

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

(CFA-1)

State Form 4604 (R15 / 5-19) Indiana Election Division (IC 3-9-1-3; IC 3-9-1-4; IC 3-9-1-5)

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

								FILE NUMBER	
I. IS THIS AN AMENDMEN								46-22-44	
ECTION A . CANDIDA Last Name	TE INF	ORMATION: Fit First Name	ll in al	applicable Middle Name	e boxes a	Nickname	accura	3. Type of Committee (Check one	
Banic	ŀ	Brent		Martin			•	☑ Candidate's Principal Committee ☐ Exploratory Committee	
Mailing Address (number and street	l, city, state, ar	id ZIP code)		5. F	AX (Optional)	1 .	6. E-mai	Address (Optional)	
2924 Tilden Ave Michig	an City,	IN 46360		-	١		dontp	panicvotepanic@gmail.com	
City	State	ZIP Code	8. Co	unty	9. Te	elephone (Day)	.l	10. Telephone (Evening)	
Michigan City	IN	46360	LaF	orte	,21	9, 380-632	.6	()	
1. Party Affiliation		· · · · · · · · · · · · · · · · · · ·		12. Office	Sought (Inc.	ude district numl	er, if any.	Not required for an exploratory committee	
Democratic Libertarian LF									
ECTION B. COMMITT	EE INF	ORMATION: Fi	ili in al	l applicabl	e boxes a	as fully and	accura	ately as possible.	
3. Full Name of Committee (Do no		e.) U Check if this i	s a new n	ame.					
Citizens to Elect Brent E					T = = = = = = = = = = = = = = = = = = =				
4. Mailing Address (number and street		•	k if this is	a new address.	15. FAX (O	otional)		all Address (Optional)	
2924 Tilden Ave Michig	an City,				()		dontp	panicvotepanic@gmail.com	
7. City	State		18. C	•		Telephone		20. Committee Organization Date	
Michigan City	IN	46360	LaF	orte	(21	9 ₎ 380-632	6	(mm/dd/yy)	
1. Chairperson's Full Name 🔲	Designate	Candidate as Chairper	son.	Check if this is	a new chairp	erson.		* - Wine	
Brent Martin Banic									
2. Mailing Address (number and street	et, city, state, a	and ZIP code)	k if this is	a new address.	23. FAX (O	otional)	24. E-ma	all Address (Optional)	
2924 Tilden Ave Michig	an City,	IN 46360	•		, ,		donte	panicvotebanic@gmail.com	
i. City	State		26. C	ounty	27.	Telephone (Day)		28. Telephone (Evening)	
Michigan City	IN	46360	LaF	aPorte ,219, 380-6326					
D. Exploratory Committee (Give bri		F TREASURE	-	rei				e committee pay the candidate a salary ha copy of the contract.) Yes ☐	
2. I, as Chairperson of						Signatur	of the Co	ommittee Chairperson	
ommittee, appoint the follo		can acl				n	- C		
reasurer of the Committee.		Brent Ba				\ \X		<u> </u>	
	esignate ca	ndidate as treasurer.	∐ Chec	K If this is a new	treasurer.		•		
Brent Martin Banic			1 - 12 11 2 - 1		100 F4W (0)	-4h		9.444	
4. Mailing Address (number and street		•	KITUNISIS	a new address.	35. FAX (U	otional)		ail Address (Optional)	
2924 Tilden Ave Michig					()			anicvotebanic@gmail.com	
7. City	State	Į.		ounty	I	Felephone (Day)		40. Telephone (Evening)	
Michigan City	IN	46360		orte	(21	9 ₎ 380-632	6	()	
· · · · · · · · · · · · · · · · · · ·		F APPOINTME							
1. I give notice that I acce committee. I am not the ch						Signature of P	erson Ac	ccepting Appointment	
ermitted for a candidate com			mance	commutee (e	except as				
		OF STATEMEN	Т					FOR OFFICE USE ONLY	
le certify as the candidate							have	IN CLERKS OFFICE	
xamined this statement. To t					rect and co			THE CELLING STATE	
2. Typed or Printed Name of	Chairpers	son Signature o	nair) ہر	erson		Date (mm/dd/y	·		
Brent Banic		\ Yz	P7			02/09/	22	FEB 9 2022	
3. Typed or Printed Name of	Candidate	Signature o	f Candi	date		Date (mm/dd/y	y) .		
Brent Banic		\\ \\ \\ \	1	V 2.		02/09/	22		
Varning: State law requires that	anv change	in this information be	reported	within ten (10)	days of the	change (IC 3-9-	1-10). A	L/LACOU Stevens	
erson who knowingly files a fraudu	ulent report	commits a Level 6 D	felony (IC	3-14-1-13). A	person who f	ails to file a com	plete or	CIT & OF LA PORTE CIRCUIT C	
ccurate report as required by the		mpaign Finance Law : 7, and IC 3-9-4-18).	commits a	Liass B misde	emeanor (IC	ა-74-1-74), and	may be		



