



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? Yes No If Yes, please enter the file number in this box. → 5-4679-823

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

2. Last Name <u>LARocco</u>		First Name <u>JAMES</u>		Middle Name <u>T</u>	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) <u>230 TWIN ROAD</u>					5. FAX (Optional) ()		6. E-mail Address (Optional)	
7. City <u>MICHIGAN CITY</u>		State <u>IN</u>	ZIP Code <u>46360</u>	8. County <u>LAPORTE</u>	9. Telephone (Day) <u>219 871-9546</u>		10. Telephone (Evening) ()	
11. Party Affiliation <input type="checkbox"/> Democratic <input type="checkbox"/> Libertarian <input type="checkbox"/> Republican <input checked="" type="checkbox"/> Other/ <u>INDEPENDENT</u>				12. Office Sought (Include district number, if any. Not required for an exploratory committee.) <u>MAYOR MICHIGAN CITY IN</u>				

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

13. Full Name of Committee (Do not abbreviate.) <input checked="" type="checkbox"/> Check if this is a new name. <u>LARocco FOR MAYOR</u>								
14. Mailing Address (number and street, city, state, and ZIP code) <input checked="" type="checkbox"/> Check if this is a new address. <u>230 TWIN ROAD</u>					15. FAX (Optional) ()		16. E-mail Address (Optional)	
17. City <u>MICHIGAN CITY</u>		State <u>IN</u>	ZIP Code <u>46360</u>	18. County <u>LAPORTE</u>	19. Telephone <u>219 871-9546</u>		20. Committee Organization Date (mm/dd/yy)	
21. Chairperson's Full Name <input checked="" type="checkbox"/> Designate Candidate as Chairperson. <input type="checkbox"/> Check if this is a new chairperson. <u>JAMES T LARocco</u>								
22. Mailing Address (number and street, city, state, and ZIP code) <input type="checkbox"/> Check if this is a new address. <u>230 TWIN ROAD</u>					23. FAX (Optional) ()		24. E-mail Address (Optional) <u>JIM.LARocco@COMCAST.NET</u>	
25. City <u>MICHIGAN CITY</u>		State <u>IN</u>	ZIP Code <u>46360</u>	26. County <u>LAPORTE</u>	27. Telephone (Day) <u>219 871-9546</u>		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.)								
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 <u>SUZANNE E. LARocco</u>		Signature of the Committee Chairperson <u>James T LARocco</u>		
33. Treasurer's Full Name <input type="checkbox"/> Designate candidate as treasurer. <input type="checkbox"/> Check if this is a new treasurer. <u>SUZANNE E LARocco</u>								
34. Mailing Address (number and street, city, state, and ZIP code) <input type="checkbox"/> Check if this is a new address. <u>230 TWIN ROAD</u>					35. FAX (Optional) ()		36. E-mail Address (Optional)	
37. City <u>MICHIGAN CITY</u>		State <u>IN</u>	ZIP Code <u>46360</u>	38. County <u>LAPORTE</u>	39. Telephone (Day) <u>219 871-0560</u>		40. Telephone (Evening) ()	

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 <u>Suzanne E Larocco</u>	
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SECTION E. CERTIFICATION OF STATEMENT

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

42. Typed or Printed Name of Chairperson <u>JAMES T LARocco</u>		Signature of Chairperson <u>James T Larocco</u>		Date (mm/dd/yy) <u>06/26/19</u>	
Typed or Printed Name of Candidate <u>JAMES T LARocco</u>		Signature of Candidate <u>James T Larocco</u>		Date (mm/dd/yy) <u>06/26/19</u>	

FOR OFFICE USE ONLY

**FILED
IN CLERKS OFFICE**

JUN 26 2019

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).

Kayla Schuch
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

46-19-82

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. LARUCCO FOR MAYOR	
2. Acronym or Abbreviated Name (if any)	3. Committee Telephone Number (219) 871-9546
4. Mailing Address (Address where all campaign finance correspondence is received.) <input type="checkbox"/> Check if this is a new address. 230 TWIN RONO	
5. City, State, ZIP Code MICHIGAN CMT INDIANA	6. Party Affiliation (if applicable) INDEPENDENT

CANDIDATE INFORMATION (For Candidate's Committees Only)

7. Full Name of Candidate (Include any nickname.) JAMES T LARUCCO	8. Party Affiliation or If Independent Candidate INDEPENDENT
9. Office Sought (Include district number, if any. Not required for exploratory committee.) MAYOR	10. County of Residence LAPORTE

