's Occupation <i>(if required)</i> | 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> | 300.00 | 5,655.00 | 07/26/19 DUANE PARRY |
| SUBTOTAL THIS PAGE OF SCHEDULE A | | \$ 1,200.00 | | |
| TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY <i>(Enter total on ITEM 15a of the Summary Sheet.)</i> | | \$ | | |



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

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| FILE NUMBER | |
|-------------|--------|
| 46-19-47 | |
| Page | 5 of 7 |

| 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 |
| 1. DUANE A. PARRY 2206 Maple St. Michigan City, IN 46360 Contributor's Occupation (if required) | Contributions: <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) Other Receipts: <input type="checkbox"/> Interest <input checked="" type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify) | 800.00 | 6455.00 | 07/26/19 DUANE PARRY |
| 2. DUANE A. PARRY 2206 Maple St. Michigan City, IN 46360 Contributor's Occupation (if required) | Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify) | 150.00 | 6605.00 | 08/06/19 DUANE PARRY |
| 3. VARIOUS SOURCES Contributor's Occupation (if required) | Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify) | 50.00 | 6655.00 | 08/21/19 DUANE PARRY |
| 4. WOZNIAK TOOL & DIE CO. 1424 S. WOZNIAK RD. LA PORTE, IN 46350 Contributor's Occupation (if required) | Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify) | 200.00 | 6855.00 | 08/30/19 DUANE PARRY |
| 5. LARRY YODLOWSKI 2302 Shorewood Dr. Michigan City, IN 46360 Contributor's Occupation (if required) | Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify) | 1,000.00 | 7855.00 | 09/11/19 DUANE PARRY |
| SUBTOTAL THIS PAGE OF SCHEDULE A | | \$ 2,200.00 | | |
| TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY (Enter total on ITEM 15a of the Summary Sheet.) | | \$ | | |



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

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| FILE NUMBER | |
|-------------|------|
| 46-19-47 | |
| Page 6 | of 7 |

| 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 |
| 1. Tony Childers 114 W. 4 th ST. Michigan City, IN 46360 Tony's Outboard Motors Contributor's Occupation (if required) | Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify) | 400.00 | 8,255.00 | 09/18/19 DUANE PARRY |
| 2. DUANE A. PARRY 2206 Maple ST Michigan City, IN 46360 Contributor's Occupation (if required) | Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify) | 750.00 | 9,005.00 | 09/26/19 DUANE PARRY |
| 3. DUANE A. PARRY 2206 Maple ST Michigan City, IN 46360 Contributor's Occupation (if required) | Contributions: <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) Other Receipts: <input type="checkbox"/> Interest <input checked="" type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify) | 750.00 | 9,755.00 | 10/03/19 DUANE PARRY |
| 4. Edward SHINN 4128 E. Michigan Blvd. Michigan City, IN 46360 Contributor's Occupation (if required) | Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify) | 200.00 | 9,955.00 | 10/11/19 DUANE PARRY |
| 5. DUANE A. PARRY 2206 Maple St. Michigan City, IN 46360 Contributor's Occupation (if required) | Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify) | 300.00 | 10,255.00 | 10/16/19 DUANE PARRY |
| SUBTOTAL THIS PAGE OF SCHEDULE A | | \$ 2,400.00 | | |
| TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY (Enter total on ITEM 15a of the Summary Sheet.) | | \$ | | |



**REPORT OF RECEIPTS AND EXPENDITURES
OF A POLITICAL COMMITTEE**
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 | |
|-------------|------|
| 46-19-47 | |
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| 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 |
| 1. ANTHONY HENDRICKS 306 DECATUR ST. MICHIGAN CITY, IN 46360 Contributor's Occupation (if required) _____ | Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) _____ Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify) _____ | 200.00 | 10,455.00 | 10/21/19 DUANE PARRY |
| 2. DUANE R. PARRY 2206 MAPLE ST. MICHIGAN CITY, IN 46360 Contributor's Occupation (if required) _____ | Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) _____ Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify) _____ | 500.00 | 10,955.00 | 10/29/19 DUANE PARRY |
| 3. Contributor's Occupation (if required) _____ | Contributions: <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) _____ Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify) _____ | | | |
| 4. Contributor's Occupation (if required) _____ | Contributions: <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) _____ Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify) _____ | | | |
| 5. Contributor's Occupation (if required) _____ | Contributions: <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) _____ Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify) _____ | | | |
| SUBTOTAL THIS PAGE OF SCHEDULE A | | \$ 700.00 | | |
| TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY (Enter total on ITEM 15a of the Summary Sheet.) | | \$10,955.00 | | |



**REPORT OF RECEIPTS AND EXPENDITURES
OF A POLITICAL COMMITTEE**
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 <i>(street, number, city, state, ZIP code)</i> | RECIPIENT'S OCCUPATION | TYPE OF EXPENDITURE and PURPOSE <i>(be specific)</i> | COLUMN A AMOUNT THIS PERIOD | COLUMN B CUMULATIVE YEAR-TO-DATE | DATE OF EXPENDITURE <i>(mm/dd/yy)</i> |
|---|---|--|-----------------------------------|--|---|
| | OFFICE SOUGHT <i>(if applicable)</i> | | | | |
| Code _____ The Cellular Connection 5230 S. FRANKLIN ST. MICHIGAN CITY, IN | Cell phone service Provider (START SERVICE) MAYOR | <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other Purpose: Cell phone FOR CAMPAIGN | 34.10 | 34.10 | 02/02/19 |
| Code _____ WALMART 5780 FRANKLIN ST. MICHIGAN CITY, IN | RETAILER MAYOR | <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other Purpose: Purchase cell phone | 42.67 | 76.77 | 03/02/19 |
| Code _____ TCC | Cell phone service PROVIDER MAYOR | <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other Purpose: Cell phone SERVICE | 34.10 | 110.87 | 03/02/19 |
| Code _____ WALMART MICHIGAN CITY | RETAILER MAYOR | <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other Purpose: Paper for HANDOUTS | 9.47 | 120.34 | 03/02/19 |
| Code _____ Reprographic ARTS 2824 E. Michigan Blvd. MICHIGAN CITY, IN | PRINTING & Apparel SILKSCREENING MAYOR | <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other Purpose: T-SHIRTS FOR CAMPAIGN | 120.00 | 240.34 | 03/07/19 |
| Code _____ HAWKINS PRINTING 315 LINCOLN WAY LA PORTE, IN | PRINTERS MAYOR | <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other Purpose: Campaign BUS. CARDS | 66.34 | 306.68 | 03/07/19 |
| Code _____ (ALCO) Access La Porte County 301 E. 8 th ST. MICHIGAN CITY, IN | Local Access Cable TV STATION MAYOR | <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other Purpose: SPONSOR SHOW OF ST. PAT'S PARADE | 75.00 | 381.68 | 03/08/19 |
| SUBTOTAL THIS PAGE OF SCHEDULE B | | | \$ 381.68 | | |
| TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY <i>(Enter total on ITEM 17a of the Summary Sheet.)</i> | | | \$ | | |



**REPORT OF RECEIPTS AND EXPENDITURES
OF A POLITICAL COMMITTEE**
Form 4606 (R14 / 10-17)
Election Division (IC 3-9-5-14)

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**(CFA-4 SCHEDULE B)
ITEMIZED EXPENDITURES**

FILE NUMBER

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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.

| RECIPIENT'S NAME AND MAILING ADDRESS <i>(street, number, city, state, ZIP code)</i> | RECIPIENT'S OCCUPATION | TYPE OF EXPENDITURE and PURPOSE <i>(be specific)</i> | COLUMN A AMOUNT THIS PERIOD | COLUMN B CUMULATIVE YEAR-TO-DATE | DATE OF EXPENDITURE <i>(mm/dd/yy)</i> |
|---|---|---|-----------------------------------|--|---|
| | OFFICE SOUGHT <i>(if applicable)</i> | | | | |
| Code _____ HAWKINS PRINTING | PRINTERS Mayor | <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: Campaign Flyers 300.00 | 300.00 | 681.68 | 03/14/19 |
| Code _____ Myshopangel.com BALLSTON LAKE, NY | CAMPAIGN HANDOUT MANUFACTURER Mayor | <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: Campaign Banners & Handouts 681.80 | 681.80 | 1,363.48 | 03/18/19 |
| Code _____ Beacher Printing 911 FRANKLIN ST. MICHIGAN CITY, IN | PRINTERS Mayor | <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: Campaign Bus. Cards 52.47 | 52.47 | 1,415.95 | 03/25/19 |
| Code _____ AQUARIAN PROMOTIONS 2710 FRANKLIN ST. MICHIGAN CITY, IN | SIGN MAKER Mayor | <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: Sign letters #HATL for signs 100.00 | 100.00 | 1,515.95 | 04/01/19 |
| Code _____ TCC | Cell phone service Provider Mayor | <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: 34.10 | 34.10 | 1,550.05 | 04/02/19 |
| Code _____ GRANTHAM Airbrush 1122 W. 1000 N LA PORTE, IN | SIGN MAKER Mayor | <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: Update old campaign signs 51.00 | 51.00 | 1,601.05 | 04/03/19 |
| Code _____ HAWKINS PRINTING | PRINTERS Mayor | <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: Rubber stamp & printing 28.89 | 28.89 | 1,629.94 | 04/05/19 |
| SUBTOTAL THIS PAGE OF SCHEDULE B | | | \$1,248.26 | | |
| TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY <i>(Enter total on ITEM 17a of the Summary Sheet.)</i> | | | \$ | | |



