REPORT OF RECEIPTS AND EXPENDITURES OF A POLITICAL COMMITTEE State Form 4606 (R13/11-05) Indiana Election Commission (IC 3-9-5-14)		Si	(CFA ummary File NU	y Sheet
INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this form. For assistance in completing this form, see instructions on the reverse side.	т			D-27 IRE CFA-4 REPORT
IS THIS AN AMENDMENT? 🗌 Yes 🛛 No			3	
COMMITTEE INFORMATION				
1. Full Name of Committee (as on Statement of Organization)	ame			
Committee to Elect Sarah Brown				
2. Acronym or Abbreviated Name (if any)	3. Comm	ittee Teleph	one Number	
	(765)4			
	eck if this	is a new add	iress	
1104 L Street 5. City, State, ZIP Code	6. Party A	Affiliation (if	applicable)	
La Porte, IN. 46350	Republica			
CANDIDATE INFORMATION (For Candidate's Co	ommittee	s Only)		
7. Full Name of Candidate <i>(include any nickname)</i> Sarah Brown		Affiliation or	If Independe	nt Candidate
9. Office Sought (Include district number, if any. Not required for exploratory committee.)	10. Coun	ty of Reside	nce	
City Council Ward 5	La Porte			
TYPE OF REPORT			CONVENTIC	N CANDIDATES ONLY
11. Check one:			Check one:	vention
Final/Disbands Committee (lines 18, 19, and 20 must be "0") Dutgoing Treasurer (within 10 days amend Statement of C	Organization)		Post-Cor	nvention
12. Reporting Period:		COLU	MN A	COLUMN B
From: 10/16/2019 Through: 12/31/2019	8	This F	Period	Year to Date
13. Cash on hand and investments at the beginning of this reporting period.		964.67		
14. Cash on hand and investments January 1, current year.				381.57
CONTRIBUTIONS AND RECEIPTS (Note: these amounts include in-kind contributions and loans, as well as cash contributions.)				
15a. Itemized (use Schedule A)		2600.	P. 1 18	0
15b. Unitemized		2000.		0
15c. Add lines 15a and 15b in both columns SUBTO	DTAL	2600.		0
16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B	OTAL	3564.67		0
EXPENDITURES		a balance		
(Note: These amounts include in-kind expenditures and loan repayments.)				
17a. Itemized (use Schedule B) (Public Question: use Schedule C)		3183.10		0
17b. Unitemized				
	-	3183.10		0
	TOTAL	381.57		381.57
19. Debts OWED BY the committee (use Schedule D)				
20. Debts OWED TO the committee (use Schedule E)			FI	and the second
CERTIFICATION			and the second se	EDR OFFICE USE ONLY
ERTIFY THAT I HAVE EXAMINED THIS STATEMENT. TO THE BEST OF MY KNOWLEDGE AND BELIEF IT IS TR Signature of Treasurer Title	RUE, CORRE	4		
Juni M. Nomen Treasurer		I-15-	2020 AN	1 5 2020
Signature of Candidate (if applicable)	Da	te		TIOTPM
Darah prown	1	-15-2		porte circuit court



REPORT OF RECEIPTS AND EXPENDITURES OF A POLITICAL COMMITTEE State Form 4606 (R13/11-05)

Indiana Election Commission (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.

	FIL	E NUME	ER	
Page _	_1_	of	3	

CONTRIBUTOR'S FULL NAME AND OCCUPATION FULL MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED RECEIVED BY
1. Christopher Parthun 1533 Michigan Ave La Porte, IN 46350	Contributions: Direct In-Kind <i>(describe)</i>			10/25/2019
	Other Receipts:	500.00	500.00	Treasurer
Contributor's Occupation (if required)				
2. Jim and Becky Pressel 1772 N Lofgren Rd Rollig Prairie, IN. 46371	Contributions: Direct In-Kind (describe)			11/20/2019
Contributor's Occupation (if required)	Other Receipts:	100.00	100.00	Treasurer
3.	Contributions: Direct In-Kind (describe)			
Contributor's Occupation (if required)	Other Receipts:			
4.	Contributions: Direct In-Kind (describe)			
Contributor's Occupation (if required)	Other Receipts:			
5.	Contributions: Direct In-Kind (describe)	_		
Contributor's Occupation (if required)	Other Receipts:			
SUBTOTAL THIS PAGE OF SCHED		\$ 600.00		