TYPE OF REPORT

CONVENTION CANDIDATES ONLY

11. Check one: <input type="checkbox"/> Pre-Primary <input checked="" type="checkbox"/> Pre-Election <input type="checkbox"/> Annual <input type="checkbox"/> Nomination <input type="checkbox"/> Other _____ <input type="checkbox"/> Final / Disbands Committee (Lines 18, 19, and 20 must be "0") <input type="checkbox"/> Outgoing Treasurer (Within ten (10) days amend Statement of Organization.)	Check one: <input type="checkbox"/> Pre-Convention <input type="checkbox"/> Post-Convention
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12. Reporting Period (mm/dd/yy): From: 04/13/19 Through: 10/11/19	COLUMN A This Period	COLUMN B Year to Date
13. Cash on hand and investments at the beginning of this reporting period.	\$5000⁰⁰	
14. Cash on hand and investments January 1, current year.		

CONTRIBUTIONS AND RECEIPTS

(Note: these amounts include in-kind contributions and loans, as well as cash contributions.)		
15a. Itemized (Use Schedule A.)		
15b. Unitemized	\$3750⁰⁰	
15c. Add lines 15a and 15b in both columns. SUBTOTAL		
16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B. TOTAL	\$3750⁰⁰	

EXPENDITURES

(Note: These amounts include in-kind expenditures and loan repayments.)		
17a. Itemized (Use Schedule B.) (Public Question: use Schedule C.)	\$2584.27	
17b. Unitemized		
17c. Add lines 17a and 17b in both columns. SUBTOTAL		
18. Cash on hand and investments at close of this reporting period (Subtract 17c from 16 in both columns.) TOTAL		
19. Debts OWED BY the committee (Use Schedule D.)	\$5000⁰⁰	
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.

Signature of Treasurer James T Larucco	Title	Date (mm/dd/yy) 10/07/19	OCT 17 2019
Signature of Candidate (if applicable) James T Larucco		Date (mm/dd/yy) 10/07/19	

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

State
Indiana

**(CFA-4 SCHEDULE C)
ITEMIZED EXPENDITURES
For Public Questions**

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. All cumulative expenses or transfers-out, regardless of amount paid to political committees supporting or opposing a public question, MUST be itemized on this schedule.

FILE NUMBER

Page _____ of _____

PUBLIC QUESTION INFORMATION

Enter Text of Public Question.

Type of Question: Statewide Local
Position: Supported Opposed

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>
Code <u>A</u> ACTIVE SIGN 4788 HAYES ST. GARY, IN 46408		<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:	\$1530.10	\$1530.10	8/23/19
Code <u>A</u> VISTA PRINT		<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:	\$34.17	\$34.17	8/21/19
Code <u>A</u> BIELA PRINT		<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:	\$175.00	\$175.00	8/25/19
Code <u>A</u> BIELA PRINT		<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:	\$50.00	\$50.00	8/25/19
Code <u>F</u> M.C. PARKS		<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:	\$395.00	\$395.00	8/22/19
Code <u>F</u> FOOD		<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:	\$400.00	\$400.00	10/7/19

SUBTOTAL THIS PAGE OF SCHEDULE C			\$2584.27		
TOTAL OF ALL PAGES OF SCHEDULE C ON THE LAST PAGE ONLY <i>(Enter total on ITEM 17a of the Summary Sheet.)</i>			\$2584.27		



**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

Page _____ of _____

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			
JAMES T LAROCO 230 TWIN ROAD MICHIGAN CITY, IN 46360		LOAN \$5,000 ⁰⁰	08/01/19	\$5,000 ⁰⁰	\$5,000 ⁰⁰
LENDER'S OCCUPATION:					
LENDER'S OCCUPATION:					
LENDER'S OCCUPATION:					
LENDER'S OCCUPATION:					
LENDER'S OCCUPATION:					
LENDER'S OCCUPATION:					
SUBTOTAL THIS PAGE OF SCHEDULE D					\$
TOTAL OF ALL PAGES OF SCHEDULE D ON THE LAST PAGE ONLY <i>(Enter total on ITEM 19 of the Summary Sheet.)</i>					\$

**REPORT OF RECEIPTS AND EXPENDITURES
POLITICAL COMMITTEE**

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

OF A

(CFA-4)

