



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)

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

								FILE NUMBER
1. IS THIS AN AMENDMENT?	 ∐ Yes	o	please e	nter the f	file numb	er in this box	r. →	46-19-49
SECTION A . CANDIDATE 2. Last Name		RMATION: Fill		<i>plicable</i> _{dle Name}	boxes a	s fully and	accura	tely as possible. 3. Type of Committee (Check one)
Tillman		racie	Y	ale Hame		Normanic		☐ Candidate's Principal Committee
4. Mailing Address (number and street, city, s				5. FA	X (Optional)			Address (Optional)
1811 1/2 E. Michigan Bl	,)		tracie	etillman@sbcglobal.net
^{7. City} Michigan City	State IN	ZIP Code 46360	8. County LaPor		(21	lephone <i>(Day)</i> 9 ₎ 262-43		10. Telephone (Evening) (219) 262-4353
11. Party Affiliation ☑ Democratic ☐ Libertarian ☐ Reput	olican □	Other				ude district numbe ouncil, Michi		lot required for an exploratory committee.) v . Indiana
			in all ap			· · · · · · · · · · · · · · · · · · ·	•	tely as possible.
13. Full Name of Committee (Do not abb Tracie Tillman for 5th W	previate.)	☐ Check if this is a	a new name.	•				
14. Mailing Address (number and street, city, 1811 1/2 & Michiga		1 '	if thìs is a ne	w address.	15. FAX (O)		I	il Address (Optional) il Man@stoglobal.net
17. City	State	ZIP Code	18. County	<u> </u>	19. T	elephone		20. Committee Organization Date
Michigan City	Z	46360	LaPor			9,262439	53	(mm/dd/yy) 2-7-2019
21. Chairperson's Full Name ☑ Desi Tracie Y. Tillman	ignate Ca	andidate as Chairperso	on. 🗌 Che	eck if this is	a new chairp	erson.		
22. Mailing Address (number and street, city,	, state, and	ZIP code)	if this is a ne	w address.	23. FAX (O)	otional)	24. E-ma	il Address (Optional)
811 1/2 E. Michiga	~ 9'	lxe869,.bw	629		()		traci	etillmanosbeglobal.net
City	State	ZĬP Code	26. County		27. 1	elephone (Day)	•	28. Telephone (Evening)
Whichegan Coty		46360	laro	rte		9,262-4		29,262-4363
29. Bank or Other Depositories (List all	banks or	other depositories in v	vhich the cor	nmittee dep	osits funds, f	iolds accounts, re	ents safety	deposit boxes or maintains funds.)
30. Exploratory Committee (Give bricf state	ement exp.	laining purpose of an exploi	ratory committe	e only.) 31.	Salaries and	1 Reimbursemen	its (Will the	committee pay the candidate a salary or
				reim	nbursement t	or lost wages? If	Yes, attacl	n a copy of the contract.) Yes You
SECTION C. APPOINTME 32. I, as Chairperson of the						Signature	of the Co	mmittee Chairperson
committee, appoint the following Treasurer of the Committee.	g perso	on as Traci	e Y.	Tilln	1an	Ŷ.	<u>case</u>	& Pelmon
	ate cand	idate as treasurer.	Check if to	his is a new	treasurer.			O
34. Mailing Address (number and street, city	. state. and	IZIP code) ☐ Check	if this is a ne	w address.	35. FAX (O)	otional)	36. E-ma	il Address (Optional)
1811 12 E. MIC	State	M POLVE 91	38. Count	74	()	elephone (Day)	tracie	tillmanæska lobal. net [40, Telephone (Evening)
	IU	46360	halo	rte	L.	1,262-43	353	219 260-4353
SECTION D. ACCEPTANO		APPOINTMEN						
41. I give notice that I accept to Committee. I am not the chairp						Signature of Po	erson Ac	cepting Appointment
permitted for a candidate committed	ee und	er IC 3-9-1-7).	iance com	minicipe (e.	xcept as	Praci	~ <u>4</u>	Flemen
SECTION E. CERTIFICAT								FOR OFFICE USE ONLY
We certify as the candidate and examined this statement. To the b							have	FILED
42. Typed or Printed Name of Cha						Date (mm/dd/y)	N)	IN CLERKS OFFICE
Tracie Y. Tillmo		- Trae	<u> ee Q</u>		man	2-7-19		
43. Typed or Printed Name of Can		Signature of	Candidate	00	0	Date (mm/dd/y)		FEB 7 2019
Tracie Y. Till Marning: State law requires that any of		this information be z	enorted with	f ta	days of the			
person who knowingly files a fraudulent	report co	ommits a Level 6 D fe	lony (IC 3-1-	4-1-13). A p	erson who f	ails to file a comp	plete or	Konjundelhaback
accurate report as required by the India subject to civil penalties (IC 3-9-4-16, IC :	па Сатр <u>3-9-4-17,</u>	and IC 3-9-4-18).	immis a Cla	iss d misde	meanor (/C	3-14-1-14), and 1	nay be	CLERK OF LA PORTE CIRCUIT COURT



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

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

IS THIS AN AMENDMENT? Yes No

(CFA-4)
Summary Sheet

FILE NUMBER	
: 46-19-49	7

TOTAL PAGES IN ENTIRE CFA-4 REPORT

5

COMMITTEE INFORMATION					
1. Full Name of Committee (as on Statement of Organization)	name				
Tracie Y. Tillman			·		
2. Acronym or Abbreviated Name (if any)	2. Acronym or Abbreviated Name (if any) 219-262-4353				
4. Mailing Address (address where all campaign finance correspondence is received)		is is a new address			
1811 ½ E. Michigan Blvd.			+		
5. City, State, ZIP Code	6. Party	y Affiliation (if applicable)) Democrat		
Michigan City, Indiana 46360		. , ,,			
CANDIDATE INFORMATION (For Candidate's	Committe	ees Only)			
7. Full Name of Candidate (include any nickname)	8. Party	y Affiliation or If Independ	dent Candidate		
Tracie Y. Tillman	Democ	erat -			
9. Office Sought (Include district number, if any. Not required for exploratory committee.)	10. Co	unty of Residence LaPor	te		
Michigan City Common Council Ward 5 th					
TYPE OF REPORT		CONVENT	ION CANDIDATES ONLY		
11. Check one:		Check one	;		
✓ Pre-Primary ☐ Pre-Election ☐ Annual ☐ Nomination ☐ Other		Pre-Co	onvention		
Final/Disbands Committee (lines 18, 19, and 20 must be "0") Dutgoing Treasurer (within 10 days amend Statement	of Organizatio	_{n)} Dost-C	Convention		
Reporting Period:		COLUMN A	COLUMN B		
From: 01/01/2019 Through: 04/12/2019		This Period	Year to Date		
13. Cash on hand and investments at the beginning of this reporting period. \$0.00		\$0.00			
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)		\$0.00			
15b. Unitemized		\$0.00			
15c. Add lines 15a and 15b in both columns	TOTAL	\$0.00			
16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B	TOTAL	\$0.00			
EXPENDITURES					
(Note: These amounts include in-kind expenditures and loan repayments.)					
17a. Itemized (use Schedule B) (Public Question: use Schedule C)		\$1,169.87			
17b. Unitemized		\$0.00			
17c. Add lines 17a and 17b in both columns	BTOTAL	\$1,169.87			
18. Cash on hand and investments at close of this reporting period (subtract 17c from 16 in both columns)	TOTAL	\$1,169.87			
19. Debts OWED BY the committee (use Schedule D)		\$1,169.87			
20. Debts OWED TO the committee (use Schedule E)	•	\$0.00 F			
CERTIFICATION			1 EPEBKEIGE ERKOUTA		
I CERTIFY THAT I HAVE EXAMINED THIS STATEMENT. TO THE BEST OF MY KNOWLEDGE AND BELIEF IT IS	TRUE, COR	RRECT AND COMPLETE.			
Title Treasurer Fellmen Title Treasurer		0446/4040	APR 1 5 2019		
Signature of Candidate (if applicable)		Date 04/15/2019	Kongentelnobek		
WARNING: Any information contained in this report may not be copied for sale or used for any commercial purpose	e. (IC 3-9-4-	5) A person who knowingly P	ORTE SUPERIOR COURT		
files a fraudulent report commits a Class D felony. (IC 3-14-1-13) A person who fails to file a complete or accu Campaign Finance Law commits a Class B misdemeanor, (IC 3-14-1-14) and may be subject to civil penalties. (IC 3-	irate report a -9-4-16, IC 3-	as required by the Indiana -9-4-17, IC 3-9-4-18)			



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

(CFA-4 SCHEDULE B) ITEMIZED EXPENDITURES

TRUCTIONS: Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this __nedule, 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
Page1 of1
•

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
CodeA Soceni Photos Photograph By Latreese Neal Art District, Franklin St., Michigan City, IN 48360 219-561-4337	Photographer	Direct In-Kind Payment of Debt Returned Contribution Other Purpose:Campaign Headshots Photo	\$60.00		1/30/19
CodeO_ PNC Bank 301 West US Hwy 20 Michigan City, IN 46360 219-879-7381	Bank	☐ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other ☐ Purpose: Political Campaign Bank Account	\$100.00	·	02/08/19
ce Depot Office Max 18 Dunes Plaza Michigan City, IN 46360	Business/Home Office Supplies	☐ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other _ Purpose: Campaign 500 Business Cards	\$53.50		02/09/19
CodeA The Beacher Business Printers 911 Franklin St. Michigan City, IN 46360 219-879-1346	Advertising	Direct In-Kind Payment of Debt Returned Contribution Other Purpose: Campaign Flyers-	\$61.59		03/04/19
CodeA Reprographics Arts, INC 2824 E. Michigan Blvd. Michigan City, IN 46360 219-872-9111	Advertising	□ Direct □ In-Kind □ Payment of Debt □ Returned Contribution □ Other	\$375.00		3/8/19
CodeA Family Dollar 2309 E. Michigan Blvd. Michigan City, IN 46360 219-874-4634	General Merchandising Store	□ Direct □ In-Kind □ Payment of Debt □ Returned Contribution □ Other	\$3.00		03/09/19
CodeA Reprographic Art, INC	Advertising	Direct In-Kind Payment of Debt Returned Contribution Other Purpose: Campaign Apparel t-shirts/hoodies	\$110.21		03/25/19
	SUBTOTAL THIS PAG	SE OF SCHEDULE B	\$763.30		
TOTAL OF ALL PA	\$				



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

(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	
Page1 of2	

				rage	<u>' —</u>
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
CodeA_ Dollar Tree 4209 Franklin St. Michigan City, IN 46360 219-262-6030	General Merchandising	Direct In-Kind Payment of Debt Returned Contribution Other Purpose: Campaign Supplies binder clips, Index dividers	6.42		03/26/19
CodeA Walmart 5708 Franklin St. Michigan City, IN 46360 219-879-3620	General Merchandising	Direct In-Kind Payment of Debt Returned Contribution Other Purpose: Campaign Supplies Blnders, actpkthl 12c	\$22.51		03/26/19
CodeA 'ce Depot Office Max	Business/Home Office Supplies	Direct In-Kind Payment of Debt Returned Contribution Other Purpose: Campaign Supplies stapler	\$16.05		03/29/19
CodeA The Beacher Business Printer 911 Franklin St. Michigan City, IN 46360 219-679-0088	Advertising	Direct In-Kind Payment of Debt Returned Contribution Other Purpose: Campaign flyers 500	\$61.59		03/29/19
CodeA Awesome Compaign.Com INC 1220 St. Charles St. Elgin, IL 60120 877-380-7446	Campaign Signs	Direct In-Kind Payment of Debt Returned Contribution Other Purpose: Campaign Signs 100	\$300.00	* •	4/8/2019
Code		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:			
Code		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:	-		-
	SUBTOTAL THIS PAG	GE OF SCHEDULE B	\$406.57		
TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY (Enter total on ITEM 17a of the Summary Sheet)			\$1,169.77		



State Form 4606 (R13/11-05) Indiana Election Commission (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	1	of	3		

& 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
(Sireet, number, city, state, zir code)	(Street, number, thy, state, 21r code)	NATURE OF DEBT		TEAR-TO-DATE	PERIOD
•	Socani Photos Photograph By Latreese Neal	\$60.00	01/30/19		\$60.00
Tracie Y. Tillman	Art District, Franklin St., Michigan City, IN 46360				
1811 ¼ E. Michigen Blvd Michigen Clty, IN 46380 219-262-4353	219-561-4337	Campaign headshots photos		:	
ENDER'S OCCUPATION: Executive Lizison					
Tracie Y. Tillman	PNC Bank 301 West US Hwy 20 Michigan City, IN 46360 219-879-7381	\$100.00	02/08/2019 -		\$100.00
1811 ½ E. Michigan Blvd Michigan City, IN 46360 219-262-4353		Political Campaign Bank Account			
ENDER'S OCCUPATION: Executive Lisison	Office Depot Office Max	\$53.50	02/09/2019		\$53.50
	118 Dunes Plaza Michigan City, IN 46360	\$33.30	02/03/2010		
y. Tillman 1 ⅓ E. Michigan Blvd Hichigan City, IN 46360 219-262-4353		Campaign business cards 500			
LENDER'S OCCUPATION: Executive Lizison	The Beacher Business Printers	\$61.53	03/04/2019		\$61.59
acie Y. Tillman 1811 ½ E. Michigan Blvd Michigan City, IN 46360 219-262-4353	911 Franklin St. Michigan City, IN 46360 219-879-1346	Campaign Flyers	03/04/2013	-	
110-202-4000		500			
ENDER'S OCCUPATION: Executive Lisison	Reprographics Arts, INC	\$375.00	03/08/2019		\$375.00
acle Y. Tillman	2824 E. Michigan Blvd. Michigan City, IN 46360	\$373.00	03/06/2019		, 4373.00
1811 ½ E. Michigan Blvd Michigan City, IN 46360 219-262-4353	219-872-9111	Campaign Apparel t- shirts/hoodies			
LENDER'S OCCUPATION: Executive Liaison		40.00	03/09/2019		\$3.00
	Family Dollar 2309 E. Michigan Blvd. Michigan City, IN 46360	\$3.00	03/09/2019		\$3.00
racie Y. Tillman 1811 ¼ E. Michigan Blvd Michigan City, IN 46360 219-262-4353	219-874-4634	St. Patrick Day Parade for Candidates apparel – sharmrock necklaces			
LENDER'S OCCUPATION: Executive Listeon racie Y. Tilliman 811 Y.E. Michigan Blvd	Reprographic Art, INC 2824 E. Michigan Blvd.	\$110.10	03/25/2019		\$110.21
ichigan City, IN 46360 19-262-4353	Michigan City, IN 46360 219-872-9111				
LENDER'S OCCUPATION: Executive Liaison		SUBTOTA	L THIS PAGE (OF SCHEDULE D	\$763.30
		L PAGES OF SCHEDUL			\$



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

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

"ASTRUCTIONS: 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, <u>regardless of the amount</u>, 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	1_	of _	4		

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 NATURE OF DEBT	DATE DEBT INCURRED	CUMULATIVE PAID YEAR-TO-DATE	OUTSTANDING BALANCE THIS PERIOD
Tracic Tillman 1811/2 E. Michean Blvd. Michean Coty. IN 46560	Dollar Tree 4209 Franklin St. Michigan City, IN 46360 219-262-6030	\$6.42	03/26/2019	·	\$6.42
219-262-4353 LENDERS OCCUPATION ENCURE Lauson		Campaign supplies binder clips, index dividers			
Tracke Tillman	Walmart 5708 Franklin St. Michigan City, IN 46360	\$22.51	03/26/2019		\$22.51
Wichegan City, IN 46360	219-879-3620	Campaign Supplies binders, actpkthl 12c			•
Tracie Tilman 11/2 E. Michigan Blud.	Office Depot Office Max 118 Dunes Plaza Michigan City, IN 46360	\$16.05	03/29/2019		\$16.05
ichegan City, IN46360	219-879-1346	Campaign Supplies Hole puncher			
Track Tillman 1411/2E, Michyan Blvd.	The Beacher Business Printer 911 Franklin St. Michigan City, IN 46360	\$61.59	03/29/2019	,	\$61.59
Whichegen City. IN LENDER'S OCCUPATION Executive Liquism	219-879-0088	Campaign flyers 500			
Trace Tillman	Awesome Compaign.Com INC 1220 St. Charles St. Elgin, IL 60120	\$300.00	04/08/2019		\$300.00
1811 E. Michigan Blud. Michigan City, In 4636 0 LENDERS OCCUPATION EXECUTEUR LIGHT	877-380-7446	Campaign signs 100			
LENDER'S OCCUPATIONS ZA ESCUPE OF CLASSA		-			
		-		:	
LENDER'S OCCUPATION:			·		•
				-	
OER'S OCCUPATION:			* -	-	
SUBTOTAL THIS PAGE OF SCHEDULE D					
TOTAL OF ALL PAGES OF SCHEDULE D ON THE LAST PAGE ONLY (Enter total on ITEM 19 of the Summary Sheet)					



State Form 4606 (R15 / 5-19) Indiana Election Division (IC 3-9-5-14) OCT 1 8 2019

