



**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

40-19-33

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. COMMITTEE TO ELECT BRYANT DABNEY - 1ST WARD	
2. Acronym or Abbreviated Name (if any) N/A	3. Committee Telephone Number (219) 877-8696
4. Mailing Address (Address where all campaign finance correspondence is received.) <input type="checkbox"/> Check if this is a new address. 405 THOMAS STREET	
5. City, State, ZIP Code MICHIGAN CITY, INDIANA 46360	6. Party Affiliation (if applicable) DEMOCRAT

CANDIDATE INFORMATION (For Candidate's Committees Only)

7. Full Name of Candidate (Include any nickname.) BRYANT DABNEY	8. Party Affiliation or If Independent Candidate DEMOCRAT
9. Office Sought (Include district number, if any. Not required for exploratory committee.) MICHIGAN CITY COMMON COUNCIL WARD 1	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
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12. Reporting Period (mm/dd/yy): From: 1/1/19 Through: 4/19/19	COLUMN A This Period	COLUMN B Year to Date
13. Cash on hand and investments at the beginning of this reporting period.	- 0 -	
14. Cash on hand and investments January 1, current year.		- 0 -

CONTRIBUTIONS AND RECEIPTS

<i>(Note: these amounts include in-kind contributions and loans, as well as cash contributions.)</i>		
15a. Itemized (Use Schedule A.)	0	0
15b. Unitemized	0	0
15c. Add lines 15a and 15b in both columns. SUBTOTAL	0	0
16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B. TOTAL	0	0

EXPENDITURES

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

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 [Signature]	Title CANDIDATE	Date (mm/dd/yy) 1/21/19
Signature of Candidate (if applicable) [Signature]		Date (mm/dd/yy) 1/21/19

**FOR OFFICE USE ONLY D
IN CLERKS OFFICE**

JAN 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)

[Signature]
CLERK OF LA PORTE CIRCUIT COURT



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)

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. → **4619-33.**

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

2. Last Name DABNEY		First Name BRYANT		Middle Name MAURICE		Nickname		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) 405 THOMAS ST						5. FAX (Optional)		6. E-mail Address (Optional) bryant.dabney@comcast.net	
7. City MICHIGAN		State IN	ZIP Code 46360	8. County LAPORTE		9. Telephone (Day) (317) 877-8090		10. Telephone (Evening) (317) 877-8090	
11. Party Affiliation <input type="checkbox"/> Democratic <input type="checkbox"/> Libertarian <input type="checkbox"/> Republican <input type="checkbox"/> Other				12. Office Sought (Include district number, if any. Not required for an exploratory committee.)					

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. COMMITTEE TO ELECT BRYANT DABNEY - 1ST WARD									
14. Mailing Address (number and street, city, state, and ZIP code) <input type="checkbox"/> Check if this is a new address. BRYANT DABNEY @ COMCAST, NET 405 THOMAS ST						15. FAX (Optional)		16. E-mail Address (Optional) BRYANT.DABNEY@COMCAST.NET	
17. City MICHIGAN		State IN	ZIP Code 46360	18. County LAPORTE		19. Telephone (317) 877-8090		20. Committee Organization Date (mm/dd/yy) 02/19/19	
21. Chairperson's Full Name <input checked="" type="checkbox"/> Designate Candidate as Chairperson. <input type="checkbox"/> Check if this is a new chairperson. BRYANT DABNEY									
22. Mailing Address (number and street, city, state, and ZIP code) <input type="checkbox"/> Check if this is a new address. 405 THOMAS ST, MICHIGAN CITY IN 46360						23. FAX (Optional)		24. E-mail Address (Optional)	
25. City MICHIGAN CITY		State IN	ZIP Code 46360	26. County LAPORTE		27. Telephone (Day) (317) 877-8090		28. Telephone (Evening) (317) 877-8090	
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.) J. P. MORGAN CHASE									
30. Exploratory Committee (Give brief statement explaining purpose of an exploratory committee only.) NA					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 Person Appointed Treasurer committee, appoint the following person as Treasurer of the Committee BRYANT DABNEY						Signature of the Committee Chairperson B-D			
33. Treasurer's Full Name <input checked="" type="checkbox"/> Designate candidate as treasurer. <input type="checkbox"/> Check if this is a new treasurer.									
34. Mailing Address (number and street, city, state, and ZIP code) <input type="checkbox"/> Check if this is a new address. 405 THOMAS ST, MICHIGAN CITY, IN 46360						35. FAX (Optional)		36. E-mail Address (Optional)	
37. City MICHIGAN CITY		State IN	ZIP Code 46360	38. County LAPORTE		39. Telephone (Day) (317) 877-8090		40. Telephone (Evening) (317) 877-8090	