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

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

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**(CFA-4 SCHEDULE B)
ITEMIZED EXPENDITURES**

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| RECIPIENT'S NAME AND MAILING ADDRESS <i>(street, number, city, state, ZIP code)</i> | RECIPIENT'S OCCUPATION <i>OFFICE SOUGHT (if applicable)</i> | TYPE OF EXPENDITURE and PURPOSE <i>(be specific)</i> | COLUMN A AMOUNT THIS PERIOD | COLUMN B CUMULATIVE YEAR-TO-DATE | DATE OF EXPENDITURE <i>(mm/dd/yy)</i> |
|---|--|---|-----------------------------------|--|---|
| Code _____ WALMART LINCOLNWAY LA PORTE, IN | RETAILER MAYOR | <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: CAMPAIGN MATERIALS | 19.17 | 1,649.11 | 04/04/19 |
| Code _____ Menaeds 5260 S. FRANKLIN ST. MICHIGAN CITY, IN | Building Supply Store MAYOR | <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: CAMPAIGN SIGN POSTS | 31.85 | 1,680.96 | 04/08/19 |
| Code _____ ALCO | Cable ACCESS TV STATION MAYOR | <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: SPONSOR Lg. WOMEN VOTERS | 75.00 | 1,755.96 | 04/16/19 |
| Code _____ TCC | Cell phone Service Provider MAYOR | <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: Cell phone service upgrade | 43.80 | 1,799.76 | 05/02/19 |
| Code _____ ALCO | Cable ACCESS TV STATION MAYOR | <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: SPONSOR MEMORIAL DAY PARADE | 75.00 | 1,874.76 | 05/24/19 |
| Code _____ WIMS Radio Station 685 E. 1675 N MICHIGAN CITY, IN | RADIO STATION MAYOR | <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: CAMPAIGN COMMERCIALS | 62.50 | 1,937.26 | 06/13/19 |
| Code _____ Myshopangel Ballston Lake, NY | CAMPAIGN HANDOUT MANUFACTURER MAYOR | <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: CAMPAIGN BAGS & MAGNETS | 950.00 | 2,887.26 | 06/13/19 |
| SUBTOTAL THIS PAGE OF SCHEDULE B | | | \$1,257.32 | | |
| TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY <i>(Enter total on ITEM 17a of the Summary Sheet.)</i> | | | \$ | | |



**REPORT OF RECEIPTS AND EXPENDITURES
OF A POLITICAL COMMITTEE**
Form 4606 (R14 / 10-17)
Election Division (IC 3-9-5-14)

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Indiana

**(CFA-4 SCHEDULE B)
ITEMIZED EXPENDITURES**

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46-19-47

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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.

| RECIPIENT'S NAME AND MAILING ADDRESS <i>(street, number, city, state, ZIP code)</i> | RECIPIENT'S OCCUPATION | TYPE OF EXPENDITURE and PURPOSE <i>(be specific)</i> | COLUMN A AMOUNT THIS PERIOD | COLUMN B CUMULATIVE YEAR-TO-DATE | DATE OF EXPENDITURE <i>(mm/dd/yy)</i> |
|---|---|--|-----------------------------------|--|---|
| | OFFICE SOUGHT <i>(if applicable)</i> | | | | |
| Code _____ HAWKINS PRINTING | PRINTERS MAYOR | <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other Purpose: PRINTED Campaign Flyers | 321.00 | 3208.26 | 07/02/19 |
| Code _____ TCC | Cell phone SERVICE PROVIDER MAYOR | <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other Purpose: Cell phone Service | 43.80 | 3252.06 | 07/02/19 |
| Code _____ TCC | Cell phone SERVICE PROVIDER MAYOR | <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other Purpose: Cell phone Service | 43.80 | 3,295.86 | 06/02/19 |
| Code _____ WE FM RADIO 1903 Springland Ave. Michigan City, IN | LOCAL FM RADIO STATION MAYOR | <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other Purpose: RADIO COMMERCIALS | 350.00 | 3,645.86 | 07/09/19 |
| Code _____ Myshopangel Ballston Lake, NY | CAMPAIGN HANDOUT MANUFACTURER MAYOR | <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other Purpose: CAMPAIGN HANDOUTS | 316.36 | 3,962.22 | 07/09/19 |
| Code _____ Beacher PRINTING | PRINTERS MAYOR | <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other Purpose: CAMPAIGN HANDOUTS | 217.81 | 4,180.03 | 07/15/19 |
| Code _____ ALCO | Cable Access TV MAYOR | <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other Purpose: SPONSOR PATRIOTIC DRY PARADE | 75.00 | 4,255.03 | 07/19/19 |
| SUBTOTAL THIS PAGE OF SCHEDULE B | | | \$ 1367.77 | | |
| TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY <i>(Enter total on ITEM 17a of the Summary Sheet.)</i> | | | \$ | | |



**REPORT OF RECEIPTS AND EXPENDITURES
OF A POLITICAL COMMITTEE**
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 <i>(street, number, city, state, ZIP code)</i> | RECIPIENT'S OCCUPATION | TYPE OF EXPENDITURE and PURPOSE <i>(be specific)</i> | COLUMN A AMOUNT THIS PERIOD | COLUMN B CUMULATIVE YEAR-TO-DATE | DATE OF EXPENDITURE <i>(mm/dd/yy)</i> |
|---|---|---|-----------------------------------|--|---|
| | OFFICE SOUGHT <i>(if applicable)</i> | | | | |
| Code _____ TCC | Cell phone service provider MAYOR | <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: Cell phone service | 43.80 | 4,298.83 | 08/02/19 |
| Code _____ HAWKINS PRINTING | PRINTERS MAYOR | <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: CAMPAIGN HANDOUTS | 360.00 | 4,658.83 | 08/20/19 |
| Code _____ Reprographic ARTS | SIGN MAKERS MAYOR | <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: CAMPAIGN SIGNS | 370.50 | 5,029.33 | 08/30/19 |
| Code _____ STATION 801 801 FRANKLIN ST. Michigan City, IN | RESTAURANT MAYOR | <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: CAMPAIGN COMMITTEE RTG | 46.09 | 5,075.42 | 08/19/19 |
| Code _____ OFFICE MAX FRANKLIN ST. Michigan City, IN | OFFICE Supplies MAYOR | <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: CAMPAIGN Supplies | 19.25 | 5,094.67 | 08/23/19 |
| Code _____ MENARDS | Building Supplies MAYOR | <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: CAMPAIGN SIGN POSTS | 117.23 | 5,211.90 | 08/26/19 |
| Code _____ TCC | Cell phone Service Provider MAYOR | <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: Cell phone service | 43.80 | 5,255.70 | 09/02/19 |
| SUBTOTAL THIS PAGE OF SCHEDULE B | | | \$ 1,000.67 | | |
| TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY <i>(Enter total on ITEM 17a of the Summary Sheet.)</i> | | | \$ | | |



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

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

State
Indiana

**(CFA-4 SCHEDULE B)
ITEMIZED EXPENDITURES**

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| RECIPIENT'S NAME AND MAILING ADDRESS <i>(street, number, city, state, ZIP code)</i> | RECIPIENT'S OCCUPATION | TYPE OF EXPENDITURE and PURPOSE <i>(be specific)</i> | COLUMN A AMOUNT THIS PERIOD | COLUMN B CUMULATIVE YEAR-TO-DATE | DATE OF EXPENDITURE <i>(mm/dd/yy)</i> |
|---|--------------------------------------|---|-----------------------------------|--|---|
| | OFFICE SOUGHT <i>(if applicable)</i> | | | | |
| Code _____ HAWKINS PRINTING | PRINTERS MAYOR | <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: PRINTED BUS. CARDS | 68.21 | 5,323.91 | 09/09/19 |
| Code _____ WALMART LINCOLNWAY LA PORTE, IN | RETAIL MAYOR | <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: CAMPAIGN Supplies | 20.17 | 5,344.08 | 09/03/19 |
| Code _____ FACEBOOK | SOCIAL MEDIA MAYOR | <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: INTERNET CAMPAIGN | 7.11 | 5,351.19 | 09/03/19 |
| Code _____ WALMART LINCOLNWAY LA PORTE, IN | RETAIL MAYOR | <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: CAMPAIGN Supplies | 22.76 | 5,373.95 | 09/09/19 |
| Code _____ LOWE'S FRANKLIN ST. MICHIGAN CITY, IN | BUILDING SUPPLIES MAYOR | <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: SIGN MATERIALS | 57.52 | 5,431.47 | 09/12/19 |
| Code _____ MENARDS | BUILDING SUPPLIES MAYOR | <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: SIGN MATERIALS | 37.30 | 5,468.77 | 09/13/19 |
| Code _____ REPROGRAPHIC ARTS | SIGN MAKERS MAYOR | <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: CAMPAIGN SIGNS | 450.00 | 5,918.77 | 09/16/19 |
| SUBTOTAL THIS PAGE OF SCHEDULE B | | | \$ 663.07 | | |
| TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY <i>(Enter total on ITEM 17a of the Summary Sheet.)</i> | | | \$ | | |



