

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

(CFA-1)

		-					FILE NUMBER
1. IS THIS AN AMENDMENT?	🗌 Yes [	No If Yes,	please enter	the file nu	mber in th	iis box. →	46-22-12.
SECTION A. CANDIDATE	INFORM	ATION: Fill	in all applica	able boxe	s as fully	and accura	itely as possible.
2. Last Name OCSE 4. Mailing Address (number and street, city	First	Iame IOREN	Middle Na JC		Nickna	me	3. Type of Committee (Check one) Candidate's Principal Committee FExploratory Committee
4102 NORTH SC	) West			( )			Address (Optional) 24 Hoertff. Qomat. Com
T. City LAVORTE	State IN	ZIP Code 46350	8. County		. Telephone	(Day) 89620	10. Telephone (Evening)
11. Party Affiliation	iblican 🔲 Oth	er				ct number, if any.	Not required for an exploratory committee.)
SECTION B. COMMITTEE	INFORM	ATION: Fill	in all applica	able boxe	s as fuliy	/ and accura	ately as possible.
13. Full Name of Committee (Do not at	· · ·	Check if this is a	. — /	Nese	SHEE	TEF	
14. Mailing Address (number and street, cit 4/02 North50	y, state, and ZIP (					16. E-ma	all Address (Optional)
17. City	State	ZIP Çode	18. County	<u> ()</u> <b>[1</b>	9. Telephon	e [ 1710K3	24 SHER THO GMAN I. COM
LA VOR TE	IN	46350	LaPag			8-9620	(mm/dd/yy) 07/04/2001
21. Chairperson's Full Name 🛛 🕅 De	signate Candio	late as Chairperson	n. 🔲 Check if ti	his is a new ch	airperson.		
22. Mailing Address (number and street, cit	y, state, and ZIP (	code) 🔲 Check if	this is a new addr	ess. 23. FAX	(Optional)	24. E-ma	all Address (Optional)
25. City	State	ZIP Code	26. County	()	7. Telephon	e (Day)	28. Telephone (Evening)
29. Bank or Other Depositories (List al				(	)		()
HORIZON ISA, 30. Exploratory Committee (Give brief sta TO RECEVE AND EXAMD SECTION C. APPOINTME 32. I, as Chairperson of th committee, appoint the following	tement explaining FUDS TO NT OF TH e foregoin	GPLORGC (D) REASURER ( ag Person Appoint	W7UUTES (04 IC 3-9-1-14) Ited Treasurer	minhurnom	nt for lost wa	ges? If Yes, attac	e committee pay the candidate a salary or h a copy of the contract.)
Treasurer of the Committee.         33. Treasurer's Full Name       □ Design         NOMOU       V.	ate candidate	as treasurer.		new treasurer	<u>&gt;  </u>	pre	<u></u>
34. Mailing Address (number and street, city 7128 NOCH		ade) Check if	this is a new addr	ess. 35. FAX		36. E-ma	ail Address (Optional)
37. MECHEGAN GATY	State	ZIP Code 46360	38. County		9. Telephon 214) 34	10ay) 3-7128	40. Telephone (Evening) (J9) 324-7128
SECTION D. ACCEPTANC 41. I give notice that I accept Committee. I am not the chair permitted for a candidate commit	the duties person of a tee under IC	and responsib campaign fina 3-9-1-7).	ilities of Treas	5) surer of thi	s Signatur		ttoukin S
SECTION E. CERTIFICAT We certify as the candidate an	d the duly	appointed Ch	airperson of t	he Committ	ee and th	at we have	FOR OFFICE USE ONLY
examined this statement. To the t 42. Typed or Printed Name of Cha HNMA . Typed or Printed Name of Car	irperson	Signature of C	hairperson	correct and	0ate ()	hm/dd/yf) 16/2/ hm/dd/y)	JUL 1 6 2021
Warning: State law requires that any person who knowingly files a fraudulent accurate report as required by the India subject to civil penalties (IC 3-9-4-16, IC	report commit na Campaign	ts a Level 6 D felo Finance Law con	ony (IC 3-14-1-13)	A person wh	o fails to file	a complete or	LLAOU Sturs CLERK OF LA PORTE CIRCUIT COURT
				•			



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

(CFA-1)

							FILE NUMBER
1. IS THIS AN AMENDMENT?	Yes 🗌 No If Yes.	pleas	e enter the file	numbe	er in this bo	x>	$(1)_{0-77} - 17$
SECTION A. CANDIDATE INF							$\underline{\neg \psi}^{-} L L L \underline{\downarrow}$
2. Last Name	First Name		Middle Name	ixes a	Nickname	accura	3. Type of Committee (Check one)
Morse	Andrew		-T.				Candidate's Principal Committee
4. Malling Address (number and street, city, state, a	· ·			<u></u>		<u></u>	Exploratory Committee
·	,		5. FAX (C	)ptional)			Address (Optional)
$\frac{4102 N \cdot 50}{7. \text{ City}}$		8. Cour	<u>[()</u>	9 Tel	ephone (Day)	INTS	10. Telephone (Evening)
In Darle IN			<b>Š</b> .			( ) -	
11. Party Affiliation		<u> </u>	12. Office Sour	(&)~ ght (Inclu	) <u>600 - 1</u> de district numb	er, if any. I	(219) 608 - 9620 Not required for an exploratory committee.
🗆 Democratic 🔲 Libertarian 🕅 Republican			_				
SECTION B. COMMITTEE INF 13. Full Name of Committee (Do not abbrevia	ORMATION: Fill	in all	applicable bc	oxes as	s fully and	accura	tely as possible.
$\hat{}$				$\sim$			
Committee to Elect 14. Mailing Address (number and street, city, state,	and ZIP code)	this is a	new address 15	FAX (Opt	innall	16 E-ma	Il Address (Optional)
4102 N. 50 V		uno 10 u			onaly		n Address (Optional)
17. City Stat		18. Cou	inty [(	)   19. Te	lephone	l	20. Committee Organization Date
LaPorte IN	1 46350	La	Porte_	1219	608.9	6.20	(mm/dd/yy)
21. Chairperson's Full Name Designate	Candidate as Chairperson			w chairpe	rson.		
Andrew J. Mr.	rse_						
22. Mailing Address (number and street, city, state,	and ZIP code) 🔲 Check If	this is a	new address, 23. I	FAX (Opti	onal)	24. E-mai	Address (Optional)
Gity State			(	)			
		26. Cou	- · · ·	27. Te	ephone (Day)		28. Telephone (Evening)
LaPorte IN			Porte	619	608-9	620	219,608-9620
29. Bank or Other Depositories (List all banks	or other depositories in wh	ich the c	committee deposits	funds, hoi	ds accounts, rei	nts safety (	deposit boxes or maintains funds.)
Horizon Bank							
30. Exploratory Committee (Give brief statement e	skplanning purpose of an explorati	ory comm	reimburs	ement for	lost wages? If Y	's (vviii the 'es, attach	committee pay the candidate a salary or a copy of the contract.)
SECTION C. APPOINTMENT (	DE TREASURER (I	C 3-9					
32. I, as Chairperson of the fo	regoing Person Appoint				Signature	of the Cop	nmittee Chairperson
committee, appoint the following per Treasurer of the Committee.	son as Mana	-	Hawkin	S			1 11/0
			f this is a new treasu			<u> </u>	
Nancy K. Ha	wkins						
4. Mailing Address (hur)ber and street, City, state, a	and ZIP code) 🔲 Check if t	his is a r	new address. 35. F	AX (Optic	onal)	36. E-mai	Address (Optional)
7128 N. 300 W.						Nany	hawkins TOE concast.
7. City State		38. Coui			ephone (Day)	(	40. Telephone (Evening)
Michigan City IN		Laf		(29	363-71	<u>28</u>	(219) 363-7128
SECTION D. ACCEPTANCE O II. I give notice that I accept the d				thin Cir	unature of Do		
Committee. I am not the chairpersor	) of a campaign finar	ice co	mmittee (except	t as	1		
ermitted for a candidate committee un					Nan	<u>y 45</u> ,	
SECTION E. CERTIFICATION ( Ve certify as the candidate and the		<b>FROM</b>	n of the Comm	nittoo o	nd that we	hovel	FOR OFFICEUSE DNLYD
xamined this statement. To the best of	our knowledge and b	elief it i	is true, correct a	ind com	plete.	llave	IN CLERKS OFFICE
2. Typed or Printed Name of Chairpers	on Signature of C	airper	yon/		Date (mm/dd/yy)		2027
Andrew J. Morse 3. Typed or Printed Name of Candidate		//	( C)		1/15/2	a	JAN 18 2021
3. Typed or Printed Name of Candidate	Signature of Ca	indidat	ten//		Date (mm/dd/yy)		TYS
Andrew J. Mors.	e   1/ (	[]]	1110		(15/2	シー	
Varning: State law requires that any change	in this information be repa	rted wit	hin ten (10) days	of the cha	ange (IC 3-9-1-1	10). A	CLERK OF LA PORTE CIRCUIT COURT
erson who knowingly files a fraudulent report ccurate report as required by the Indiana Car						ete or the second	WRITE ST. M. L. M. L. M. M. M. L. M.
ubject to civil penatties (IC 3-9-4-16, IC 3-9-4-1							<u></u>