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

(CFA-4 SCHEDULE A-5) CONTRIBUTIONS BY OTHER ORGANIZATIONS Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY ORGANIZATIONS OTHER THAN CORPORATIONS, LABOR ORGANIZATIONS, POLITICAL ACTION COMMITTEES AND INDIVIDUALS ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from other entities OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (*over* \$200, *if regular party committee*). All transfers-in and in-kind contributions 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 _	2	of	3

CONTRIBUTOR'S FULL NAME AND	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
1. Committee to Elect Tom Dermody Mayor of La Porte PO Box 1624 La Porte, IN. 46352	Contributions: Direct In-Kind (describe) Other Receipts: Interest Loan Misc. (specify)	2000	2884.00	11/04/2019 Treasurer
2.	Contributions: Direct In-Kind (describe) Other Receipts: Interest Loan Misc. (specify)			
3	Contributions: Direct In-Kind (describe) Other Receipts: Interest Loan Misc. (specify)			
4.	Contributions: Direct In-Kind (describe) Other Receipts: Interest Loan Misc. (specify)			
5.	Contributions: Direct In-Kind (describe) Other Receipts: Interest Loan Misc. (specify)			
SUBTOTAL	THIS PAGE OF SCHEDULE A	\$ 2000		
TOTAL OF ALL PAGES OF SCHEDULE (Enter total on ITE	A ON THE LAST PAGE ONLY M 15a of the Summary Sheet)	\$ 2600		



REPORT OF RECEIPTS AND EXPENDITURES OF A POLITICAL COMMITTEE State Form 4606 (R13/11-05)

Indiana Election Commission (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. 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.

(CFA-4 SCHEDULE B) ITEMIZED EXPENDITURES

FILE NUMBER					
	v				
Page_	_3	of	3	_	

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
CodeA Mark It Red PO Box 722 Lebanon, IN. 46052		Direct In-Kind Payment of Debt Returned Contribution Other Purpose: Direct Mailers	1061.03	3895.33	11/05/19
CodeA Mark It Red PO Box 722 Lebanon, IN 46052		Direct In-Kind Payment of Debt Returned Contribution Other Purpose: Direct Mailers	2122.07	6017.40	11/07/19
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:			
	SUBTOTAL THIS PAG		\$ 3183.10		
TOTAL OF ALL PA	GES OF SCHEDULE B ON THI (Enter total on ITEM 17a of		\$ 3183.10		

State Form 4606 (R14 / 10-17) Indiana Election Division (IC 3-9-5-14)		S	umma	A-4) Try Sheet
INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this form. For assistance in completing this form, see instructions on the reverse side.		A MARTINE MAR	W. Agent	10-27 NTIRE CFA-4 REF
IS THIS AN AMENDMENT? 🗌 Yes 🛛 No	' [
	NC			
1. Full Name of Committee (as on Statement of Organization)	new name.			
Committee to Elect Sarah Brown				
2. Acronym or Abbreviated Name (if any)	3. Con	nmittee Telep	hone Numb	ber
			9-4679	
4. Mailing Address (Address where all campaign finance correspondence is received.)	Check if the	his is a new a	address.	
1104 L Street				
5. City, State, ZIP Code		y Affiliation (f applicable)
La Porte, IN 46350	Repub	lican		
CANDIDATE INFORMATION (For Candidate	's Committ	ees Only)		
7. Full Name of Candidate (Include any nickname.)			r If Indepen	dent Candidate
Sarah Brown	Repub	-	. ii iiidepeli	Sont Sandidate
9. Office Sought (Include district number, if any. Not required for exploratory committee.)		unty of Resid	lence	
City Council Ward 5				
	La Por	te		
TYPE OF REPORT			CONVENT	TION CANDIDATES
Check one: Pre-Primary Pre-Election Annual Nomination Other			Check one Pre-C	a: onvention
Pre-Primary Pre-Election Annual Nomination Other Final / Disbands Committee (Lines 18, 19, and 20 must be "0".) Outgoing Treasurer (Within ten (10) days among	nd Statement of Or		Pre-C	
Pre-Primary Pre-Election Annual Nomination Other Final / Disbands Committee (Lines 18, 19, and 20 must be "0".) Outgoing Treasurer (Within ten (10) days amen 12. Reporting Period (mm/dd/yy):	nd Statement of Or	COL	Pre-C	onvention
Pre-Primary Pre-Election Annual Nomination Other Final / Disbands Committee (Lines 18, 19, and 20 must be "0".) Outgoing Treasurer (Within ten (10) days amen 12. Reporting Period (mm/dd/yy): From: 01/01/2020 Through: 12/31/2020	nd Statement of Or	COL This	Pre-C	onvention Convention COLUMN
Pre-Primary Pre-Election Annual Nomination Other Final / Disbands Committee (Lines 18, 19, and 20 must be "0".) Outgoing Treasurer (Within ten (10) days amen 12. Reporting Period (mm/dd/yy): From: 01/01/2020 Through: 12/31/2020 13. Cash on hand and investments at the beginning of this reporting period.	nd Statement of Or	COL	Pre-C	onvention Convention COLUMN Year to Da
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Pre-Primary Pre-Election Annual Nomination Other Final / Disbands Committee (Lines 18, 19, and 20 must be "0".) Outgoing Treasurer (Within ten (10) days amen 12. Reporting Period (mm/dd/yy): From: 01/01/2020 Through: 12/31/2020 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.)	nd Statement of Or	COL This 381.57	Pre-C	onvention Convention COLUMN Year to Da 381.57 0
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Pre-Primary Pre-Election Annual Nomination Other Final / Disbands Committee (Lines 18, 19, and 20 must be "0".) Outgoing Treasurer (Within ten (10) days amen 12. Reporting Period (mm/dd/yy): From: 01/01/2020 Through: 12/31/2020 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 15c. Add lines 15a and 15b in both columns. 16. Add lines 15a and 15b in both columns. 17a. Itemized (Use Schedule B.) (Public Question: use Schedule C.) 17b. Unitemized 17c. Add lines 17a and 17b in both columns.	SUBTOTAL TOTAL SUBTOTAL	CoL This 381.57 0 0 381.57 381.57	Pre-C Post-C UMN A Period	onvention Convention CoLUMN Year to Da 381.57 0 0 0 381.57 381.57
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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	of			