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

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State Form 4604 (R15 / 5-19) Indiana Election Division (IC 3-9-1-3; IC 3-9-1-4; IC 3-9-1-5)

APR 1 4 2022

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

CLERK OF LA PORTE CIRCUIT COURT

									FILE NUMBER
1. IS THIS AN AMENDMENT									46-22-44
					e box			accura	tely as possible.
2. Last Name Banic		st Name rent		dle Name artin			Nickname		3. Type of Committee (Check one) ☑ Candidate's Principal Committee ☐ Exploratory Committee
4. Mailing Address (number and street,]		AX (Opt	ional)		6. E-mail	Address (Optional)
2924 Tilden Ave Michiga	•				,	,			anicvotebanic@gmail.com
7. City	State	ZIP Code	8. County			9. Tele	phone (Day)	1	10. Telephone (Evening)
Michigan City	IN	46360	LaPorte	3			380-632	6	
11. Party Affiliation				12. Office	Sough	t (includ) de district numbe	er, if any. i	Not required for an exploratory committee.)
☑ Democratic ☐ Libertarian ☐ R	•			•			nip Assesso		
SECTION B. COMMITT 13. Full Name of Committee (Do not)					e box	es as	fully and	accura	tely as possible.
Citizens to Elect Brent B	lanic								
14. Mailing Address (number and street	· -	•	ck if this is a ne	w address.	15. FA	X (Opti	ional)	16. E-ma	il Address (Optional)
2924 Tilden Ave Michiga	an City, IN	46360			ľ)		dontp	anicvotebanic@gmail.com
17. City	State	ZIP Code	18. County	/		į.	lephone		20. Committee Organization Date
Michigan City	IN	46360	LaPorte	е		(219) 380-6326	3	(mm/dd/yy)
21. Chairperson's Full Name 回 Brent Martin Banic	Designate Ca	ndidate as Chairpe	rson. 🔲 Che	eck if this is	a new	chairpe	rson.		
22. Mailing Address (number and street	t, citv. state, and	ZIP code)	k if this is a nev	w address.	23. FA	X (Opti	ional)	24. E-ma	il Address (Optional)
2924 Tilden Ave Michiga		-	•			, ,	·	<u> </u>	anicvotebanic@gmail.com
i. City	State	ZIP Code	26. County	,	11	27. Te	lephone (Day)	1	28. Telephone (Evening)
Michigan City	IN	46360	LaPorte	е		,219	380-6326	3	
29. Bank or Other Depositories (Lis	t all banks or	other depositories is	n which the con	nmittee de	osits fu	nds, ho	.i	nts safety	deposit boxes or maintains funds.)
First Trust Credit Union									
30. Exploratory Committee (Give brie	f statement expla	ining purpose of an exp	loratory committee						e committee pay the candidate a salary or
t				rei	mbursei	ment foi	r lost wages? If '	Yes, attac	h a copy of the contract.) Yes No
SECTION C. APPOINT									
32. I, as Chairperson of			pointed Treasu	ırer			Signature	of the Co	mmittee Chairperson
committee, appoint the follow Treasurer of the Committee.	wing perso	n ^{as} Megan l	Boo				15	ナレ	2_*
	signate candid	late as treasurer.	Check if the	nis is a new	treasu	er.			
Megan Elizabeth Boo									
34. Mailing Address (number and street	-	· · · · · · · · · · · · · · · · · · ·	ck if this is a nev	w address.	35. FA	X (Opti	ional)	l.	il Address (Optional)
507 Decatur St Michigar	n City, IN 4	16360	-		()		dontp	anicvotebanic@gmail.com
37. City	State	ZIP Code	38. County				lephone (Day)		40. Telephone (Evening)
Michigan City	IN	46360	LaPorte			(219	380-6326	5	()
		APPOINTME							
41. I give notice that I acce Committee. I am not the ch							gnature of Pe	erson Ad	cepting Appointment
permitted for a candidate com			illianice com	mittee (e	xoopt		1/490	n 🗡	00
SECTION E. CERTIFICA									FOR OFFICE USE ONLY
We certify as the candidate								have	÷
examined this statement. To the 42. Typed or Printed Name of C			of Chairpers		rect a	ia con	Date (mm/dd/yy)	`-
Brent Banic		TA	∇ .				, , , , , , ,		•
43. Typed or Printed Name of C	Candidate	Signature of	of Candidate				Date (mm/dd/yy	, 	. !
Brent Banic		Feet	P	•					÷
Warning: State law requires that a									
person who knowingly files a fraudul accurate report as required by the li									S. Carlotte and Car
subject to civil penalties (IC 3-9-4-16,						•	•		,