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 B-D			
--	--	--	--	--	--	---	--	--	--

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 BRYANT DABNEY			Signature of Chairperson B-D			Date (mm/dd/yy) 1/21/19			
43. Typed or Printed Name of Candidate BRYANT DABNEY			Signature of Candidate B-D			Date (mm/dd/yy) 1/21/19			

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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IN CLERKS OFFICE

JAN 22 2019

Kenneth Chubb
CLERK OF LA PORTE CIRCUIT COURT



**SUPPLEMENTAL "LARGE CONTRIBUTION" REPORT BY
A CANDIDATE'S COMMITTEE
CONTRIBUTIONS OR MORE**

(\$1,000)

State Form 48492 (RS / 10-17)

Indiana Election Division (IC 3-9-5-20.1; 3-9-5-22)

INSTRUCTIONS: Only candidates receiving a "large contribution" are required to file this report. 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.

FILED
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APR 11 2019
(CFA-11)

FILE NUMBER
46-19-33
TOTAL PAGES IN ENTIRE CFA-11 REPORT

COMMITTEE INFORMATION

1. Full Name of Candidate (include any nicknames) Check if this is a new name. **BRYANT MAURICE DABNEY** 2. Committee Telephone Number **(919) 877-8690**

3. Mailing Address (Address where all campaign finance correspondence is received) Check if this is a new address. **405 THOMAS ST.**

4. City **MILWAUKEE CITY** State **WI** ZIP Code **46300** 5. Party Affiliation or If Independent Candidate **DEMOCRAT**

6. Office Sought (include district number, if any. Not required for exploratory committee.) **FIRST WARD CITY** 7. County of Residence **LAPORTE**

8. Reporting Period (mm/dd/yy):
From: **1/1/19** Through: **4/12/19**

For classification, enter INDV for individual; PAC for political action committee; CORP for corporation; LAB for labor organization; OTHER for all entries which are not one of the above categories.

CONTRIBUTOR'S FULL NAME AND OCCUPATION FULL MAILING ADDRESS (city, number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT OF CONTRIBUTION	DATE RECEIVED
			RECEIVED BY
Classification 1. BRYANT M. DABNEY FINANCE, BUSINESS OFFICER MANAGER 405 THOMAS ST, MILWAUKEE CITY, WI 46300 Contributor's Occupation (if applicable) _____	Contributions <input checked="" type="checkbox"/> Direct <input checked="" type="checkbox"/> In-Kind (describe) YARD SIGNS Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify) _____	\$309.56	3/14/19 BRYANT DABNEY
Classification 2. Contributor's Occupation (if applicable) _____	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) _____		
Classification 3. Contributor's Occupation (if applicable) _____	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) _____		

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.

Signature of Treasurer **[Signature]** Title **CANDIDATE** Date (mm/dd/yy) **4/9/19**

Signature of Candidate (if applicable) **[Signature]** Date (mm/dd/yy) **4/9/19**

Warning: Any information contained in this report may not be copied for sale or used for any commercial purpose (IC 3-9-4-6). A person who knowingly files a fraudulent report commits a Level B 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).