REPORT OF RECEIPTS AND EXPENDITURES OF A POLITICAL COMMITTEE State Form 4606 (R15 / 5-19) Indiana Election Division (IC 3-9-5-14)		Summ	FA-4) ary Sheet
STRUCTIONS: 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.		410-2	2-12
IS THIS AN AMENDMENT? Ves X No		TOTAL PAGES IN E	NTIRE CFA-4 REPORT
COMMITTEE INFORMATION			
1. Full Name of Committee (as on Statement of Organization) Check if this is a new Committee to Elect Andrew J. Morse Sherit	name.		
2. Acronym or Abbreviated Name (if any)	3. Co	mmittee Telephone Numi	
		19 608-96	
4. Mailing Address (Address where all campaign finance correspondence is received.)		this is a new address.	
5. City, State, ZIP Code	6. Par	ty Affiliation (if applicable	,
LaPorte IN 46350	R	epublican	
CANDIDATE INFORMATION (For Candidate's C			
7. Full Name of Candidate (Include any nickname.)		ty Affiliation or If Independ	dent Candidate
9. Office Sought (Include district number, if any. Not required for exploratory committee.)		epublican	
Sheri A		unity of Residence	
TYPE OF REPORT	L		
11. Check one:			ION CANDIDATES ONLY
Pre-Primary Pre-Election Annual Nomination Other		Check one:	nvention
Final / Disbands Committee (Lines 18, 19, and 20 must be *0".)	ement of Or		onvention
Reporting Period (mm/dd/yy):			
-rom: 1 1 21 7 Through: 12 31 21		COLUMN A This Period	COLUMN B Year to Date
<ul><li>13. Cash on hand and investments at the beginning of this reporting period.</li><li>14. Cash on hand and investments January 1, current year.</li></ul>		0	
CONTRIBUTIONS AND RECEIPTS			0
(Note: these amounts include in-kind contributions and loans, as well as cash contributions.)			
15a. Itemized (Use Schedule A.)		8969.52	8969.52
15b. Uniternized		1013.77	1013.77
15c. Add lines 15a and 15b in both columns. SUBT	OTAL	9983.29	9983.29
16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B.	OTAL	9983.29	9983.29
EXPENDITURES			
(Note: These amounts include in-kind expenditures and loan repayments.)			
17a. Itemized (Use Schedule B.) (Public Question: use Schedule C.)		5936.63	5936.63
17b. Unitemized		35.22	35.22
17c. Add lines 17a and 17b in both columns. SUBT	OTAL	5971.85	5971.85
18. Cash on hand and investments at close of this reporting period (Subtract 17c from 16 in both columns.)	TOTAL	4011.44	401.44
19. Debts OWED BY the committee (Use Schedule D.)		O) ·	
20. Debts OWED TO the committee (Use Schedule E.)		0	
CERTIFICATION			
I CERTIFY THAT I HAVE EXAMINED THIS STATEMENT. TO THE BEST OF MY KNOWLEDGE AND BELIEF IT IS TR	UE, CORF		OR OFFICE USE ONLY
Signature of Treasurer Hankins Treasurer		ate (mm/dd/yy)	FILE IN CLERKS OFFICE
tyre of Candidate (if applicable)		ate (mm/dd/yy)	JAN 19 <del>2021</del>
WARNING: Any information contained in this report may not be copied for sale or used for any commercial purpose. (I files a fraudulent report commits a Level 6 felony. (IC 3-14-1-13) A person who fails to file a complete or accurate	IC 3-9-4-5)	A person who knowingly	2027

Lierk OF LA PORTE CIRCUIT COUR

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

FILE NUMBER							
Page	1	of	4				

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	DATE RECEIVED (mm/dd/yy) RECEIVED BY
1. David Petrone 26253 S. Ruby St Monee, IL 60449	Contributions: Direct In-Kind (describe) Other Receipts: Interest Loan Miscellaneous (specify)	100,00	100,00	7/28/21 Andrew Morse
Contributor's Occupation (if required) Bus ness owner				), (
2 Rick Hawkins 7128 N. 300 W. Michigan City IN 46360	Coptributions: Direct In-KInd (describe) Other Receipts:	2,000.00	2,00.00	8/10/21
Contributor's Occupation (if required) Retired Electrician	Interest Loan     Miscellaneous ( <i>specify</i> )			Mancy. Hawkins
3. Kyle & Jennik- Melnyk 5722 N. Old St. Rd. 39	Contributions: Direct In-Kind (describe)	(00,00)	100.00	7/28/21
Contributor's Occupation (17 required) Union Sheet Hetal Nor	Other Receipts: Interest Loan Miscellaneous (specify)			Andrew Morse
4. Karajan Nallenweg 32926 Purple Martin Ct. New Carlisle IN 46552	Contributions: Direct In-Kind (describe)	519.52	519.5Z	7/3/21
Contributor's Occupation (il required) In Surance Agent	Other Receipts:  Interest Loen Miscellaneous (specify)			Andrew Morse
5. David Ambers 601 State St. LaPorte IN 46350	Contributions: Direct In-Kind (describe)	100.00	100.00	8(16(21
vontributor's Occupation (il required)	Other Receipts: Interest Loan Miscellaneous (specify)			Andrew Morse
······································	HIS PAGE OF SCHEDULE A	\$2819.52		
TOTAL OF ALL PAGES OF SCHEDULE A (Enter total on ITEM	ON THE LAST PAGE ONLY 15a of the Summary Sheet.)	\$		