IN CLERKS OFFICE

(CFA-4) **Summary Sheet**

FILE NUMBER

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

LA PORTE SUPERIOR CO

46-19-49

TOTAL PAGES IN ENTIRE CFA-4 REPORT IS THIS AN AMENDMENT? Yes No ٥

Michigan City Common Council Ward 5 TYPE OF REPORT 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 emend Statement of Organization.) Reporting Period (mm/dd/yy): From: 04/12/2019 Through: 10/18/2019 LaPorte CONVENTION CANDIDATES ONLY Check one: Pre-Convention Post-Convention COLUMN A This Period Year to Date	COMMITTEE INFORMATION					
4. Mailing Address (Address when all campaign finance correspondence is received.) 1811 1/2 E. Michigan Blvd., P.O. Box 629 5. Chy, State, ZIP Code Michigan City, Indiana 46360 6. Party Affiliation (if applicable) Democratic CANDIDATE INFORMATION (For Candidate's Committees Only) 7. Full Name of Candidate (Include any nickname.) 17 racie Y. Tillman 9. Office Sought (Include district number, if any. Not required for exploratory committee.) Michigan City Common Council Ward 5 10. County of Residence Laborte 11. Check one: 11. Check one: 12. Pre-Pinany Pre-Election Annual Normination Other Pre-Pinany Pre-Pi	1. Full Name of Committee (as on Statement of Organization) Tracie Tillman For 5th Ward Check if this is a new name.					
S. City, State, ZIP Code S. Party Affiliation (if applicable) Democratic	2. Acronym or Abbreviated Name (if any)	i	' '			
Michigan City, Indiana 46360 CANDIDATE INFORMATION (For Candidate's Committees Only) 7. Full Name of Candidate (Include any nickname.) 9. Office Sought (Include district number, if any. Not required for exploratory committee.) Michigan City Common Council Ward 5 TYPE OF REPORT 11. Check one: Pre-Primary Pre-Election Annual Nomination Other Final / Disbands Committee (Lives 18, 19, and 20 must be "0".) Outgoing Treasurer (Mathin ten (10) days amend Statement of Organization.) Reporting Period (mm/dd/yy): From: 04/12/2019 13. Cash on hand and investments at the beginning of this reporting period. 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 0.000 15c. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B. EXPENDITURES (Note: These amounts include in-kind expenditures and loan repayments.) 17a. Itemized (Use Schedule B.) (Public Question: use Schedule C.) 17a. Itemized (Use Schedule B.) (Public Question: use Schedule C.) 17b. Unitemized 0.000 17c. Add lines 17a and 17b in both columns. SUBTOTAL 291.64 291.64 291.64 291.64 10.000	4. Mailing Address (Address where all campaign finance correspondence is received.) 1811 1/2 E. Michigan Blvd., P.O. Box 629	Check if th	is is a new	address.		
7. Full Name of Candidate (<i>Include any nickname</i> .) Tracie Y. Tillman 9. Office Sought (<i>Include district number, if any, Not required for exploratory committee.</i>) Michigan City Common Council Ward 5 TYPE OF REPORT 11. Check one: Pre-Primary Pre-Election Annual Nomination Other Pre-Convention Post-Convention Post-Co				if applicable)		
Tracie Y. Tillman 9. Office Sought (Include district number, if any. Not required for exploratory committee.) Michigan City Common Council Ward 5 TYPE OF REPORT Convention Candidates Only Pre-Pinarry Pre-Election Annual Nomination Other Pre-Pinarry Pre-Convention Post-Convention Post-Con	CANDIDATE INFORMATION (For Candidate's C	ommitte	es Only)			
Michigan City Common Council Ward 5 TYPE OF REPORT 11. Check one: Pre-Primary Pre-Election Annual Nomination Other Pre-Convention Pre-C	· · · · · · · · · · · · · · · · · · ·			or if independen	t Candidate	
11. Check one: Pre-Primary Pre-Election Annual Nomination Other Pre-Primary Pre-Election Annual Nomination Other Pre-Convention Pre-Co	 Office Sought (Include district number, if any. Not required for exploratory committee.) Michigan City Common Council Ward 5 		•	dence		
Pre-Primary Pre-Election Annual Nomination Other Pre-Convention Pre-Convention Prost-Convention Prost-Conven	TYPE OF REPORT			CONVENTIO	N CANDIDATES ONLY	
Reporting Period (mm/dd/yy): From: 04/12/2019 Through: 10/18/2019	Pre-Primary Pre-Election Annual Nomination Other	lament of Orm	ankatian 1	Pre-Conv		
### From: 04/12/2019		ement of Org	anization.)			
14. Cash on hand and investments January 1, current year. CONTRIBUTIONS AND RECEIPTS	Reporting Period (mm/dd/yy): From: 04/12/2019 Through: 10/18/2019			-		
CONTRIBUTIONS AND RECEIPTS (Note: these amounts include in-kind contributions and loans, as well as cash contributions.) 15a. Itemized (Use Schedule A.) 15b. Unitemized 0.00 15c. Add lines 15a and 15b in both columns. SUBTOTAL 100.00 1100.00 15c. Add lines 15a and 15b in Column A and lines 14 and 15c in Column B. TOTAL -1,069.87 EXPENDITURES (Note: These amounts include in-kind expenditures and loan repayments.) 17a. Itemized (Use Schedule B.) (Public Question: use Schedule C.) 291.64 17b. Unitemized 0.00 0.00 17c. Add lines 17a and 17b in both columns. SUBTOTAL 291.64 18. Cash on hand and investments at close of this reporting period (Subtract 17c from 16 in both columns.) 10.00 1100.00 1100.00 10	13. Cash on hand and investments at the beginning of this reporting period.			-1,169.87		
(Note: these amounts include in-kind contributions and loans, as well as cash contributions.) 15a. Itemized (Use Schedule A.) 100.00 100.00 15b. Unitemized 0.00 0.00 15c. Add lines 15a and 15b in both columns. SUBTOTAL 100.00 100.00 16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B. TOTAL -1,069.87 -1,069.87 EXPENDITURES (Note: These amounts include in-kind expenditures and loan repayments.) 17a. Itemized (Use Schedule B.) (Public Question: use Schedule C.) 291.64 291.64 17b. Unitemized 0.00 0.00 17c. Add lines 17a and 17b in both columns. SUBTOTAL 291.64 291.64 18. Cash on hand and investments at close of this reporting period (Subtract 17c from 16 in both columns.) TOTAL -1,361.51 -1,361.51 19. Debts OWED BY the committee (Use Schedule D.) 0.00	14. Cash on hand and investments January 1, current year.				-1,169.87	
15a. Itemized (Use Schedule A.) 15b. Uniternized 100.00 15b. Uniternized 100.00 15c. Add lines 15a and 15b in both columns. SUBTOTAL 100.00 100.00 100.00 16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B. TOTAL 100.00 100	The second secon					
15b. Unitemized 0.00 0.00 15c. Add lines 15a and 15b in both columns. SUBTOTAL 100.00 100.00 16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B. TOTAL -1,069.87 -1,069.87 EXPENDITURES (Note: These amounts include in-kind expenditures and loan repayments.) 17a. Itemized (Use Schedule B.) (Public Question: use Schedule C.) 291.64 291.64 17b. Unitemized 0.00 0.00 17c. Add lines 17a and 17b in both columns. SUBTOTAL 291.64 291.64 18. Cash on hand and investments at close of this reporting period (Subtract 17c from 16 in both columns.) TOTAL -1,361.51 -1,361.51 19. Debts OWED BY the committee (Use Schedule D.)				100.00	400.00	
15c. Add lines 15a and 15b in both columns. 15c. Add lines 15a and 15b in both columns. 16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B. 15c. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B. 15c. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B. 15c. Add lines 15a and 15b in both columns and loan repayments.) 17c. Add lines 16d lines 17a and 17b in both columns. 17c. Add lines 17a and 17b in both columns						
16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B. CAPENDITURES (Note: These amounts include in-kind expenditures and loan repayments.) 17a. Itemized (Use Schedule B.) (Public Question: use Schedule C.) 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.) 19. Debts OWED BY the committee (Use Schedule D.)						
(Note: These amounts include in-kind expenditures and loan repayments.) 17a. Itemized (Use Schedule B.) (Public Question: use Schedule C.) 17b. Unitemized 17c. Add lines 17a and 17b in both columns. 18. Cash on hand and investments at close of this reporting period (Subtract 17c from 16 in both columns.) 19. Debts OWED BY the committee (Use Schedule D.)						
(Note: These amounts include in-kind expenditures and loan repayments.) 17a. Itemized (Use Schedule B.) (Public Question: use Schedule C.) 17b. Unitemized 17c. Add lines 17a and 17b in both columns. 18c. Cash on hand and investments at close of this reporting period (Subtract 17c from 16 in both columns.) 19c. Debts OWED BY the committee (Use Schedule D.) 17c. Add lines 17a and 17b in both columns. 17d L -1,361.51 19c. Debts OWED BY the committee (Use Schedule D.)		TOTAL		-1,069.87	-1,069.87	
17a. Itemized (Use Schedule B.) (Public Question: use Schedule C.) 17b. Unitemized 0.00 0.00 17c. Add lines 17a and 17b in both columns. SUBTOTAL 291.64 291.64 291.64 291.64 18. Cash on hand and investments at close of this reporting period (Subtrect 17c from 16 in both columns.) TOTAL -1,361.51 19. Debts OWED BY the committee (Use Schedule D.)						
17b. Unitermized 0.00 0.00 17c. Add lines 17a and 17b in both columns. SUBTOTAL 291.64 291.64 18. Cash on hand and investments at close of this reporting period (Subtract 17c from 16 in both columns.) TOTAL -1,361.51 19. Debts OWED BY the committee (Use Schedule D.) 0.00	<u> </u>			201.64	201.64	
17c. Add lines 17a and 17b in both columns. SUBTOTAL 291.64 18. Cash on hand and investments at close of this reporting period (Subtract 17c from 16 in both columns.) TOTAL -1,361.51 19. Debts OWED BY the committee (Use Schedule D.)						
18. Cash on hand and investments at close of this reporting period (Subtract 17c from 16 in both columns.) TOTAL -1,361.51 19. Debts OWED BY the committee (Use Schedule D.) 0.00		TOTAL				
19. Debts OWED BY the committee (Use Schedule D.)						
To be a summer from the summer		TOTAL		·	-1,361.51	
20. Debts OWED TO the committee (Use Schedule E.)						
	20. Debts OWED TO the committee (Use Schedule E.)			294.66		

CERTIFICATION I CERTIFY THAT I HAVE EXAMINED THIS STATEMENT. TO THE BEST OF MY KNOWLEDGE AND BELIEF IT IS TRUE, CORRECT AND COMPLETE. Date (mm/dd/yy) 10/18/2019 Signature of Treasurer Title Treasurer Date (mm/dd/yy) ர்ந்நு of Candidate (if applicable) 10/18/2019

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)

FOR OFFICE USE ONLY



State Form 4606 (R15 / 5-19) Indiana Election Division (IC 3-9-5-14)

(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	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS	COLUMN B CUMULATIVE	DATE RECEIVED (mm/dd/yy)
(street, number, city, state, ZIP code)	OR OTHER RECEIPT	PERIOD	YEAR-TO-DATE	RECEIVED BY
1.	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest Loan Miscellaneous (specify)			•
Contributor's Occupation (if required)				
2.	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest Loan Miscellaneous (specify)			
Contributor's Occupation (if required)				
3.	Contributions: Direct In-Kind (describe)			
Contributor's Occupation (if required)	Other Receipts: Interest Loan Miscellaneous (specify)			
4.	Contributions: Direct In-Kind (describe)			
Contributor's Conunction (# required)	Other Receipts: Interest Loan Miscellaneous (specify)			
Contributor's Occupation (if required)	Contributions:			
	Direct In-Kind (describe)			
	Other Receipts: Interest Loan Miscellaneous (specify)			
Contributor's Occupation (if required)				
1	THIS PAGE OF SCHEDULE A	\$ 0.00		
TOTAL OF ALL PAGES OF SCHEDULE A	A ON THE LAST PAGE ONLY 1 15a of the Summary Sheet.)	\$ 0.00		



State Form 4606 (R15 / 5-19) Indiana Election Division (IC 3-9-5-14)

(CFA-4 SCHEDULE A-2) CONTRIBUTIONS BY CORPORATIONS

Itemized Contributions and Other Receipts

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

FILE NUMBER				
Page	1	of	2_	

CONTRIBUTOR'S FULL NAME AND FULL MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED (mm/dd/yy) RECEIVED BY
Pleasant Hill Missionary Baptist Church 717 E. 10th St., Michigan City, IN 46360 Outreach Center	Contributions: Direct In-Kind (describe)			09/24/19
	Other Receipts: Interest Loan Miscellaneous (specify)	\$100.00		
2.	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest Loan Miscellaneous (specify)			
3.	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest Loan Miscellaneous (specify)			
4.	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest Loan Miscellaneous (specify)			
5.	Contributions: Direct In-Kind (describe)			
1	Other Receipts: Interest Loan Miscellaneous (specify)			
SUBTOTAL	THIS PAGE OF SCHEDULE A	\$ 100.00		
TOTAL OF ALL PAGES OF SCHEDULE (Enter total on ITE	A ON THE LAST PAGE ONLY M 15a of the Summary Sheet.)	\$ 100.00		



(CFA-4 SCHEDULE A-3) CONTRIBUTIONS BY LABOR ORGANIZATIONS

Itemized Contributions and Other Receipts

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

FILE NUMBER				
Page	1	of	3	

CONTRIBUTOR'S FULL NAME AND FULL MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED (mm/dd/yy) RECEIVED BY
1.	Contributions: Direct In-Kind (describe)	PENIOD	TEARTO-DATE	
	Other Receipts: Interest Loan Miscellaneous (specify)			
2.	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest Loan Miscellaneous (specify)			
3.	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest Loan Miscellaneous (specify)			
4.	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest Loan Miscellaneous (specify)			
5.	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest Loan Miscellaneous (specify)			
I and the second	THIS PAGE OF SCHEDULE A	\$ 0.00		
TOTAL OF ALL PAGES OF SCHEDULE (Enter total on ITEM	A ON THE LAST PAGE ONLY 1 15a of the Summary Sheet.)	\$ 100.00		



State Form 4606 (R15 / 5-19) Indiana Election Division (IC 3-9-5-14)

(CFA-4 SCHEDULE A-4) CONTRIBUTIONS BY POLITICAL ACTION COMMITTEES

Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY POLITICAL ACTION COMMITTEES ON THIS SCHEDULE. Please type or print legibly IN BLACK INK 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 political action committees OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All transfers-in and in-kind contributions regardless of amount from political action committees MUST be itemized on this schedule. All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee).

FILE NUMBER				
Page	1	of	4	

CONTRIBUTOR'S FULL NAME AND FULL MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED (mm/dd/yy) RECEIVED BY
1.	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest Loan Miscellaneous (specify)			
2.	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest Loan Miscellaneous (specify)			
3.	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest Loan Miscellaneous (specify)			
4.	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest Loan Miscellaneous (specify)			
5.	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest Loan Miscellaneous (specify)			
SUBTOTAL	THIS PAGE OF SCHEDULE A	\$ 0.00		L
TOTAL OF ALL PAGES OF SCHEDULE (Enter total on ITEI	A ON THE LAST PAGE ONLY If 15a of the Summary Sheet.)	\$ 100.00		



(CFA-4 SCHEDULE A-5) CONTRIBUTIONS BY OTHER ORGANIZATIONS

Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY ORGANIZATIONS OTHER THAN CORPORATIONS, LABOR ORGANIZATIONS, POLITICAL ACTION COMMITTEES AND INDIVIDUALS ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from other entities OVER \$100 per contributor, within a calendar year MUST be Itemized on this schedule (over \$200, if regular party committee). All transfers-in and in-kind contributions regardless of amount from candidate's, legislative caucus, and regular party committees MUST be itemized on this schedule. All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee).

FILE NUMBER				
Page _	1	of	5	

party commercial.			, ugu	
CONTRIBUTOR'S FULL NAME AND FULL MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED (mm/dd/yy) RECEIVED BY
1.	Contributions: Direct In-Kind (describe)	PENIOU	TEAR-10-DATE	
	Other Receipts: Interest Loan Miscellaneous (specify)			
2	Contributions: Direct In-Kind (describe)			
[Other Receipts: Interest Loan Miscellaneous (specify)			
3.	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest Loan Miscellaneous (specify)			
4.	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest Loan Miscellaneous (specify)			
5.	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest Loan Miscellaneous (specify)			
SUBTOTAL	THIS PAGE OF SCHEDULE A	\$ 0.00		
TOTAL OF ALL PAGES OF SCHEDULE (Enter total on ITE)	A ON THE LAST PAGE ONLY If 15a of the Summary Sheet.)	\$ 100.00		



State Form 4606 (R15 / 5-19) Indiana Election Division (IC 3-9-5-14)

(CFA-4 SCHEDULE B) ITEMIZED EXPENDITURES

**indStructions*: 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	6	

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 O Gordon Food Services 5400 Franklin St., Michigan City, IN	cases of water	☐ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other ☐	\$25.96		5/4/2019
46360		Purpose: campaign			
Code O IHOP Store #3064	Strategy Meeting	☑ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution	. #27 E0		E/A/2040
5225 Franklin St., Michigan City, IN 46360	meal	Other Purpose: campaign	\$37.50		5/4/2019
Code O NC Bank 301 West US Hwy 20	Bank	☑ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution	¢42.50		9/26/2010
chigan City, IN 46360		Other Purpose: Campaign Banking	\$13.50		8/26/2019
Code A The Beacher Business Printer	Advertising	☑ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution	*444.00		40/04/0040
911 Franklin St., PO Box 9175 Michigan City, IN 46360		Other Purpose: campaign handouts	\$114.68		10/01/2019
Code F Tap House	Venue	☐ Direct ☑ In-Kind ☐ Payment of Debt ☐ Returned Contribution			
2323 E. Michigan Blvd., Michigan City, IN 46360		Other Purpose: Campaign Fundraiser	\$0.00		10/10/2019
Code A La'Tonya Troutman	Advertising/Marketing	☐ Direct ☑ In-Kind ☐ Payment of Debt ☐ Returned Contribution			
PRfect Communication & Events Michigan City, IN 46360		Other Purpose: Campaign Fundraiser	\$0.00		10/10/2019
Code O PNC Bank 301 West US Hwy 20	Bank	☑ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other	\$100.00		10/15/2019
ichigan City, IN 46360		Purpose: Campaign Banking			
	SUBTOTAL THIS PAG		\$ 291.64		
TOTAL OF ALL PA	AGES OF SCHEDULE B ON TH (Enter total on ITEM 17a of t		\$ 291.64		



State Form 4606 (R15 / 5-19) Indiana Election Division (IC 3-9-5-14) (CFA-4 SCHEDULE C)
ITEMIZED EXPENDITURES
For Public Questions

ANSTRUCTIONS: 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	1	of	7		

		Page _	1of	7				
PUBLIC QUESTION INFORMATION								
Enter Text of Public Question.								
Type of Question: Statewide Local								
Position: Supported Opposed								
RECIPIENT'S NAME AND MAILING ADDRESS RECIPIENT'S OCCUPATION	TYPE OF EXPENDITURE	COLUMN A AMOUNT THIS	COLUMN B	DATE OF				
(street, number, city, state, ZIP code)	and PURPOSE (be specific)	PERIOD	CUMULATIVE YEAR-TO-DATE	EXPENDITURE (mm/dd/yy)				
Code	☐ Direct ☐ In-Kind							
	Payment of Debt							
	Returned Contribution Other							
	Purpose:							
		i		!				
Code	☐ Direct ☐ In-Kind							
Code	Payment of Debt							
	Returned Contribution Other							
	Purpose:							
Code	☐ Direct ☐ In-Kind							
	☐ Payment of Debt ☐ Returned Contribution							
	Other							
	Purpose:							
Code	☐ Direct ☐ In-Kind ☐ Payment of Debt							
	Returned Contribution							
	Other							
	Purpose:							
	☐ Direct ☐ In-Kind							
Code	Payment of Debt							
	Returned Contribution							
	Other Purpose:							
Code	☐ Direct ☐ In-Kind							
	Payment of Debt							
	Returned Contribution Other							
	Purpose:							
		·- -						
SUBTOTAL THIS PAG	i.	\$ 0.00						
TOTAL OF ALL PAGES OF SCHEDULE C ON TH (Enter total on ITEM 17a of t		\$ 0.00						



State Form 4606 (R15 / 5-19) 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	11	of	8		

CREDITOR'S OR LENDER'S NAME ENDORSER'S OR VENDOR AND MAILING ADDRESS AND MAILING ADDRESS		AMOUNT	DATE DEBT INCURRED	CUMULATIVE PAID	OUT:	STANDING ANCE THIS
(street, number, city, state, ZIP code)	(street, number, city, state, ZIP code)	NATURE OF DEBT	(mm/dd/yy)	YEAR-TO-DATE		ERIOD
		!				
LENGER'S OCCUPATION:						
LENDER'S OCCUPATION:						
	•					
					1	
LENDER'S OCCUPATION:						
LENDER'S OCCUPATION:					ļ	
				:		
LENDER'S OCCUPATION:						
	·					
LENDER'S OCCUPATION:						
ELECTION.						
			†			
•						
NOER'S OCCUPATION:					-	
		·		F SCHEDULE D	\$	0.00
	TOTAL OF ALI	PAGES OF SCHEDUL	E D ON THE LA	ST PAGE ONLY Summary Sheet.)	\$	0.00



(CFA-4 SCHEDULE E) DEBTS OWED TO THIS COMMITTEE

INSTRUCTIONS: Please type or print legibly **IN BLACK INK** all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. List all debts and loans, <u>regardless of the amount</u>, **OWED TO** the committee during the reporting period. Include all amounts the committee has loaned to others.