Summary Sheet

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

FILE NUMBER
46-19-82
TOTAL PAGES IN ENTIRE CFA-4 REPORT

IS THIS AN AMENDMENT? Yes No

FILE
IN CLERKS OFFICE
JAN 17 2020

COMMITTEE INFORMATION

1. Full Name of Committee (as on Statement of Organization)
LAROCO FOR MAYOR

2. Acronym or Abbreviated Name (if any)

4. Mailing Address (address where all campaign finance correspondence is received)
230 TWIN ROAD

5. City, State, ZIP Code
MICHIGAN CITY IN 46360

Check if this is a new name
Kristy J. Schubert
CLERK OF LA PORTE CIRCUIT COURT

FILED
IN CLERKS OFFICE
JAN 17 2020
Check if this is a new address
Kristy J. Schubert
CLERK OF LA PORTE CIRCUIT COURT

3. Committee Telephone Number
(219) 871-9546

6. Party Affiliation (if applicable)
INDEPENDENT

CANDIDATE INFORMATION (For Candidate's Committees Only)

7. Full Name of Candidate (include any nickname)
JAMES T. LAROCO

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

8. Party Affiliation or If Independent Candidate
INDEPENDENT

10. County of Residence
LA PORTE

TYPE OF REPORT **CONVENTION CANDIDATES ONLY**

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

Check one:
Pre-Convention
Post-Convention

12. Reporting Period:
From: OCT 2019 Through: JAN 2020

COLUMN A This Period	COLUMN B Year to Date
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13. Cash on hand and investments at the beginning of this reporting period. \$ 2415.00

14. Cash on hand and investments January 1, current year.

CONTRIBUTIONS AND RECEIPTS

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

15a. Itemized (use Schedule A)

15b. Unitemized

\$3700⁰⁰

15c. Add lines 15a and 15b in both columns
SUBTOTAL

\$6115⁰⁰

16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B
TOTAL

\$6115⁰⁰

EXPENDITURES

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

17a. Itemized (use Schedule B) (Public Question: use Schedule C)

17b. Unitemized **\$1451⁰⁰**

17c. Add lines 17a and 17b in both columns
SUBTOTAL

\$16116⁰⁰

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)

FORGIVEN \$5000⁰⁰

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.

Signature of Treasurer *[Signature]* Title **TREASURER**

Date **1/17/2020**

Signature of Candidate (if applicable)

Date

WARNING: Any information contained in this report may not be copied for sale or used for any commercial purpose. (IC 3-9-4-5) A person who knowingly files a fraudulent report commits a Class D felony. (IC 3-14-1-13) A person who fails to file a complete or accurate report as required by the Indiana Campaign Finance Law commits a Class B misdemeanor, (IC 3-14-1-14) and may be subject to civil penalties. (IC 3-9-4-16, IC 3-9-4-17, IC 3-9-4-18)

INSTRUCTIONS FOR COMPLETING THIS FORM

This form consists of a summary sheet together with five schedules for itemized reporting. The form is to be used by treasurers of all committees to report receipts and expenditures in compliance with IC 3-9-5.

The spaces on this form have been numbered for your convenience and for easy reference to these instructions. The preparer should type or print legibly **IN BLACK INK** all information required. All previous versions of State Form 4606 are obsolete and cannot be used. (IC 3-5-4-8) **TO AVOID PENALTIES THIS FORM MUST BE FULLY COMPLETED.** You must complete each item on this form, including ALL SPACES in Column B, Calendar Year-to-Date.

SPECIAL INSTRUCTIONS FOR STATEWIDE CANDIDATES AND CERTAIN POLITICAL ACTION COMMITTEES

This instruction applies to all statewide candidates as well as any political action committee that (1) is required to file with the Election Division and (2) which received more than \$50,000 in contributions since the close of the previous reporting period. This form must be filed electronically with the Election Division. Contact the Division at 1-800-622-4941 for more information.

FILE NUMBER: Enter the previously assigned Election Division or County Election Board file number.

TOTAL PAGES: Enter the total number of pages of the entire CFA-4 report, including any attached schedule.

IS THIS AN AMENDMENT? Check "Yes" if this report is to correct or change information submitted in a previous report; otherwise check "No."

ITEM 1: Enter the full name of the committee as it appears on its Statement of Organization (Form CFA-1, CFA-2, or CFA-3). Check box if this is a new name.

ITEM 2: Enter the acronym or abbreviated name. For example: W-PAC.

ITEM 3: Enter the committee telephone number, including area code. (This will typically be the committee's daytime telephone number.)

ITEM 4: Enter the mailing address of the committee. All correspondence with the committee relative to filing under the Campaign Finance Act will be mailed to this address, unless specified otherwise. Check box if this is a new address.

ITEM 5: Enter the committee's city, state and ZIP code. If known, include ZIP plus four.

ITEM 6: If the committee supports the philosophy and ideals of a particular political party, enter the party affiliation.

ITEM 7: Enter the full name of the candidate and include any nickname, particularly if the candidate's nickname may appear on the ballot.