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

ASTRUCTIONS: 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?

Ye	S
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No [

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	IN CLERKS OFFICE	
	Summary Sheet	
	FILE NUMBER	
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тот	AL DAGES IN ENTIRE CFA-4 REPOI	₹T
	111. 22 3.111	•

COMMITTEE INFORMATION					
1. Full Name of Committee (as on Statement of Organization)	name.	•			
2. Acronym or Abbreviated Name (if any)	3. Com	ommittee Telephone Number			
	(21	219) 380-6326			
4. Mailing Address (Address where all campaign finance correspondence is received.) 2924 Tilden Ave	Check if th	nis is a new	address.		
5. City, State, ZIP Code	6. Part	y Affiliation	(if applicable)		
Michigan City, IN 46360	Demo	ocrat			
CANDIDATE INFORMATION (For Candidate's C	Committe	ees Only)			
7. Full Name of Candidate (Include any nickname.)	8. Part	y Affiliation	or if Independer	nt Candidate	
Brent Banic	Demo	ocrat		. .	
Office Sought (Include district number, if any. Not required for exploratory committee.) Michigan Township Assessor	10. Coi LaPo	unty of Res rte	idence		
TYPE OF REPORT			CONVENTIO	N CANDIDATES ONLY	
11. Check one:			Check one:		
Pre-Primary Pre-Election Annual Nomination Other			Pre-Conv	rention	
Final / Disbands Committee (Lines 18, 19, and 20 must be "0".) Outgoing Treasurer (Within ten (10) days amend Sta	atement of Org	ganization.)	☐ Post-Con	vention	
.2. Reporting Period (mm/dd/yy):		со	LUMN A	COLUMN B	
From: 1/1/2022 Through: 4/18/2022			s Period	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.)					
15a. Itemized (Use Schedule A.)		·	460.00	460.00	
15b. Unitemized					
15c. Add lines 15a and 15b in both columns.	TOTAL		460.00	460.00	
16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B.	TOTAL		460.00		
EXPENDITURES					
(Note: These amounts include in-kind expenditures and loan repayments.)					
17a. Itemized (Use Schedule B.) (Public Question: use Schedule C.)			460.00	460.00	
17b. Unitemized					
17c. Add lines 17a and 17b in both columns.	STOTAL		460.00	460.00	
18. Cash on hand and investments at close of this reporting period (Subtract 17c from 16 in both columns.)	TOTAL		0.00		
19. Debts OWED BY the committee (Use Schedule D.)			0.00		
20. Debts OWED TO the committee (Use Schedule E.)			0.00		
		1			

CER	TIFICATION	
I CERTIFY THAT I HAVE EXAMINED THIS STATEMENT. TO THE BES	T OF MY KNOWLEDGE AND BELIEF IT IS TRUE, C	ORRECT AND COMPLETE.
Signature of Treasurer	Title Treasurer	Date (mm/dd/yy) 4/12/2022
Signature of Candidate (if applicable)		Date (mm/dd/yy) 4/12/2022