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

FILE NUMBER						
Page _	2	of	4			

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
1. Rodney Sommers 5223 W. 1200 S.	Contributions: Direct In-Kind (describe)	750.00	7 50,00	8/16/21
Hanna IN 46340 Contributor's Occupation (if required) Farmer	Other Receipts: Interest Loan Miscellaneous (specify)			Andrew Morse
2. Dr. Craig Dellavalle 1611 W. Harrison St. #300	Coptributions: Direct tn-Kind (describe)	1,000 · 00	1,000.00	ଌ୲ୢଽଽୗୄୄୄ୶
Chicago 16 60612-3884	Other Receipts: Interest Loan Miscellaneous (specify)	,	• •	Andrew Morse
3. Charles + Cindy Lopp 55231 Sundance Dr. New Carlisle 14 46552	Contributions: Direct In-Kind (describe)	100.00	00.001	8130[21
Contributor's Occupation (if required) Retired Salesman	Other Receipts: Interest Loan Miscellaneous (specify)			Andrew Morse
"Chad + Erica Clark 1833 W. 1000 N. LaPorte IN 46350	Contributions: Direct In-Kind (describe)	g co. co	ఎది.రు	9/10/21
Contributor's Occupation (Il required) 119500 (ineman	Other Receipts:  Interest Loan Miscellaneous (specify)			Andrew Morse
<sup>5</sup> Vincent - Michelle Talerico 562 E. 300 N. Laforte IN (16350	Contributions: Direct In-Kind (describe)	200,00	200.00	10/1/21
- Jontributor's Occupation (il required) Factory worker	Other Receipts: Interest Loan Miscellaneous (specify)			Andrew Morse
SUBTOTAL T TOTAL OF ALL PAGES OF SCHEDULE A (Enter total on ITEM)	\$ 2,250.00 \$			



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

FILE NUMBER						
		_				
Page	3	of	4			

CONTRIBUTOR'S FULL NAME AND OCCUPATION FULL MAILING ADDRESS	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A	COLUMN B	DATE RECEIVED
(street, number, city, state, ZIP code)		AMOUNT THIS PERIOD	CUMULATIVE YEAR-TO-DATE	, RECEIVED BY
1. Allison Dent GI27 W. 300N.	Contributions: Direct In-Kind (describe)			8130/21
La Porte IN 46350 Contributor's Occupation (11 required) <u>Real Estecte Sales</u>	Other Receipts:	500.00	500.00	Andrew Morse
<sup>2</sup> Richard + Joan Zolvinski 8495 N. St. Rd. 39 La Porte IN 46350	Contributions: Direct In-Kind (describe)	500.00	500.00	12/23 (21
ontributor's Occupation (# required) Fame	Other Receipts:			Andrew Morse
<sup>3</sup> Jeremy + Jenny Zolvinski 2601 W. U.S. Huy 20 La Porte IN 46350	Contributions: Direct In-Kind (describe) Other Receipts:	ده، <del>مص</del> را	1,000.00	12 (23 ( 21
Contributor's Occupation (il required) Fame	Interest Loan     Miscellaneous (specify)			Aroren Morse
<sup>4</sup> Joseph + Brandi Zolvinski 2263 W. 850 N. Michigan City IN 46360	Contributions: Direct In-Kind (describe)	1,000.00	ه.‱ ا	12(23/21
Contributor's Occupation (il required) Farmer	Other Receipts:  Interest Loan Miscellaneous (specify)	,,	(,	Arcrew Morse
5.	Contributions: Direct In-Kind (describe)			
Juntributor's Occupation (if required)	Other Receipts: Interest Loan Miscellaneous (specify)			
	HIS PAGE OF SCHEDULE A	\$3,000.00		
TOTAL OF ALL PAGES OF SCHEDULE A (Enter total on ITEM)	ON THE LAST PAGE ONLY 15a of the Summary Sheet.)	\$		



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

JTRUCTIONS: 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 skie. This schedule is used to document contributions and receipts totated 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 _	4	of	ч		

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. Castro Investments LLC 449 Washington Park Blvd. Michigan City IN 46360	Contributions: Direct In-Kind (describe) Other Receipts: Interest Loan Miscellaneous (specify)	ఫైర్రు. లా	200.00	Bloofal Andrew Morse
2 U.S. 30 Auto Repair LLC 64 30 W.U.S. Hwy 30 Wanatah IN 46390-9720	Coptributions: Direct In-Kind (describe) Other Receipts: Interest Loan Miscellaneous (specify)	JQ.00	Y00.00	Bliolal Andrew Morse
3. Moirano Gorman Kenny LLC 135 S. LaSalleSt, Ste 2200 Chicago 16 60603-4300	Contributions: Direct In-Kind (describe) Other Receipts: Interest Loan Miscellaneous (specify)	5∞.∞	5 <u>00</u> . ∞	Morse 10/1/21 Arorew Morse
4.	Contributions: Direct In-Kind (describe) Other Receipts: Interest Loan Miscellaneous (specify)			
5.	Contributions: DIrect In-Kind (describe) Other Receipts: Interest Loan Miscellaneous (specify)			
TOTAL OF ALL PAGES OF SCHEDULE A	HIS PAGE OF SCHEDULE A ON THE LAST PAGE ONLY 15a of the Summary Sheet.)	\$ 900.00 \$8,969.52		



## (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 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 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	3		

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 Models Plus 605 Grayton Rd Kingsford Hts IN 46346	Sign Company	Direct In-Kind Payment of Debt Returned Contribution Other Purpose:	ને92.00	<b>ఎ</b> ఎ <i>5</i> . లు	7(29(21
Code A Karchtess Clothingt Lettering 517 State St Laforte IN 46350	Screen Arint Co	Direct In-Kind Payment of Debt Returned Contribution Other Purpose: - Shirths - Per S- Kco Zie S	(,768.82	1, 768. 82	814(21
Code-C Labore Carring Republican Bordy 4 Je Ferson Ave. Labore IN 46350	Blitical Party	Direct In-Kind Payment of Debt Returned Contribution Other Purpose: golf Fun draiser	375 00	375. 00	ଚ/େ(ଅ
Code A Banner Buzz 595 Old Norcross Rd Steg. Lawrenceville GA 30046	Printer	Direct In-Kind Payment of Debt Returned Contribution Other Purpose: Stockars	107.54	107.54	8/11/21
Code <u>C</u> Hanna Vol Fire Dept 12 S. Thompson St. Hanna IN 46340	Fire Dept	Direct In-Kind Payment of Debt Returned Contribution Other Purpose: Street Doce	م. م	(დ.თ)	8(13(24
Code F Wal-Mart 333 Boyd Blvd LaPorte IN 46350	Retailer	Direct In-Kind Payment of Debt Returned Contribution Other Purpose: misc. goods	237.34	237.34	8/17/21
Code F Social Que Catering N. Gladys St. Vichigan City 1N 46360	Catering	Direct In-Kind Payment of Debt Returned Contribution Other Purpose:	650.00	େହ.ହ	8/28/21
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.)			53:463,70 \$		



#### 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 SCHEDULE B) ITEMIZED EXPENDITURES

FILE NUMBER

'STRUCTIONS: 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.