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.	Contributions: Direct In-Kind (describe)			
	Other Receipts:	ŝ		
Contributor's Occupation (if required)				
2.	Contributions: Direct In-Kind (describe)			
	Other Receipts:			
Contributor's Occupation (if required)				
3.	Contributions: Direct In-Kind (describe)			
	Other Receipts:			
Contributor's Occupation (if required)				
4.	Contributions: Direct In-Kind (describe)			
Contributor's Occupation (if required)	Other Receipts:			
5.	Contributions:			
	Direct			
	Other Receipts:	15		
Contributor's Occupation (if required)				
	THIS PAGE OF SCHEDULE A	\$		
TOTAL OF ALL PAGES OF SCHEDULE ((Enter total on ITEN)	A ON THE LAST PAGE ONLY 1 15a of the Summary Sheet.)	\$		



REPORT OF RECEIPTS AND EXPENDITURES OF A POLITICAL COMMITTEE State Form 4606 (R14 / 10-17)

Indiana Election Division (IC 3-9-5-14)

(CFA-4 SCHEDULE 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 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	of	

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:			
	In-Kind (describe)			
	Other Receipts:			
	Miscellaneous (specify)			
2.	Contributions:			
	In-Kind (describe)			
	Other Receipts:			
	Miscellaneous (specify)			
3.	Contributions:			
	In-Kind (describe)			
	Other Receipts:			
	Miscellaneous (specify)			
4.	Contributions:			
	In-Kind (describe)			
	Other Receipts:			
	Miscellaneous (specify)			
5.	Contributions:			
	Direct In-Kind (describe)			
	Other Receipts:			
	Miscellaneous (specify)			
	20.000 Total			
SUBTOTAL	THIS PAGE OF SCHEDULE A	\$		
TOTAL OF ALL PAGES OF SCHEDULE		\$		
(Enter total on ITE)	M 15a of the Summary Sheet.)			

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

(CFA-4 SCHEDULE A-3) CONTRIBUTIONS BY LABOR ORGANIZATIONS Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY LABOR ORGANIZATIONS ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts <u>totaled on ITEM 15a</u> 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).

FII	E NUMBER	
Page	of	

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)			с.
	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:			
5.	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest Loan Miscellaneous (<i>specify</i>)			
	HIS PAGE OF SCHEDULE A	\$		
TOTAL OF ALL PAGES OF SCHEDULE A (Enter total on ITEM)	ON THE LAST PAGE ONLY 15a of the Summary Sheet.)	\$		

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).