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	2	of			

	· · · · · · · · · · · · · · · · · · ·			
CONTRIBUTOR'S FULL NAME AND OCCUPATION FULL MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED (mm/dd/yy) RECEIVED BY
1. Nicholas Ruhe 1877 N US Highway 421 Michigan City, IN 46360	Contributions: Direct In-Kind (describe)	. 5.11.02		3/4/2022
	Other Receipts: Interest Loan Miscellaneous (specify)	\$50.00	\$50.00	
Contributor's Occupation (if required)		, ,		
2. Stephen Modrowski	Contributions:			
1128 Earl Road	Direct			
Michigan City, IN 46360	In-Kind (describe)			2/26/2022
	Other Receipts: Interest Loan Miscellaneous (specify)	\$100.00	\$150.00	
Contributor's Occupation (if required)				
3. Brent Banic	Contributions:			
2924 Tilden Ave	Direct			
Michigan City, IN 46360	In-Kind (describe)			3/1/2022
	·			
	Other Receipts: Interest Loan Miscellaneous (specify)	\$310.00	\$460.00	
Contributor's Occupation (if required)				
4.	Contributions: Direct In-Kind (describe)			
	Other Recelpts: Interest Loan Miscellaneous (specify)			
Contributor's Occupation (if required)				
5.	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest Loan Miscellaneous (specify)			:
l	L Missonariosus (apecin))			
Contributor's Occupation (if required)				•
1	THIS PAGE OF SCHEDULE A	\$ 460.00		
TOTAL OF ALL PAGES OF SCHEDULE A	A ON THE LAST PAGE ONLY 115a of the Summary Sheet.)	\$ 460.00		



State Form 4606 (R15 / 5-19) Indiana Election Division (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 ummary Sheet. All cumulative expenses paid to individuals, businesses, labor organizations and other entities OVER \$100 per recipient, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative expenses, including in-kind, regardless of amount paid to political committees, (such as transfers-out from candidate, legislative caucus, political action, or regular party committees) MUST be itemized on this schedule.

FILE NUMBER				
Page	of			

					
RECIPIENT'S NAME AND MAILING ADDRESS (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 A Hobby Lobby 4351 Franklin Street Michigan City, IN 46360		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:	\$325.00	\$325.00	3/1/2022
Code A VistaPrint Website		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:	\$80.00	\$405.00	3/1/2022
Code A Amazon.com Website		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:	\$30.00	\$435.00	3/1/2022
Code A Amazon.com Website		☐ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other ☐ Purpose:	\$35.00	\$460.00	3/1/2022
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:			
TOTAL OF ALL PA	SUBTOTAL THIS PAC AGES OF SCHEDULE B ON THI (Enter total on ITEM 17a of t	E LAST PAGE ONLY	\$ 460.00 \$ 460.00		



State Form 4606 (R15 / 5-19) 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 V No

(CFA-4) Summary Sheet

FILE NUMBER
410-22-44

TOTAL PAGES IN ENTIRE CFA-4 REPORT

COMMITTEE INFORMATION				
1. Full Name of Committee (as on Statement of Organization) Citizens to Elect Brent Banic	name.			
2. Acronym or Abbreviated Name (if any)	l	mittee Tele	phone Number 0-6326	,
4. Mailing Address (Address where all campaign finance correspondence is received.) 2429 TILDEN AVE	heck if th	nis is a new	address.	
5. City, State, ZIP Code MICHIGAN CITY, IN 46360		Affiliation	(if applicable)	
CANDIDATE INFORMATION (For Candidate's C	ommitte	es Only)		
7. Full Name of Candidate (Include any nickname.) BRENT BANIC		Affiliation	or If Independen T	t Candidate
9. Office Sought (Include district number, if any. Not required for exploratory committee.) MICHIGAN TOWNSHIP ASSESSOR		unty of Resi	idence	
TYPE OF REPORT			CONVENTION	CANDIDATES ONLY
11. Check one: ☐ Pre-Primary ☑ Pre-Election ☐ Annual ☐ Nomination ☐ Other	· · · · · · · · · · · · · · · · · · ·		Check one: Pre-Conve	
Final / Disbands Committee (Lines 18, 19, and 20 must be *0*.) Uoutgoing Treasurer (Within ten (10) days amend State	ement of Org	anization.)	Post-Conv	vention
12. Reporting Period (mm/dd/yy): From: 1/1/2022 Through: 9/30/2022			LUMN A s Period	COLUMN B Year to Date
13. Cash on hand and investments at the beginning of this reporting period.			0	
14. Cash on hand and investments January 1, current year.	1			. 0
CONTRIBUTIONS AND RECEIPTS				
(Note: these amounts include in-kind contributions and loans, as well as cash contributions.)			700	700
15a. Itemized (Use Schedule A.)			792	792
15b. Unitemized			700	700
	OTAL	· .	792	792
	TOTAL		792	792
EXPENDITURES				
(Note: These amounts include in-kind expenditures and loan repayments.)			700	700
17a. Itemized (Use Schedule B.) (Public Question: use Schedule C.)			792	792
17b. Uniternized			700	700
	TOTAL		792	792
18. Cash on hand and investments at close of this reporting period (Subtract 17c from 16 in both columns.)	TOTAL		0.00	
19. Debts OWED BY the committee (Use Schedule D.)			0.00	
20. Debts OWED TO the committee (Use Schedule E.)			0.00	
CERTIFICATION			FC	OR OFFICE USE ONLY
I CERTIFY THAT I HAVE EXAMINED THIS STATEMENT. TO THE BEST OF MY KNOWLEDGE AND BELIEF IT IS TO	RUE, CORI	RECT AND C	OMPLETE. 15	ILED
Signature of Treasurer Title TREASURER Signature of Candidate (if applicable)	* [Date (<i>mm/d</i> 1 	Aa T	CLERKS OFFICE CT 2 1 2022
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 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) te report a:) A person what is required by	no khowingly the Indiana	La con enteres