FILE NUMBER				
				
Page	1	of	9	

BORROWER'S NAME	CO-SIGNER'S NAME	ORIGINAL AMOUNT	DATE DEBT		
AND MAILING ADDRESS (street, number, city, state, ZIP code)	AND MAILING ADDRESS (if any) (street, number, city, state, ZIP code)	NATURE OF DEBT	INCURRED (mm/dd/yy)	PAID YEAR-TO-DATE	BALANCE THIS PERIOD
Tracie Tillman 1811 1/2 E. Michigan Blvd., PO Box 629 Michigan City, IN 46360	Gordon Food Services 5400 Franklin St., Michigan City, IN 46360	\$25.96	5/4/19		\$25.96
	7,000	water campaign	3/4/13		Ψ23.30
Tracie Tillman 1811 1/2 E. Michigan Blvd., PO Box 629	IHOP Store #3064 5225 Franklin St., Michigan City, IN 46360	\$37.50	5/4/19		\$37.50
Michigan City, IN 46360		Campaign strategy meeting	J		4 5 1 1 5 5
rracie Tillman 11 1/2 E. Michigan Blvd., PO Box	PNC Bank 301 West US Hwy 20	\$13.50	8/26/19		\$13.50
629 Michigan City, IN 46360	Michigan City, IN 46360	Campaign banking	0/20/19		Ψ15.50
Tracie Tillman 1811 1/2 E. Michigan Blvd., PO Box 629	The Beacher Business Printer 911 Franklin St., PO Box 9175 Michigan City, IN 46360	\$114.68	10/1/19		\$114.68
Michigan City, IN 46360		Advertising for Campaign			
Tracie Tillman 1811 1/2 E. Michigan Blvd., PO Box 629	PNC Bank 301 West US Hwy 20 Michigan City, IN 46360	\$100.00	- 10/15/19		\$100.00
Michigan City, IN 46360	,	Campaign Banking			
SUBTOTAL THIS PAGE OF SCHEDULE E					\$ 291.64
TOTAL OF ALL PAGES OF SCHEDULE E ON THE LAST PAGE ONLY (Enter total on ITEM 20 of the Summary Sheet.)					\$ 291.64

EPORT OF RECEIPTS AND EXPENDITURES

A POLITICAL COMMITTEE

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

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

IS THIS AN AMENDMENT? ☐ Yes No 10 **COMMITTEE INFORMATION** 1. Full Name of Committee (as on Statement of Organization) Check if this is a new name. Tracie Tillman For 5th Ward 2. Acronym or Abbreviated Name (if any) 3. Committee Telephone Number (219) 2624353 4. Mailing Address (Address where all campaign finance correspondence is received.) Check if this is a new address. 1811 1/2 E. Michigan Blvd., P.O. Box 629 6. Party Affiliation (if applicable) 5. City, State, ZIP Code Michigan City, Indiana 46360 Democratic CANDIDATE INFORMATION (For Candidate's Committees Only) 7. Full Name of Candidate (Include any nickname.) 8. Party Affiliation or If Independent Candidate Tracie Y. Tillman 9. Office Sought (Include district number, if any. Not required for exploratory committee.) 10. County of Residence TYPE OF REPORT CONVENTION CANDIDATES ONLY 11. Check one: Check one: Pre-Primary Pre-Election Annual Nomination Other Pre-Convention Post-Convention Final / Disbands Committee (Lines 18, 19, and 20 must be "0".) Outgoing Treasurer (Within ten (10) days amend Statement of Organization.) 12. Reporting Period (mm/dd/yy): COLUMN A COLUMN B This Period Year to Date Through: 12/31/2019 10/18/2019 -1361.51 13. Cash on hand and investments at the beginning of this reporting period. -1361.51 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.) 460.10 460.10 15a. Itemized (Use Schedule A.) 15b. Unitemized SUBTOTAL 460.10 460.10 15c. Add lines 15a and 15b in both columns. 16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B. TOTAL -904.41 **EXPENDITURES** (Note: These amounts include in-kind expenditures and loan repayments.) 499.34 499.34 17a. Itemized (Use Schedule B.) (Public Question: use Schedule C.) 17b. Unitemized 499.34 499.37 SUBTOTAL 17c. Add lines 17a and 17b in both columns. TOTAL \$-1400.75 0.00 18. Cash on hand and investments at close of this reporting period (Subtract 17c from 16 in both columns.) \$-1400.75 19. Debts OWED BY the committee (Use Schedule D.)

CERTIFICATION

I CERTIFY THAT I HAVE EXAMINED THIS STATEMENT. TO THE BEST OF MY KNOWLEDGE AND BELIEF IT IS TRUE, CORRECT AND COMPLETE.

ignature of Treasurer

Title: Treasurer

Date (mm/dd/yy)

- 5-20

Date (mm/dd/yy)

Pate (mm/dd/yy)

20. Debts OWED TO the committee (Use Schedule E.)

FOR OFFICE USE ONLY

\$0.00

TOTAL PAGES IN ENTIRE CFA-4 REPORT

12:02 PM 1-15-2020 OMN M,C'



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

NSTRUCTIONS: 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				
		<u></u>		
Page _	1	of	1	_

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 RECEIVE (mm/dd/yy) RECEIVED BY
1.	Contributions: Direct	\$100.00		
	In-Kind (describe)			10/15/19
Sheila Matias				
	Other Receipts: Interest Loan Miscellaneous (specify)			
Contributor's Occupation (if required)				
2. Kae Estes-Stewart LaPorte IN 46360	Contributions: Direct In-Kind (describe)	\$50.00		10/18/19
	Other Receipts: Interest Loan Miscellaneous (specify)			
Contributor's Occupation (if required)		\$50.00		10/21/19
3. Mr. And Mrs. David Ashley Michigan City IN 46360	Contributions: Direct In-Kind (describe) Other Receipts: Interest Loan Miscellaneous (specify)			
Contributor's Occupation (if required)				
4. Tracie Tillman 1811 ½ E Michigan Blvd., PO Box 629 Michigan City , IN 46360	Contributions: Direct In-Kind (describe) Other Receipts: Interest Loan	\$150.00		10/28/19
Contributor's Occupation (if required)	Miscellaneous (specify)			
5. Tracie Tillman 1811 E. Michigan Blvd, PO Box 629 Michigan City IN 46360	Contributions: Direct In-Kind (describe)	\$110.61		
Contributor's Occupation (if required)	Other Receipts: Interest Loan Miscellaneous (specify)			11/2/19
SUBTOTAL	THIS PAGE OF SCHEDULE A	\$460.61		



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

(CFA-4 SCHEDULE A-2) CONTRIBUTIONS BY CORPORATIONS

Itemized Contributions and Other Receipts

TRUCTIONS: LIST ONLY CONTRIBUTIONS BY CORPORATIONS ON THIS SCHEDULE. Please type or print legibly IN GLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from corporations OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee).

	FILE NUMBER			
	<u>.</u>			
Page	1	of	2	

L				<u> </u>	
	CONTRIBUTOR'S FULL NAME AND FULL MAILING ADDRESS	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS	COLUMN B	DATE RECEIVED (mm/dd/yy)
	(street, number, city, state, ZIP code)		PERIOD	YEAR-TO-DATE	RECEIVED BY
1.	(Street, number, City, State, 217 Code)	Contributions: Direct In-Kind (describe)	LINGS		
		Other Receipts: Interest Loan Miscellaneous (specify)			
1					
2.		Contributions: Direct In-Kind (describe)			
		Other Receipts: Interest Loan Miscellaneous (specify)			
		Contributions: Direct In-Kind (describe)			
		Other Receipts: Interest Loan Miscellaneous (specify)			
4.		Contributions: Direct In-Kind (describe)			
		Other Receipts: Interest Loan Miscellaneous (specify)			
5.		Contributions: Direct In-Kind (describe)			
		Other Receipts: Interest Loan Miscellaneous (specify)			
	CUDTATA	L THIS PAGE OF SCHEDULE A	\$0.00		
<u></u>	TOTAL OF ALL PAGES OF SCHEDUL	E A ON THE LAST PAGE ONLY	40.00		
	(Enter total on II	EM 15a of the Summary Sheet.)	<u>. </u>		



(CFA-4 SCHEDULE A-3) CONTRIBUTIONS BY LABOR ORGANIZATIONS

Itemized Contributions and Other Receipts

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

FILE NUMBER				
Page _	1 of	3		

	CONTRIBUTOR'S FULL NAME AND FULL MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED (mm/dd/yy) RECEIVED BY
1.		Contributions: Direct In-Kind (describe)			
		Other Receipts: Interest Loan Miscellaneous (specify)			
2.		Contributions: Direct In-Kind (describe)			
		Other Receipts: Interest Loan Miscellaneous (specify)			
3.		Contributions: Direct In-Kind (describe)			
		Other Receipts: Interest Loan Miscellaneous (specify)			
4.		Contributions: Direct In-Kind (describe)			
		Other Receipts: Interest Loan Miscellaneous (specify)			
5.		Contributions: Direct In-Kind (describe)			
		Other Receipts: Interest Loan Miscellaneous (specify)			
-		THIS PAGE OF SCHEDULE A	\$0.00		
	TOTAL OF ALL PAGES OF SCHEDULE	A ON THE LAST PAGE ONLY	\$		



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

(CFA-4 SCHEDULE A-4) CONTRIBUTIONS BY POLITICAL ACTION COMMITTEES

Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY POLITICAL ACTION COMMITTEES ON THIS SCHEDULE. Please type or print legibly IN BLACK INK 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 political action committees OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All transfers-in and in-kind contributions regardless of amount from political action committees MUST be itemized on this schedule. All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee).

	FILE	NUMBE	R
			•
Page	1	of	4

CONTRIBUTOR'S FULL NAME AND FULL MAILING ADDRESS	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED (mm/dd/yy) RECEIVED BY
(street, number, city, state, ZIP code)	Contributions: Direct In-Kind (describe) Other Receipts:	PERIOD	YEAR-TO-DATE	NEOENES S,
	Interest Loan Miscellaneous (specify)			
2.	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest Loan Miscellaneous (specify)			
3.	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest Loan Miscellaneous (specify)			
4.	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest Loan Miscellaneous (specify)			
5.	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest Loan Miscellaneous (specify)			
SUBTOTAL	THIS PAGE OF SCHEDULE A	\$0.00		
TOTAL OF ALL PAGES OF SCHEDULE (Enter total on ITE)	A ON THE LAST PAGE ONLY If 15a of the Summary Sheet.)	\$		



(CFA-4 SCHEDULE A-5) CONTRIBUTIONS BY OTHER ORGANIZATIONS

Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY ORGANIZATIONS OTHER THAN CORPORATIONS, LABOR ORGANIZATIONS, POLITICAL ACTION COMMITTES AND INDIVIDUALS ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from other entities OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All transfers-in and in-kind contributions regardless of amount from candidate's, legislative caucus, and regular party committees MUST be itemized on this schedule. All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee).

FILE NUMBER				
Page	1	of	5	

pany committee).				• 11
CONTRIBUTOR'S FULL NAME AND FULL MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED (mm/dd/yy) RECEIVED BY
1.	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest Loan Miscellaneous (specify)			
2.	Contributions: Direct In-Kind (describe)			
1	Other Receipts: Interest Loan Miscellaneous (specify)			
3.	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest Loan Miscellaneous (specify)			
4.	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest Loan Miscellaneous (specify)			
5.	Contributions: Direct In-Kind (describe)			
1	Other Receipts: Interest Loan Miscellaneous (specify)			
SUBTOTAL	THIS PAGE OF SCHEDULE A	\$0.00		
TOTAL OF ALL PAGES OF SCHEDULE (Enter total on ITER	A ON THE LAST PAGE ONLY I 15a of the Summary Sheet.)	\$460.61		



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

(CFA-4 SCHEDULE B) ITEMIZED EXPENDITURES

.3TRUCTIONS: 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 _6	

DECIDIENTS NAME AND MAILING ADDRESS	RECIPIENT'S OCCUPATION	TYPE OF EXPENDITURE	COLUMNIA	COLUMNIA	2475.05
RECIPIENT'S NAME AND MAILING ADDRESS (street, number, city, state, ZIP code)	OFFICE SOUGHT (if applicable)	and PURPOSE (be specific)	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE OF EXPENDITURE
		FUNFOSE (be specific)		TEAR-TO-DATE	(mm/dd/yy)
Code O	Bank	☑ Direct ☐ In-Kind	13.50		08/26/19
PNC Bank 301 West US Hwy 20		Payment of Debt Returned Contribution			
Michigan City, IN 46360		Other			
		Purpose:			
Code _ A	Advertising	☑ Direct ☐ In-Kind	107.18		10/01/19
		Payment of Debt			
The Beacher Business Printer		Returned Contribution Other			
911 Franklin St., PO Box 9175		Purpose:			
Michigan City, IN 46360					10115110
Code	Bank	Direct In-Kind	100.00		10/15/19
PNC Bank 301 West US Hwy 20		Payment of Debt Returned Contribution			
ichigan City, IN 46360		Other			
		Purpose:	•		
	Scotty's Dynamic	☑ Direct ☐ In-Kind	\$68.48		10/21/19
Code _A_ I	Design LLC	Payment of Debt	·		
		Returned Contribution Other			
		Purpose: Fundraiser			
· · · · · · · · · · · · · · · · · · ·			74.00		40/00/40
CodeF	Campaign	☑ Direct ☐ In-Kind	71.99		10/23/19
Meijer		Payment of Debt Returned Contribution			
5150 Franklin St.		☐ Other			
Michigan City, IN 46360		Purpose: fundralser			
0.4. 5	Campaign	☑ Direct ☐ In-Kind	22.09		10/23/19
Code F		Payment of Debt			
		Returned Contribution Other			
		Purpose: Fundraiser			
					40404445
CodeF		Direct In-Kind	\$116.10		10/31/19
Meljer		Payment of Debt Returned Contribution			
5150 Franklin St.		☑ Other			
Michigan City IN 46360		Purpose:			
	SUBTOTAL THIS PAG		\$499.34		
TOTAL OF ALL PA	AGES OF SCHEDULE B ON THE				
	(Enter total on ITEM 17a of t	ne Summary Sneet.)	L		



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

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

TRUCTIONS: 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	1_	of	8	_

			Page	1 of	8
	PUBLIC QUESTION	INFORMATION			
Enter Text of Public Question.					
Type of Question: Statewide Lo					
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)
Code		☐ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other Purpose:			
Code		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:			
Code		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:			
Code		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:			
Code		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:			
Code		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:			
	SUBTOTAL THIS PAG		\$		
	OF SCHEDULE C ON THE		\$		
(E	nter total on ITEM 17a of ti	ne Summary Sneet.)			



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

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

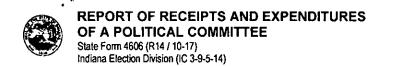
TRUCTIONS: Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. List all debts and loans, <u>regardless of the amount</u>, **OWED BY** the committee during the reporting period. Include all amounts 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 N	NUMBER	
			r
Page _	1	of	9

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
(Street, number, City, State, 21r code)		NATURE OF DEBT			
	See receipts	Campaign	\$499.34	10/01/2019	12/31/2019
Tracle Tillman 1811 % E Michlgan blvd Michigan City IN 46360				•	
	,				
LENDER'S OCCUPATION:	<u> </u>				
		-			
		-			
LENDER'S OCCUPATION:		· -			
1					
				•	
LENDER'S OCCUPATION:		<u> </u>	<u> </u>	-	
	·		•		
	-				
			İ		
		. P			
LENDER'S OCCUPATION:					
·	<u>:</u>				!
				'	
		,	•		
LENDER'S OCCUPATION:					
		-			
				1	
LENDER'S OCCUPATION:					
	.	•			
			-		
I	,				
LENDER'S OCCUPATION:					
		SUBTOTA	L THIS PAGE C	F SCHEDULE D	\$.
· · · · · · · · · · · · · · · · · · ·	TOTAL OF ALL	L DAGES OF SCHEDU	ED ON THE LA	ST DAGE ONLY	\$
	TOTAL OF AL	L PAGES OF SCHEDUL	ED ON THE LA	ST PAGE UNLY	l <u> </u>

(Enter total on ITEN	// 19 of the	Summary	Sheet.)
----------------------	--------------	---------	---------

..,



(CFA-4 SCHEDULE E) DEBTS OWED TO THIS COMMITTEE

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. List all debts and loans, <u>regardless of the amount</u>, **OWED TO** the committee during the reporting period. Include all amounts the committee has loaned to others.

	FILE	NUMBE	R	
Page	1	of	10	

BORROWER'S NAME AND MAILING ADDRESS (street, number, city, state, ZIP code)	CO-SIGNER'S NAME AND MAILING ADDRESS (if any) (street, number, city, state, ZIP code)	ORIGINAL AMOUNT	DATE DEBT INCURRED (mm/dd/yy)	CUMULATIVE PAID YEAR-TO-DATE	OUTSTANDING BALANCE THIS PERIOD	
, , , , , , , , , , , , , , , , , , , ,		NATURE OF DEBT				
	;					
l						
			-			
				,		
				1		
					:	
			Į			
]			
				1		
SUBTOTAL THIS PAGE OF SCHEDULE E						
	TOTAL OF	ALL PAGES OF SCHEDU	LE E ON THE LA	ST PAGE ONLY	\$	
TOTAL OF ALL PAGES OF SCHEDULE E ON THE LAST PAGE ONLY (Enter total on ITEM 20 of the Summary Sheet.)						



REPORT OF RECEIPTS AND EXPENDITURES

OF A POLITICAL COMMITTEE

State Form 4606 (R15 / 5-19) Indiana Election Division (IC 3-9-5-14)

(CFA-4) **Summary Sheet**

5050

31	NI	W	BE	R

TRUCTIONS: Please type or print legibly IN BLACK INK all information on this form. For sistance in completing this form, see instructions on the recommendation on this form.

__sistance in completing this form, see instructions on the reverse side.

IS THIS AN AMENDMENT?

√ Yes No

TOTAL PAGES IN ENTIRE CFA-4 REPORT

18.