ITEM 8: If the candidate supports the philosophy and ideals of a particular political party, enter the party affiliation. If the candidate is not affiliated with a political party enter "independent candidate." A committee to retain an incumbent (such as a justice or judge) should also enter "independent candidate." A write-in candidate should follow the same procedure and enter either a political party or "independent candidate." **DO NOT ENTER "write-in."**

ITEM 9: enter the full name of the office being sought by the candidate (include district number, if any). For example, "Indiana State Senator, District _____," "County Sheriff," or "City Council, District _____." Not required to be completed by an exploratory committee.

ITEM 10: Enter the candidate's county of residence.

ITEM 11: Check the appropriate box indicating the type of report. A candidate should check "nomination" report if the candidate was nominated as a minor party or independent candidate by petition; if the candidate was selected by a major party to fill a vacancy on the ballot existing after the primary; or if the candidate is a write-in candidate. A Libertarian party candidate nominated at a party convention should not check "nomination" report. Instead, that candidate should check either "pre-convention" or "post-convention" report. Statewide candidates filing a quarterly report should check "Other" and indicate "Quarterly."

ITEM 12: Enter the appropriate dates for the type of report checked in ITEM 11. These reporting and filing dates are prescribed by Indiana Code (IC) 3-9-5.

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

4606 (R13/11-05)
(IC 3-9-5-14)

State Form
Indiana Election Commission

**(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 _____ of _____

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
	OFFICE SOUGHT <i>(if applicable)</i>				
Code <u>A</u> WCFM 1903 SPRINGLAND AVE MICHIGAN CITY, IN 46360	MAYOR	<input checked="" type="radio"/> Direct In-Kind Payment of Debt Returned Contribution Other _____ Purpose:	\$840 ⁰⁰	\$840 ⁰⁰	10/29/19
Code <u>A</u> ALCO 2301 8TH ST MICHIGAN CITY IN 46360	MAYOR	<input checked="" type="radio"/> Direct In-Kind Payment of Debt Returned Contribution Other _____ Purpose:	\$75 ⁰⁰	\$75 ⁰⁰	10/9/19
Code <u>A</u> U.S.P.S.	MAYOR	<input checked="" type="radio"/> Direct In-Kind Payment of Debt Returned Contribution Other _____ Purpose:	\$4000 ⁰⁰	\$4000 ⁰⁰	11/1/19
Code <u>A</u> FACEBOOK	MAYOR	<input checked="" type="radio"/> Direct In-Kind Payment of Debt Returned Contribution Other _____ Purpose:	\$250 ⁰⁰	\$250 ⁰⁰	11/1/19
Code <u>A</u> BIELLA PRINTING CHICAGO ST MICHIGAN CITY, IN 46360	1 MAYOR	<input checked="" type="radio"/> Direct In-Kind Payment of Debt Returned Contribution Other _____ Purpose:	\$500 ⁰⁰	\$500 ⁰⁰	10/24/19
Code _____		Direct In-Kind Payment of Debt Returned Contribution Other _____ Purpose:			
Code _____		Direct In-Kind Payment of Debt Returned Contribution Other _____ Purpose:			
SUBTOTAL THIS PAGE OF SCHEDULE B			\$5665 ⁰⁰		
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 (R13/11-05)
Commission (IC 3-9-5-14)

State
Indiana Election

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

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

FILE NUMBER

Page _____ of _____

CREDITOR'S OR LENDER'S NAME & MAILING ADDRESS (street, number, city, state, ZIP code)	ENDORSER'S OR VENDOR'S NAME & MAILING ADDRESS (if any) (street, number, city, state, ZIP code)	AMOUNT	DATE DEBT INCURRED	CUMULATIVE PAID YEAR-TO-DATE	OUTSTANDING BALANCE THIS PERIOD
		NATURE OF DEBT			
JAMES T. HARUCCO 230 TWIN ROAD MICHIGAN CITY, IN 46360 LENDER'S OCCUPATION:		\$5000 ⁰⁰	8/1/19	0	
LENDER'S OCCUPATION:					
LENDER'S OCCUPATION:					
LENDER'S OCCUPATION:					
LENDER'S OCCUPATION:					
LENDER'S OCCUPATION:					
LENDER'S OCCUPATION:					
LENDER'S OCCUPATION:					
SUBTOTAL THIS PAGE OF SCHEDULE D					\$5000 ⁰⁰
TOTAL OF ALL PAGES OF SCHEDULE D ON THE LAST PAGE ONLY (Enter total on ITEM 19 of the Summary Sheet)					\$