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

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

State
Indiana

**(CFA-4 SCHEDULE B)
ITEMIZED EXPENDITURES**

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| RECIPIENT'S NAME AND MAILING ADDRESS (street, number, city, state, ZIP code) | RECIPIENT'S OCCUPATION | | TYPE OF EXPENDITURE and PURPOSE (be specific) | COLUMN A AMOUNT THIS PERIOD | COLUMN B CUMULATIVE YEAR-TO-DATE | DATE OF EXPENDITURE (mm/dd/yy) |
|--|-------------------------------|--|---|-----------------------------------|--|--------------------------------------|
| | OFFICE SOUGHT (if applicable) | | | | | |
| Code _____ Facebook | SOCIAL MEDIA MAYOR | | <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: INTERNET CAMPAIGN | 3.00 | 5,923.77 | 09/23/19 |
| Code _____ WALMART LINCOLNWAY LA PORTE, IN | RETAIL MAYOR | | <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: CAMPAIGN SUPPLIES | 46.21 | 5,969.98 | 09/25/19 |
| Code _____ HAWKINS PRINTING | PRINTERS MAYOR | | <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: BUSINESS CARDS | 41.94 | 6,011.92 | 09/26/19 |
| Code _____ Reprographic ARTS | SIGN MAKERS MAYOR | | <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: CAMPAIGN SIGNS | 240.00 | 6,251.92 | 09/27/19 |
| Code _____ U.S. Post Office LINCOLNWAY LA PORTE, IN | POSTAL SERVICE MAYOR | | <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: POSTAGE STAMPS | 33.00 | 6,284.92 | 09/27/19 |
| Code _____ Kemps Office City LINCOLNWAY LA PORTE, IN | OFFICE SUPPLIES MAYOR | | <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: ENVELOPES | 7.16 | 6,292.08 | 09/30/19 |
| Code _____ WIMS Radio 685 E. 1675 N Michigan City, IN | RADIO STATION MAYOR | | <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: RADIO COMMERCIALS | 1,059.00 | 7,351.08 | 10/10/19 |
| SUBTOTAL THIS PAGE OF SCHEDULE B | | | | \$ 1,432.31 | | |
| TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY (Enter total on ITEM 17a of the Summary Sheet.) | | | | \$ | | |



**REPORT OF RECEIPTS AND EXPENDITURES
OF A POLITICAL COMMITTEE**
Form 4606 (R14 / 10-17)
Election Division (IC 3-9-5-14)

State
Indiana

**(CFA-4 SCHEDULE B)
ITEMIZED EXPENDITURES**

FILE NUMBER

46-19-47

Page 8 of 11

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.

| RECIPIENT'S NAME AND MAILING ADDRESS <i>(street, number, city, state, ZIP code)</i> | RECIPIENT'S OCCUPATION | TYPE OF EXPENDITURE and PURPOSE <i>(be specific)</i> | COLUMN A AMOUNT THIS PERIOD | COLUMN B CUMULATIVE YEAR-TO-DATE | DATE OF EXPENDITURE <i>(mm/dd/yy)</i> |
|---|---|--|-----------------------------------|--|---|
| | OFFICE SOUGHT <i>(if applicable)</i> | | | | |
| Code _____ WE FM RADIO Springland Ave. Michigan City, IN | RADIO STATION MAYOR | <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: Radio Commercials | 400.00 | 7,751.08 | 10/06/19 |
| Code _____ TCC | Cell phone Service Provider MAYOR | <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: Cell phone Service | 43.80 | 7,794.88 | 10/02/19 |
| Code _____ AQUARIAS PROMOTIONS | SIGN MAKER MAYOR | <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: Lettering & Signs | 150.00 | 7,944.88 | 10/09/19 |
| Code _____ HAWKINS PRINTING | PRINTERS MAYOR | <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: PRINT Letters | 146.25 | 8,091.13 | 10/30/19 |
| Code _____ WIMS RADIO | RADIO STATION MAYOR | <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: Political Commercials | 87.50 | 8,178.63 | 10/31/19 |
| Code _____ FACE BOOK | SOCIAL MEDIA MAYOR | <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: INTERNET CAMPAIGN | 25.00 | 8,203.63 | 10/31/19 |
| Code _____ U.S. Post Office LINCOLNWAY LA PORTE, IN | POSTAL SERVICE MAYOR | <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: POSTAGE STAMPS | 44.00 | 8,247.63 | 10/06/19 |
| SUBTOTAL THIS PAGE OF SCHEDULE B | | | \$ 896.55 | | |
| TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY <i>(Enter total on ITEM 17a of the Summary Sheet.)</i> | | | \$ | | |



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

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

State
Indiana

**(CFA-4 SCHEDULE B)
ITEMIZED EXPENDITURES**

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

FILE NUMBER

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| RECIPIENT'S NAME AND MAILING ADDRESS <i>(street, number, city, state, ZIP code)</i> | RECIPIENT'S OCCUPATION | TYPE OF EXPENDITURE and PURPOSE <i>(be specific)</i> | COLUMN A AMOUNT THIS PERIOD | COLUMN B CUMULATIVE YEAR-TO-DATE | DATE OF EXPENDITURE <i>(mm/dd/yy)</i> |
|---|--------------------------------------|---|-----------------------------------|--|---|
| | OFFICE SOUGHT <i>(if applicable)</i> | | | | |
| Code _____ Kemps Office City LA PORTE, IN | Office Supplies Mayor | <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: Campaign Supplies | 7.16 | 8,254.79 | 10/11/19 |
| Code _____ Facebook | Social Media Mayor | <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: Internet Campaign | 4.65 | 8,259.44 | 10/21/19 |
| Code _____ HAWKINS PRINTING | PRINTERS Mayor | <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: Campaign Handouts | 107.00 | 8,366.44 | 10/24/19 |
| Code _____ Facebook | Social Media Mayor | <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: Internet Campaign | 25.00 | 8,391.44 | 10/28/19 |
| Code _____ Facebook | Social Media Mayor | <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: Internet Campaign | 25.00 | 8,416.44 | 10/28/19 |
| Code _____ Facebook | Social Media Mayor | <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: Internet Campaign | 35.00 | 8,451.44 | 10/28/19 |
| Code _____ Lowes | Building Supplies Mayor | <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: Sign Materials | 30.25 | 8,481.69 | 10/28/19 |
| SUBTOTAL THIS PAGE OF SCHEDULE B | | | \$ 234.06 | | |
| TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY <i>(Enter total on ITEM 17a of the Summary Sheet.)</i> | | | \$ | | |



**REPORT OF RECEIPTS AND EXPENDITURES
OF A POLITICAL COMMITTEE**
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 <i>(street, number, city, state, ZIP code)</i> | RECIPIENT'S OCCUPATION | TYPE OF EXPENDITURE and PURPOSE <i>(be specific)</i> | COLUMN A AMOUNT THIS PERIOD | COLUMN B CUMULATIVE YEAR-TO-DATE | DATE OF EXPENDITURE <i>(mm/dd/yy)</i> |
|---|---|---|-----------------------------------|--|---|
| | OFFICE SOUGHT <i>(if applicable)</i> | | | | |
| Code _____ Facebook | Social Media MAYOR | <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: INTERNET CAMPAIGN | 50.00 | 8,531.69 | 10/30/19 |
| Code _____ Facebook | Social Media MAYOR | <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: INTERNET CAMPAIGN | 75.00 | 8,606.69 | 10/31/19 |
| Code _____ TCC | Cell phone Service Provider MAYOR | <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: Cell phone Service | 43.80 | 8,650.49 | 11/02/19 |
| Code _____ WIMS Radio Michigan City | RADIO STATION MAYOR | <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: Radio COMMERCIALS | 200.00 | 8,850.49 | 11/04/19 |
| Code _____ WIMS Radio Michigan City | RADIO STATION MAYOR | <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: Live Radio COMMERCIAL | 87.50 | 8,937.99 | 11/05/19 |
| Code _____ WEFM Radio Michigan City | RADIO STATION MAYOR | <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: Political COMMERCIALS | 190.00 | 9,127.99 | 11/13/19 |
| Code _____ Facebook | Social Media MAYOR | <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: INTERNET CAMPAIGN | 75.00 | 9,202.99 | 11/01/19 |
| SUBTOTAL THIS PAGE OF SCHEDULE B | | | \$ 721.30 | | |
| TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY <i>(Enter total on ITEM 17a of the Summary Sheet.)</i> | | | \$ | | |



**REPORT OF RECEIPTS AND EXPENDITURES
OF A POLITICAL COMMITTEE**
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 | TYPE OF EXPENDITURE and PURPOSE (be specific) | COLUMN A AMOUNT THIS PERIOD | COLUMN B CUMULATIVE YEAR-TO-DATE | DATE OF EXPENDITURE (mm/dd/yy) |
|--|-------------------------------|---|-----------------------------------|--|--------------------------------------|
| | OFFICE SOUGHT (if applicable) | | | | |
| Code _____ Facebook | Social Media Mayor | <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: INTERNET CAMPAIGN | 125.00 | 9,327.99 | 11/04/19 |
| Code _____ Facebook | Social Media Mayor | <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: INTERNET CAMPAIGN | 175.00 | 9,502.99 | 11/05/19 |
| Code _____ Facebook | Social Media Mayor | <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: INTERNET CAMPAIGN | 110.48 | 9,613.47 | 11/21/19 |
| Code _____ | | <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: | | | |
| Code _____ | | <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: | | | |
| Code _____ | | <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: | | | |
| Code _____ | | <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: | | | |
| SUBTOTAL THIS PAGE OF SCHEDULE B | | | \$ 410.48 | | |
| TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY (Enter total on ITEM 17a of the Summary Sheet.) | | | \$ 9,613.47 | | |