COMMITTEE INFORMATION					
1. Full Name of Committee (as on Statement of Organization)					
2. Acronym or Abbreviated Name (if any) 3. Comm (219			hone Number -4353	•	
4. Mailing Address (Address where all campaign finance correspondence is received.) 1811 1/2 E. Michigan Blvd., PO Box 629	Check if this	s is a new a	iddress.		
5. City, State, ZIP Code Michigan City, Indiana 46360	6. Party / Demo		f applicable)	-	
CANDIDATE INFORMATION (For Candidate's C	ommittee	es Only)			
7. Full Name of Candidate (Include any nickname.) Tracie Y. Tillman	1	Affiliation o	r If Independent	t Candidate	
9. Office Sought (Include district number, if any. Not required for exploratory committee.) Michigan City Common Council Ward 5	10. Cour LaPoi	nty of Resid rte	lence		
TYPE OF REPORT			CONVENTION	I CANDIDATES ONLY	
11. Check one: Pre-Primary Pre-Election Annual Nomination Other			Check one:		
Final / Disbands Committee (Lines 18, 19, and 20 must be "0".) Utgoing Treasurer (Within ten (10) days amend Sta	tement of Organ	nization.)	Post-Conv	vention	
12. Reporting Period (mm/dd/yy): m: 10/18/2019			UMN A Period	COLUMN B Year to Date	
. Cash on hand and investments at the beginning of this reporting period.			-1,361.51		
14. Cash on hand and investments January 1, current year.				0.00	
CONTRIBUTIONS AND RECEIPTS					
(Note: these amounts include in-kind contributions and loans, as well as cash contributions.)			400.40	560.10	
15a. Itemized (Use Schedule A.)			460.10	560.10	
15b. Unitemized ,	TOTAL		460.10	560.10	
Tool / Not miles for unit (0) in our miles	TOTAL		-901.41	560.10	
16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B.	TOTAL		-901.41	300.10	
EXPENDITURES (Note: These amounts include in kind expenditures and lean repayments)					
(Note: These amounts include in-kind expenditures and loan repayments.) 17a. Itemized (Use Schedule B.) (Public Question: use Schedule C.)			499.39	1,960.85	
17a. Itemized (Use Scriedule B.) (Public Question, use Scriedule C.)			0.00	0.00	
	BTOTAL		499.34	1,960.85	
18. Cash on hand and investments at close of this reporting period (Subtract 17c from 16 in both columns.)	TOTAL		-1,400.75	-1,400.75	
	TOTAL		-1,400.75	.,	
19. Debts OWED BY the committee (Use Schedule D.)			0.00		
20. Debts OWED TO the committee (Use Schedule E.)			0.00	<u>. </u>	

FOR OFFICE USE ONLY

CER	TIFICATION	
I CERTIFY THAT I HAVE EXAMINED THIS STATEMENT, TO THE BES	ST OF MY KNOWLEDGE AND BELIEF IT IS TRUE, CO	ORRECT AND COMPLETE.
Signature of Treasurer Macie allman	Title Treasure	Date (mm/dd/h/h)
'gnature of Candidate (if Stationale)		Date (mm/dd/vv) - 3/ - 3030

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)



State Form 4606 (R15 / 5-19) Indiana Election Division (IC 3-9-5-14)

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

Itemized Contributions and Other Receipts

*NSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY INDIVIDUALS ON THIS SCHEDULE. Please type or print legibly IN 3LACK 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	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS	COLUMN B CUMULATIVE	DATE RECEIVED (mm/dd/yy)
(street, number, city, state, ZIP code)		PERIOD	YEAR-TO-DATE	RECEIVED BY
1. Sheila Matias	Contributions: Direct In-Kind (describe)			10/15/19
	Other Receipts: Interest Loan Miscellaneous (specify)	\$100.00	\$100.00	
Contributor's Occupation (# required)	Contributions.			
² Kae Estes-Stewart	Contributions: Direct In-Kind (describe)			10/18/19
	Other Receipts: Interest Loan Miscellaneous (specify)	\$50.00	\$50.00	
Contributor's Occupation (if required)				
* Mr. and Mrs. David Ashley	Contributions: Direct In-Kind (describe)			10/21/19
	Other Receipts: Interest Loan Miscellaneous (specify)	\$50.00	\$50.00	
Contributor's Occupation (if required)	Contributions:			
^{4.} Tracie Tillman 1811 1/2 E. Michigan Blvd., PO Box 629 Michigan City, IN 46360	Direct In-Kind (describe)			10/28/19
	Other Receipts: Interest Loan Miscellaneous (specify)	\$150.00	\$150.00	
Contributor's Occupation (if required)		_		
5. Tracie Tillman 1811 1/2 E. Michigan Blvd., PO Box 629 Michigan City, IN 46360	Contributions: Direct In-Kind (describe)			11/2/19
Contributor's Occupation (if required)	Other Receipts: Interest Loan Miscellaneous (specify) Meijer	\$110.16	\$260.61	
SUBTOTAL	THIS PAGE OF SCHEDULE A	\$ 460.61		
TOTAL OF ALL PAGES OF SCHEDULE (Enter total on ITER	A ON THE LAST PAGE ONLY If 15a of the Summary Sheet.)	\$		



State Form 4606 (R15 / 5-19) Indiana Election Division (IC 3-9-5-14)

(CFA-4 SCHEDULE A-2) CONTRIBUTIONS BY CORPORATIONS

Itemized Contributions and Other Receipts

TRUCTIONS: LIST ONLY CONTRIBUTIONS BY CORPORATIONS ON THIS SCHEDULE. Please type or print legibly IN ACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from corporations OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee).

FILE NUMBER				
Page	1	of	2	

<u> </u>	-			
CONTRIBUTOR'S FULL NAME AND FULL MAILING ADDRESS	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS	COLUMN B CUMULATIVE	DATE RECEIVED (mm/dd/yy) RECEIVED BY
(street, number, city, state, ZIP code)		PERIOD	YEAR-TO-DATE	KEVEVEVEN
1.	Contributions:			
	Direct			
	n-Kind (describe)			
	Other Receipts: Interest Loan			
	Miscellaneous (specify)		,	
	iniscenaneous (specny)			
2.	Contributions:			
	Direct			
	n-Kind (describe)			,
	Other Receipts:			
	☐ Interest ☐ Loan	•		
	Miscellaneous (specify)			
	Contributions:			
	Direct			
	In-Kind (describe)			
	Other Receipts:			
	Interest Loan			
	Miscellaneous (specify)			
				·
4.	Contributions:			
	☐ In-Kind (describe)			
	I I I I I I I I I I I I I I I I I I I			
	Other Receipts: Interest Loan			
	Miscellaneous (specify)			
	ivisoelianeous (spacity)			
5.	Contributions:			
	Direct			
	☐ In-Kind (describe)	1		
	Other Receipts:			
	☐ Interest ☐ Loan			
	Miscellaneous (specify)			
1				
	L THE DACE OF COUEDING A			
	L THIS PAGE OF SCHEDULE A	\$		
TOTAL OF ALL PAGES OF SCHEDUL	E A ON THE LAST PAGE ONLY EM 15a of the Summary Sheet.)	\$		
TEINER TOTAL OIL IT	Lin 100 of the outlineary offeet.)			



(CFA-4 SCHEDULE A-3) CONTRIBUTIONS BY LABOR ORGANIZATIONS

Itemized Contributions and Other Receipts

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

FILE NUMBER				
Page _	1	of	3	_

	CONTRIBUTOR'S FULL NAME AND	TYPE OF CONTRIBUTION	COLUMN A	COLUMN B	DATE RECEIVED
	FULL MAILING ADDRESS	OR OTHER RECEIPT	AMOUNT THIS	CUMULATIVE	(mm/dd/yy)
	(street, number, city, state, ZIP code)		PERIOD	YEAR-TO-DATE	RECEIVED BY
1.		Contributions: Direct			
		In-Kind (describe)	•		
		Other Receipts:			
		☐ Interest ☐ Loan ☐ Miscellaneous (specify)			
2.		Contributions:			
Z.		Direct		!	
		☐ In-Kind (describe)			
		Other Receipts:			
		Miscellaneous (specify)			
,					
1		Contributions:			
3.		Direct			
		☐ In-Kind (describe)			
<u> </u>	,				
		Other Receipts: Interest Loan			
		Miscellaneous (specify)			
					:
4.		Contributions:			
"		Direct			
		In-Kind (describe)			
					<u></u>
		Other Receipts: Interest Loan			İ
		Miscellaneous (specify)			
5.		Contributions:			
		Direct		ļ	
		In-Kind (describe)			
		Other Receipts:			
		Interest Loan			
		Miscellaneous (specify)			
	SUBTOTAL	THIS PAGE OF SCHEDULE A	\$		
	TOTAL OF ALL PAGES OF SCHEDULE	A ON THE LAST PAGE ONLY	\$		
1	(Enter total on ITEI	If 15a of the Summary Sheet.)	*		



(CFA-4 SCHEDULE A-4) CONTRIBUTIONS BY POLITICAL ACTION COMMITTEES

Itemized Contributions and Other Receipts

...STRUCTIONS: LIST ONLY CONTRIBUTIONS BY POLITICAL ACTION COMMITTEES 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 political action committees OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All transfers-in and in-kind contributions regardless of amount from political action committees MUST be itemized on this schedule. All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee).

FILE NUMBER				
Page	1	of	4	

	CONTRIBUTOR'S FULL NAME AND FULL MAILING ADDRESS	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A	COLUMN B	DATE RECEIVED (mm/dd/yy)
	(street, number, city, state, ZIP code)		PERIOD	YEAR-TO-DATE	RECEIVED BY
1.		Contributions: Direct In-Kind (describe)			
		Other Receipts: Interest Loan Miscellaneous (specify)			
2.		Contributions: Direct In-Kind (describe)			
		Other Recelpts: Interest Loan Miscellaneous (specify)			
3.		Contributions: Direct In-Kind (describe)			
		Other Recelpts: Interest Loan Miscellaneous (specify)			
4.		Contributions: Direct In-Kind (describe)			
		Other Receipts: Interest Loan Miscellaneous (specify)			
5.		Contributions: Direct In-Kind (describe)			
		Other Receipts: Interest Loan Miscellaneous (specify)			
	SUBTOTAL	THIS PAGE OF SCHEDULE A	\$		
	TOTAL OF ALL PAGES OF SCHEDULE (Enter total on ITER	A ON THE LAST PAGE ONLY If 15a of the Summary Sheet.)	\$		



(CFA-4 SCHEDULE A-5) CONTRIBUTIONS BY OTHER ORGANIZATIONS

Itemized Contributions and Other Receipts

...STRUCTIONS: LIST ONLY CONTRIBUTIONS BY ORGANIZATIONS OTHER THAN CORPORATIONS, LABOR ORGANIZATIONS, POLITICAL ACTION COMMITTEES AND INDIVIDUALS ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from other entities OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All transfers-in and in-kind contributions regardless of amount from candidate's, legislative caucus, and regular party committees MUST be itemized on this schedule. All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee).

FILE NUMBER				
				-
Page	1	of	5	

				<u> </u>
CONTRIBUTOR'S FULL NAME AND FULL MAILING ADDRESS	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS	COLUMN B CUMULATIVE	DATE RECEIVED (mm/dd/yy)
(street, number, city, state, ZIP code)		PERIOD	YEAR-TO-DATE	RECEIVED BY
1.	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest Loan Miscellaneous (specify)			
2.	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest Loan Miscellaneous (specify)			
3.	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest Loan Miscellaneous (specify)			
4.	Contributions: Direct In-Kind (describe)			
	Other Recelpts: Interest Loan Miscellaneous (specify)			
5.	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest Loan Miscellaneous (specify)			
SUBTOTAL	THIS PAGE OF SCHEDULE A	\$		
TOTAL OF ALL PAGES OF SCHEDULE A	A ON THE LAST PAGE ONLY 1 15a of the Summary Sheet.)	\$		



(CFA-4 SCHEDULE B)
ITEMIZED EXPENDITURES

State Form 4606 (R15 / 5-19) Indiana Election Division (IC 3-9-5-14)

**STRUCTIONS: Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this redule, 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 perty 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	6		

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)
PNC Bank 301 West US Hwy 20 Michigan City, IN 46360	Banking	Direct In-Kind Payment of Debt Returned Contribution Other Purpose: campaign	\$13.50	\$113.50	8/26/19
Code A The Beacher Business Printer 911 Franklin St., PO Box 9175 Michigan City, IN 46360	Advertising	Direct In-Kind Payment of Debt Returned Contribution Other Purpose: campaign	\$107.18	\$221.86	10/1/19
PNC Bank 301 West US Hwy 20 chigan City, IN 46360	Banking	Direct In-Kind Payment of Debt Returned Contribution Other Purpose: campaign	\$100.00	\$213.50	10/15/19
Scotty's Dynamic Designs LLC Franklin St. Michigan City, IN 46360	Advertising	✓ Direct □ In-KInd □ Payment of Debt □ Returned Contribution □ Other □ Purpose: trophy	\$68.48	\$68.48	10/21/19
Code F Meijer 5150 Franklin St. Michigan City, IN 46360	Grocery Store	☑ Direct ☐ tn-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other Purpose:	\$71.99	\$71.99	10/23/19
GFS Franklin St. Michigan City, IN 46360	Gordon Food Services	☑ Direct	\$22.09	\$22.09	10/23/19
Meijer 5150 Franklin St. Michigan City, IN 46360	Grocery Store	Direct In-Kind Payment of Debt Returned Contribution Other Purpose: campaign misc.	\$116.10	\$188.09	10/31/19
SUBTOTAL THIS PAGE OF SCHEDULE B			\$ 499.34		
TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY (Enter total on ITEM 17a of the Summary Sheet.)			\$		



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

(CFA-4 SCHEDULE B) ITEMIZED EXPENDITURES

itructions: Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this unedule, 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	7		

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)
CodeF_ Tap House 23213 E. Michigan Blvd. Michigan City, IN 46360	Venue	Direct In-Kind Payment of Debt Returned Contribution Other Purpose: Campaign			11/4/19
Code		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:			
Code	•	Direct In-Kind Payment of Debt Returned Contribution Other Purpose:			
Code		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:	,		
Code		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:			
Code		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:			
Code		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:			
SUBTOTAL THIS PAGE OF SCHEDULE B					
TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY (Enter total on ITEM 17a of the Summary Sheet.)					



State Form 4606 (R15 / 5-19) Indiana Election Division (IC 3-9-5-14)

'NSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this schedule. For assistance in ompleting 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.

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

FILE NUMBER					
Page	1	of	8		

		·	Page _	1of	8
Enter Text of Public Question.	PUBLIC QUESTION	NINFORMATION			
Type of Question: Statewide Lo Position: Supported Dpposed					
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)
Code		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:			
Code		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:			
Code		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:			
Code		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:			
Code		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:			
Code		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:			
	SUBTOTAL THIS PAG		\$ 0.00		
	OF SCHEDULE C ON THE		\$		



State Form 4606 (R15 / 5-19) Indiana Election Division (IC 3-9-5-14)

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

TRUCTIONS: Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this ledule, 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	1	of	9	

AND MAILING ADDRESS AND MAILING ADDRESS (if any	ENDORSER'S OR VENDOR'S NAME	AMOUNT	DATE DEBT INCURRED	CUMULATIVE PAID	OUTSTANDING BALANCE THIS
(street, number, city, state, ZIP code)	(street, number, city, state, ZIP code)	NATURE OF DEBT	(mm/dd/yy)	YEAR-TO-DATE	PERIOD
Tracie Tillman 1811 1/2 E. Michigan Blvd., PO Box 629	see receipts	\$499.37	12/31/2019	\$499.34	\$499.34
Michigan City, IN 46360		Campaign		·	
LENDER'S OCCUPATION:					
LENDER'S OCCUPATION:					
ı					
LENDER'S OCCUPATION:		<u> </u>			
LENDER'S OCCUPATION:					
A COPTION AND IN TAIL					
LENDER'S OCCUPATION:					
I CAPTRO COORDATION					
LENDER'S OCCUPATION:					
		<u></u>	_		
ADITIVE OCCUPATION					
SUBTOTAL THIS PAGE OF SCHEDULE D					
	TOTAL OF ALL	PAGES OF SCHEDUL (Enter total on I		ST PAGE ONLY summary Sheet.)	\$ 499.34



(CFA-4 SCHEDULE E) DEBTS OWED TO THIS COMMITTEE

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. List all debts and loans, regardless of the amount, OWED TO the committee during the reporting period. Include all amounts the committee has loaned to others.

FILE NUMBER				
		•		
Page	_ 1	of	10	

BORROWER'S NAME AND MAILING ADDRESS (street, number, city, state, ZIP code)	CO-SIGNER'S NAME AND MAILING ADDRESS (if any) (street, number, city, state, ZIP code)	ORIGINAL AMOUNT	DATE DEBT INCURRED (mm/dd/yy)	CUMULATIVE PAID YEAR-TO-DATE	OUTSTANDING BALANCE THIS PERIOD
	-				
		-			
ļ					
SUBTOTAL THIS PAGE OF SCHEDULE E					
	TOTAL OF	ALL PAGES OF SCHEDU	LE E ON THE LA		\$

State Form 4606 (R15 / 5-19) Indiana Election Division (IC 3-9-5-14)

(CFA-4) **Summary Sheet**

FILE NUMBER

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

TOTAL PAGES IN ENTIRE CFA-4 REPORT 14

sistance in completing this form, see instructions on the reverse side.	- A Alubuk	COUF TOTAL	PAGES IN ENTIR	E CFA-4 REPORT
IS THIS AN AMENDMENT? Yes No	ORTE SUPERIOR		14,	E CFA-4 REPORT
COMMITTEE INFOR				
	this is a new na			L
Tracie Tillman For 5th Ward	JIIS IS A NEW III	arrie.		
2. Acronym or Abbreviated Name (if any)		3. Committee Te	lephone Number	
f .		(219) 2	62-4353	
4. Mailing Address (Address where all campaign finance correspondence is received 1811 1/2 E. Michigan Blvd., PO Box 629	<i>i.)</i> 🗌 CI	neck if this is a ne	w address.	
5. City, State, ZIP Code		6. Party Affiliatio		
Michigan City, Indiana 46360		Democratic		
CANDIDATE INFORMATION (For Car	ndidate's Co	mmittees Only	/)	
7. Full Name of Candidate (Include any nickname.)	Ì	•	n or If Independent	Candidate
Tracie Y. Tillman		Democration		
 Office Sought (Include district number, if any. Not required for exploratory communication) Michigan City Common Council Ward 5 	mittee.)	10. County of Re LaPorte	esidence	
TYPE OF REPORT			CONVENTION	CANDIDATES ONLY
11. Check one:			Check one:	
Pre-Primary ✓ Pre-Election ☐ Annual ☐ Nomination ☐ Other			Pre-Conver	
Final / Disbands Committee (Lines 18, 19, and 20 must be "0".) Outgoing Treasurer (Within ten (10)	l) days amend State	ment of Organization.)	☐ Post-Conve	intion
12. Reporting Period (mm/dd/yy):			OLUMN A	COLUMN B
n: 04/12/2019 Through: 10/18/2019		Т	his Period	Year to Date
Cash on hand and investments at the beginning of this reporting period.			-1,169.87	
14. Cash on hand and investments January 1, current year.				-1,169.87
CONTRIBUTIONS AND RECEIPTS	(
(Note: these amounts include in-kind contributions and loans, as well as cash contrib	outions.)		100.00	100.00
15a. Itemized (Use Schedule A.)			0.00	0.00
15b. Uniternized	SUBT	OTAL	100.00	100.00
15c. Add lines 15a and 15b in both columns.			<u> </u>	-1,069.87
16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B. EXPENDITURES	'	OTAL	-1,069.87	-1,069.67
			·	
(Note: These amounts include in-kind expenditures and loan repayments.) 17a. Itemized (Use Schedule B.) (Public Question: use Schedule C.)			291.64	291.64
			0.00	0.00
17b. Uniternized		OTAL	291.64	291.64
17c. Add lines 17a and 17b in both columns.			-1,361.51	-1,361.51
18. Cash on hand and investments at close of this reporting period (Subtract 17c from 16 in both	i columns.)	TOTAL		-1,301.51
19. Debts OWED BY the committee (Use Schedule D.)			-1,361.51	
20. Debts OWED TO the committee (Use Schedule E.)			0.00	

FOR OFFICE USE ONLY

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	Title Treasure	Date (mm/dd/yy) 01/31/2020			
rignature of Candidate (if applicable)		Date (mm/dd/yy) - 01/31/20 20			

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)



State Form 4606 (R15 / 5-19) Indiana Election Division (IC 3-9-5-14)

(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	TYPE OF CONTRIBUTION	COLUMN A	COLUMN B	DATE RECEIVED
FULL MAILING ADDRESS (street, number, city, state, ZIP code)	OR OTHER RECEIPT	AMOUNT THIS PERIOD	CUMULATIVE YEAR-TO-DATE	(mm/dd/yy) RECEIVED BY
1.	Contributions: Direct In-Kind (describe)	PERIOD	TEAN-10-DATE	
	Other Receipts: Interest Loan Miscellaneous (specify)			,
Contributor's Occupation (d required)	Contributions:			
	Direct In-Kind (describe)			
	Other Receipts: Interest Loan Miscellaneous (specify)			
`ontributor's Occupation (if required)				
	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest Loan Miscellaneous (specify)			
Contributor's Occupation (if required)				
4.	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest Loan Miscellaneous (specify)			
Contributor's Occupation (if required)				
5.	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest Loan Miscellaneous (specify)			
ontributor's Occupation (if required)				
	HIS PAGE OF SCHEDULE A	\$ 0.00		
TOTAL OF ALL PAGES OF SCHEDULE A (Enter total on ITEM	ON THE LAST PAGE ONLY 15a of the Summary Sheet.)	\$ 0.00		



State Form 4606 (R15 / 5-19) Indiana Election Division (IC 3-9-5-14)

(CFA-4 SCHEDULE A-2) CONTRIBUTIONS BY CORPORATIONS

Itemized Contributions and Other Receipts

**STRUCTIONS: LIST ONLY CONTRIBUTIONS BY CORPORATIONS ON THIS SCHEDULE. Please type or print legibly IN ACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from corporations OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, If regular party committee). All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other Income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee).