CLERK OF LA PORTE CIRCUIT COURT



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.

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Page	of	Q	

CONTRIBUTOR'S FULL NAME AND OCCUPATION 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. NICHOLAS RUHE 1877 N US HIGHWAY 421 MICHIGAN CITY, IN 46360	Contributions: Direct In-Kind (describe)			3/4/2022
	Other Receipts: Interest Loan Miscellaneous (specify)	\$50.00	\$50.00	
Contributor's Occupation (if required)				
2. STEPHEN MODROWSKI 1128 EARL ROAD MICHIGAN CITY, IN 46360	Contributions: Direct In-Kind (describe)			2/26/2022
	Other Receipts: Interest Loan Miscellaneous (specify)	\$100.00	\$150.00	
Contributor's Occupation (if required)		•		
3. BRENT BANIC 2924 TILDEN AVE MICHIGAN CITY, IN 46360	Contributions: Direct In-Kind (describe)			3/1/2022
,	Other Receipts: Interest Loan Miscellaneous (specify)	\$310.00	\$460.00	
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)			
Contributor's Occupation (if required)]	
SUBTOTAL	THIS PAGE OF SCHEDULE A	\$		
TOTAL OF ALL PAGES OF SCHEDULE	A ON THE LAST PAGE ONLY	\$		



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		
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Page	of	

<u> </u>				"
CONTRIBUTOR'S FULL NAME AND FULL MAILING ADDRESS (street, number, city, state, ZIP code) 1.	TYPE OF CONTRIBUTION OR OTHER RECEIPT Contributions:	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED (mm/dd/yy) RECEIVED BY
"	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	\$		
TOTAL OF ALL PAGES OF SCHEDULE (Enter total on ITE	A ON THE LAST PAGE ONLY M 15a of the Summary Sheet.)	\$		



State Form 4606 (R15 / 5-19) (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 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		
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	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 Recelpts: Interest Loan Miscellaneous (specify)			
4.		Contributions: Direct In-Kind (describe)			
		Other Receipts: Interest Loan Miscellaneous (specify)	•	· .	
5.	<u>-</u>	Contributions: Direct In-Kind (describe)			
		Other Receipts: Interest Loan Miscellaneous (specify)		9	
	SUBTOTAL 1	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 (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			
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	<u> </u>			
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)			
	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		\$		
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State Form 4606 (R15 / 5-19) 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 graduless of amount from candidate's, legislative caucus, and regular party committee 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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CONTRIBUTOR'S FULL NAME AND FULL MAILING ADDRESS OR OTHER RECEIPT (street, number, city, state, ZIP code)	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			
TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY (Enter total on ITEM 15a of the Summary Sheet.)	5		