Coto F       Bore:       Initial       Proprint of Det         Coto Gon Cool Service       Refail Food Store       Bore:       247.91       247.91       8/26/21         Michigan City IN 46360       Proprint of Det       Dote:       247.91       247.91       8/26/21         Cone C       Bore:       Proprint of Det       Dote:       247.91       8/26/21         Westwite This Keeps       Bore:       Proprint of Det       Dote:       247.91       8/26/21         Westwite This Keeps       Bore:       Proprint of Det       Dote:       247.91       8/26/21         Westwite This Keeps       Bore:       Proprint of Det       Dote:       100:00       100:00       9/17/21         Code C       Corporters Local 1485       Union       Proprint of Det       Dote:       100:00       100:00       9/12(21         Code C       Code C       Proprint of Det       Proprint of Det       100:00       100:00       9/12(21         Code C       Code C       Proprint of Det       Proprint of Det       100:00       9/12(21         Code C       Code C       Proprint of Det       Proprint of Det       110:00       9/12(21         Romory Restaurant       Proprint of Det       Proprint of Det       100:	RECIPIENT'S NAME AND MAILING ADDRESS (street. number, city. state. ZIP code)	RECIPIENT'S OCCUPATION OFFICE SOUGHT (if applicable)	I TYPE OF EXPENDITURE and PURPOSE (be specific) I	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE OF EXPENDITURE (mm/dd/yy)
Constant le Rompkin Festinal Westwille Tri Kappa Sost witze Tri Kappa Sost Winthow Rotanis Substantal Sost Winthow Rotang Sost Sost Sost Substant This PAGE On Schedule B Start, 63 Substant This PAGE On Schedule B Start, 63 Substant The Rotang Sost Substant The Rotang Sost Substan	Gordon Food Service	Retail Food Store	Payment of Debt Returned Contribution Other Purpose:	247.91	247.91	8   26   21
Comparison Local 1485         Union       Payment of Delt         Returned Controllation       400.00         La Parte IN 46350       Processing of F         Rumor's Restaurent       Pestaurent         Nanny Haukins       (14.45310         Volunkeer       Peyment of Delt         Nanny Haukins       Volunkeer         Rumor's Restaurent       Still 146340         Volunkeer       Rumor's Restaurent         Nichnigan City IN 16340       Still 146340         Subt Central School       School Corp.         Rumor's Restaurent       Rumor's Restaurent         Sub S S. 600 W.'       School Corp.	Westville Rinpkin Festival Westville Tri Kappa 505 W. Jefferson St.	Non-profit	Payment of Debt Returned Contribution Other Purpose: festive:	100.00	100.00	9(7(21
Correction         Rummers Restaurant       Restaurant       Retined Contribution       (14.45       (14.45       9 (21(21)         Ranna 1N 463210       Retined Contribution       (14.45       (14.45       9 (21(21)         Code E       Manay Hunkins       Pages in a contribution       (14.45       9 (21(21)         Nanay Hunkins       Volunkeer       Retined Contribution       311.40       311.40       311.40         Nanay Hunkins       Volunkeer       Retined Contribution       311.40       311.40       9 (27(21)         Michagan City IN 40300       Pages: reinbursat       Gotter       9 (27(21)         Michagan City IN 40300       Retimed Contribution       311.40       311.40       9 (27(21)         Code C       South Central School       School Corp       Pages: reinbursat       9 (20(21)         Vinion Mills IN 46382       Shool Corp       Pages: golf       400.00       4(00.00       9 (30(21)         Vinion Mills IN 46382       Printer       Pages: golf       5 (200)       9 (36) (21)       10 (8 (21)         My Campaign Since       Printer       Returned Contribution       3 (3.87)       3 (3.87)       10 (8 (21)         Site 2001       Site 201       Site 201       Site 201       3 (3.	Corporters Local 1485 1104 6th St.	Union	Payment of Debt Returned Contribution Other Purpose: go(f	4ത.ത	പ്പക.മാ	9 (24 21
Odde 1         Narver Hundrin's       Volunkeer         Perment of Debt       Bit.40         Returned Contribution       Bit.40         Michigan City INJ 40360       Porpositive reinburshing         Code C       Michigan City INJ 40360         South Central School       School Comp         QB 0.8 S. 600 W.       School Comp         Union Mills INJ 46382       School Comp         Mig Campaign Store       Printer         Mig Campaign Store       Printer         Subt Other Humed Contribution       363.87         In Mind       Parment of Debt         Bit.40       Store         Code A       School Comp         May Campaign Store       Printer         Subtotal This page Of School       Gotter         Stree 2001       Subtotal This page Of Scheedule B         Subtotal This page Of Scheedule B       Stars	Rumor's Restaurant	Restaurant	Payment of Debt Returned Contribution Other Purpose: Mc o. ( 5	(14.45	114.45	9 ( <b>ม</b> า(ม
Code Central School         South Central School       School Corp       Payment of Debt         98 08 S. 600 W.       Other       Returned Contribution       400.00       9(30/21)         Union Mills IN 46382       School Corp       Other       400.00       9(30/21)         Code A       Work of thing to the ser       School Corp       10/10/10/10       400.00       9(30/21)         Code A       Work of thing to the ser       School Corp       School Corp       10/10/10       10/10/10       10/10/10         May Campaign Store       Printer       Payment of Debt       10/10/10       363.87       363.87       10/18/21         South Whitting to Return of the ser       Printer       Debt       363.87       363.87       10/18/21         Ster 2001       Subtotal This Page OF SCHEDULE B       \$f937.63       10/18/21         Subtotal This Page OF SCHEDULE B         Ster 300         Subtotal This Page OF SCHEDULE B         Ster 300         Subtotal This Page OF SCHEDULE B         Ster 300         Subtotal This Page OF SCHEDULE B	Nary Hunkins	Volunteer	Payment of Debt Returned Contribution Other Purpose:	31.40	311.40	9/27/21
Outer       Printer       Payment of Debt         My Campaign Store       Printer       Payment of Debt         304 Whittington Parkurag       Printer       Returned Contribution         304 Whittington Parkurag       Other       363.87       363.87         Ster 201       Other       Purpose:       363.87       363.87	South Central School	School Corp	Payment of Debt Returned Contribution Other Purpose:	400.00	ц <sub>00</sub> . <i>0</i> 0	9(30/21
SUBTOTAL THIS PAGE OF SCHEDULE B \$1937.63	My Campaign Store 304 Whittington Parkway	Printer	Payment of Debt     Returned Contribution     Other	363.87	363.87	10(8(2)
TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY	_ouisville Ky 40222		buttens			
(Enter total on ITEM 17a of the Summary Sheet.)	TOTAL OF ALL PA	GES OF SCHEDULE B ON THE	LAST PAGE ONLY	\$1937.63 \$		