FILE NUMBER				
			<u></u>	
Page	1	of	2	

CONTRIBUTOR'S FULL NAME AND	TYPE OF CONTRIBUTION	COLUMN A	COLUMN B	DATE RECEIVED (mm/dd/yy)
FULL MAILING ADDRESS (street, number, city, state, ZIP code)	OR OTHER RECEIPT	AMOUNT THIS PERIOD	CUMULATIVE YEAR-TO-DATE	RECEIVED BY
Pleasant Hill Missionary Baptist Church 717 E. 10th St., Michigan City, IN 46360 Outreach Center	Contributions: Direct In-Kind (describe)	\$100.00	TEAN TO DATE	09/24/19
·	Other Receipts: Interest Loan Miscellaneous (specify)	\$100.00		
2.	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest Loan Miscellaneous (specify)			
	Contributions: Direct tn-Kind (describe)			
	Other Receipts: Interest Loan Miscellaneous (specify)			
4.	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest Loan Miscellaneous (specify)			
5.	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest Loan Miscellaneous (specify)		 	
SUBTOTAL	THIS PAGE OF SCHEDULE A	\$ 100.00	i_	
TOTAL OF ALL PAGES OF SCHEDULE		\$ 100.00		



(CFA-4 SCHEDULE A-3) CONTRIBUTIONS BY LABOR ORGANIZATIONS

Itemized Contributions and Other Receipts

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

FILE NUMBER					
_			-		
Page	1	of	3		

				· · · · · · · · · · · · · · · · · · ·		,
	CONTRIBUTOR'S FULL NAME AND FULL MAILING ADDRESS	TYPE OF CONTRIBUTION	١.	COLUMN A	COLUMN B	DATE RECEIVED (mm/dd/yy)
	(street, number, city, state, ZIP code)	OR OTHER RECEIPT	^	MOUNT THIS PERIOD	CUMULATIVE YEAR-TO-DATE	RECEIVED BY
1.		Contributions:		r Entiop	TEAR TO DATE	
		Direct				
		In-Kind (describe)				,
			1			
		Other Receipts: Interest Loan				
		Miscellaneous (specify)				
2.		Contributions:	 			
-		Direct				
		In-Kind (describe)				
		Other Receipts:				
! 		Interest Loan				
l		Miscellaneous (specify)				
3.	•	Contributions: Direct				
		☐ In-Kind (describe)				
		Other Receipts:			}	
		☐ Interest ☐ Loan				
		Miscellaneous (specify)		-		
4.		Contributions:				
		Direct			İ	
		In-Kind (describe)				
		Other Receipts:				
		Interest Loan				
		Miscellaneous (specify)				
5.		Contributions:				
		Direct				
		In-Kind (describe)				
					ļ	
		Other Receipts: Interest Loan				
		Miscellaneous (specify)				
		•				
	CHRTOTAL 1	HIS PAGE OF SCHEDULE A	\$	0.00		
	TOTAL OF ALL PAGES OF SCHEDULE A			0.00		
		15a of the Summary Sheet.)	\$	100.00		



(CFA-4 SCHEDULE A-4) CONTRIBUTIONS BY POLITICAL ACTION COMMITTEES

Itemized Contributions and Other Receipts

... STRUCTIONS: LIST ONLY CONTRIBUTIONS BY POLITICAL ACTION COMMITTEES 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 political action committees OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All transfers-in and in-kind contributions regardless of amount from political action committees MUST be itemized on this schedule. All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee).

	FILE	NUMBE	ER .	
•				
Page	1	of	4	

CONTRIBUTOR'S FULL NAME AND FULL MAILING ADDRESS	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A	COLUMN B	DATE RECEIVED (mm/dd/yy)
(street, number, city, state, ZIP code)	OR OTHER RECEIPT	AMOUNT THIS PERIOD	CUMULATIVE YEAR-TO-DATE	RECEIVED BY
1.	Contributions:	ERIOD	TEAR-TO-DATE	
	☐ Direct			
	☐ In-Kind (describe)			
	Other Receipts:			
	Interest Loan			ļ
	Miscellaneous (specify)			
2	Contributions:			
	Direct			
	In-Kind (describe)			
	Other Receipts:			
	☐ Interest ☐ Loan			
	Miscellaneous (specify)			
3.	Contributions:			
-	Direct			
	tn-Kind (describe)			
			,	
	Other Receipts:			
	☐ Interest ☐ Loan			
	Miscellaneous (specify)		,	
4.	Contributions:			
*	Direct			
	☐ In-Kind (describe)		i	
		;	·	
	Other Receipts:			
	☐ Interest ☐ Loan			
	Miscellaneous (specify)			
5.	Contributions:			
-	Direct	 		
	☐ In-Kind (describe)			
		ļ		1
	Other Receipts:		}	
	☐ Interest ☐ Loan	·		
	Miscellaneous (specify)	ļ		
]		
	HIS PAGE OF SCHEDULE A	\$ 0.00		
TOTAL OF ALL PAGES OF SCHEDULE A		\$ 100.00		
	15a of the Summary Sheet.)	.00.00		



(CFA-4 SCHEDULE A-5) CONTRIBUTIONS BY OTHER ORGANIZATIONS

Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY ORGANIZATIONS OTHER THAN CORPORATIONS, LABOR ORGANIZATIONS, POLITICAL ACTION COMMITTEES AND INDIVIDUALS ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from other entities OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committees). All transfers-in and in-kind contributions regardless of amount from candidate's, legislative caucus, and regular party committees MUST be itemized on this schedule. All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee).

i	FILE	NUMBE	R	
Page _	1	of	5	

CONTRIBUTOR'S FULL NAME AND FULL MAILING ADDRESS	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS	COLUMN B CUMULATIVE	DATE RECEIVED (mm/dd/yy)
(street, number, city, state, ZIP code)	O-tribution of	PERIOD	YEAR-TO-DATE	RECEIVED BY
"	Contributions:			
	In-Kind (describe)			
	Other Receipts:			
	☐ Interest ☐ Loan ☐ Miscellaneous (specify)			
	Militaria inconstruction (opening)			
2.	Contributions:			
	Direct	<u> </u>		
	☐ In-Kind (describe)			
			·	
	Other Receipts:			
	Miscellaneous (specify)			
3.	Contributions:			
	Direct			
	☐ In-Kind (describe)			
	Other Receipts:	ι	•	
	Interest Loan			
	Miscellaneous (specify)			
4.	Contributions:		-	
	☐ In-Kind (describe)			
	[] IV. (4000) [20)			
	Other Receipts:		-	 -
	☐ Interest ☐ Loan			
	Miscellaneous (specify)			
				·
5.	Contributions:		1	
	☐ In-Kind (describe)			
	Other Receipts:		Ţ	
	Interest Loan Miscellaneous (specify)			
	iniscendineous (specify)			
Augusta		.	···	
	THIS PAGE OF SCHEDULE A	\$ 0.00		
TOTAL OF ALL PAGES OF SCHEDULE A	15a of the Summary Sheet.)	\$ 100.00		
	2			



State Form 4606 (R15 / 5-19) Indiana Election Division (IC 3-9-5-14)

(CFA-4 SCHEDULE B) ITEMIZED EXPENDITURES

\$TRUCTIONS: Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this nedule, 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	6		

RECIPIENT'S NAME AND MAILING ADDRESS	RECIPIENT'S OCCUPATION	TYPE OF EXPENDITURE	YPE OF EXPENDITURE COLUMN A		DATE OF	
(street, number, city, state, ZIP code)	OFFICE SOUGHT (if applicable)	and PURPOSE (be specific)	AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	EXPENDITURE (mm/dd/yy)	
Code O Gordon Food Services 5400 Franklin St., Michigan City, IN 46360	cases of water	☐ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ OtherPurpose: campaign	\$25.96		5/4/2019	
IHOP Store #3064 5225 Franklin St., Michigan City, IN	Strategy Meeting	Direct In-Kind Payment of Debt Returned Contribution	\$37.50		5/4/2019	
46360	meal	Other Purpose: campaign	Ψ07.50			
PNC Bank 301 West US Hwy 20 Michigan City, IN 46360	Bank	Direct In-Kind Payment of Debt Returned Contribution Other	\$13.50		8/26/2019	
mangan city, in 40300		Purpose: Campaign Banking	V 10.00		3,23,2010	
The Beacher Business Printer 911 Franklin St., PO Box 9175 Michigan City, IN 46360	Advertising	Direct In-Kind Payment of Debt Returned Contribution Other Purpose:	\$114.68		10/01/2019	
Code_F Tap House 2323 E. Michigan Blvd., Michigan City, IN 46360	Venue	Campaign handouts Direct In-Kind Payment of Debt Returned Contribution Other Purpose: Campaign Fundraiser	\$0.00		10/10/2019	
Code A La'Tonya Troutman PRfect Communication & Events Michigan City, IN 46360	Advertising/Marketing	Direct In-Kind Payment of Debt Returned Contribution Other Purpose:	\$0.00		10/10/2019	
PNC Bank 301 West US Hwy 20 Michigan City, IN 46360	Bank	Campaign Fundraiser Direct In-Kind Payment of Debt Returned Contribution Other Purpose:	\$100.00		10/15/2019	
mongan ony, ny 40000		Campaign Banking	\$ 291.64			
TOTAL OF ALL DA	SUBTOTAL THIS PAGE OF SCHEDULE E TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY					
TOTAL OF ALL PA	GES OF SCHEDULE B ON THE Enter total on ITEM 17a of th		\$ 291.64			



State Form 4606 (R15 / 5-19) Indiana Election Division (IC 3-9-5-14)

ISTRUCTIONS: 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.

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

FILE NUMBER					
Page	1	of	7		

			Page_	1of_	7
Enter Text of Public Question.	PUBLIC QUESTIC	IN INFORMATION			_
Type of Question: Statewide	Local			•	
Position: Supported Oppos	ed				
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)
Code		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:			
Code		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:			
Code		Direct : In-Kind Payment of Debt Returned Contribution Other Purpose:			
Code		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:			
Code		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:			
Code	.,,	Direct In-Kind Payment of Debt Returned Contribution Other Purpose:			
	SUBTOTAL THIS PAG	SE OF SCHEDULE C	\$ 0.00		
	S OF SCHEDULE C ON THE		\$ 0.00		



State Form 4606 (R15 / 5-19) Indiana Election Division (IC 3-9-5-14)

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

'ISTRUCTIONS: Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this shedule, see instructions on the reverse side. List all debts and loans, <u>regardless of the amount</u>, 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	1	of	8		

GERETION OF SELECTION OF SELECT						
SUBTOTAL THIS PAGE OF SCHEDULE D STORAL PAGES OF SCHEDULE D SUBTOTAL THIS PAGE OF SCHEDULE D S 0.00	AND MAILING ADDRESS	AND MAILING ADDRESS (if any)	AMOUNT			
LEMERS COOLPATION LEMERS COOLPATION LEMERS COOLPATION SUBTOTAL THIS PAGE OF SCHEDULE D \$ 0.00 TOTAL OF ALL PAGES OF SCHEDULE D ON THE LAST PAGE ONLY	(street, number, city, state, ZIP code)	(street, number, city, state, ZIP code)	NATURE OF DEBT	(mm/dd/yy)	YEAR-TO-DATE	PERIOD
LEMERS COOLPATION LEMERS COOLPATION LEMERS COOLPATION SUBTOTAL THIS PAGE OF SCHEDULE D \$ 0.00 TOTAL OF ALL PAGES OF SCHEDULE D ON THE LAST PAGE ONLY						
LEMERS COOLPATION LEMERS COOLPATION LEMERS COOLPATION SUBTOTAL THIS PAGE OF SCHEDULE D \$ 0.00 TOTAL OF ALL PAGES OF SCHEDULE D ON THE LAST PAGE ONLY						
LENGERS COCUPATION LENGERS COCUPATION LENGERS COCUPATION SUBTOTAL THIS PAGE OF SCHEDULE D \$ 0.00 TOTAL OF ALL PAGES OF SCHEDULE D ON THE LAST PAGE ONLY	LENDER'S OCCUPATION:					
LENGERS COCUPATION LENGERS COCUPATION LENGERS COCUPATION SUBTOTAL THIS PAGE OF SCHEDULE D \$ 0.00 TOTAL OF ALL PAGES OF SCHEDULE D ON THE LAST PAGE ONLY						
LENGERS COCUPATION LENGERS COCUPATION LENGERS COCUPATION SUBTOTAL THIS PAGE OF SCHEDULE D \$ 0.00 TOTAL OF ALL PAGES OF SCHEDULE D ON THE LAST PAGE ONLY	LODGE COMPANY					
LENGERS OCCUPATION: LENGERS OCCUPATION: LENGERS OCCUPATION: SUBTOTAL THIS PAGE OF SCHEDULE D \$ 0.00 TOTAL OF ALL PAGES OF SCHEDULE D ON THE LAST PAGE ONLY	LENDER'S OCCUPATION:	·· · · · · · · · · · · · · · · · · · ·				ļ
LENGERS OCCUPATION: LENGERS OCCUPATION: LENGERS OCCUPATION: SUBTOTAL THIS PAGE OF SCHEDULE D \$ 0.00 TOTAL OF ALL PAGES OF SCHEDULE D ON THE LAST PAGE ONLY						·
LENDER'S OCCUPATION: LENDER'S OCCUPATION: SUBTOTAL THIS PAGE OF SCHEDULE D \$ 0.00 TOTAL OF ALL PAGES OF SCHEDULE D ON THE LAST PAGE ONLY	LENDER'S OCCUPATION:					
LENDER'S OCCUPATION: LENDER'S OCCUPATION: SUBTOTAL THIS PAGE OF SCHEDULE D \$ 0.00 TOTAL OF ALL PAGES OF SCHEDULE D ON THE LAST PAGE ONLY						
LENDER'S OCCUPATION: LENDER'S OCCUPATION: SUBTOTAL THIS PAGE OF SCHEDULE D \$ 0.00 TOTAL OF ALL PAGES OF SCHEDULE D ON THE LAST PAGE ONLY		·	***			
LENGER'S COCLIPATION SUBTOTAL THIS PAGE OF SCHEDULE D \$ 0.00 TOTAL OF ALL PAGES OF SCHEDULE D ON THE LAST PAGE ONLY	LENDER'S OCCUPATION			**	<u>-</u>	
LENGER'S COCLIPATION SUBTOTAL THIS PAGE OF SCHEDULE D \$ 0.00 TOTAL OF ALL PAGES OF SCHEDULE D ON THE LAST PAGE ONLY					:	
SUBTOTAL THIS PAGE OF SCHEDULE D \$ 0.00 TOTAL OF ALL PAGES OF SCHEDULE D ON THE LAST PAGE ONLY	LENDER'S OCCUPATION:					
SUBTOTAL THIS PAGE OF SCHEDULE D \$ 0.00 TOTAL OF ALL PAGES OF SCHEDULE D ON THE LAST PAGE ONLY						
SUBTOTAL THIS PAGE OF SCHEDULE D \$ 0.00 TOTAL OF ALL PAGES OF SCHEDULE D ON THE LAST PAGE ONLY						
SUBTOTAL THIS PAGE OF SCHEDULE D \$ 0.00 TOTAL OF ALL PAGES OF SCHEDULE D ON THE LAST PAGE ONLY	LENDER'S OCCUPATION:					
SUBTOTAL THIS PAGE OF SCHEDULE D \$ 0.00 TOTAL OF ALL PAGES OF SCHEDULE D ON THE LAST PAGE ONLY						
SUBTOTAL THIS PAGE OF SCHEDULE D \$ 0.00 TOTAL OF ALL PAGES OF SCHEDULE D ON THE LAST PAGE ONLY	"NDEPS OCCUPATION					
TOTAL OF ALL PAGES OF SCHEDULE D ON THE LAST PAGE ONLY	2012 Sans Citibis		SUBTOTAL	THIS PAGE OF	SCHEDULE D	\$ 0.00
		TOTAL OF ALL	PAGES OF SCHEDULE	D ON THE LAS	T PAGE ONLY	0.00



State Form 4606 (R15 / 5-19) Indiana Election Division (IC 3-9-5-14)

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

iTRUCTIONS: Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this ...edule, 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	_ 1	of	9	