State Form 4606 (R15 / 5-19) Indiana Election Division (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			
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RECIPIENT'S NAME AND MAILING ADDRESS (street, number, city, state, ZIP code)	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 A HOBBY LOBBY 4351 FRANKLIN STREET MICHIGAN CITY, IN 46360		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:	\$325.00	\$325.00	3/1/2022
Code A VISTAPRINT WEBSITE		☐ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other Purpose:	\$80.00	\$405.00	3/1/2022
Code A AMAZON.COM WEBSITE		☐ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other Purpose:	\$30.00	\$435.00	3/1/2022
Code A AMAZON.COM WEBSITE		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:	\$30.00	\$460.00	3/1/2022
Code A JIFFY SHIRTS WEBSITE		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:	\$182	\$642	6/15/2022
Code A VISTAPRINT WEBSITE		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:	\$150 _.	\$792	6/15/2022
Code		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:			
TOTAL OF ALL P	SUBTOTAL THIS PAC AGES OF SCHEDULE B ON THI (Enter total on ITEM 17a of t	E LAST PAGE ONLY	\$		



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

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

FILE NUMBER			
Page	of		

				Page _	of	
		PUBLIC QUESTIO	NINFORMATION	r age _	UI	
Enter Text of Public Questi	on.					
Type of Question: Sta	tewide	Local			•	
Position: Supported	Oppo					
- Controll - Copported			TYPE OF EXPENDITURE	COLUMN A	COLUMN B	DATE OF
RECIPIENT'S NAME AND MAILIN (street, number, city, state, Z		RECIPIENT'S OCCUPATION	and	AMOUNT THIS	CUMULATIVE	EXPENDITURE
(Street, Homber, City, State, 2	ir code)		PURPOSE (be specific)	PERIOD	YEAR-TO-DATE	(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 ☐ tn-Kind			
			Payment of Debt Returned Contribution			
			Other			
			Purpose:			
Code		,	☐ Direct ☐ In-Kind ☐ Payment of Debt			
			Returned Contribution			
			Other	,		
			Purpose:			
0.4			☐ Direct ☐ In-Kind			
Code			Payment of Debt			
			Returned Contribution			
			Other Purpose:			
			, ,			
Code			☐ Direct ☐ In-Kind			
		•	Payment of Debt			
			Returned Contribution			
			Purpose:	-		
· · · · · · · · · · · · · · · · · · ·						
		SUBTOTAL THIS PAG	SE OF SCHEDULE C	\$		
TOTAL O	F ALL PAG	SES OF SCHEDULE C ON THE		\$.		
		(Enter total on ITEM 17a of t	ne Summary Sheet.)			



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.

F	LE NUMBER	
Page	of	_

CREDITOR'S OR LENDER'S NAME AND MAILING ADDRESS	ENDORSER'S OR VENDOR'S NAME	AMOUNT	DATE DEBT CUMULATIVE INCURRED PAID	OUTSTANDING BALANCE THIS	
(street, number, city, state, ZIP code)	AND MAILING ADDRESS (if any) (street, number, city, state, ZIP code)	NATURE OF DEBT	(mm/dd/yy)	YEAR-TO-DATE	PERIOD
				·	
		•			
LENDER'S OCCUPATION:					
				`	
LENDER'S OCCUPATION:					
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LENDENS CONTRACTOR			·		
LENDER'S OCCUPATION:					
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		,			
LENDER'S OCCUPATION:	1				
LENDER'S OCCUPATION:	'				
	•	:			
LENDERIC COOLIDATION.	·				
LENDER'S OCCUPATION:					
LENDER'S OCCUPATION:					•
SUBTOTAL THIS PAGE OF SCHEDULE D TOTAL OF ALL PAGES OF SCHEDULE D ON THE LAST PAGE ONLY					\$
	TOTAL OF ALL	PAGES OF SCHEDUL, Enter total on l	ED ON THE LA TEM 19 of the S	ST PAGE ONLY ummary 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 NUMBER	
Page	of	

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BORROWER'S NAME AND MAILING ADDRESS	CO-SIGNER'S NAME AND MAILING ADDRESS (if any)	ORIGINAL AMOUNT	DATE DEBT INCURRED	CUMULATIVE PAID	OUTSTANDING BALANCE THIS
(street, number, city, state, ZIP code)	AND MAILING ADDRESS (if any) (street, number, city, state, ZIP code)	NATURE OF DEBT	(mm/dd/yy)	YEAR-TO-DATE	PERIOD
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					\$
	TOTAL OF A	LL PAGES OF SCHEDUL			\$
	**	(Enter total on l	TEM 20 of the Su	mmary Sneet)	



State Form 4606 (R15 / 5-19) 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