4236 Grissom Drive
 Batavia, Ohio 45103
 (800) 607-8824
 FAX (800) 322-6000
 credit@kaeser-blair.com

INVOICE

Promotional Advertising • Corporate Identity Wearables • Writing Implements • Calendars

INVOICE NO. 90306023
 DATE: 3/14/19

CUSTOMER NUMBER 003086314

DEALER NUMBER 22911

BILL TO:
 DABNEY, BRYANT
 405 THOMAS STREET
 MICHIGAN CITY, IN 46360

SHIP TO:
 LOGOMEPLUS
 ATTN: CHERYL SEITZ
 212 LAKESIDE DR
 WALKERTON, IN 46574

YOUR PO NUMBER: CAMP-2019
 DATE SHIPPED: 3/13/19
 SHIP VIA: FED-X
 TERMS: NET-30

QUANTITY	PRODUCT NO	DESCRIPTION	UNIT PRICE	AMOUNT
50	150	DBL-SIDED YARD SIGN ON POLY COATED WHITE BOARDS 1	4.8300	241.50

YOUR AUTHORIZED K&B DEALER IS
 CHERYL SEITZ
 TO REORDER CALL 574-855-9810
 OR EMAIL TO logomeplus@gmail.com

SUBTOTAL	241.50
** SALES TAX	20.26
LESS: PAYMENT/DEPOSIT	.00
SHIPPING & HANDLING	47.80
TOTAL DUE	309.56

You can now pay your invoice online at
paykaeser.com

PLEASE MAKE ALL CHECKS PAYABLE TO KAESER & BLAIR, INC.

Please enclose remittance coupon with payment. See back for additional information.



003086314 22911

3771 Solutions Center
 Chicago, IL 60677-3007

DABNEY, BRYANT
 405 THOMAS STREET
 MICHIGAN CITY, IN 46360

REMITTANCE

INVOICE NO. 90306023
 DATE: 3/14/19

TOTAL DUE: 309.56
 Amount Paid

IF PAYING BY CREDIT CARD,
 CHECK THIS BOX AND SEE THE
 BACK OF THIS FORM



**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

46-19-33

TOTAL PAGES IN ENTIRE CFA-4 REPORT

3

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

IS THIS AN AMENDMENT? Yes No

COMMITTEE INFORMATION

1 Full Name of Committee (as on Statement of Organization) Check if this is a new name
COMMITTEE TO ELECT BRYANT DABNEY - 1ST WARD

2 Acronym or Abbreviated Name (if any): **N/A**

3. Committee Telephone Number: **(919) 877-8090**

4 Mailing Address (Address where all campaign finance correspondence is received) Check if this is a new address
405 THOMAS STREET

5 City, State, ZIP Code: **MICHIGAN CITY, INDIANA 46366**

6. Party Affiliation (if applicable): **DEMOCRAT**

CANDIDATE INFORMATION (For Candidate's Committees Only)

7 Full Name of Candidate (Include any nickname): **BRYANT DABNEY**

8 Party Affiliation or If Independent Candidate: **DEMOCRAT**

9 Office Sought (Include district number, if any. Not required for exploratory committee): **MICHIGAN CITY COMMON COUNCIL WARD 1**

10. County of Residence: **LAPORTE**

TYPE OF REPORT

CONVENTION CANDIDATES ONLY

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

Check one
 Pre-Convention Post-Convention

12 Reporting Period (mm/dd/yy)
 From **1/1/19** Through **4/12/19**

	COLUMN A This Period	COLUMN B Year to Date
13 Cash on hand and investments at the beginning of this reporting period	- 0 -	- 0 -
14 Cash on hand and investments January 1, current year		- 0 -

CONTRIBUTIONS AND RECEIPTS

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

	COLUMN A This Period	COLUMN B Year to Date
15a. Itemized (Use Schedule A)	309.56	309.56
15b. Unitemized	0	0
15c. Add lines 15a and 15b in both columns	SUBTOTAL 309.56	309.56
16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B	TOTAL 309.56	

EXPENDITURES

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

	COLUMN A This Period	COLUMN B Year to Date
17a. Itemized (Use Schedule B) (Public Question use Schedule C)	309.56	
17b. Unitemized	0	
17c. Add lines 17a and 17b in both columns	SUBTOTAL 309.56	
18. Cash on hand and investments at close of this reporting period (Subtract 17c from 16 in both columns)	TOTAL 0	
19. Debts OWED BY the committee (Use Schedule D)	0	
20. Debts OWED TO the committee (Use Schedule E)	0	