## (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 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	3	_ of	ž	

RECIPIENT'S NAME AND MAILING ADDRESS	RECIPIENT'S OCCUPATION	TYPE OF EXPENDITURE		COLUMN B	
(street, number, city, state, 2IP code)	OFFICE SOUGHT (if applicable)	→ and PURPOSE (be specific)	AMOUNT THIS PERIOD	VEAR-TO-DATE	EXPENDITURE
Code <u>C</u> Meals on Wheels 301 E. 8255+. Michigan City IN 46360	Non profit	Direct In-Kind Payment of Debt Returned Contribution Other Purpose: Trivia Gund raiser	J.30.00	<b>2 30</b> . 00	10[26]21
Code <u>C</u> La Crosse Fire Dept 100 S. Washington St. La Crosse IN \$6348	Fire Dept	Direct In-Kind Payment of Debt Returned Contribution Other Purpose: Poncoles - Gind raise	(05.00	(@.03	الد( <sub>12</sub> 3) ا
Laforte IN 16350	Llon.profi+	Direct In-Kind Payment of Debt Returned Contribution Other Purpose: Trivia -fundraiser	155.30	(55.30	12/10/21
<u>Code</u> Horizon Bank ShS Franklin St Michigan City IN 46360	Bank	Abirect In-Kind     Payment of Debt     Returned Contribution     Other  Purpose: Accet.     Fee S	ه. ه	5 <u>0</u> .∞	12/31/21
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		\$ 53 5.30		
TOTAL OF ALL PA	GES OF SCHEDULE B ON THE (Enter total on ITEM 17a of th		\$5936.63		

REPORT OF RECEIPTS AND EXPENDITURES		(CF/	A-4)
OF A POLITICAL COMMITTEE State Form 4606 (R13/11-05)		Summa	ry Sheet
Indiana Election Commission (IC 3-9-5-14)		FILE N	
<b>FRUCTIONS:</b> 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.	Ţ	46-72-	TIRE CFA-4 REPORT
IS THIS AN AMENDMENT?			
	···		
1. Full Name of Committee (as on Statement of Organization)	name		
Committee to Elect AI Ott for Sheriff	2 Com	nittee Telephone Numb	PL
2. Acronym or Abbreviated Name (if any)	1		
		363-2079	
4. Mailing Address (address where all campaign finance correspondence is received)	heck if this	s is a new address	
3843 S 75 W	1		
5. City, State, ZIP Code	1 -	Affiliation (if applicable)	
La Porte, IN 46350	Demo		
CANDIDATE INFORMATION (For Candidate's C			
7. Full Name of Candidate (include any nickname)		Affiliation or If Independ	lent Candidate
Allen Wayne Ott	Demo		
9. Office Sought (Include district number, if any. Not required for exploratory committee.)	10. Cou	inty of Residence	
La Porte County Sheriff	La Po	rte	
	[		ION CANDIDATES ONLY
TYPE OF REPORT			
Check one:			- onvention
Pre-Primary Pre-Election Annual Nomination Other			Convention
Final/Disbands Committee (lines 18, 19, and 20 must be "0") Utgoing Treasurer (within 10 days amend Statement o	r Organizatior	<i>y</i>	
12. Reporting Period:		COLUMN A This Period	COLUMN B Year to Date
From: 1/1/22 Through: 4/8/22	<u> </u>	15,837.65	
13. Cash on hand and investments at the beginning of this reporting period.		10,007.00	15,837.65
14. Cash on hand and investments January 1, current year. CONTRIBUTIONS AND RECEIPTS			10,001.00
(Note: these amounts include in-kind contributions and loans, as well as cash contributions.)			
15a. Itemized (use Schedule A)		1,000.00	1,000.00
15b. Unitemized		0.00	0.00
	TOTAL	1,000.00	1,000.00
	TOTAL	16,837.65	16,837.65
EXPENDITURES			
(Note: These amounts include in-kind expenditures and loan repayments.)			
17a. Itemized (use Schedule B) (Public Question: use Schedule C)		6,931.93	6,931.93
17b. Uniternized		1,194.17	1,194.17
	BTOTAL	8,126.10	8,126.10
18. Cash on hand and investments at close of this reporting period (subtract 17c from 16 in both columns)	TOTAL	8,711.55	
19. Debts OWED BY the committee (use Schedule D)		300.00	
20. Debts OWED TO the committee (use Schedule E)		0.00	
CERTIFICATION			FOR OFFICE USE OFFY D
CERTIFY THAT I HAVE EXAMINED THIS STATEMENT. TO THE BEST OF MY KNOWLEDGE AND BELIEF IT IS	TRUE, COF	RRECT AND COMPLETE.	IN CLERKS OFFICE
Signature of Vreasurer Title		Date	
1 leasurer		4-17-24	APR 1 8 2022
Signature of Candidate (if applicable)		Date 4/17/27	
VIII the XI	1		Aflaore Stevers

CLERK OF LA PORTE CIRCUIT COURT



# (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 redule, see instructions on the reverse side. This schedule is used to document expenditures <u>totaled on ITEM 17a</u> 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, <u>regardless of amount</u> 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	of2_		

RECIPIENT'S NAME AND MAILING ADDRESS	RECIPIENT'S OCCUPATION	TYPE OF EXPENDITURE and	COLUMN A	COLUMN B	DATE OF
(street, number, city. state, ZIP code)	OFFICE SOUGHT (if applicable)	PURPOSE (be specific)	PERIOD	YEAR-TO-DATE	EXPENDITURE
Code _A Buycoolpromotions.com 623 State Street La Porte, IN 46350		Direct In-Kind Payment of Debt Returned Contribution Other Purpose: Signs	\$3370.50	\$3370.50	1/7/22
Code_C New Day Foundation La Porte, IN 46350		Direct In-Kind Payment of Debt Returned Contribution Other Purpose: Fundraiser Contribution	\$400.00	\$400.00	- 2/21/22
CodeA 'IMS/Gerard Media LLC _d5 E 1675 N Michigan City, IN 46360		Particialiser Contribution     Direct In-Kind     Payment of Debt     Returned Contribution     Other Purpose:     Radio Ads	\$1035.00	\$1035.00	2/25/22
CodeC La Porte Baseball 602 F St		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:	\$145.00	\$145.00	3/18/22
La Porte, IN 46350 Code_A La Porte Kiwanis Club PO Box 175 La Porte, IN 46352		Fundraiser Contribution	\$200.00	\$200.00	2/25/22
Code _A Rural King 1460 W St Rd 2 La Porte, IN 46350		Direct In-Kind	\$459.03	\$459.03	3/28/22
Code _A Westville Printing i1 Main St PO Box 617 Westville, IN 46391		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:	\$342.40	\$342.40	3/10/22
	SUBTOTAL THIS PAG	Handout Cards GE OF SCHEDULE B	\$5,951.93		£
TOTAL OF ALL P	AGES OF SCHEDULE B ON TH (Enter total on ITEM 17a of	E LAST PAGE ONLY the Summary Sheet)			



# (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 dule, 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
Page2 of2

RECIPIENT'S NAME AND MAILING ADDRESS (street. number, city. state, ZIP code)	RECIPIENT'S OCCUPATION OFFICE SOUGHT ( <i>if applicable</i> )	TYPE OF EXPENDITURE and PURPOSE (be specific)	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE OF EXPENDITURE
CodeA WEFM Radio Michigan City, IN 56360		Direct In-Kind Payment of Debt Returned Contribution Other Purpose: Radio Ads	\$980.00	\$980.00	3/30/22
Code		Direct In-Kind     Payment of Debt     Returned Contribution     Other			
<u>Code</u>		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		\$980.00		· · · · · · · · · · · · · · · · · · ·
TOTAL OF ALL PA	AGES OF SCHEDULE B ON TH	E LAST PAGE ONLY	\$6,931.93		