(CFA-4) Summary Sheet

FILE NUMBER

40-22-44

TOTAL PAGES IN ENTIRE CFA-4 REPORT

COMMITTEE INFORMATION				
1. Full Name of Committee (as on Statement of Organization)	/ name.			
' ''			ephone Number 0-6326	
4. Mailing Address (Address where all campaign finance correspondence is received.) 2429 TILDEN AVE	Check if th	nis is a nev	v address.	
5. City, State, ZIP Code MICHIGAN CITY, IN 46360		Affiliation	(if applicable)	
CANDIDATE INFORMATION (For Candidate's	Committe	ees Only))	
7. Full Name of Candidate (Include any nickname.) BRENT BANIC		/ Affiliation	or If Independent C T	andidate
9. Office Sought (Include district number, if any. Not required for exploratory committee.) MICHIGAN TOWNSHIP ASSESSOR		unty of Res	sidence	
TYPE OF REPORT			CONVENTION	ANDIDATES ONLY
11. Check one:			Check one:	
Pre-Primary Pre-Election Annual Nomination Other			Pre-Convent	tion
Final / Disbands Committee (Lines 18, 19, and 20 must be "0".) Utgoing Treasurer (Within ten (10) days amend St	tatement of Org	anization.)	Post-Conver	ntion
12. Reporting Period (mm/dd/yy): From: 1/1/2022 Through: 12/31/2022			DLUMN A is Period	COLUMN B Year to Date
13. Cash on hand and investments at the beginning of this reporting period.			0	
14. Cash on hand and investments January 1, current year.				0
CONTRIBUTIONS AND RECEIPTS				Ţ.
(Note: these amounts include in-kind contributions and loans, as well as cash contributions.)				
15a. Itemized (Use Schedule A.)			792	792
15b. Unitemized				
15c. Add lines 15a and 15b in both columns.	BTOTAL		792	792
16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B.	TOTAL		792	792
EXPENDITURES				
(Note: These amounts include in-kind expenditures and loan repayments.)				
17a. Itemized (Use Schedule B.) (Public Question: use Schedule C.)			792	792
17b. Unitemized				·
17c. Add lines 17a and 17b in both columns.	BTOTAL		792	792
18. Cash on hand and investments at close of this reporting period (Subtract 17c from 16 in both columns.)	TOTAL		0.00	
19. Debts OWED BY the committee (Use Schedule D.)			0.00	
20. Debts OWED TO the committee (Use Schedule E.)			0.00	
CERTIFICATION			<u>-</u>	OFFICENSE ONLY
I CERTIFY THAT I HAVE EXAMINED THIS STATEMENT. TO THE BEST OF MY KNOWLEDGE AND BELIEF IT IS	TRUE, CORF	RECT AND C		
Signature of Treasurer See Title Treasurer)ate (mm/c	10/99)	
Signature of Captidate (if applicable)	/		23	1 7 2023
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 accu Campaign Finance Law commits a Class B misdemeanor, (IC 3-14-1-14) and may be subject to civil penalties. (IC 3-	rate report as	s required by	1	COLUMN COURT COURT



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.

F	ILE NUMBE	R	
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CONTRIBUTOR'S FULL NAME AND OCCUPATION FULL MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED (mm/dd/yy) RECEIVED BY
1. NICHOLAS RUHE 1877 N US HIGHWAY 421 MICHIGAN CITY, IN 46360	Contributions: Direct In-Kind (describe)	PERIOD	YEAR-10-DATE	3/4/2022
Contributor's Occupation (if required)	Other Receipts: Interest Loan Miscellaneous (specify)	\$50.00	\$50.00	,
2. STEPHEN MODROWSKI 1128 EARL ROAD MICHIGAN CITY, IN 46360	Contributions: Direct In-Kind (describe)		-	2/26/2022
Contributor's Occupation (if required)	Other Receipts: Interest Loan Miscellaneous (specify)	\$100.00	\$150.00	·
BRENT BANIC 2924 TILDEN AVE MICHIGAN CITY, IN 46360	Contributions: Direct In-Kind (describe)			3/1/2022
Contributor's Occupation (if required)	Other Receipts: Interest Loan Miscellaneous (specify)	\$310.00	\$460.00	
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)			
Contributor's Occupation (if required)				
SUBTOTAL 1	THIS 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 (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
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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.	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	\$			
TOTAL OF ALL PAGES OF SCHEDULE		\$			
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State Form 4606 (R15 / 5-19) 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 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).