**REPORT OF RECEIPTS AND EXPENDITURES
OF A POLITICAL COMMITTEE**
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 NUMBER
46-19-47
Page 1 of 1
04/16/2019

| CREDITOR'S OR LENDER'S NAME AND MAILING ADDRESS (street, number, city, state, ZIP code) | ENDORSER'S OR VENDOR'S NAME AND MAILING ADDRESS (if any) (street, number, city, state, ZIP code) | AMOUNT | DATE DEBT INCURRED (mm/dd/yy) | CUMULATIVE PAID YEAR-TO-DATE | OUTSTANDING BALANCE THIS PERIOD |
|--|--|----------------|-------------------------------------|------------------------------------|---------------------------------------|
| | | NATURE OF DEBT | | | |
| Duane A. Parry 2206 Maple St. Michigan City, IN 46360 LENDER'S OCCUPATION: | CITIZENS FOR DUANE PARRY | 150.00 | | | |
| | | LOAN | 03/14/19 | 150.00 | 150.00 |
| Duane A. Parry LENDER'S OCCUPATION: | CITIZENS FOR DUANE PARRY | 250.00 | | | |
| | | LOAN | 03/28/19 | 400.00 | 400.00 |
| Duane A. Parry LENDER'S OCCUPATION: | CITIZENS FOR DUANE PARRY | 100.00 | | | |
| | | LOAN | 03/29/19 | 500.00 | 500.00 |
| Duane A. Parry LENDER'S OCCUPATION: | CITIZENS FOR DUANE PARRY | 1,000.00 | | | |
| | | LOAN | 05/29/19 | 1,500.00 | 1,500.00 |
| Duane A. Parry LENDER'S OCCUPATION: | CITIZENS FOR DUANE PARRY | 400.00 | | | |
| | | LOAN | 06/21/19 | 1,900.00 | 1,900.00 |
| Duane A. Parry LENDER'S OCCUPATION: | CITIZENS FOR DUANE PARRY | 800.00 | | | |
| | | LOAN | 07/26/19 | 2,700.00 | 2,700.00 |
| Duane A. Parry LENDER'S OCCUPATION: | CITIZENS FOR DUANE PARRY | 750.00 | | | |
| | | LOAN | 10/3/19 | 3,450.00 | 3,450.00 |
| SUBTOTAL THIS PAGE OF SCHEDULE D | | | | | \$ 3,450.00 |
| TOTAL OF ALL PAGES OF SCHEDULE D ON THE LAST PAGE ONLY (Enter total on ITEM 19 of the Summary Sheet.) | | | | | \$ 3,450.00 |



**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

| |
|---|
| FILE NUMBER |
| 46-19-47 |
| TOTAL PAGES IN ENTIRE CFA-4 REPORT |
| 20 |

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) <input type="checkbox"/> Check if this is a new name. CITIZENS FOR DUANE PARRY | |
| 2. Acronym or Abbreviated Name (if any) N/A | 3. Committee Telephone Number (219) 873-6302 |
| 4. Mailing Address (Address where all campaign finance correspondence is received.) <input type="checkbox"/> Check if this is a new address. 2206 Maple St. | |
| 5. City, State, ZIP Code MICHIGAN CITY, IN 46360 | 6. Party Affiliation (if applicable) REPUBLICAN |

CANDIDATE INFORMATION (For Candidate's Committees Only)

| | |
|--|---|
| 7. Full Name of Candidate (Include any nickname.) DUANE ARTHUR PARRY | 8. Party Affiliation or If Independent Candidate REPUBLICAN |
| 9. Office Sought (Include district number, if any. Not required for exploratory committee.) MAYOR OF MICHIGAN CITY | 10. County of Residence LA PORTE |

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 |
|--|---|

| | | |
|---|---------------------------------|----------------------------------|
| 12. Reporting Period (mm/dd/yy): From: 4/13/19 Through: 11/21/19 | COLUMN A This Period | COLUMN B Year to Date |
| 13. Cash on hand and investments at the beginning of this reporting period. | 614.44 | |
| 14. Cash on hand and investments January 1, current year. | | 614.44 |

CONTRIBUTIONS AND RECEIPTS

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

| | | |
|---|-----------------|------------------|
| 15a. Itemized (Use Schedule A.) | 9,190.78 | 10,995.78 |
| 15b. Unitemized | 0 | 0 |
| 15c. Add lines 15a and 15b in both columns. SUBTOTAL | 9,190.78 | 10,995.78 |
| 16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B. TOTAL | 9,805.22 | 11,610.22 |

EXPENDITURES

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

| | | |
|---|-----------------|-----------------|
| 17a. Itemized (Use Schedule B.) (Public Question: use Schedule C.) | 7,983.53 | 9,613.47 |
| 17b. Unitemized | 0 | 0 |
| 17c. Add lines 17a and 17b in both columns. SUBTOTAL | 7,983.53 | 9,613.47 |
| 18. Cash on hand and investments at close of this reporting period (Subtract 17c from 16 in both columns.) TOTAL | 1,821.69 | 1,996.75 |
| 19. Debts OWED BY the committee (Use Schedule D.) | 3,450.00 | |
| 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 | | | FILED NOV 2 2020 CLERK OF LA PORTE CIRCUIT COURT |
| Signature of Treasurer Duane A. Parry | Title Treasurer | Date (mm/dd/yy) 11/02/2020 | |
| Signature of Candidate (if applicable) Duane A. Parry | | Date (mm/dd/yy) 11/02/2020 | |
| 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 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) | | | |



**REPORT OF RECEIPTS AND EXPENDITURES
OF A POLITICAL COMMITTEE**
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
46-19-47

Page 1 of 7

| 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 |
| 1. Richard GRAMAROSSA 335 LAKE HILLS Rd. MICHIGAN CITY, IN 46360 Contributor's Occupation (if required) _____ | Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) _____ Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify) _____ | 500.00 | 500.00 | 03/03/19 DUANE PARRY |
| 2. Richard GRAMAROSSA 335 LAKE HILLS Rd. MICHIGAN CITY, IN 46360 Contributor's Occupation (if required) _____ | Contributions: <input type="checkbox"/> Direct <input checked="" type="checkbox"/> In-Kind (describe) _____ Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify) _____ | 285.00 | 785.00 | 03/09/19 DUANE PARRY |
| 3. DUANE A. PARRY 2206 Maple St. MICHIGAN CITY, IN 46360 Contributor's Occupation (if required) _____ | Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) _____ Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify) _____ | 100.00 | 885.00 | 03/11/19 DUANE PARRY |
| 4. VARIOUS SOURCES Contributor's Occupation (if required) _____ | Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) _____ Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify) _____ | 70.00 | 955.00 | 03/12/19 DUANE PARRY |
| 5. DUANE A. PARRY 2206 Maple St. MICHIGAN CITY, IN 46360 Contributor's Occupation (if required) _____ | Contributions: <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) _____ Other Receipts: <input type="checkbox"/> Interest <input checked="" type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify) _____ | 150.00 | 1,105.00 | 03/14/19 DUANE PARRY |
| SUBTOTAL THIS PAGE OF SCHEDULE A | | \$ 1,105.00 | | |
| TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY (Enter total on ITEM 15a of the Summary Sheet.) | | \$ | | |



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

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.

| | |
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| FILE NUMBER | |
| 46-19-47 | |
| Page | 2 of 7 |

| CONTRIBUTOR'S FULL NAME AND OCCUPATION 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. DUANE SEIFERT 4066 W. SCHULTZ RD. LA PORTE, IN 46350 Contributor's Occupation (if required) _____ | Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify) | 100.00 | 1,205.00 | 03/15/19 |
| 2. DUANE A. PARRY 2206 MAPLE ST. MICHIGAN CITY, IN 46360 Contributor's Occupation (if required) _____ | Contributions: <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) Other Receipts: <input type="checkbox"/> Interest <input checked="" type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify) | 250.00 | 1,455.00 | 03/28/19 |
| 3. JOHN HENDRICKS 200 E. COOLSPRING AVE. MICHIGAN CITY, IN 46360 Contributor's Occupation (if required) _____ | Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify) | 200.00 | 1,655.00 | 03/28/19 |
| 4. DUANE A. PARRY 2206 MAPLE ST. MICHIGAN CITY, IN 46360 Contributor's Occupation (if required) _____ | Contributions: <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) Other Receipts: <input type="checkbox"/> Interest <input checked="" type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify) | 100.00 | 1,755.00 | 03/28/19 |
| 5. VARIOUS SOURCES Contributor's Occupation (if required) _____ | Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify) | 50.00 | 1,805.00 | 03/28/19 |
| SUBTOTAL THIS PAGE OF SCHEDULE A | | \$ 700.00 | | |
| TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY <i>(Enter total on ITEM 15a of the Summary Sheet.)</i> | | \$ | | |