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

"YSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY INDIVIDUALS 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 ade. 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	DATE RECEIVED
(street, number, city, state, ZIP code)	I	PERIOD	YEAR-TO-DATE	RECEIVED BY
1.	Contributions:			
				3/29/22
Robert A Magnuson	In-Kind (describe)	500.00	500.00	
2572 W Palmer Ave	Other Receipts:	500.00	500.00	
La Porte, IN 46350	Interest Loan			Angeia L.
	Misc. (specify)			Swanson
Contributor's Occupation (# required)				l
2.	Contributions:			
	Direct			3/17/22
James R Arnold	In-Kind (describe)		500.00	
Lauren R Arnold		500.00	500.00	
5698 W Johnson Rd La Porte, IN 46350	Other Receipts:			í í
	Misc. (specify)			Angela L. Swanson
				Gwalloui
Contributor's Occupation (if required)			<u> </u>	
3.	Contributions:			
	Direct		}	1
	Other Receipts:			
	🔲 Interest 🔲 Loan			
	Misc. (specify)		ļ	
Contributor's Occupation (if required)	·			
4.	Contributions:		ł	
	Direct In-Kind (describe)			
				ļ
	Other Receipts:	]		
	🔲 Interest 🗍 Loan	1		Į
	Misc. (specify)			
Contributor's Occupation (if required)				
5.	Contributions:			
	Direct	l		
1		]		
	Other Receipts:	· ·		
I	Interest 🗌 Loan			}
A weather the Decomposition of a section of	Misc. (specify)			
Contributor's Occupation (if required)		l		<u> </u>
	THIS PAGE OF SCHEDULE A	\$ 1,000.00		
TOTAL OF ALL PAGES OF SCHEDULE	A ON THE LAST PAGE ONLY M 15a of the Summary Sheet)	\$ 1,000.00		
		And the second s		



## (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 idule, see instructions on the reverse side. List all debts and loans, regardless of the amount, OWED BY the committee uuring 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	E NUMBE	R	
Page _	_1	of	1	]

CREDITOR'S OR LENDER'S NAME & MAILING ADDRESS	ENDORSER'S OR VENDOR'S NAME & 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		YEAR-TO-DATE	PERIOD
Al Ott 3843 S 75 W La Porte, IN 46350	Michigan City Chamber Of Commerce	\$300.00	3/5/22	\$0.00	\$300.00
		Dinner Event Tickets			
LENDER'S COCUPATION:					
LENDER'S OCCUPATION:					
				{	
1					
LENDER'S OCCUPATION			 		
LENDER'S OCCUPATION:			<u> </u>		
	1				
LENDER'S COCUPATION:		<u> </u>	<u> </u>		
			-		
LENDER'S OCCUPATION:	<u></u>	<u> </u>			
			-		}
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)					

C St	REPORT OF RECEIPTS AND DF A POLITICAL COMMITTE ate Form 4606 (R15 / 5-19) diana Election Division (IC 3-9-5-14)		(CFA-4) Summary Sheet		
	S: Please type or print legibly <b>IN BLACK INK</b> all mpleting this form, see instructions on the rever			46-20 TOTAL PAGES IN EN	L- Z
IS THIS AN	NAMENDMENT? 🗌 Yes 🔰	No No		4	
		COMMITTEE INFORMATION	N		
	Committee (as on Statement of Organization	·		: m	
		Andrew J. Mor		nittee Telephone Number	
2. Acronym or A	Abbreviated Name (if any)			<u>9)608-96</u>	
4. Mailing Addre	ess (Address where all campaign finance co	prrespondence is received.)	~	his is a new address.	520
5. City, State, Z	IP Code		6. Part	y Affiliation (if applicable)	
La	Pork IN 463			epublican	
		FORMATION (For Candidate's			
1 1	Candidate (Include any nickname.)			y Affiliation or if Independ	ent Candidate
	drew J. Mor Se t (Include district number, if any. Not require	nd for exploratory committee 1		epublican_	
	heriff	eu for exploratory committee.)		a Porte	
	TYPE OF I	REPORT			ON CANDIDATES ONLY
11. Check one:			·	Check one:	
Pre-Primary	Pre-Election 🛄 Annual 📃 Nomination 📃 🤅	Other		Pre-Co	nvention
Final / Disband	Is Committee (Lines 18, 19, and 20 must be "0".) 🔲 Out	tgoing Treasurer (Within ten (10) days amend S	Statement of Org	anization.)	onvention
Reporting Po	eriod (mm/dd/yy):	ah: 4/8/22		COLUMN A This Period	COLUMN B Year to Date
	nd and investments at the beginning of this r	reporting period.		- 4011.44	
14. Cash on har	nd and investments January 1, current year.				4011.44
	CONTRIBUTIONS AND				
	ounts include in-kind contributions and loan	s, as well as cash contributions.j			
15b, Uniternized (C	Ise Schedule A.)		· · ·	1,000.00	1,000.00
	5a and 15b in both columns.	SU	BTOTAL	<u>50 00</u> 1,050,00	50.00
	and 15c in Column A and lines 14 and 15c		TOTAL	5,061.44	5,061,44
	EXPENDITUR			0,001.1	5,08174-1
(Note: These an	nounts include in-kind expenditures and loar				
17a. Itemized (U	Ise Schedule B.) (Public Question: use Sche	edule C.)		3987.17	3987.17
17b. Unitemized	·····			30.00	30.00
17c. Add lines 1	7a and 17b in both columns.	SU	IBTOTAL	4017.17	4017.17
18. Cash on hand	and investments at close of this reporting period (	Subtract 17c from 16 in both columns.)	TOTAL	1044.27	1044.27
19. Debts OWEI	D BY the committee (Use Schedule D.)			0	
20. Debts OWEI	D TO the committee (Use Schedule E.)			0	
		TIFICATION			FOR OFFICE USE ONLY
I CERTIFY THAT I	HAVE EXAMINED THIS STATEMENT. TO THE BES		S TRUE, COR	RECT AND COMPLETE.	IN CLERKS OFFICE
Signature of Tre	asurer	Title		Date (mm/dd/yy)	
1 Nam	- Stuckins	Trea surer		4/17/22	APP 1 0 0000
ature of Cal	didate (if applicable)			Date (mm/dd/yy)	APR 1 8 2022

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A-2. M.C. 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). <u>CLERK OF LA PORTE CIRCUIT COURT</u>

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REPORT OF RECEIPTS AND EXPENDITURES OF A POLITICAL COMMITTEE

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

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

L

FILE NUMBER

-

of

Itemized Contributions and Other Receipts

Page \_

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 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).