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	CONTRIBUTOR'S FULL NAME AND FULL MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS	COLUMN B	DATE RECEIVED (mm/dd/yy)
1.	(Street, number, city, state, 211 code)	Contributions: Direct In-Kind (describe)	PERIOD	YEAR-TO-DATE	RECEIVED BY
		Other Receipts: Interest Loan Miscellaneous (specify)			
2.		Contributions: Direct In-Kind (describe)	N. W. A. L.		
	•	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 1	THIS PAGE OF SCHEDULE A	\$		
	TOTAL OF ALL PAGES OF SCHEDULE A	ON THE LAST PAGE ONLY	\$		



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).

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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) 1.	Contributions: Direct In-Kind (describe)	PERIOD	YEAR-TO-DATE	RECEIVED BY
	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	\$		
TOTAL OF ALL PAGES OF SCHEDULE / (Enter total on ITEM	A ON THE LAST PAGE ONLY 15a of the Summary Sheet.)	\$		
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State Form 4606 (R15 / 5-19) 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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party committee).			, age	. 01
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)	remob	TEARTODATE	
	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	\$		
TOTAL OF ALL PAGES OF SCHEDULE A (Enter total on ITEM)	A ON THE LAST PAGE ONLY 115a of the Summary Sheet.)	\$		



State Form 4606 (R15 / 5-19) Indiana Election Division (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			
Page	of		

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 A HOBBY LOBBY 4351 FRANKLIN STREET MICHIGAN CITY, IN 46360		Direct in-Kind Payment of Debt Returned Contribution Other Purpose:	\$325.00	\$325.00	3/1/2022
Code A VISTAPRINT WEBSITE		☐ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other ☐ Purpose:	\$80.00	\$405.00	3/1/2022
Code A AMAZON.COM WEBSITE		☐ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other ☐ Purpose:	\$30.00	\$435.00	3/1/2022
Code A AMAZON.COM WEBSITE		☐ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other ☐ Purpose:	\$30.00	\$460.00	3/1/2022
Code A JIFFY SHIRTS WEBSITE		☐ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other Purpose:	\$182	\$642	6/15/2022
Code A VISTAPRINT WEBSITE		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:	\$150	\$792	6/15/2022
Code		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:			
TOTAL OF ALL PA	SUBTOTAL THIS PAC AGES OF SCHEDULE B ON THE (Enter total on ITEM 17a of to	E LAST PAGE ONLY	\$		



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

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

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

amount paid to political committees supporting or op	d to political committees supporting or opposing a public question, MUST be itemized on this schedule.			FILE NUMB	
			Page _	of_	
Enter Text of Public Question.	PUBLIC QUESTION	ON INFORMATION			
-					
	Local				
Position: Supported Oppos	sed				
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	1	☐ 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:		٧	
	SUBTOTAL THIS PA	GE OF SCHEDULE C	\$		
TOTAL OF ALL PAGE	ES OF SCHEDULE C ON TH	E LAST PAGE ONLY			

(Enter total on ITEM 17a of the Summary Sheet.)



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

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

	FILE NUMBER	
Page	of	

CREDITOR'S OR LENDER'S NAME AND MAILING ADDRESS	ENDORSER'S OR VENDOR'S NAME AND 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	(mm/dd/yy)	YEAR-TO-DATE	PERIOD
			•		
LENDER'S OCCUPATION:					
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LENDER'S OCCUPATION:					
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LENDER'S OCCUPATION.					
LENDER'S OCCUPATION:					
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LENDER'S OCCUPATION:					
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LENDER'S OCCUPATION:					<u> </u>
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LENDER'S OCCUPATION:	<u> </u>				
SUBTOTAL THIS PAGE OF SCHEDULE D				F SCHEDULE D	\$
TOTAL OF ALL PAGES OF SCHEDULE D ON THE LAST PAGE ONLY (Enter total on ITEM 19 of the Summary Sheet.)				\$	
(Enter total on Trem 19 of the Summary Sneet.)					



(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	
1		
Page	of	

BORROWER'S NAME AND MAILING ADDRESS	CO-SIGNER'S NAME AND MAILING ADDRESS (if any) (street, number, city, state, ZIP code)	ORIGINAL 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
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	L	SUBTOTA	AL THIS PAGE O	F SCHEDULF F	\$
TOTAL OF ALL PAGES OF SCHEDULE E ON THE LAST PAGE ONLY					
(Enter total on ITEM 20 of the Summary Sheet.)				\$	