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

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 | |
|-------------|--------|
| 46-19-47 | |
| Page | 3 of 7 |

| 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 |
| 1. DUANE A. PARRY 2206 Maple St. Michigan City, IN 46360 Contributor's Occupation (if required) _____ | Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) _____ Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify) _____ | 250.00 | 2,055.00 | 05/29/19 DUANE PARRY |
| 2. Gerald Fedorchak Jr. 507 Outlook Cove Dr. LaPorte, IN 46350 Contributor's Occupation (if required) _____ | Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) _____ Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify) _____ | 100.00 | 2,155.00 | 05/06/19 DUANE PARRY |
| 3. DUANE A. PARRY 2206 Maple St. Michigan City, IN 46360 Contributor's Occupation (if required) _____ | Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) _____ Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify) _____ | 1,200.00 | 3,355.00 | 05/22/19 DUANE PARRY |
| 4. DUANE A. PARRY 2206 Maple St. Michigan City, IN 46360 Contributor's Occupation (if required) _____ | Contributions: <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) _____ Other Receipts: <input type="checkbox"/> Interest <input checked="" type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify) _____ | 1,000.00 | 4,355.00 | 05/29/19 DUANE PARRY |
| 5. VARIOUS SOURCES Contributor's Occupation (if required) _____ | Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) _____ Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify) _____ | 100.00 | 4,455.00 | 05/31/19 DUANE PARRY |
| SUBTOTAL THIS PAGE OF SCHEDULE A | | \$ 2,650.00 | | |
| TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY (Enter total on ITEM 15a of the Summary Sheet.) | | \$ | | |



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

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 | |
|-------------|------|
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| Page 4 | of 7 |

| 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 |
| 1. DUANE A. PARAY 2206 Maple St. Michigan City, IN 46360 Contributor's Occupation (if required) | Contributions: <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) Other Receipts: <input type="checkbox"/> Interest <input checked="" type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify) | 400.00 | 4,855.00 | 06/21/19 DUANE PARAY |
| 2. BARBARA J. PARAY 2206 Maple St. Michigan City, IN 46360 Contributor's Occupation (if required) | Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify) | 350.00 | 5,205.00 | 06/24/19 DUANE PARAY |
| 3. VARIOUS SOURCES Contributor's Occupation (if required) | Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify) | 50.00 | 5,255.00 | 07/01/19 DUANE PARAY |
| 4. VARIOUS SOURCES Contributor's Occupation (if required) | Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify) | 100.00 | 5,355.00 | 07/12/19 DUANE PARAY |
| 5. VARIOUS SOURCES VETERANS FROM AMERICAN LEGION POSTS 374451 MICHIGAN CITY, IN Contributor's Occupation (if required) | Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify) | 300.00 | 5,655.00 | 07/26/19 DUANE PARAY |
| SUBTOTAL THIS PAGE OF SCHEDULE A | | \$ 1,200.00 | | |
| TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY (Enter total on ITEM 15a of the Summary Sheet.) | | \$ | | |



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

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|--------------------|--------|
| FILE NUMBER | |
| 46-19-47 | |
| Page | 5 of 7 |

| CONTRIBUTOR'S FULL NAME AND OCCUPATION 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. DUANE A. PARRY 2206 Maple St. Michigan City, IN 46360 Contributor's Occupation (if required) | Contributions: <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) Other Receipts: <input type="checkbox"/> Interest <input checked="" type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify) | 800.00 | 6,455.00 | 07/26/19 DUANE PARRY |
| 2. DUANE A. PARRY 2206 Maple St. Michigan City, IN 46360 Contributor's Occupation (if required) | Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify) | 150.00 | 6,605.00 | 08/06/19 DUANE PARRY |
| 3. VARIOUS SOURCES Contributor's Occupation (if required) | Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify) | 50.00 | 6,655.00 | 08/21/19 DUANE PARRY |
| 4. WOZNIAK TOOL & DIE CO. 1424 S. WOZNIAK RD. LA PORTE, IN 46350 Contributor's Occupation (if required) | Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify) | 200.00 | 6,855.00 | 08/30/19 DUANE PARRY |
| 5. LARRY YODLOWSKI 2302 Shorewood Dr. Michigan City, IN 46360 Contributor's Occupation (if required) | Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify) | 1,000.00 | 7,855.00 | 09/11/19 DUANE PARRY |
| SUBTOTAL THIS PAGE OF SCHEDULE A | | \$ 2,200.00 | | |
| TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY <i>(Enter total on ITEM 15a of the Summary Sheet.)</i> | | \$ | | |



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

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.

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| FILE NUMBER | |
| 46-19-47 | |
| Page | of: |
| 6 | 7 |

| CONTRIBUTOR'S FULL NAME AND OCCUPATION 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. Tony Childers 114 W. 4 th St. Michigan City, IN 46360 Tony's Outboard Motors Contributor's Occupation (if required) | Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify) | 400.00 | 8,255.00 | 09/18/19 DUANE PARRY |
| 2. DUANE A. PARRY 2206 Maple St Michigan City, IN 46360 Contributor's Occupation (if required) | Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify) | 750.00 | 9,005.00 | 09/26/19 DUANE PARRY |
| 3. DUANE A. PARRY 2206 Maple St Michigan City, IN 46360 Contributor's Occupation (if required) | Contributions: <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) Other Receipts: <input type="checkbox"/> Interest <input checked="" type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify) | 750.00 | 9,755.00 | 10/03/19 DUANE PARRY |
| 4. Edward Shinn 4128 E. Michigan Blvd. Michigan City, IN 46360 Contributor's Occupation (if required) | Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify) | 200.00 | 9,955.00 | 10/11/19 DUANE PARRY |
| 5. DUANE A. PARRY 2206 Maple St. Michigan City, IN 46360 Contributor's Occupation (if required) | Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify) | 300.00 | 10,255.00 | 10/16/19 DUANE PARRY |
| SUBTOTAL THIS PAGE OF SCHEDULE A | | \$ 2,400.00 | | |
| TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY <i>(Enter total on ITEM 15a of the Summary Sheet.)</i> | | \$ | | |



**REPORT OF RECEIPTS AND EXPENDITURES
OF A POLITICAL COMMITTEE**
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
46-19-47
Page 7 of 7

| CONTRIBUTOR'S FULL NAME AND OCCUPATION 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. ANTHONY HENDRICKS 306 DECATUR ST. MICHIGAN CITY, IN 46360 Contributor's Occupation (if required) _____ | Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) _____ Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify) _____ | 200.00 | 10,455.00 | 10/21/19 DUANE PARRY |
| 2. DUANE A. PARRY 2206 MAPLE ST. MICHIGAN CITY, IN 46360 Contributor's Occupation (if required) _____ | Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) _____ Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify) _____ | 500.00 | 10,955.00 | 10/29/19 DUANE PARRY |
| 3. DUANE A. PARRY ELECTION COMMITTEE (CASH ON HAND AT CLOSE OF 2015 WARD COUNCIL CAMPAIGN) 2206 MAPLE ST MICHIGAN CITY, IN 46360 Contributor's Occupation (if required) _____ | Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) _____ Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify) _____ | 40.78 | 10,995.78 | 10/19/19 DUANE PARRY FOR MAYOR COMMITTEE |
| 4. Contributor's Occupation (if required) _____ | Contributions: <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) _____ Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify) _____ | | | |
| 5. Contributor's Occupation (if required) _____ | Contributions: <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) _____ Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify) _____ | | | |
| SUBTOTAL THIS PAGE OF SCHEDULE A | | \$ 740.78 | | |
| TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY <i>(Enter total on ITEM 15a of the Summary Sheet.)</i> | | \$ 10,995.78 | | |



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

46-19-47

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| RECIPIENT'S NAME AND MAILING ADDRESS (street, number, city, state, ZIP code) | RECIPIENT'S OCCUPATION | TYPE OF EXPENDITURE and PURPOSE (be specific) | COLUMN A AMOUNT THIS PERIOD | COLUMN B CUMULATIVE YEAR-TO-DATE | DATE OF EXPENDITURE (mm/dd/yy) |
|--|---|---|-----------------------------------|--|--------------------------------------|
| | OFFICE SOUGHT (if applicable) | | | | |
| Code _____ The Cellular Connection 5230 S. FRANKLIN ST. MICHIGAN CITY, IN | Cell phone service Provider (START SERVICE) MAYOR | <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: Cell phone FOR CAMPAIGN | 34.10 | 34.10 | 02/02/19 |
| Code _____ WALMART 5780 FRANKLIN ST. MICHIGAN CITY, IN | RETAILER MAYOR | <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: Purchase cell phone | 42.67 | 76.77 | 03/02/19 |
| Code _____ TCC | Cell phone service PROVIDER MAYOR | <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: Cell phone SERVICE | 34.10 | 110.87 | 03/02/19 |
| Code _____ WALMART MICHIGAN CITY | RETAILER MAYOR | <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: Paper for HANDOUTS | 9.47 | 120.34 | 03/02/19 |
| Code _____ Reprographic Arts 2824 E. Michigan Blvd. MICHIGAN CITY, IN | PRINTING & Apparel SILKSCREENING MAYOR | <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: T-Shirts FOR CAMPAIGN | 120.00 | 240.34 | 03/07/19 |
| Code _____ HAWKINS PRINTING 315 LINCOLN WAY LA PORTE, IN | PRINTERS MAYOR | <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: Campaign BUS. CARDS | 66.34 | 306.68 | 03/07/19 |
| Code _____ (ALCO) Access La Porte County 301 E. 8th St. MICHIGAN CITY, IN | Local Access Cable TV Station MAYOR | <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: SPONSOR SHOW OF ST. PAT'S FRIENDS | 75.00 | 381.68 | 03/08/19 |
| SUBTOTAL THIS PAGE OF SCHEDULE B | | | \$ 381.68 | | |
| TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY (Enter total on ITEM 17a of the Summary Sheet.) | | | \$ | | |