CREDITOR'S OR LENDER'S NAME AND MAILING ADDRESS	ENDORSER'S OR VENDOR'S NAME AND MAILING ADDRESS (if any)	AMOUNT	DATE DEBT INCURRED	CUMULATIVE	OUTSTANDING BALANCE THIS	
(street, number, city, state, ZIP code)	(street, number, city, state, ZIP code)	NATURE OF DEBT	(mm/dd/yy)	PAID YEAR-TO-DATE	PERIOD	
Tracie Tillman 1811 1/2 E. Michigan Blvd., PO Box 629	Gordon Food Services	\$25.96	5/4/19		\$25.96	
Michigan City, IN 46360		water-Campaign	0/1/10		Ψ20.50	
Tracie Tillman 1811 1/2 E. Michigan Blvd., PO Box	IHOP Store #3064 5225 Franklin St.,	\$37.50	5/4/19		\$37.50	
629 LENDER'S OCCUPATION:	Michigan City, IN 46360	Campaign Strategy Meeting	3/4/19		φ37.5U	
Tracie Tillman 1811 1/2 E. Michigan Blvd., PO Box 629	PNC Bank 301 West US Hwy 20 Michignan City, IN 46360	\$13.50	8/26/19		\$13.50	
LENDER'S COCUPATION:	Wildlighan City, IN 40300	Campaign Banking				
Tracie Tillman 1811 1/2 E. Michigan Blvd., PO Box 629	The Beacher Business Printer 911 Franklsin St., PO Box	\$114.68	10/1/19		\$114.68	
LENDER'S OCCUPATION:	629 Michigan City, IN 46360	Advertising Campaign			,,	
Tracie Tillman 1811 1/2 E. Michigan Blvd., PO Box 629	PNC Bank 301 West US Hwy 20 Michigan City, IN 46360	\$100.00	10/15/19		\$100.00	
LENDER'S OCCUPATION:	, , , , , , , , , , , , , , , , , , ,	Campaign Banking				
		•				
LENDER'S OCCUPATION:			-1-			
DERS OCCUPATION:						
SUBTOTAL THIS PAGE OF SCHEDULE D					\$ 291.64	
TOTAL OF ALL PAGES OF SCHEDULE D ON THE LAST PAGE ONLY (Enter total on ITEM 19 of the Summary Sheet.)					\$ 291.64	



State Form 4606 (R15 / 5-19) Indiana Election Division (IC 3-9-5-14)

JAN 3

TRUCTIONS: 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 PORTE SUPERIOR COURT

(CFA-4) **Summary Sheet**

FILE NUMBER

46-19-49

TOTAL PAGES IN ENTIRE CFA-4 REPORT

10

1. Full Name of Committee (as on <i>Statement of Organization</i>) Check if this is a new name. Tracie Tillman For 5th Ward				
2. Acronym or Abbreviated Name (if any) 3. Committee Telephone Number (219) 262-4353				
4. Mailing Address (Address where all campaign finance correspondence is received.) 1811 1/2 E. Michigan Blvd., PO Box 629	Check if this	s is a new	address.	
5. City, State, ZIP Code Michigan City, Indiana 46360	Demo	ocratic	(if applicable)	
CANDIDATE INFORMATION (For Candidate's C	_			
7. Full Name of Candidate (Include any nickname.) Tracie Y. Tillman	Demo	ocratic	or if independen	t Candidate
 Office Sought (Include district number, if any. Not required for exploratory committee.) Michigan City Common Council Ward 5 	10. Cour LaPo	nty of Resi rte	dence	
TYPE OF REPORT			CONVENTION	N CANDIDATES ONLY
11. Check one:			Check one:	
Pre-Primary Pre-Election Annual Nomination Other			Pre-Conv	
Final / Disbands Committee (Lines 18, 19, and 20 must be "0".) Outgoing Treasurer (Within ten (10) days amend Sta	tement of Orga	inization.)	Post-Con	vention
12. Reporting Period (mm/dd/yy): m: 01/01/2019 Through: 04/12/2019			LUMN A s Period	COLUMN B Year to Date
13. Cash on hand and investments at the beginning of this reporting period.			0.00	
14. Cash on hand and investments January 1, current year.				0.00
CONTRIBUTIONS AND RECEIPTS				
(Note: these amounts include in-kind contributions and loans, as well as cash contributions.)			0.00	0.00
15a. Itemized (Use Schedule A.)			0.00	. 0.00
15b, Uniternized	TOTAL		100.00	460.10
Too. / de lines fee alle You in part of the			1,169.87	0.00
16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B.	TOTAL		1,109.07	0.00
EXPENDITURES (Note: These amounts include in kind expenditures and loop renguments.)				
(Note: These amounts include in-kind expenditures and loan repayments.) 17a. Itemized (Use Schedule B.) (Public Question: use Schedule C.)			1.169.87	0.00
17a. Itemized (Use Schedule B.) (Public Question: use Schedule C.)			0.00	0.00
	BTOTAL		1,169.87	0.00
77.6.74d lines 77d dild 175 lines di	TOTAL		1,169.87	0.00
18. Cash on hand and investments at close of this reporting period (Subtract 17c from 16 in both columns.)	TOTAL		1,169.87	0.00
19. Debts OWED BY the committee (Use Schedule D.)			<u> </u>	
20. Debts OWED TO the committee (Use Schedule E.)			0.00	

CERTIFICATION I CERTIFY THAT I HAVE EXAMINED THIS STATEMENT. TO THE BEST OF MY KNOWLEDGE AND BELIEF IT IS TRUE, CORRECT AND COMPLETE. Date (mm/dd/yy) Signature of Treasurer Title 01/31/2019 Treasure Date (mm/dd/yy) inature of Candidate (if applicable) 01/31/2019

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)

FOR OFFICE USE ONLY



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

(CFA-4 SCHEDULE B) ITEMIZED EXPENDITURES

TINSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this
Chedule, 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	
· · · · · · · · · · · · · · · · · · ·	
Page1 of1	

L		.			
RECIPIENT'S NAME AND MAILING ADDRESS (street, number, city, state, ZIP code)	RECIPIENT'S OCCUPATION OFFICE SOUGHT (if applicable)	TYPE OF EXPENDITURE and PURPOSE (he specific)	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE OF EXPENDITURE
CodeA Socani Photos Photograph By Latreese Neal Art District, Franklin St., Michigan City, IN 46360 219-561-4337	Photographer	Direct In-Kind Payment of Debt Returned Contribution Other Purpose:Campaign Headshots	\$60.00		1/30/19
CodeO PNC Bank 301 West US Hwy 20 Michigan City, IN 46360 219-879-7381	Bank	Direct In-Kind Payment of Debt Returned Contribution Other Purpose: Political Campaign Bank Account	\$100.00		02/08/19
Code _A Office Depot Office Max Offic Dunes Plaza Michigan City, IN 46360	Business/Home Office Supplies	Direct in-Kind Payment of Debt Returned Contribution Other Purpose: Campaign 500 Business Cards	\$53.50		02/09/19
Code A The Beacher Business Printers 911 Franklin St. Michigan City, IN 46360 219-878-1346	Advertising	Direct In-Kind Payment of Debt Returned Contribution Other Purpose: Campaign Flyers-	\$61.59		03/04/19
CodeA Reprographics Arts, INC 2824 E. Michigan Blvd. Michigan City, IN 46360 219-872-9111	Advertising	Direct In-Kind Payment of Debt Returned Contribution Other Purpose: Campaign Apparel t-shirts/hoodies	\$375.00		3/8/19
CodeA Family Dollar 2309 E. Michigan Blvd. Michigan City, IN 46360 219-874-4634	General Merchandising Store	Direct In-Kind Payment of Debt Returned Contribution Other Purpose: St. Patrick Day Parade for Candidates Apparel -shamrock necklaces	\$3.00		03/09/19
CodeA Reprographic Art, INC 2824 E. Michigan Blvd. Michigan City, IN 46360 872-9111	Advertising	□ Direct □ In-Kind □ Payment of Debt □ Returned Contribution □ Other	\$110.21		03/25/19
	SUBTOTAL THIS PAG	SE OF SCHEDULE B	\$763.30		
TOTAL OF ALL PA	GES OF SCHEDULE B ON THE (Enter total on ITEM 17a of t		\$		



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

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

ISTRUCTIONS: 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, <u>regardless of the amount</u>, 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 _	1	of	3	

	1		-		
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
	Socani Photos Photograph By Latreese Neal	\$60.00	01/30/19		\$60.00
Tracie Y. Tëlman 1811 ½ E. Michigan Bivd Michigan City, IN 46360 219-262-4353	Art District, Franklin St., Michigan City, IN 46360 219-561-4337	Campaign headshots photos			
LENDER'S OCCUPATION: Executive Lieison]		
Tracie Y. Tillman 1811 ¼ E. Michigan Blvd	PNC Bank 301 West US Hwy 20 Michigan City, IN 46360 219-879-7381	\$100.00	02/08/2019		\$100.00
Michigan City, IN 46360 219-262-4353		Politicat Cempalgn Bank Account			
LENDER'S OCCUPATION: Executive Lisison	Office Depot Office Max 118 Dunes Plaza Michigan City, IN 46360	\$53.50	02/09/2019		\$53.50
Tr⊸ Y. Tillman ⅓ E. Michigan Blvd gan City, IN 48360 		Campaign business cards 500			
LENDER'S OCCUPATION: Executive Lielson	The Beacher Business Printers	\$61.53	03/04/2019		401.50
Tracie Y. Tillman 1811 ¼ E. Michigan Blvd Michigan City, IN 46360 219-262-4353	911 Franklin St. Michigan City, IN 46360 219-879-1346	Campaign Flyers	03/04/2019		\$61.59
LENDERS OCCUPATION: Executive Lisison Tracile Y. Tillman	Reprographics Arts, INC 2824 E. Michigan Blvd. Michigan City, IN 46360	\$375.00	03/08/2019		\$375.00
1811 ½ E. Michigen Blvd Michigan City, IN 48350 219-262-4353	219-872-9111	Campaign Apparel t- shirts/hoodies			
LENDER'S OCCUPATION: Executive Liaison	Family Dollar 2309 E. Michigan Blvd. Michigan City, IN 46360	\$3.00	03/09/2019		\$3.00
Tracie Y. Tillman 1811 ½ E. Michigan Blvd Michigan City, IN 46360 219-262-4353 LENDERS OCCUPATION: Executive Liabon	219-874-4634	St. Patrick Day Parade for Candidates appare! — shamrock necklaces			
Tracie Y. Tillman 1811 ¼ E. Michigan Blvd Michigan City, IN 46360 219-262-4353	Reprographic Art, INC 2824 E. Michigan Blvd. Michigan City, IN 46360 219-872-9111	\$110.10	03/25/2019	-	\$110.21
PTS OCCUPATION: Executive Listson					
		SUBTOTA	L THIS PAGE OF	SCHEDULE D	\$763.30
	TOTAL OF ALL	PAGES OF SCHEDULI	ED ON THE LAS	T PAGE ONLY	\$



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

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

ISTRUCTIONS: 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.

f	ILE NUI	MBER		
·				
Page _	1	_ of	_4	•

				1	
CREDITOR'S OR LENDER'S NAME	ENDORSER'S OR VENDOR'S	AMOUNT	DATÉ DEST	CUMULATIVE	OUTSTANDING
& MAILING ADDRESS	NAME & MAILING ADDRESS (if any)		INCURRED	PAID	BALANCE THIS
(street, number, city, state, ZIP code)	(street, number, city, state, ZIP code)	NATURE OF DEBT		YEAR-TO-DATE	PERIOD
Tracie Tillman	Dollar Tree	\$6.42	03/26/2019		\$6.42
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	4209 Franklin St.				
1811/2 E. Michiganistos Michigan Est, EN 46360 219-262-853	Michigan City, IN 46360 219-262-6030				
26 26 3-953	1.0 1.02 0.00	Campaign supplies			
214-200		binder clips, index			ļ
LENDER'S OCCUPATION EXECUTION CIOCOS		dividers			İ
Trace Tillman	Walmart	\$22.51	03/26/2019	<u> </u>	\$22.51
1811/2 E. Michigan BWd.	5708 Franklin St.				V
1811/2 8. 1011	Michigan City, IN 46360 219-879-3620				
Michigan City. IN 16360	219-019-3020	Campaign Supplies			
		binders, actpkthl 12c			1
LENDERS OCCUPATION: Executive Leuron					
Tracle Tillman	Office Depot Office Max 118 Dunes Plaza	\$16.05	03/29/2019		\$16.05
1911/2 E. Michigan Blud.	Michigan City, IN 46360		i		
chigan Coty, IN 46360	219-879-1346	Campaign Supplies			
		Hole puncher			İ
LENDERS OCCUPATION: EXECUTive Leaven					
Tracle Tillman	The Beacher Business Printer	\$61.59	03/29/2019		\$61.59
1811 (2 C. Muchyan Blud.	911 Franklin St. Michigan City, IN 46360			:	
18 (((Z & , W. C. C.)	219-879-0088				
Michigan City IN 46260		Campaign flyers 500			
LENDERS COCUPATION EXECUTIVE LIAIS ON					
_	Awesome Compaign.Com INC	\$300.00	04/08/2019		\$300.00
Tracie Tillman	1220 St. Charles St. Elgin, IL 60120				
18/11/2 E. Michigan Blud.	877-380-7446	,			•
Michigan City IN 44360		Campaign signs 100			
LENDERS COCUPATION Executive (cargon					
LENDER'S OCCUPATION EXECUTION					
			1		
LENDER'S OCCUPATION:					
į					
-			į		
TS OCCUPATION				j	
15 SERVER PRINT		CURTOTAL	L THIS PAGE O	E SCUEDIN E D	£400.57
		JUDIUTAL	- ITHIS PAGE U	- SCHEDOLE D	\$406.57
	TOTAL OF ALL	PAGES OF SCHEDULI			\$1,169.87
		(Enter total on I	ı ⊏M 19 of the S	ummary Sheet)	¥1,105.01



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

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

IS THIS AN AMENDMENT? Yes N

OF

(CFA-4) Summary Sheet

FILE NUMBER

40-19-49

TOTAL PAGES IN ENTIRE CFA-4 REPORT

	OMMITTEE INFORMATION			
1. Full Name of Committee (as on Statement of Organization)	Check if this is a new	name.	•	
-trace tillman for stry	ward			
2. Acronym or Abbreviated Name (if any)		3. Committee Tel-	ephone Number	3
4. Mailing Address (Address where all campaign finance corrections)	spondence is received.)	Check if this is a nev		
5. City, State, ZIP Code Wichigan City FN	16360	6. Party Affiliation De Mocr		
CANDIDATE INFO	RMATION (For Candidate's C	Committees Only)		
7. Full Name of Candidate (Include any nickname.)		8. Party Affiliation	or If Independer	nt Candidate
Tracie 4. Tillman		Demo	cratic	
9. Office Sought (Include district number, if any. Not required	for exploratory committee.)	10. County of Res	sidence E	
Michiganedy Common Coo	neil wards			N CANDIDATES ONLY
TYPE OF RE	PURI		Check one:	
11. Check one: ☐ Pre-Primary ☐ Pre-Election ☐ Annual ☐ Nomination ☐ Other	or .		Pre-Conv	vention
Final / Disbands Committee (Lines 18, 19, and 20 must be '0'.)	on Treasurer (Within ten (10) days amend Sta	tement of Organization.)	Post-Cor	rvention
12. Reporting Period (mm/dd/yy):	ig Freedom (Fried Law) (19)		LUMN A ,	COLUMN B
From: 10-18-2019 Through:	12-31-2019	Thi	s Period	Year to Date
1.	ng period.	0		
 1				
a Older a pho	EIPTS .			
In These as	rell as cash contributions.)	1/0	2 - 1/2	
14		479	4.34	1769.31
11 = 1 0	SUB	TOTAL 49	9.24	1769.31
11 1100		TOTAL 42	9.24	1769,21
16	ATILI B.			
Jew Voc	ments.)			
17 Amended	2.)	20	<u> </u>	1669.21
11 amended		0		
17	SUB	TOTAL 20	<u>ح</u> الم	Molaria
18 1 1 1 1 1 1	17c from 16 in both columns.)		4.34	Margail
19 / (4)		299	· 3 射 I	
20			IN CLE	
CEPTIE	ICATION		F. F. F.	OR OFFICE USE ONLY
1 CERTIFY THAT I HAVE EXAMINED THIS STATEMENT. TO THE BEST O	F MY KNOWLEDGE AND BELIEF IT IS T	RUE, CORRECT AND C	UMITLE IE. 7	7 2020
Signature of Treasurer Pellman	Treasure	Date (mm/d	7030	
Signature of Candidate (if applicaple)		Date (mm/o	THE SECTION	ORTE CIRCUIT COURT
WARNING: Any information contained in this report may not be copied for s	sale or used for any commercial purpose.	(IC 3-9-4-5) A person w	no knowingly	
WARNING: Any information contained in this report thay not be copied to a	on who fails to file a complete or accura	ite report as required by	the Indiana	



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	TYPE OF CONTRIBUTION	COLUMN A	COLUMN B	DATE RECEIVED (mm/dd/yy)
(street, number, city, state, ZIP code)	OR OTHER RECEIPT	AMOUNT THIS PERIOD	CUMULATIVE YEAR-TO-DATE	RECEIVED BY
1. Shella Matias	Contributions: Direct In-Kind (describe)	\$100.00	LAN 10 BATE	10/15/19
	Other Receipts: Interest Loan Miscellaneous (specify)			
Contributor's Occupation (if required)	Co-tdb::do-o-	\$50.00		10/18/19
Z. Kae Estes-Stewart LaPorte IN 46360	Contributions: Direct In-Kind (describe)	\$30.00		10/10/13
	Other Receipts: Interest Loan Miscellaneous (specify)			•
Contributor's Occupation (if required)				
8tr, And Mrs. David Ashley Michigan City IN 46350	Contributions: Direct In-Kind (describe) Other Receipts: Interest Loan Miscellaneous (specify)	\$50.00		10/21/19
				:
Contributor's Occupation (if required)	Contributions: Direct In-Kind (describe)			
Contributor's Occupation (if required)	Other Receipts: Interest Loan Miscellaneous (specify)			
5.	Contributions: Direct In-Kind (describe)			
Contributor's Occupation (if required)	Other Receipts: Interest Loan Miscellaneous (specify)			
SUBTOTAL T	HIS PAGE OF SCHEDULE A	200.00	1	
TOTAL OF ALL PAGES OF SCHEDULE A	ON THE LAST PAGE ONLY 15a of the Summary Sheet.)	<u> </u>		



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

(CFA-4 SCHEDULE B) ITEMIZED EXPENDITURES

... TRUCTIONS: 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 2				

RECIPIENT'S NAME AND MAILING ADDRESS	RECIPIENT'S OCCUPATION	TYPE OF EXPENDITURE	COLUMN A	COLUMN B	DATE OF
(street, number, city, state, ZIP code)	OFFICE SOUGHT (if applicable)	and PURPOSE (be specific)	AMOUNT THIS PERIOD	CUMULATIVE YEAR-TO-DATE	EXPENDITURE (mm/dd/yy)
Code O PNC Bank 301 West US Hwy 20 Michigan City, IN 46360	Bank	Direct In-Kind Payment of Debt Returned Contribution Other Purpose:	13.50		08/26/19
The Beacher Business Printer 911 Franklin St., PO Box 9175 Michigan City, IN 46360	Advertising	□ Direct □ In-Kind □ Payment of Debt □ Returned Contribution □ Other	107.18		10/01/19
Code -NC Bank 301 West US Hwy 20 _higan City, IN 46360	Bank	☐ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other ☐ Purpose:	100.00		10/15/19
Scott's Dynamic Design LLC Wichega Cety, IN	Scotty's Dynamic Design LLC - Toophy	□ Direct □ In-Kind □ Payment of Debt □ Returned Contribution □ Other	\$68.48		10/21/19
CodeF Meijer 5150 Franklin St. Michigan City, IN 46360	Campaign	Direct In-Kind Payment of Debt Returned Contribution Other Purpose: fundraiser	71.99		10/23/19
Goodon's GES muchyanldy!N	Campaign	□ Direct □ In-Kind □ Payment of Debt □ Returned Contribution □ Other	22.09		10/23/19
CodeF Meijer 150 Franklin St. chigan City IN 46360		☐ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other Purpose:	\$116.10		10/31/19
	SUBTOTAL THIS PAG		\$499.34		
TOTAL OF ALL PA	GES OF SCHEDULE B ON THE (Enter total on ITEM 17a of the contract of the contr				



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.