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 <i>[Signature]</i>	Title CANDIDATE	Date (mm/dd/yy) 4/15/19
Signature of Candidate (if applicable) <i>[Signature]</i>		Date (mm/dd/yy) 4/15/19

FILED
FOR OFFICE USE ONLY

APR 18 2019

[Signature]
LA PORTE SUPERIOR 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**

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

Indiana

**(CFA-4 SCHEDULE A-1)
CONTRIBUTIONS BY INDIVIDUALS
Itemized Contributions and Other Receipts**

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

FILE NUMBER

Page 1 of 1

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 BRYANT DABNEY 405 THOMAS ST. MICHAELAN CITY, IN 46030 FINANCE, BUSINESS OFFICE MANAGER 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) _____	309.56	309.56	3/13/19 CANDIDATE BRYANT DABNEY
2 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) _____			
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		\$ 309.56		
TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY <i>(Enter total on ITEM 15a of the Summary Sheet)</i>		\$ 309.56		



**REPORT OF RECEIPTS AND EXPENDITURES
OF A POLITICAL COMMITTEE**
Form 4608 (R14 / 10-17)
Election Division (IC 3-9-5-14)

State
Indiana

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

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

FILE NUMBER

Page 1 of 1

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/yyyy)</i>
	OFFICE SOUGHT <i>(if applicable)</i>				
Code _____ KAESER BLAZER INCORPORATED 44750 GRISSON DRIVE SATAVKA, OHIO 45103	PROMOTIONAL ADVERTISING COMMON COUNCIL 1ST WARD, MARIETTA 4274	<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	309.50	309.50	3/14/19
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			
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			\$ 309.50		
TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY <i>(Enter total on ITEM 17a of the Summary Sheet.)</i>			\$ 309.50		



4236 Grissom Drive
 Batavia, Ohio 45103
 (800) 607-8824
 FAX (800) 322-6000
 credit@kaeser-blair.com

INVOICE

Promotional Advertising • Corporate Identity Wearables • Writing Implements • Calendars

INVOICE NO. 90306023
 DATE: 3/14/19

CUSTOMER NUMBER 003086314

DEALER NUMBER 22911

BILL TO:
 DABNEY, BRYANT
 405 THOMAS STREET
 MICHIGAN CITY, IN 46360

SHIP TO:
 LOGOMEPLUS
 ATTN: CHERYL SEITZ
 212 LAKESIDE DR
 WALKERTON, IN 46574

YOUR PO NUMBER
 CAMP-2019

DATE SHIPPED 3/13/19
 SHIP VIA FED-X

TERMS NET-30

QUANTITY	PRODUCT NO	DESCRIPTION	UNIT PRICE	AMOUNT
50	150	DBL-SIDED YARD SIGN ON POLY COATED WHITE BOARDS 1	4.8300	241.50

YOUR AUTHORIZED K&B DEALER IS
 CHERYL SEITZ
 TO REORDER CALL 574-855-9810
 OR EMAIL TO logomeplus@gmail.com

SUBTOTAL	241.50
** SALES TAX	20.26
LESS: PAYMENT/DEPOSIT	.00
SHIPPING & HANDLING	47.80
TOTAL DUE	309.56

You can now pay your invoice online at
paykaeser.com

PLEASE MAKE ALL CHECKS PAYABLE TO KAESER & BLAIR, INC.

Please enclose remittance coupon with payment. See back for additional information.



003086314 22911

3771 Solutions Center
 Chicago, IL 60677-3007

DABNEY, BRYANT
 405 THOMAS STREET
 MICHIGAN CITY, IN 46360

REMITTANCE

INVOICE NO. 90306023
 DATE: 3/14/19

TOTAL DUE: 309.56
 Amount Paid

IF PAYING BY CREDIT CARD,
 CHECK THIS BOX AND SEE THE
 BACK OF THIS FORM.