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

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

46-19-47

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| RECIPIENT'S NAME AND MAILING ADDRESS (street, number, city, state, ZIP code) | RECIPIENT'S OCCUPATION OFFICE SOUGHT (if applicable) | TYPE OF EXPENDITURE and PURPOSE (be specific) | COLUMN A AMOUNT THIS PERIOD | COLUMN B CUMULATIVE YEAR-TO-DATE | DATE OF EXPENDITURE (mm/dd/yy) |
|--|---|---|-----------------------------------|--|--------------------------------------|
| Code _____ HAWKINS PRINTING | PRINTERS MAYOR | <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: CAMPAIGN FLYERS | 300.00 | 681.68 | 03/14/19 |
| Code _____ Myshopangel.com BALLSTON LAKE, NY | CAMPAIGN HANDOUT MANUFACTURER MAYOR | <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: CAMPAIGN BROS & HANDOUTS | 681.80 | 1,363.48 | 03/18/19 |
| Code _____ BEACHER PRINTING 911 FRANKLIN ST. MICHIGAN CITY, IN | PRINTERS MAYOR | <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: CAMPAIGN BUS. CARDS | 52.47 | 1,415.95 | 03/25/19 |
| Code _____ AQUARIAN PROMOTIONS 2710 FRANKLIN ST. MICHIGAN CITY, IN | SIGN MAKER MAYOR | <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: SIGN LETTERS & MAIL FOR SIGNS | 100.00 | 1,515.95 | 04/01/19 |
| Code _____ TCC | Cell phone service PROVIDER MAYOR | <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: | 34.10 | 1,550.05 | 04/02/19 |
| Code _____ GRANTHAM AIRBRUSH 1122 W. 1000 N LA PORTE, IN | SIGN MAKER MAYOR | <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: Update OLD CAMPAIGN SIGNS | 51.00 | 1,601.05 | 04/03/19 |
| Code _____ HAWKINS PRINTING | PRINTERS MAYOR | <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: Rubber STAMP & PRINTING | 28.89 | 1,629.94 | 04/05/19 |
| SUBTOTAL THIS PAGE OF SCHEDULE B | | | \$1,248.26 | | |
| TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY (Enter total on ITEM 17a of the Summary Sheet.) | | | \$ | | |



**REPORT OF RECEIPTS AND EXPENDITURES
OF A POLITICAL COMMITTEE**
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
46-19-47
Page **3** of **11**

| RECIPIENT'S NAME AND MAILING ADDRESS <i>(street, number, city, state, ZIP code)</i> | RECIPIENT'S OCCUPATION | TYPE OF EXPENDITURE and PURPOSE <i>(be specific)</i> | COLUMN A AMOUNT THIS PERIOD | COLUMN B CUMULATIVE YEAR-TO-DATE | DATE OF EXPENDITURE <i>(mm/dd/yy)</i> |
|---|---|---|-----------------------------------|--|---|
| | OFFICE SOUGHT <i>(if applicable)</i> | | | | |
| Code _____ WALMART LINCOLNWAY LA PORTE, IN | RETAILER MAYOR | <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: CAMPAIGN MATERIALS | 19.17 | 1,649.11 | 04/04/19 |
| Code _____ MENARDS 5260 S. FRANKLIN ST. MICHIGAN CITY, IN | BUILDING SUPPLY STORE MAYOR | <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: CAMPAIGN SIGN POSTS | 31.85 | 1,680.96 | 04/08/19 |
| Code _____ ALCO | Cable ACCESS TV STATION MAYOR | <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: SPONSOR Lg. WOMEN VOTERS | 75.00 | 1,755.96 | 04/16/19 |
| Code _____ TCC | Cell phone SERVICE PROVIDER MAYOR | <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: Cell phone SERVICE upgrade | 43.80 | 1,799.76 | 05/02/19 |
| Code _____ ALCO | Cable ACCESS TV STATION MAYOR | <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: SPONSOR MEMORIAL DAY PARADE | 75.00 | 1,874.76 | 05/24/19 |
| Code _____ WIMS RADIO STATION 685 E. 1675N MICHIGAN CITY, IN | RADIO STATION MAYOR | <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: CAMPAIGN COMMERCIALS | 62.50 | 1,937.26 | 06/13/19 |
| Code _____ Mysthopangel BALLSTON LAKE, NY | CAMPAIGN HANDOUT MANUFACTURER MAYOR | <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: CAMPAIGN BAGS & MAGNETS | 950.00 | 2,887.26 | 06/18/19 |
| SUBTOTAL THIS PAGE OF SCHEDULE B | | | \$1,257.32 | | |
| TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY <i>(Enter total on ITEM 17a of the Summary Sheet.)</i> | | | \$ | | |



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

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

46-19-47

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| RECIPIENT'S NAME AND MAILING ADDRESS <i>(street, number, city, state, ZIP code)</i> | RECIPIENT'S OCCUPATION | TYPE OF EXPENDITURE and PURPOSE <i>(be specific)</i> | COLUMN A AMOUNT THIS PERIOD | COLUMN B CUMULATIVE YEAR-TO-DATE | DATE OF EXPENDITURE <i>(mm/dd/yy)</i> |
|--|---|--|-----------------------------------|--|---|
| | OFFICE SOUGHT <i>(if applicable)</i> | | | | |
| Code _____ HAWKINS PRINTING | PRINTERS MAYOR | <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: PRINTED Campaign Flyers | 321.00 | 3208.26 | 07/02/19 |
| Code _____ TCC | Cell phone SERVICE PROVIDER MAYOR | <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: Cell phone Service | 43.80 | 3252.06 | 07/02/19 |
| Code _____ TCC | Cell phone SERVICE PROVIDER MAYOR | <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: Cell phone Service | 43.80 | 3,295.86 | 06/02/19 |
| Code _____ WE FM RADIO 1903 Springsland Ave. Michigan City, IN | LOCAL FM RADIO STATION MAYOR | <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: RADIO COMMERCIALS | 350.00 | 3645.86 | 07/09/19 |
| Code _____ Mysthopangel Ballston Lake, NY | CAMPAIGN HANDOUT MANUFACTURER MAYOR | <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: CAMPAIGN HANDOUTS | 316.36 | 3962.22 | 07/09/19 |
| Code _____ Beacher PRINTING | PRINTERS MAYOR | <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: CAMPAIGN HANDOUTS | 217.81 | 4,180.03 | 07/15/19 |
| Code _____ ALCO | Cable Access TV MAYOR | <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: SPONSOR PATRIOTIC DAY PARADE | 75.00 | 4255.03 | 07/19/19 |
| SUBTOTAL THIS PAGE OF SCHEDULE B | | | \$ 1,367.77 | | |
| TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY <i>(Enter total on ITEM 17a of the Summary Sheet.)</i> | | | \$ | | |



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

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

46-19-47

Page 5 of 11

| RECIPIENT'S NAME AND MAILING ADDRESS (street, number, city, state, ZIP code) | RECIPIENT'S OCCUPATION | TYPE OF EXPENDITURE and PURPOSE (be specific) | COLUMN A AMOUNT THIS PERIOD | COLUMN B CUMULATIVE YEAR-TO-DATE | DATE OF EXPENDITURE (mm/dd/yy) |
|--|---|---|-----------------------------------|--|--------------------------------------|
| | OFFICE SOUGHT (if applicable) | | | | |
| Code _____ TCC | Cell phone service provider MAYOR | <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: Cell phone service | 43.80 | 4,298.83 | 08/02/19 |
| Code _____ HAWKINS PRINTING | PRINTERS MAYOR | <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: CAMPAIGN HANDOUTS | 360.00 | 4,658.83 | 08/20/19 |
| Code _____ Reprographic ARTS | SIGN MAKERS MAYOR | <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: CAMPAIGN SIGNS | 370.50 | 5,029.33 | 08/30/19 |
| Code _____ STATION 801 801 FRANKLIN ST. MICHIGAN CITY, IN | RESTAURANT MAYOR | <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: CAMPAIGN COMMITTEE Mtg | 46.09 | 5,075.42 | 08/19/19 |
| Code _____ OFFICE MAX FRANKLIN ST. MICHIGAN CITY, IN | OFFICE Supplies MAYOR | <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: CAMPAIGN Supplies | 19.25 | 5,094.67 | 08/23/19 |
| Code _____ MENARDS | Building Supplies MAYOR | <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: CAMPAIGN SIGN POSTS | 117.23 | 5,211.90 | 08/26/19 |
| Code _____ TCC | Cell phone Service Provider MAYOR | <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: Cell phone service | 43.80 | 5,255.70 | 09/02/19 |
| SUBTOTAL THIS PAGE OF SCHEDULE B | | | \$1,000.67 | | |
| TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY (Enter total on ITEM 17a of the Summary Sheet.) | | | \$ | | |