	FIL	E NUMBER	₹
Page _	<u>l</u>	of	ව

, CREDITOR'S OR LENDER'S NAME	ENDORSER'S OR VENDOR'S NAME AND MAILING ADDRESS (if any)	AMOUNT	DATE DEBT	CUMULATIVE PAID	OUTSTANDING BALANCE THIS
AND MAILING ADDRESS (street, number, city, state, ZIP code)	(street, number, city, state, ZIP code)	NATURE OF DEBT	(mm/dd/yy)	YEAR-TO-DATE	PERIOD
Michigantel Toxas	seif T	188,73	10-2849	188,73	
Michiganted Toxed		campaign			
tracietillman 1811/2 EMichigaeto.D.	self	110.14	11-2-19	110:61	· ,
Mickegan Coto, IN LEHOERS OCCUPATION U6260		campusar			
					•
LENDERS OCCUPATION:			<u> </u>		
	-				
			<u> </u>	13.1 13.13.24.25.25.25.25.25.25.25.25.25.25.25.25.25.	
LENDER'S OCCUPATION:					
	·				
LENDERS OCCUPATION:			<u> </u>		<u> </u>
LENGER'S OCCUPATION:					
Eligated Goods (Street)					:
•					
-					
LEMOER'S OCCUPATION: SUBTOTAL THIS PAGE OF SCHEDULE D					\$ 299.34
	TOTAL OF ALL	PAGES OF SCHEDUL	E D ON THE LA	ST PAGE ONLY	\$
					

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

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

IS THIS AN AMENDMENT? Yes N

OF

(CFA-4)
Summary Sheet_

FILE NUMBER
46-19-49

TOTAL PAGES IN ENTIRE CFA-4 REPORT

COMMITTEE INFORMATION	
1. Full Name of Committee (as on Statement of Organization)	
- · - · · · · · · · · · · · · · · · · ·	
2. Acronym or Abbreviated Name (if any)	3. Committee Telephone Number
2. Actoriyin of Addreviated Name (ii diffy)	(219) 2624853
4. Mailing Address (Address where all campaign finance correspondence is received.)	Check If this is a new address.
141/25. Michian Blud. 7080x629	
5. City, State, ZIP Code	6. Party Affiliation (if applicable)
Michigan Octy (N) 46360	Democratic
CANDIDATE INFORMATION (For Candidate's	
7. Full Name of Candidate (Include any nickname.)	8. Party Affiliation or If Independent Candidate
Tracine V. Tillman	
9. Office Sought (Include district number, if any. Not required for exploratory committee.)	10. County of Residence
Michigan Cay Common Cooker Leards	CONTRACTION CAMPIDATES ONLY
TYPE OF REPORT %	CONVENTION CANDIDATES ONLY
11. Check one:	Check one:
Pre-Primary Pre-Election Annual Nomination Other	
Final / Disbands Committee (Unes 18, 19, and 20 must be "0".) Utgoing Treasurer (Within ten (10) days amend S	(dearness of Organizations)
12. Reporting Period (mm/dd/yy):	COLUMN A COLUMN B This Period Year to Date
From: 4-13-2019 Through: 10-18-2019	
13. Cash on hand and investments at the beginning of this reporting period.	0
14. Cash on hand and investments January 1, current year.	
(Note: these amounts include in-kind contributions and loans, as well as cash contributions.)	
	100 00 1269.87
15a. Itemized (Use Schedule A.)	0.06
15b. Unitemized 15c. Add lines 15a and 15b in both columns. SUE	BTOTAL 100:00 1269.87
	TOTAL 100.00 1269687
16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B. EXPENDITURES	
(Note: These amounts include in-kind expenditures and loan repayments.)	291.64 1461.51
17a. Itemized (Use Schedule B.) (Public Question: use Schedule C.)	450.00
17b. Unitemized	BTOTAL 291.64 1461.51
1/c. Add lines 1/a and 1/b in boar columns.	TOTAL 291-64 149.51
18. Cash on hand and investments at close of this reporting period (Subtract 17c from 16 in both columns.)	
19. Debts OWED BY the committee (Use Schedule D.)	191.64 F
20. Debts OWED TO the committee (Use Schedule E.)	0.00
CERTIFICATION	FOR OFFICE USE ONLY
CERTIFY THAT I HAVE EXAMINED THIS STATEMENT. TO THE BEST OF MY KNOWLEDGE AND BELIEF IT IS	TRUE, CORRECT AND COMPLETE. FEB 7 2020
Signature of Treasurer Collins Title Wesserl	2-1-8030
Signature of Candidate (if applicable)	Date (mm/dd/yy) CIERK OF LA PORTE CIRCUIT CO
WARNING: Any information contained in this report may not be copied for sale or used for any commercial purpose the a fewer of fellow ///C 3-14-1-13/ A person who fails to file a complete or accur	e. (IC 3-9-4-5) A person who knowingly rate report as required by the Indiana



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 seles, 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	of	

CONTRIBUTOR'S FULL NAME AND OCCUPATION	TYPE OF CONTRIBUTION	COLUMN A	COLUMN B	DATE RECEIVED
FULL MAILING ADDRESS (street, number, city, state, ZIP code)	OR OTHER RECEIPT	AMOUNT THIS PERIOD	CUMULATIVE YEAR-TO-DATE	RECEIVED BY
· · · · · · · · · · · · · · · · · · ·	Contributions: Direct In-Kind (describe)	191,64	191.0	10-1-2019
Tracia Tillmen 1811s EMichiga Blod 20 Box Gay Michigan City No	Other Receipts: Interest Loan Miscellaneous (specify)			
Contributor's Occupation (if required)	Contributions	•		
2.	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest Loan Miscellaneous (specify)		·,	
Contributor's Occupation (if required)	Contributions:			
3.	Direct In-Kind (describe)			
	Other Receipts: Interest Loan Miscellaneous (specify)			
Contributor's Occupation (if required)			•	
:	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest Loan Miscellaneous (specify)			
Contributor's Occupation (if required)	Contributions:			
5.	Direct In-Kind (describe)			•
	Other Receipts: Interest Loan Miscellaneous (specify)	·	,	
Contributor's Occupation (if required)	HIS PAGE OF SCHEDULE A	\$		
TOTAL OF ALL PAGES OF SCHEDULE		5 j 91 sed		



State Form 4606 (R15 / 5-19) Indiana Election Division (IC 3-9-5-14)

(CFA-4 SCHEDULE B) ITEMIZED EXPENDITURES

...4STRUCTIONS: 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	NUMB	ER	
Page _	1	of	6	

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)
Gordon Food Services 5400 Franklin St., Michigan City, IN 46360	cases of water	Direct In-Kind Payment of Debt Returned Contribution Other Purpose: campaign	\$25.96		5/4/2019
Code O IHOP Store #3064 5225 Franklin St., Michigan City, IN	Strategy Meeting		\$37.50		5/4/2019
46360	meal	Purpose: campaign			
RNC Bank 301 West US Hwy 20 chigan City, IN 46360	Bank	☑ Direct in-Kind Payment of Debt Returned Contribution Other	\$13.50	0	8/26/2019
dinguir dity, int 10000		Purpose: Campaign Banking			
The Beacher Business Printer 911 Franklin St., PO Box 9175	Advertising	Direct In-Kind Payment of Debt Returned Contribution Other Purpose:	\$114.68		10/01/2019
Michigan City, IN 46360		campaign handouts			
Tap House 2323 E. Michigan Blvd., Michigan City, IN 46360	Venue	Direct In-Kind Payment of Debt Returned Contribution Other Purpose: Campaign Fundraiser	\$0.00		10/10/2019
Code A La'Tonya Troutman	Advertising/Marketing	Direct In-Kind Payment of Debt Returned Contribution	#0.00		40/40/0040
PRfect Communication & Events Michigan City, IN 46360		Other Purpose: Campaign Fundraiser	\$0.00		10/10/2019
PNC Bank 301 West US Hwy 20 ichigan City, IN 46360	Bank	✓ Direct □ In-Kind □ Payment of Debt □ Returned Contribution □ Other □ Purpose:	\$100.00		10/15/2019
Tunigan Oxy, na 40000		Campaign Banking			
	SUBTOTAL THIS PAG		\$ 291.64		
TOTAL OF ALL PA	TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY (Enter total on ITEM 17a of the Summary Sheet.)				



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.

	FIL	E NUI	MBER	
	•			
Page _			of	

CREDITOR'S OR LENDER'S NAME AND MAILING ADDRESS	ENDORSER'S OR VENDOR'S NAME AND MAILING ADDRESS (if eny)	AMOUNT	DATE DEBT INCURRED	CUMULATIVE PAID YEAR-TO-DATE	OUTSTANDING BALANCE THIS PERIOD
(street, number, city, state, ZIP code)	(street, number, city, state, ZIP code)	NATURE OF DEBT	(mm/dd/yy)	2.1	10100
trace tillman) Self	191.64	101-19	191.4	146151
Tracle Tillman 1811/2 Eynchigabild 1811/2 Eynchigabild 1000000000000000000000000000000000000	69	poweren			
LENDER'S OCCUPATION					
LEHDER'S OCCUPATION					
		,			
LENDER'S OCCUPATION			·		
LEMENSOCCOFAILOR					
					n galler Blok Bloken a
LENGER'S OCCUPATION:			*	*	i Che, que e
LEIDER'S OCCUPATION:				•	, -
LENGERS OCCUPATION:					
					:
		·			
LENDERS OCCUPATION:		SUBTOTA	L THIS PAGE O	F SCHEDULE D	\$191.64
	TOTAL OF ALL	PAGES OF SCHEDUL	E D ON THE LA	ST PAGE ONLY ummary Sheet.)	81461.81



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

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

IS THIS AN AMENDMENT? Yes No

OF

(CFA-4) Summary Sheet

FILE NUMBER

46-19-49

TOTAL PAGES IN ENTIRE CFA-4 REPORT

COMMITTEE INFORMATION				
1. Full Name of Committee (as on Statement of Organization)	name.			
Tracie Y. Tillman				
2. Acronym or Abbreviated Name (if any)	1	tee Telephone		
	(219) 262-	4350	
4. Mailing Address (Address where all campaign finance correspondence is received.)	Check if this i	s a new addre	ess.	
5. City. State, ZIP Code	6. Party Af	ffiliation (if app		/ -
Michigan City IN 46360		Dem	cvaf	1C
CANDIDATE INFORMATION (For Candidate's Co				
7. Full Name of Candidate (Include any nickname.)	II	filiation or If in	,	t Candidate
Tracie 4. Tillman		emocre		
9 Office Squart (Include district number, if any, Not required for exploratory committee.)	10. County	of Residence	:	
Michigan City Common Council Word 5th			u investor	CANDIDATES ONLY
TYPE OF REPORT				CANDIDATES ONLY
11. Check one:		Che	ck one: Pre-Conve	antion
Pre-Primary Pre-Election Annual Nomination Other			Post-Conv	1
Final / Disbands Committee (Lines 18, 19, and 20 must be "0".) Outgoing Treasurer (Within ten (10) days amend State	ement of Organiz	ation.)	1 031-0011	
12. Reporting Period (mm/dd/yy):		COLUMN This Peri		COLUMN B Year to Date
From: 1-1-2019 Through: 4-12-19				rear to bate
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.				
CONTRIBUTIONS AND RECEIPTS (Note: these amounts include in-kind contributions and loans, as well as cash contributions.)				
15a. Itemized (Use Schedule A.)		1169.8	7	116281
15b. Uniternized		,, - <u>, , , , , , , , , , , , , , , , , </u>		74
	TOTAL /	169,87	1	1169-89
		169.8	7	1169181
EXPENDITURES	1			;
(Note: These amounts include in-kind expenditures and loan repayments.)				
17a. Itemized (Use Schedule B.) (Public Question: use Schedule C.)		116687		1169-87
17b. Uniternized		0,00		0.00
	TOTAL	1169.8	7	116289
18, Cash on hand and investments at close of this reporting period (Subtract 17c from 16 in both columns.)	TOTAL	168.87		1169-81
19. Debts OWED BY the committee (Use Schedule D.)		169.87		
20. Debts OWED TO the committee (Use Schedule E.)		0.00	FJ	
			IN CL	ERKS ICETACONLY
CERTIFICATION	DUE ACCOSO	T AND DOLED!		JK OFFICE USE 19NL
I CERTIFY THAT I HAVE EXAMINED THIS STATEMENT. TO THE BEST OF MY KNOWLEDGE AND BELIEF IT IS THE	RUE, CORREC	(mm/dd/yy)	FEB	7 2020
Signature of Treasurer Gellinan Travers	2 -	7-202	> []	7 202 0
		(mm/dd/yv)		
Signature of Candidate (if applicable)	2-	7-2000 CIE	KOE Keny	undlhabeck
WARNING: Any information contained in this report may not be copied for sale or used for any commercial purpose. files a fraudulent report commits a Level 6 felony. (IC 3-14-1-13) A person who fails to file a complete or accurate	(/C 3-9-4-5) A p	person who know guired by the In	might the second	ORTE CIRCUIT COURT
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 3-9-4-1	17, IC 3-9- <u>4-18)</u>		



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 individuats 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	of

CONTRIBUTOR'S FULL NAME AND OCCUPATION	TYPE OF CONTRIBUTION	COLUMN A	COLUMN B	DATE RECEIVED (mm/dd/yy)
FULL MAILING ADDRESS	OR OTHER RECEIPT	AMOUNT THIS PERIOD	CUMULATIVE YEAR-TO-DATE	RECEIVED BY
(street, number, city, state, ZIP code) 1. TRACULE TILLMAN 1. TRACULE TILLMAN 1. TRACULE TILLMAN TRAC	Confibutions: Direct In-Kind (describe)	1149.87	1164-87	4-15-19
TRACULE Willman 1811/ E-Michegan Blod POBELGO Whichelandry Ty6360	Other Recelpts: Interest Loan Miscellaneous (specify)			
Contributor's Occupation (if required)	Contributions: Direct In-Kind (describe)		,	
	Other Receipts: Interest Loan Miscellaneous (specify)		·	
Contributor's Occupation (if required)	Contributions:		<u> </u>	
3.	Direct In-Kind (describe)			
	Other Receipts: Interest Loan Miscellaneous (specify)			
Contributor's Occupation (if required)			-	
4. :	Contributions: Direct In-Kind (describe)			
,	Other Receipts: Interest Loan Miscellaneous (specify)			
Contributor's Occupation (if required)	Contributions:			
5.	Direct In-Kind (describe)			,
	Other Receipts: Interest Loan Miscellaneous (specify)			
Contributor's Occupation (if required)	HIS PAGE OF SCHEDULE A	\$	7 1 E	* - * - * - * * * * * * * * * * * * * *
TOTAL OF ALL PAGES OF SCHEDULE A		11 0 400		18.5
(Enter total on ITEM	15a of the Summary Sheet.)	5 11097814		



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

(CFA-4 SCHEDULE B) ITEMIZED EXPENDITURES

TRUCTIONS: Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this
hedule, 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.

FIL	E NU	MBE	R	
Page _	_1_	_ of _	_1	
•				

RECIPIENT'S NAME AND MAILING ADDRESS	RECIPIENT'S OCCUPATION	TYPE OF EXPENDITURE	COLUMN A AMOUNT THIS	COLUMN B CUMULATIVE	DATE OF
(street, number, city, state, ZIP code)	OFFICE SOUGHT (if applicable)	and PURPOSE (be specific)	PERIOD	YEAR-TO-DATE	EXPENDITURE
CodeA Socani Photos Photograph By Latreese Neal	Photographer	☐ Direct ☐ In-Kind☐ Payment of Debt☐ Returned Contribution	\$60.00		1/30/19
Art District, Franklin St., Michigan City, IN 46360 219-561-4337		Other Purpose:Campaign Headshots Photo	, -		
CodeO_ PNC Bank 301 West US Hwy 20 Michigan City, IN 46360 219-879-7381	Bank	☐ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other Purpose: Political Campaign Bank Account	\$100.00		02/08/19
Code _A ice Depot Office Max . 18 Dunes Plaza Michigan City, IN 46360	Business/Home Office Supplies	Direct In-Kind Payment of Debt Returned Contribution Other Purpose: Campaign 500 Business Cards	\$53.50		02/09/19
CodeA The Beacher Business Printers 911 Franklin St. Michigan City, IN 46360 219-879-1346	Advertising	☐ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other Purpose: Campaign Flyers-500	\$61.59		03/04/19
Code _A Reprographics Arts, INC 2824 E. Michigan Blvd. Michigan City, IN 46360 219-872-9111	Advertising	Direct In-Kind Payment of Debt Returned Contribution Other Purpose: Campaign Apparel t-shirts/hoodies	\$375.00		3/8/19
CodeA Family Dollar 2309 E. Michigan Blvd. Michigan City, IN 46360 219-874-4634	General Merchandising Store	Direct In-Kind Payment of Debt Returned Contribution Other Purpose: St. Patrick Day Parade for Candidates Apparel	\$3.00		03/09/19
CodeA Reprographic Art, INC 1924 E. Michigan Blvd. higan City, IN 46360 19-872-9111	Advertising	-shamrock necklaces Direct In-Kind Payment of Debt Returned Contribution Other Purpose: Campaign Apparel t-shirts/hoodies	\$110.21		03/25/19
	SUBTOTAL THIS PAG		\$763.30		
TOTAL OF ALL PA	\$				



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

(CFA-4 SCHEDULE B) ITEMIZED EXPENDITURES

...STRUCTIONS: 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.