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. Quick's Toning LLC 1209 E. St. Rd. 2 La Porte IN 46350	Contributions: Direct In-Kind (describe) Other Receipts: Interest Loan Miscellaneous (specify)	5ాం. రాం	500.00	3/14/22 Andrew Morse
Fitness Plus 1209 E. St. Rd. 2 La Porte IN 46350	Contributions: Direct In-Kind (describe) Other Receipts: Interest Loan Miscellaneous (specify)	5დ. თ	<u>5</u> 00.00	3/16/22 AndrewMorse
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 Recelpts: Interest Loan Miscellaneous (specify)			
		\$1,000.00		
TOTAL OF ALL PAGES OF SCHEDULE A (Enter total on ITEM	ON THE LAST PAGE ONLY	\$1,000.00		



JTRUCTIONS: 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

		. <u>.</u>		Page <u> </u>	<u>мЧ</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 (mm/dd/yy)
Kiwanis Club of Labre P.O. Box 175 LaPorke IN 46352	Non-Profit	Direct In-Kind Payment of Debi Returned Contribution Other Purpose: radio advectising	3∞.∞	<b>3∞</b> .∞	1/26/22
<u>Code</u> <u>A</u> Karahtess Clothing 517 State St. LaPorte IN (16350	Screen Arint Co	Direct In-Kind Payment of Debt Returned Contribution Other Purpose: . + - Sh Ir 4-S	988.66	988.66	3/21/22
Code A Val-Mart 333 Boyci Bird La Porte 11N 46350	Retailer	Direct In-Kind Payment of Debt Returned Contribution Other Purpose: Parade candy	54.98	54.98	3 7 22
Code A Reprographic Arts 2829 E. Michigan Bid Trail Creek IN 46360	Printer	Direct In-Kind Payment of Debt Returned Contribution Other Purpose: yard Signs	1268.80	1268.80	3/11/22
Code A New Aarrie High School Softball 5333 N. Cougar Rd New Carlisle IN 46552	School Corp	Direct In-Kind Payment of Debt Returned Contribution Other Purpose:	9 <del>00</del> .00	<u>aco</u> . «⊃	३ (१८/२२
Noble Twp Vol Fire Dyst 3788 W. 800 S. Union Mills IN 46382	Vol Fire Dupt	Direct In-Kind Payment of Debt Returned Contribution Other Purpose: Contro butto	{CO.00	100.00	<b>३</b>  २७  २२
<u>Code</u> <u>C</u> Michigan City Fish = <u>Game</u> Club 091 E. Michigen Blue T	Non-Profi+	Direct in-Kind Payment of Debt Returned Contribution Other Purpose:	59. <b>@</b>	59.00	حد) مدا
Trail Creek IN 46360 TOTAL OF ALL PAG	E OF SCHEDULE B LAST PAGE ONLY the Summary Sheet.)	\$2971.44 \$			



## (CFA-4 SCHEDULE B) ITEMIZED EXPENDITURES

FILE NUMBER

.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 \$109 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 (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 C La Crosse Vol Fire Dept 100 S. Washington St. La Crosse IN 46348	Vol Fire Dept	Direct In-Kind Payment of Debt Returned Contribution Other Purpose:	100.00	100,00	4/2/22
Code A Andrew Morse 4102 N' SOW Laporte IN 46350	shen ff s deputy Country Shen ff	Direct In-Kind Payment of Debt Returned Contribution Other Purpose: retained for Signs + Shirts	915.73	915.73	3(27/22
<u>Code</u>		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:			
Code		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:			
<u>Code</u>		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		\$015.73		
TOTAL OF ALL PAG	GES OF SCHEDULE B ON THE (Enter total on ITEM 17a of th		\$3987.11		

SUPPLEMENTAL "LARGE CONTRIBUTION CANDIDATE'S COMMITTEE	N" REPORT BY	`A 			(CFA-11)
(\$1,000 CONTRIBUTIONS OR MORE) State Form 48492 (R6 / 5-19) Indiana Election Division (IC 3-9-5-20.1; 3-9-5-22)				FILE NUMBE	R
"STRUCTIONS: Only candidates receiving a "large contribution" are re ase type or print legibly IN BLACK INK all information on this form. F .npleting this form, see instructions on the reverse side.		ort.	ڑ TOTAL	PAGES IN ENT REPORT	イズ_ IRE CFA-11
IS THIS AN AMENDMENT? Ves No					
1. Full Name of Candidate (Include any nickname.) Check if this is a new na Andrew J Morse 3. Mailing Address (Address where all campaign finance correspondence is re	(219)	Telephone Num	9620	>	
4. city Laforte IN 46		Rep	blica	endent Candidate	
6. Office Sought (Include district number, If any. Not required for exploratory of Sheriff	committee.)	7. County of Re	sidence Porte	<u></u>	
8. Reporting Period ( <i>mm/dd/yy</i> ): <u>From:</u> 4 9 2 2 Through: 5 3 For classification, enter INDV for Individual; PAC for political action committee: CORP for corp		nization: ATUED 6-	all entrice which	are not one of the should	va categoriae
CONTRIBUTOR'S FULL NAME AND OCCUPATION FULL MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF CONTRI OR OTHER REC	BUTION	COL AMO	UMN A PUNT OF RIBUTION	DATE RECEIVED (mm/dd/yy) RECEIVED BY
Classification 1. Lunch Pail Republicans PAC P.O. Box 2381 Portage IN 46368	Contributions: Direct In-Kind (describe) Other Receipts: Interest Loan Miscellaneous (spe	ocify)		8	4/16/22 Ararew Morse
Contributor's Occupation <i>(if applicable)</i>	Contributions: Direct In-Kind (describe)				
Quest-Puede de Occurrentes (Konstinatio)	Other Receipts:	oclfy)			
<u>Contributor's Occupation (if applicable)</u> <u>Classifica</u> tion 3.	Contributions: Direct In-Kind (describe)  Other Receipts: Interest Loan Miscellaneous (spe	əcify)			
Contributor's Occupation (if applicable) CERTIFICATION I CERTIFY THAT I HAVE EXAMINED THIS STATEMENT. TO THE BES		DGE AND BEL	IEF IT IS	FOR OFFIC	E USE ONLY
TRUE, CORRECT AND COMPLETE. Signature of Treasurer Many Hukins Treasur rignature of Candidate ( <i>if applicable</i> ) A, T. Mul		Date (mm/dd/yy) 4 (m ( 2			L E D KS OFFICE 8 2022
Warning: Any information contained in this report may not be copied for sale or us person who knowingly files a fraudulent report commits a Level 6 felony. (IC 3-14-1 report as required by the Indiana Campaign Finance Law commits a Class B misde penalties. (IC 3-9-4-16, IC 3-9-4-17, and IC 3-9-4-18)	1-13) A person who fails t	to file a complete	or accurate	LLLAON CLERK OF LA PO	u Iturns RTE CIRCUIT COURT