F	ILE NUMBER	
Page	of	

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:			
	In-Kind (describe)			
	Other Receipts:		2*	
	Interest Loan			
	Miscellaneous (specify)			
2.	Contributions:			
	Direct			
	In-Kind (describe)			
	Other Receipts:			
	Interest Loan			
	Miscellaneous (specify)			
3.	Contributions:			
	Direct			
	In-Kind (describe)			
	Other Receipts:			
	Miscellaneous (specify)			
	2.6 23			
4.	Contributions:			
	Direct			
	In-Kind (describe)			
	Other Receipts:			
	Miscellaneous (specify)			
5.	Contributions:			
	Direct			
	In-Kind (describe)			
	Other Receipts:			
	Interest Loan Miscellaneous (specify)			
	wiscenaneous (specify)			
	t 			
	HIS PAGE OF SCHEDULE A	\$		
TOTAL OF ALL PAGES OF SCHEDULE A	ON THE LAST PAGE ONLY 15a of the Summary Sheet.)	\$		
	isa of the Summary Sneet.)			

REPORT OF RECEIPTS AND EXPENDITURES OF A POLITICAL COMMITTEE State Form 4606 (R14 / 10-17)

Indiana Election Division (IC 3-9-5-14)

(CFA-4 SCHEDULE 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).

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Page	of	

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 (<i>specify</i>)			
2.	Contributions: Direct In-Kind (describe)			
	Other Receipts:			
3.	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest Loan Miscellaneous (specify)			
4.	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest Loan Miscellaneous (<i>specify</i>)			
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 ITEN)	A ON THE LAST PAGE ONLY 1 15a of the Summary Sheet.)	\$		



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

(CFA-4 SCHEDULE B) ITEMIZED EXPENDITURES

F		
Page	of	

.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. This schedule is used to document expenditures totaled on ITEM 17a of the Summary Sheet. All cumulative expenses paid to individuals, businesses, labor organizations and other entities OVER \$100 per recipient, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative expenses, including in-kind, regardless of amount paid to political committees, (such as transfers-out from candidate, legislative caucus, political action, or regular party committees) MUST be itemized on this schedule.

RECIPIENT'S NAME AND MAILING ADDRESS	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 _A Sarah Brown 1104 L St La Porte, IN 46350		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:	381.57	381.57	11/04/20
Code		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:			
		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:			
		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:			
	SUBTOTAL THIS PAG	GE OF SCHEDULE B	\$381.57		· · · · · · · · · · · · · · · · · · ·
TOTAL OF ALL PA	GES OF SCHEDULE B ON THI (Enter total on ITEM 17a of t		\$381.57		



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

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

FILE NUMBER

.(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. 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.

				Page	of
Enter Text of Public Question.		ON INFORMATION			
Type of Question: Statewide		6			
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:			
		GE OF SCHEDULE C	\$		
TOTAL OF ALL PAG	ES OF SCHEDULE C ON TH (Enter total on ITEM 17a of		\$		



REPORT OF RECEIPTS AND EXPENDITURES OF A POLITICAL COMMITTEE State Form 4606 (R14 / 10-17)

Indiana Election Division (IC 3-9-5-14)

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

.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. 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 NUMBER	
Page	of	

CREDITOR'S OR LENDER'S NAME AND MAILING ADDRESS	ENDORSER'S OR VENDOR'S NAME AND MAILING ADDRESS (if any)	AMOUNT	DATE DEBT	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
LENDER'S OCCUPATION:					
LENDER'S OCCUPATION:					
LENDER'S OCCUPATION:					
LENDER'S OCCUPATION.					
LENDER'S OCCUPATION:					
LENDER'S OCCUPATION:					
LENDER'S OCCUPATION:					
IDER'S OCCUPATION:	1	SUBTOTA	L THIS PAGE C	F SCHEDULE D	\$0
TOTAL OF ALL PAGES OF SCHEDULE D ON THE LAST PAGE ONLY (Enter total on ITEM 19 of the Summary Sheet.)					\$0



REPORT OF RECEIPTS AND EXPENDITURES OF A POLITICAL COMMITTEE State Form 4606 (R14 / 10-17)

Indiana Election Division (IC 3-9-5-14)

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

					FILE NUMB	ER
INSTRUCTIONS: Please type or print legible completing this schedule, see instructions or OWED TO the committee during the reporting	the reverse side. List all debts and loa	ins, regardless of the amount,	1 ,			
				Page	of _	
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 INCUF (mm/a	RED	CUMULATIVE PAID YEAR-TO-DATE	OUTSTANDING BALANCE THIS PERIOD
			1			
R						
		SUBTOTA	L THIS F	PAGE O	SCHEDULE E	\$