	FI	LE N	UMB	ER	
F	age	1_	_ of _	2	

	PEOIDIENT'S OCCUPATION	1			
RECIPIENT'S NAME AND MAILING ADDRESS (street, number, city, state, ZIP code)	RECIPIENT'S OCCUPATION	TYPE OF EXPENDITURE and	COLUMN A AMOUNT THIS	COLUMN B CUMULATIVE	DATE OF EXPENDITURE
	OFFICE SOUGHT (if applicable)	PURPOSE (be specific)	PERIOD	YEAR-TO-DATE	EARCHOITURE
CodeA Dollar Tree 4209 Franklin St. Michigan City, IN 46360 219-262-6030	General Merchandising	Direct In-Kind Payment of Debt Returned Contribution Other Purpose: Campaign Supplies binder clips, index dividers	6.42		03/26/19
Code _A Walmart 5708 Franklin St. Michigan City, IN 46360 219-879-3620	General Merchandising	□ Direct □ In-Kind □ Payment of Debt □ Returned Contribution □ Other	\$22.51		03/26/19
CodeA To Depot Office Max Dunes Plazachlgan City, IN 46360 219-879-1346	Business/Home Office Supplies	☐ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other Purpose: Campaign Supplies stapler	\$16.05		03/29/19
CodeA The Beacher Business Printer 911 Franklin St. Michigan City, IN 46360 219-879-0088	Advertising	Direct In-Kind Payment of Debt . Returned Contribution Other Purpose: Campaign flyers 500	\$61.59		03/29/19
Code _A Awesome Compaign.Com INC 1220 St. Charles St. Elgin, IL 80120 877-380-7446	Campaign Signs	□ Direct □ In-Kind □ Payment of Debt □ Returned Contribution □ Other	\$300.00		4/8/2019
Code		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:			
Code		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:		•	
	SUBTOTAL THIS PAG	SE OF SCHEDULE B	\$406.57		
TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY (Enter total on ITEM 17a of the Summary Sheet)					



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

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

...STRUCTIONS: 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 N	IUMBEF	₹	
Page _	1	of	3	

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 NATURE OF DEBT	DATE DEBT INCURRED	CUMULATIVE PAID YEAR-TO-DATE	OUTSTANDING BALANCE THE PERIOD
	Socani Photos Photograph By Latreese Neal	\$60.00	01/30/19		\$60.00
Tracie Y. Tillman 1811 % E. Michigan Blvd Michigan City, IN 46360 219-262-4353	Art District, Frenklin St., Michigan City, IN 46360 219-561-4337	Campaign headshots photos			
ENDER'S OCCUPATION: Executive Listson				<u> </u>	
Fracie Y. Tillman 1811 % E. Michigan Slvd	PNC Bank 301 West US Hwy 20 Michigan City, IN 46360 219-879-7381	\$100.00 Political Campaign Bank	02/08/2019		\$100.00
Michigan City, IN 46360 219-262-4353		Account			
.ENDER'S OCCUPATION: Executive Lizison	Office Depot Office Max 118 Dunes Plaza Michigan City, IN 46360	\$53.50	02/09/2019	\$53.50	
Y. Tillman 1 % E. Michigan Blvd . mchigan City, IN 46360 219-262-4363		Campaign business cards 500			
LENDER'S OCCUPATION: Executive Liaison	The Beacher Business Printers	\$61.53	03/04/2019		\$61.59
racle Y. Tillman 1811 % E. Michigan Blvd Michlgan Cily, IN 46360	911 Franklin St. Michigan City, IN 46360 219-879-1346	Campaign Flyers			
219-262-4353		500			
ENDER'S OCCUPATION: Executive Lisison acie Y, Tillman	Reprographics Arts, INC 2824 E. Michigan Blvd. Michigan City, IN 46360	\$375.00	03/08/2019	\$375.00	
1811 ½ E. Michigan Blvd Michigan City, IN 46360 219-262-4353	219-872-9111	Campaign Apparel t- shirts/hoodies			
LENDER'S OCCUPATION: Executive Lizison	Family Dollar 2309 E. Michigan Blvd. Michigan City, IN 46360	\$3.00	03/09/2019		\$3.00
rade Y. Tillman 1811 'X E. Michigan Bwd Michigan City, IN 46360 219-262-4353	219-874-4634	St. Patrick Day Parade for Candidates apparel – shamrock necklaces			
ENDER'S OCCUPATION: Executive Liaison acie Y. Tillman 811 ½ E. Michigan Bivd ichigan City, IN 46360 19-262-4353	Reprographic Art, INC 2824 E. Michigan Blvd. Michigan City, IN 46360 219-872-9111	\$110.10	03/25/2019		\$110.21
	213-072-3111				
LENDER'S OCCUPATION: Executive Listson		SUBTOTA	I THIS PAGE (F SCHEDULE D	\$763.30
<u> </u>					
	TOTAL OF ALL	PAGES OF SCHEDUL	E D ON THE LA	ST PAGE ONLY	\$



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

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

... STRUCTIONS: 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. OWEO 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.

F	ILE NUMBEF	?
		-
Page	1 of _	_4

CREDITOR'S OR LENDER'S NAME & MAILING ADDRESS	ENDORSER'S OR VENDOR'S NAME & MAILING ADDRESS (if any)	AMOUNT	DATE DEBT INCURRED	CUMULATIVE PAID	OUTSTANDING BALANCE THIS
(street, number, city, state, ZIP code)	(street, number, city, state, ZIP code)	NATURE OF DEBT		YEAR-TO-DATE	PERIOD
Tracie Tillman 1811/12 E. Michean Blvd. Michigan City. In 46360	Dollar Tree 4209 Franklin St. Michigan City, IN 46360 219-262-6030	\$6.42	03/26/2019		\$6.42
219-262-4353		Campaign supplies binder clips, index dividers			
LENDERS OCCUPATION: E Ne cutive Lauser	Waimart	\$22.51	03/26/2019	<u> </u>	\$22.51
Tracke Tillman	5708 Franklin St. Michigan City, IN 46360				
18111/2 & Michigan Blod.	219-879-3620	Campaign Supplies			
Michigan City, IN 46360 LENDERS COCCUPATION & LECTURE LICENSON		binders, actpkthi 12c			
_	Office Depot Office Max	\$16.05	03/29/2019		\$16.05
Tracke Tillman "Ill12 E. Michegan Blud.	118 Dunes Plaza Michigan City, IN 46360				
ichegan City, IN 46340	219-879-1346	Campaign Supplies			
		Hole puncher			
LENDER'S OCCUPATION: Executive Lauson	The Beacher Business Printer	\$61.59	03/29/2019		\$61.59
Track Tilman	911 Franklin St.	401.00	00/10/2010		401.00
1911 1/2 E. Michyan Blud.	Michigan City, IN 46360 219-879-0088	Campaign flyers 500			
wichigan City. IN		Campaign liyers 500			
LENDER'S OCCUPATION Executive Lauson					
Trace Tillman	Awesome Compaign.Com INC 1220 St. Charles St. Elgin, IL 60120	\$300.00	04/08/2019		\$300.00
1811 E. Michigan Blod.	877-380-7446	Campaign signs 100			•
Michigan City, Fro 4640					
LENDER'S OCCUPATION: Executive Likeson					
LENDER'S OCCUPATION:					
		· <u>-</u> -			
ADER'S OCCUPATION:				!	
JOHN O COMPANION.	· · · · · · · · · · · · · · · · · · ·	SUBTOTA	L THIS PAGE O	F SCHEDULE D	\$406.57
TOTAL OF ALL PAGES OF SCHEDULE D ON THE LAST PAGE ONLY (Enter total on ITEM 19 of the Summary Sheet)				\$1,169.87	



State Form 4606 (R15 / 5-19) iana Election Division (IC 3-9-5-14)

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

IS THIS AN AMENDMENT? Yes .

(CFA-4) Summary Sheet

FILE NUMBER

140-19-49

TOTAL PAGES IN ENTIRE CFA-4 REPORT

COMMITTEE INFORMATION			
1. Full Name of Committee (as on Statement of Organization) Check if this is a new	name.		
Tracie Tillman for stricerd	1 2 Co-	mittoo Tolonhona klumba	
2. Acronym or Abbreviated Name (if any)	(219	mittee Telephone Numbe ()262 - 43	1
4. Mailing Address (Address where all campaign finance correspondence is received.)	Check if th	nis is a new address.	·
5. City, State, ZIP Code White an City IN Yes		y Affiliation (If applicable) De Mocrati	e ·
CANDIDATE INFORMATION (For Candidate's C			
7. Full Name of Candidate (Include any nickname.)	8. Part	Affiliation or If Independe	
Trace 4. Tillman	ļ. — ·	<u>Je mocratio</u>	
9. Office Sought (Include district number, if any. Not required for exploratory committee.)	10. Col	unty of Residence	
Micheyan City Common Carried Gard 5			ON CANDIDATES ONLY
TYPE OF REPORT		Check one:	SA-CANDIDATES UNIT
11. Check one: There-Primary Pre-Election Annual Nomination Other		Pre-Cor	evention
Final / Disbands Committee (Lines 18, 19, and 20 must be "0".) Utgoing Treasurer (Within ten (10) days emend State	ement of Org		nvention
Reporting Period (mm/dd/yy):		COLUMN A	COLUMN B
From: 1-1-2019 Through: 4-12-2019		This Period	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.			
CONTRIBUTIONS AND RECEIPTS			
(Note: these amounts include in-kind contributions and loans, as well as cash contributions.)			
15a. Itemized (Use Schedule A.)		100	
15b. Unitemized		100	
Tot. Add area for the first solution.	OTAL		
to. Add lines 15 and 160 in Goldmin Value lines 17 and 160 in Goldmin	TOTAL	100	
EXPENDITURES			
(Note: These amounts include in-kind expenditures and loan repayments.)			·
17a. Itemized (Use Schedule B.) (Public Question: use Schedule C.)		1169.87	
17b. Unitemized		1110 54	
17C. Add lines 17a and 17b in both columns.	TOTAL	1/69.87	
18. Cash on hand and investments at close of this reporting period (Subtract 17c from 16 in both columns.)	TOTAL	1169.87	
19. Debts OWED BY the committee (Use Schedule D.)		1169.87	
20. Debts OWED TO the committee (Use Schedule E.)		F	CLEDKE OFFICE
CERTIFICATION			CLERKS OFFICE FOR OFFICE USE ONLY
I CERTIFY THAT I HAVE EXAMINED THIS STATEMENT. TO THE BEST OF MY KNOWLEDGE AND BELIEF IT IS TI	RUE, CORF	RECT AND COMPLETE	
nature of Treasurer Pellman Title TVEASUVE		ate (mm/dd/yy) 2 - 7 - 2020	EB 7 202 0
Signature of Candidate (If Applicable)		ate (mm/dd/yy) 2-7-2-2-0	Koupeflehoback
WARNING: Any information contained in this report may not be copied for sale or used for any commercial purpose. files a fraudulent report commits a Level 6 felony. (IC 3-14-1-13) A person who fails to file a complete or accurat Campaign Finance Law commits a Class B misdemeanor, (IC 3-14-1-14) and may be subject to civil penalties. (IC 3-9-	(IC 3-9-4-5) e report as	A person who knowingly required by the Indiana	LÁ PORTE CIRCUIT COURT
Germany.			



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

(CFA-4 SCHEDULE B) ITEMIZED EXPENDITURES

.ISTRUCTIONS: Please type or print legibly IN BLACK INK all information on this schedule. For essistance 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	
Page1 of1_	

					<u>. </u>
RECIPIENT'S NAME AND MAILING ADDRESS (street, number, city, state, ZIP code)	RECIPIENT'S OCCUPATION	TYPE OF EXPENDITURE	COLUMN A AMOUNT THIS	COLUMN B	DATE OF
(street, number, triy, store, 2n today)	OFFICE SOUGHT (if applicable)	PURPOSE (be specific)	PERIOD	YEAR-TO-DATE	EXPENDITURE
CodeA Socani Photos Photograph By Latreese Neal Art District, Franklin St., Michigan City, IN 48360 219-561-4337	Photographer	Direct In-Kind Payment of Debt Returned Contribution Other Purpose:Campaign Headshots Photo	\$60.00		1/30/19
PNC Bank 301 West US Hwy 20 Michigan City, IN 46360 219-879-7381	Bank	☐ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other Purpose: Political Campaign Bank Account	\$100.00		02/08/19
code_A ce Depot Office Max 118 Dunes Plaza Michigan City, IN 46360	Business/Home Office Supplies	□ Direct □ In-Kind □ Payment of Debt □ Returned Contribution □ Other □ Purpose: Campaign 500 Business Cards	\$53.50		02/09/19
Code A The Beacher Business Printers 811 Franklin St. Michigan City, IN 46360 219-879-1346	Advertising	Direct In-Kind Payment of Debt Returned Contribution Other Purpose: Campaign Flyers-	\$61.59		03/04/19
CodeA Reprographics Arts, INC 2824 E. Michigan Blvd. Michigan City, IN 46360 219-872-9111	Advertising	Direct In-Kind Payment of Debt Returned Contribution Other Purpose: Campaign Apparel t-shirts/hoodies	\$375.00		3/8/19
CodeA Family Dollar 2309 E. Michigan Bivd. Michigan City, IN 46360 219-874-4634	General Merchandising Store	Direct In-Kind Payment of Debt Returned Contribution Other Purpose: St. Patrick Day Parade for Candidates Apparel -shamnock necktaces	\$3.00		03/09/19
CodeA_ Reprographic Art, INC 4 E. Michigan Blvd. ilgan City, IN 46360 4.9-872-9111	Advertising	Direct tn-Kind Payment of Debt Returned Contribution Other Purpose: Campaign Apparel 1- shirts/hoodies	\$110.21		03/25/19
	SUBTOTAL THIS PAG	E OF SCHEDULE B	\$763.30		
TOTAL OF ALL PA	GES OF SCHEDULE B ON THE (Enter total on ITEM 17a of t		\$		



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

(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	
Page1 of2	

			<u> </u>		
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
CodeA_ Dollar Tree 4209 Franklin St. Michigan City, IN 46360 219-262-6030	General Merchandising	Direct In-Kind Payment of Debt Returned Contribution Other Purpose: Cempaign Supplies binder clips, Index dividers	6.42		03/26/19
Code _A	General Merchandising	Direct In-Kind Payment of Debt Returned Contribution Other Purpose: Campaign Supplies Binders, actobth! 12c	\$22.51		03/26/19
codeA_ > Depot Office Max Dunes Plaza Michigan City, IN 46360 219-879-1346	Business/Home Office Supplies	Direct In-Kind Peyment of Debt Returned Contribution Other Purpose: Campaign Supplies stapler	\$16.05		03/29/19
CodeA The Beacher Business Printer 911 Franklin St. Michigan City, IN 46360 219-879-0088	Advertising	Direct In-Kind Payment of Debt Returned Contribution Other Purpose: Campaign flyers 500	\$61.59		03/29/19
Awesome Compaign.Com INC 1220 St. Charles St. Elgin, IL 60120 877-380-7446	Campaign Signs	☑ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other	\$300.00		4/8/2019
Code		Direct In-Kind Peyment of Debt Returned Contribution Other Purpose:			
Code		□ Direct □ In-Kind □ Payment of Debt □ Returned Contribution □ Other			
	E OF SCHEDULE B	\$406.57			
TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY (Enter total on ITEM 17a of the Summary Sheet)			\$1,169.77		



State Form 4606 (R13/11-05) Indiana Election Commission (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, <u>regardless of the amount</u>, 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 tender'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 _	1_	of	3		

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	INCURRED	IMULATIVE PAID AR-TO-DATE	OUTSTANDING BALANCE THIS PERIOD
Tracie Y. Tilimen 1811 ¼ E. Michigan Blvd Michigan Cily, IN 46360 219-262-4353	Socani Photos Photograph By Latreese Nea! Arl District, Franklin St., Michigan City, IN 46360 219-561-4337	\$60.00 Campaign headshots photos	01/30/19		\$60.00
LENDER'S OCCUPATION: Executive Linkson Traccie Y. Tillman 1811 'A E. Michigan Blvd Michigan City, IN 46360 219-262-4353	PNC Bank 301 West US Hwy 20 Michigan City, IN 46360 219-879-7381	\$100.00 Political Campaign Bank Account	02/08/2019		\$100.00
Y. Tillman 1 1/2 E. Michigan Blvd Michigan City, IN 46360 219-262-4353	Office Depot Office Max 118 Dunes Plaza Michigan City, IN 46360	\$53.50 Campaign business cards 500	02/09/2019		\$53.50
Tracie Y. Tillman 1811 ¼ E. Michigan Blvd Michigan City, IN 46360 219-262-4353	The Beacher Business Printers 911 Franklin St. Michigan City, IN 46360 219-879-1346	\$61.53 Campaign Flyers 500	03/04/2019		\$61.59
LENGER'S OCCUPATION Executive Linkson Tractic Y. Tillman 1811 1/4 E. Michigen Blvd Michigen City, IN 46360 219-262-4353	Reprographics Arts, INC 2824 E. Michigan Blvd. Michigan City, IN 46360 219-872-9111	\$375.00 Campaign Apparel t-shirts/hoodies	03/08/2019		\$375.00
LENDER'S COCUPATION: Executive Lisison Tractic Y. Tillman 1811 ½ E. Michigan Blvd Michigan City, IN 46360 219-262-4353	Family Dollar 2309 E. Michigan Blvd. Michigan City, IN 46360 219-874-4634	\$3.00 St. Patrick Day Perade for Candidates apparel - sharmock necklaces	03/09/2019		\$3.00
LENDER'S OCCUPATION: Executive Unison Tracte Y. Tillman 1811 'M E. Michlgan Bivd Vichigan City, IN 46360 219-262-4353	Reprographic Art, INC 2824 E. Michigan Blvd. Michigan City, IN 46360 219-872-9111	\$110.10	03/25/2019		5110.21
LENDER'S OCCUPATION: Executive Unitson		SUBTOTAL	. THIS PAGE OF SCH	EDULE D 4	5763.30
TOTAL OF ALL PAGES OF SCHEDULE D ON THE LAST PAGE ONLY					3



State Form 4606 (R13/11-05) Indiana Election Commission (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	1	of _	_4	-		

CREDITOR'S OR LENDER'S NAME 8 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	OATE DEBT INCURRED	CUMULATIVE PAID YEAR-TO-DATE	OUTSTANDING BALANCE THIS PERIOD
Tracie Tillman 1811/2 E. Michiganosiu Michigan Est, EN 46360	Dollar Tree 4209 Franklin St. Michigan City, IN 46360 219-262-6030	\$6.42	03/26/2019		\$6.42
LENDERS OCCUPATION EXECUTIVE LIGHTON		Campaign supplies binder clips, Index dividers			
Tracue Tillman 1811/2 E. Michigan BWd. Michigan City. FN 16260	Walmart 5708 Franklin St. Michigan City, IN 46360 219-879-3620	\$22.51 Campaign Supplies	03/26/2019		\$22.51
LENDETS OCCUPATION Executive Lieus on		binders, actpkthi 12c	00000000		
reacte Tillman	Office Depot Office Max 118 Dunes Plaza Michigan City, IN 46360 219-879-1346	\$16.05	03/29/2019		\$16.05
Michigan City. In 46260		Campaign Supplies Hole puncher			
Trache Tillman 18111/2 E. Muhnyan Blud.	The Beacher Business Printer 911 Franklin St. Michigan City, IN 46360 219-879-0088	\$61.59	03/29/2019		\$61.59
Michigan City IN 46260 LENDERS OCCUPATION Executive Liaison	A O INC	Campaign flyers 500	04/08/2019		****
Tracie Tillmen 1811/2 E. Michigan Blud. Michigan Edy TN 46360	Awesome Compaign.Com INC 1220 St. Charles St. Elgin, IL 60120 877-380-7446	Campaign signs 100	04/06/2019		\$300.00
LENDERS OCCUPATION EXECUTIVE (cargon					
LENDER'S OCCUPATION					
ER'S OCCUPATION		SUBTOTA	L THIS PAGE O	F SCHEDULE D	\$406.57
TOTAL OF ALL PAGES OF SCHEDULE D ON THE LAST PAGE ONLY (Enter total on ITEM 19 of the Summary Sheet)					\$1,169.87