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

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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|----------------------------|
| FILE NUMBER |
| 46-19-47 |
| Page <u>6</u> of <u>11</u> |

| RECIPIENT'S NAME AND MAILING ADDRESS <i>(street, number, city, state, ZIP code)</i> | RECIPIENT'S OCCUPATION | TYPE OF EXPENDITURE and PURPOSE <i>(be specific)</i> | COLUMN A AMOUNT THIS PERIOD | COLUMN B CUMULATIVE YEAR-TO-DATE | DATE OF EXPENDITURE <i>(mm/dd/yy)</i> |
|---|--------------------------------------|--|-----------------------------------|--|---|
| | OFFICE SOUGHT <i>(if applicable)</i> | | | | |
| Code _____ HAWKINS PRINTING | PRINTERS MAYOR | <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: PRINTED BUS. CARDS | 68.21 | 5,323.91 | 09/09/19 |
| Code _____ WALMART LINCOLNWAY LA PORTE, IN | RETAIL MAYOR | <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: CAMPAIGN SUPPLIES | 20.17 | 5,344.08 | 09/03/19 |
| Code _____ FACEBOOK | SOCIAL MEDIA MAYOR | <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: INTERNET CAMPAIGN | 7.11 | 5,351.19 | 09/03/19 |
| Code _____ WALMART LINCOLNWAY LA PORTE, IN | RETAIL MAYOR | <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: CAMPAIGN SUPPLIES | 22.76 | 5,373.95 | 09/09/19 |
| Code _____ Lowe's FRANKLIN ST. MICHIGAN CITY, IN | Building Supplies MAYOR | <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: SIGN MATERIALS | 57.52 | 5,431.47 | 09/12/19 |
| Code _____ MENARDS | Building Supplies MAYOR | <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: SIGN MATERIALS | 37.30 | 5,468.77 | 09/13/19 |
| Code _____ Reprographic ARTS | Sign Makers MAYOR | <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: CAMPAIGN SIGNS | 450.00 | 5,918.77 | 09/16/19 |
| SUBTOTAL THIS PAGE OF SCHEDULE B | | | \$ 663.07 | | |
| TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY <i>(Enter total on ITEM 17a of the Summary Sheet.)</i> | | | \$ | | |



**REPORT OF RECEIPTS AND EXPENDITURES
OF A POLITICAL COMMITTEE**
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 |
| 46-19-47 |
| Page <u>7</u> of <u>11</u> |

| RECIPIENT'S NAME AND MAILING ADDRESS <i>(street, number, city, state, ZIP code)</i> | RECIPIENT'S OCCUPATION <i>OFFICE SOUGHT (if applicable)</i> | TYPE OF EXPENDITURE and PURPOSE <i>(be specific)</i> | COLUMN A AMOUNT THIS PERIOD | COLUMN B CUMULATIVE YEAR-TO-DATE | DATE OF EXPENDITURE <i>(mm/dd/yy)</i> |
|---|--|---|-----------------------------------|--|---|
| | | | | | |
| Code _____ Facebook | SOCIAL MEDIA MAYOR | <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: INTERNET CAMPAIGN | 500 | 5,923.77 | 09/23/19 |
| Code _____ WALMART LINCOLNWAY LA PORTE, IN | RETAIL MAYOR | <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: CAMPAIGN SUPPLIES | 46.21 | 5,969.98 | 09/25/19 |
| Code _____ HAWKINS PRINTING | PRINTERS MAYOR | <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: BUSINESS CARDS | 41.94 | 6,011.92 | 09/26/19 |
| Code _____ Reprographic ARTS | SIGN MAKERS MAYOR | <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: CAMPAIGN SIGNS | 240.00 | 6,251.92 | 09/27/19 |
| Code _____ U.S. Post Office LINCOLNWAY LA PORTE, IN | POSTAL SERVICE MAYOR | <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: POSTAGE STAMPS | 33.00 | 6,284.92 | 09/27/19 |
| Code _____ Kemps Office City LINCOLNWAY LA PORTE, IN | OFFICE SUPPLIES MAYOR | <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: Envelopes | 7.16 | 6,292.08 | 09/30/19 |
| Code _____ WIMS Radio 685 E. 1675 N Michigan City, IN | RADIO STATION MAYOR | <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: Radio COMMERCIALS | 1059.00 | 7,351.08 | 10/10/19 |
| SUBTOTAL THIS PAGE OF SCHEDULE B | | | \$ 1432.31 | | |
| TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY <i>(Enter total on ITEM 17a of the Summary Sheet.)</i> | | | \$ | | |



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

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

46-19-47

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| RECIPIENT'S NAME AND MAILING ADDRESS <i>(street, number, city, state, ZIP code)</i> | RECIPIENT'S OCCUPATION | TYPE OF EXPENDITURE and PURPOSE <i>(be specific)</i> | COLUMN A AMOUNT THIS PERIOD | COLUMN B CUMULATIVE YEAR-TO-DATE | DATE OF EXPENDITURE <i>(mm/dd/yy)</i> |
|---|---|--|-----------------------------------|--|---|
| | OFFICE SOUGHT <i>(if applicable)</i> | | | | |
| Code _____ WE FM RADIO Springland Ave. Michigan City, IN | RADIO STATION MAYOR | <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: Radio Commercials | 400.00 | 7,751.08 | 10/06/19 |
| Code _____ TCC | Cell phone Service Provider MAYOR | <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: Cell phone Service | 43.80 | 7,794.88 | 10/02/19 |
| Code _____ AQUARIAN PROMOTIONS | SIGN MAKER MAYOR | <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: Lettering & Signs | 150.00 | 7,944.88 | 10/09/19 |
| Code _____ HAWKINS PRINTING | PRINTERS MAYOR | <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: PRINT Letters | 146.25 | 8,091.13 | 10/30/19 |
| Code _____ WIMS Radio | RADIO STATION MAYOR | <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: Political Commercials | 87.50 | 8,178.63 | 10/31/19 |
| Code _____ FACEBOOK | Social Media MAYOR | <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: INTERNET CAMPAIGN | 25.00 | 8,203.63 | 10/31/19 |
| Code _____ U.S. Post Office LINCOLNWAY LA PORTE, IN | POSTAL SERVICE MAYOR | <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: POSTAGE STAMPS | 44.00 | 8247.63 | 10/06/19 |
| SUBTOTAL THIS PAGE OF SCHEDULE B | | | \$ 896.55 | | |
| TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY <i>(Enter total on ITEM 17a of the Summary Sheet.)</i> | | | \$ | | |



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

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

State
Indiana

**(CFA-4 SCHEDULE B)
ITEMIZED EXPENDITURES**

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FILE NUMBER

46-19-47

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| RECIPIENT'S NAME AND MAILING ADDRESS (street, number, city, state, ZIP code) | RECIPIENT'S OCCUPATION OFFICE SOUGHT (if applicable) | TYPE OF EXPENDITURE and PURPOSE (be specific) | COLUMN A AMOUNT THIS PERIOD | COLUMN B CUMULATIVE YEAR-TO-DATE | DATE OF EXPENDITURE (mm/dd/yy) |
|--|---|--|-----------------------------------|--|--------------------------------------|
| | | | | | |
| Code _____ Kemps Office City LA PORTE, IN | OFFICE Supplies MAYOR | <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: CAMPAIGN Supplies | 7.16 | 8,254.79 | 10/11/19 |
| Code _____ Facebook | SOCIAL MEDIA MAYOR | <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: INTERNET Campaign | 4.65 | 8,259.44 | 10/21/19 |
| Code _____ HAWKINS PRINTING | PRINTERS MAYOR | <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: CAMPAIGN HANDOUTS | 107.00 | 8,366.44 | 10/24/19 |
| Code _____ Facebook | SOCIAL MEDIA MAYOR | <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: INTERNET Campaign | 25.00 | 8,391.44 | 10/28/19 |
| Code _____ Facebook | SOCIAL MEDIA MAYOR | <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: INTERNET Campaign | 25.00 | 8,416.44 | 10/28/19 |
| Code _____ Facebook | SOCIAL MEDIA MAYOR | <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: INTERNET Campaign | 35.00 | 8,451.44 | 10/28/19 |
| Code _____ Lowes | Building Supplies MAYOR | <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: SIGN MATERIALS | 30.25 | 8,481.69 | 10/28/19 |
| SUBTOTAL THIS PAGE OF SCHEDULE B | | | \$ 234.06 | | |
| TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY (Enter total on ITEM 17a of the Summary Sheet.) | | | \$ | | |



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

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

46-19-47

Page 10 of 11

| RECIPIENT'S NAME AND MAILING ADDRESS <i>(street, number, city, state, ZIP code)</i> | RECIPIENT'S OCCUPATION | TYPE OF EXPENDITURE and PURPOSE <i>(be specific)</i> | COLUMN A AMOUNT THIS PERIOD | COLUMN B CUMULATIVE YEAR-TO-DATE | DATE OF EXPENDITURE <i>(mm/dd/yy)</i> |
|---|---|---|-----------------------------------|--|---|
| | OFFICE SOUGHT <i>(if applicable)</i> | | | | |
| Code _____ Facebook | Social Media Mayor | <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: INTERNET Campaign | 50.00 | 8,531.69 | 10/30/19 |
| Code _____ Facebook | Social Media Mayor | <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: INTERNET Campaign | 75.00 | 8,606.69 | 10/31/19 |
| Code _____ TCC | Cell phone Service Provider Mayor | <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: Cell phone Service | 43.80 | 8,650.49 | 11/02/19 |
| Code _____ WIMS Radio Michigan City | Radio Station Mayor | <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: Radio Commercials | 200.00 | 8,850.49 | 11/04/19 |
| Code _____ WIMS Radio Michigan City | Radio Station Mayor | <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: Live Radio Commercial | 87.50 | 8,937.99 | 11/05/19 |
| Code _____ WEFM Radio Michigan City | Radio Station Mayor | <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: Political Commercials | 190.00 | 9,127.99 | 11/13/19 |
| Code _____ Facebook | Social Media Mayor | <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: INTERNET Campaign | 75.00 | 9,202.99 | 11/01/19 |
| SUBTOTAL THIS PAGE OF SCHEDULE B | | | \$ 721.30 | | |
| TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY <i>(Enter total on ITEM 17a of the Summary Sheet.)</i> | | | \$ | | |



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

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

46-19-47

Page 11 of 11

| RECIPIENT'S NAME AND MAILING ADDRESS <i>(street, number, city, state, ZIP code)</i> | RECIPIENT'S OCCUPATION <i>OFFICE SOUGHT (if applicable)</i> | TYPE OF EXPENDITURE and PURPOSE <i>(be specific)</i> | COLUMN A AMOUNT THIS PERIOD | COLUMN B CUMULATIVE YEAR-TO-DATE | DATE OF EXPENDITURE <i>(mm/dd/yy)</i> |
|---|--|--|-----------------------------------|--|---|
| | | | | | |
| Code _____ Facebook | Social Media Mayor | <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: <u>INTERNET CAMPAIGN</u> | 125.00 | 9,327.99 | 11/04/19 |
| Code _____ Facebook | Social Media Mayor | <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: <u>INTERNET CAMPAIGN</u> | 175.00 | 9,502.99 | 11/05/19 |
| Code _____ Facebook | Social Media Mayor | <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: <u>INTERNET CAMPAIGN</u> | 110.48 | 9,613.47 | 11/21/19 |
| Code _____ | | <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: | | | |
| Code _____ | | <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: | | | |
| Code _____ | | <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: | | | |
| Code _____ | | <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: | | | |
| SUBTOTAL THIS PAGE OF SCHEDULE B | | | \$ 410.48 | | |
| TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY <i>(Enter total on ITEM 17a of the Summary Sheet.)</i> | | | \$ 9,613.47 | | |



**REPORT OF RECEIPTS AND EXPENDITURES
OF A POLITICAL COMMITTEE**
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 NUMBER
46-19-47
Page 1 of 1
DATE 10/24/19

| CREDITOR'S OR LENDER'S NAME AND MAILING ADDRESS (street, number, city, state, ZIP code) | ENDORSER'S OR VENDOR'S NAME AND MAILING ADDRESS (if any) (street, number, city, state, ZIP code) | AMOUNT | DATE DEBT INCURRED (mm/dd/yy) | CUMULATIVE PAID YEAR-TO-DATE | OUTSTANDING BALANCE THIS PERIOD |
|---|--|------------------|-------------------------------------|------------------------------------|---------------------------------------|
| | | NATURE OF DEBT | | | |
| DUANE A. PARRY 2206 Maple St. Michigan City, IN 46360 LENDER'S OCCUPATION: | CITIZENS FOR DUANE PARRY | 150.00 LOAN | 03/14/19 | 150.00 | 150.00 |
| DUANE A. PARRY LENDER'S OCCUPATION: | CITIZENS FOR DUANE PARRY | 250.00 LOAN | 03/28/19 | 400.00 | 400.00 |
| DUANE A. PARRY LENDER'S OCCUPATION: | CITIZENS FOR DUANE PARRY | 100.00 LOAN | 03/29/19 | 500.00 | 500.00 |
| DUANE A. PARRY LENDER'S OCCUPATION: | CITIZENS FOR DUANE PARRY | 1,000.00 LOAN | 05/29/19 | 1,500.00 | 1,500.00 |
| DUANE A. PARRY LENDER'S OCCUPATION: | CITIZENS FOR DUANE PARRY | 400.00 LOAN | 06/21/19 | 1,900.00 | 1,900.00 |
| DUANE A. PARRY LENDER'S OCCUPATION: | CITIZENS FOR DUANE PARRY | 800.00 LOAN | 07/26/19 | 2,700.00 | 2,700.00 |
| DUANE A. PARRY LENDER'S OCCUPATION: | CITIZENS FOR DUANE PARRY | 750.00 LOAN | 10/3/19 | 3,450.00 | 3,450.00 |
| SUBTOTAL THIS PAGE OF SCHEDULE D | | | | | \$3,450.00 |
| TOTAL OF ALL PAGES OF SCHEDULE D ON THE LAST PAGE ONLY (Enter total on ITEM 19 of the Summary Sheet.) | | | | | \$3,450.00 |



**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

| |
|---|
| FILE NUMBER |
| 46-19-47 |
| 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) <input type="checkbox"/> Check if this is a new name. CITIZENS FOR DUANE PARRY | 3. Committee Telephone Number (219) 873-6302 |
| 2. Acronym or Abbreviated Name (if any) N/A | 4. Mailing Address (Address where all campaign finance correspondence is received.) <input type="checkbox"/> Check if this is a new address. 2206 Maple St. |
| 5. City, State, ZIP Code MICHIGAN CITY, IN 46360 | 6. Party Affiliation (if applicable) Republican |

| CANDIDATE INFORMATION (For Candidate's Committees Only) | |
|--|---|
| 7. Full Name of Candidate (Include any nickname.) DUANE ARTHUR PARRY | 8. Party Affiliation or If Independent Candidate Republican |
| 9. Office Sought (Include district number, if any. Not required for exploratory committee.) MAYOR OF MICHIGAN CITY | 10. County of Residence LA PORTE |

| TYPE OF REPORT | CONVENTION CANDIDATES ONLY |
|---|---|
| 11. Check one: <input type="checkbox"/> Pre-Primary <input type="checkbox"/> Pre-Election <input type="checkbox"/> Annual <input type="checkbox"/> Nomination <input type="checkbox"/> Other _____ <input checked="" 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 |

| 12. Reporting Period (mm/dd/yy): From: 11/22/19 Through: 12/31/19 | COLUMN A This Period | COLUMN B Year to Date |
|--|-------------------------|--------------------------|
| 13. Cash on hand and investments at the beginning of this reporting period. | 1,996.75 | |
| 14. Cash on hand and investments January 1, current year. | | 614.44 |

| CONTRIBUTIONS AND RECEIPTS (Note: these amounts include in-kind contributions and loans, as well as cash contributions.) | | |
|---|-----------------|------------------|
| 15a. Itemized (Use Schedule A.) | 0 | 10,995.78 |
| 15b. Unitemized | 0 | 0 |
| 15c. Add lines 15a and 15b in both columns. SUBTOTAL | 0 | 10,995.78 |
| 16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B. TOTAL | 1,996.75 | 11,610.22 |

| EXPENDITURES (Note: These amounts include in-kind expenditures and loan repayments.) | | |
|---|-----------------|------------------|
| 17a. Itemized (Use Schedule B.) (Public Question: use Schedule C.) | 1,996.75 | 11,610.22 |
| 17b. Unitemized | 0 | 0 |
| 17c. Add lines 17a and 17b in both columns. SUBTOTAL | 1,996.75 | 11,610.22 |
| 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.) | 1,453.25 | |
| 20. Debts OWED TO the committee (Use Schedule E.) | | |

| CERTIFICATION | | | IN CLERKS OFFICE FOR OFFICE USE ONLY | |
|---|---------------------------|--------------------------------------|---|--|
| 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 Duane A. Parry | Title Treasurer | Date (mm/dd/yy) 11/02/2020 | NOV 2 2020 | |
| Signature of Candidate (if applicable) Duane A. Parry | | Date (mm/dd/yy) 11/02/2020 | 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 3-9-4-5) 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 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)



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

46-19-47

Page 11 of 11

| RECIPIENT'S NAME AND MAILING ADDRESS (street, number, city, state, ZIP code) | RECIPIENT'S OCCUPATION | TYPE OF EXPENDITURE and PURPOSE (be specific) | COLUMN A AMOUNT THIS PERIOD | COLUMN B CUMULATIVE YEAR-TO-DATE | DATE OF EXPENDITURE (mm/dd/yy) |
|--|--|--|-----------------------------------|--|--------------------------------------|
| | OFFICE SOUGHT (if applicable) | | | | |
| Code _____ Facebook | Social Media Ads MAYOR | <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: INTERNET CAMPAIGN | 125.00 | 9,327.99 | 11/04/19 |
| Code _____ Facebook | Social Media Ads MAYOR | <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: INTERNET CAMPAIGN | 175.00 | 9,502.99 | 11/05/19 |
| Code _____ Facebook | Social Media Ads MAYOR | <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: INTERNET CAMPAIGN | 110.48 | 9,613.47 | 11/21/19 |
| Code _____ DUANE A. PARRY 2206 Maple St. Michigan City, IN 46360 | Candidate for Mayor of Michigan City MAYOR | <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input checked="" type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: REPAYMENT OF LOAN TO COMM. | 1,996.75 | 11,610.22 | 12/31/19 |
| Code _____ | | <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: | | | |
| Code _____ | | <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: | | | |
| Code _____ | | <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: | | | |
| SUBTOTAL THIS PAGE OF SCHEDULE B | | | \$2,407.23 | | |
| TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY (Enter total on ITEM 17a of the Summary Sheet.) | | | \$11,610.22 | | |