REPORT OF RECEIPTS AND EXPENDITURES OF A POLITICAL COMMITTEE State Form 4606 (R15 / 5-19) Indiana Election Division (IC 3-9-5-14)	я	Summa	A-4) Iry Sheet
<b>INSTRUCTIONS:</b> Please type or print legibly <b>IN BLACK INK</b> all information on this form. For assistance in completing this form, see instructions on the reverse side.		46-22-	-12_ NTIRE CFA-4 REPORT
IS THIS AN AMENDMENT? 🖸 Yes 🖄 No		5	
	N		· · · · · · · · · · · · · · · · · · ·
1. Full Name of Committee (as on Statement of Organization)		<u> </u>	*
Committee to Elect Andrew J. Morse	Sher	<u>ff</u>	
2. Acronym or Abbreviated Name (if any)		mittee Telephone Numb	
	( <u>a</u> (		20
4. Mailing Address (Address where all campaign finance correspondence is received.)	_] Check if ti	nis is a new address.	
5. City, State, ZIP Code		y Affiliation (if applicable)	··· · · · · · · · · · · · · · · · · ·
LaPorte IN 46350	Re	publican	
CANDIDATE INFORMATION (For Candidate's	s Committe	ees Only)	
7. Full Name of Candidate (Include any nickname.)	8. Part	y Affiliation or If Independ	lent Candidate
Andrew J. Morse		epublican	
9. Office Sought (Include district number, if any. Not required for exploratory committee.)	10. Co	a. Por Le	
TYPE OF REPORT	<u>ι</u> ι		
11. Check one:		Check one:	ON CANDIDATES ONLY
Pre-Primary Pre-Election Annual Nomination Other			nvention
Final / Disbands Committee (Lines 18, 19, and 20 must be '0'.) Outgoing Treasurer (Within ten (10) days amend	Statement of Org		onvention
12. Reporting Period (mm/dd/yy):		COLUMN A	
From: 4/9 (22 Through: 12/31/22		This Period	COLUMN B Year to Date
13. Cash on hand and investments at the beginning of this reporting period.		1044.27	
14. Cash on hand and investments January 1, current year.			4011.44
CONTRIBUTIONS AND RECEIPTS			
(Note: these amounts include in-kind contributions and loans, as well as cash contributions.)			
15a. Itemized (Use Schedule A.)	· ·	1,200.00	3,200.00
15b. Unitemized	<u>,</u>	1,200.00	3,200.000 1. 550.000
15b. Unitemized	BTOTAL		
15b. Unitemized         15c. Add lines 15a and 15b in both columns.         SU         16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B.	BTOTAL	500.00	550.00
15b. Uniternized         15c. Add lines 15a and 15b in both columns.         SU         16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B.         EXPENDITURES		500.00 1700.00	2750.00
15b. Unitemized       SU         15c. Add lines 15a and 15b in both columns.       SU         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.)		500.00 1700.00 2744.27	1: 550,00 2750:00 6761.441
15b. Unitemized       SU         15c. Add lines 15a and 15b in both columns.       SU         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.)         17a. Itemized (Use Schedule B.) (Public Question: use Schedule C.)		500.00 1700.00 2,744.27 2,401.96	6,389.13
15b. Unitemized       SU         15c. Add lines 15a and 15b in both columns.       SU         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.)         17a. Itemized (Use Schedule B.) (Public Question: use Schedule C.)         17b. Unitemized	TOTAL	50.00 170.00 2744.27 2,401.96 342.31	6761.44 6789.13 672.31
15b. Unitemized         15c. Add lines 15a and 15b in both columns.       SU         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.)         17a. Itemized (Use Schedule B.) (Public Question: use Schedule C.)         17b. Unitemized         17c. Add lines 17a and 17b in both columns.       SU	JBTOTAL	500.00 1700.00 2,744.37 2,401.96 342.31 2,744.27	6.389.13 372.31 6.389.13 6.361.44
15b. Unitemized         15c. Add lines 15a and 15b in both columns.       SU         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.)         17a. Itemized (Use Schedule B.) (Public Question: use Schedule C.)         17b. Unitemized         17c. Add lines 17a and 17b in both columns.       SU         18. Cash on hand and investments at close of this reporting period (Subtract 17c from 16 in both columns.)	TOTAL	50.00 170.00 2,401.96 342.31 2744.27	6761.44 6789.13 672.31
15b. Unitemized         15c. Add lines 15a and 15b in both columns.       SU         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.)         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.)	JBTOTAL	50.00 170.00 2,401.96 342.31 2744.27 0 0	6.389.13 372.31 6.389.13 6.361.44
15b. Uniternized         15c. Add lines 15a and 15b in both columns.       SU         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.)         17a. Itemized (Use Schedule B.) (Public Question: use Schedule C.)         17b. Uniternized         17c. Add lines 17a and 17b in both columns.       SU         18, Cash on hand and investments at close of this reporting period (Subtract 17c from 16 in both columns.)	JBTOTAL	50.00 170.00 2,401.96 342.31 2744.27	6761.44 6761.44 6389.13 372.31 6761.44
15b. Unitemized         15c. Add lines 15a and 15b in both columns.       SU         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.)         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.)	JBTOTAL	50.00 170.00 2,401.96 342.31 2744.27 0 0	6.389.13 372.31 6.389.13 6.361.44

۰

I CERTIFY THAT I HAVE EXAMINED THIS STATEMENT. TO THE BES	ST OF MY KNOWLEDGE AND BELIEF IT IS TRUE, CO	ORRECT AND COMPLETE	N CLERKS OFFICE
Signature of Treasurer	Title	Date (mm/dd/yy)	N CLERKS OTTICE
Nanny trukens	Treasurer_	1/17/23	
Signature of Candidate (if applicable)		Date (mm/dd/yy)	JAN 18 2023
A. T. Mone-	Ŧ	1/17/23	
WARNING: Any information contained in this report may not be copied			
files a fraudulent report commits a Level 6 felony. (IC 3-14-1-13) A	person who fails to file a complete or accurate repor	t as required by the Indiana	Lleaon Stevers
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)	OF LA PORTE CIRCUIT COURT
		CLERK	OF DATOALL GIVE



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

	FILE	ENUMBER	
Page _	ک	of	

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
"Roger + Loretta Fayette- 1661 W. 1000 N. La Porte IN 46350	Contributions: Direct In-Kind (describe)	(00,00	100:00	4/12/22
Contributor's Occupation (il required) refired				Andrew Morse
2. Roger + Diana Speakman 1713 W. 1000 N. 10Portle IN 46350	Contributions: Direct In-Kind (describe)	100.00	00,000	4/12/22
Contributor's Occupation (if required) retared	Interest Loan Miscellaneous (specify)			4/12/22 Andrews Horse
	Contributions: Direct In-Kind (describe) Cother Receipts: Interest Loan Miscellaneous (specify)	· · · · ·	· · · · ·	the form
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) Other Receipts: Interest Loan Miscellaneous (specify)			
Contributor's Occupation (if required)				
	HIS PAGE OF SCHEDULE A	\$ 200 00		
TOTAL OF ALL PAGES OF SCHEDULE A (Enter total on ITEM)	ON THE LAST PAGE ONLY 15a of the Summary Sheet.)	\$ · · · · ·		

### (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 _	3	_of_5_	

	CONTRIBUTOR'S FULL NAME AND FULL MAILING ADDRESS	TYPE OF CONTRIBUTION OR OTHER RECEIPT		COLUMN B	DATE RECEIVED
	(street, number, city, state, ZIP code)		AMOUNT THIS PERIOD	CUMULATIVE	
1.	Lunchi Bil Republicans P.O Box 23'81 Portage IN 46368	Contributions: Direct In-Kind (describe) Other Receipts: Interest Loan Miscellaneous (specify)			4/16/222 Andrew Horse
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) Cother Receipts: Interest Loan Miscellaneous (specify)			
5.		Contributions: Direct In-Kind (describe) Other Receipts: Interest Loan Miscellaneous (specify)			
		HIS PAGE OF SCHEDULE A	\$1,000,00		
	TOTAL OF ALL PAGES OF SCHEDULE A (Enter total on ITEM)	ON THE LAST PAGE ONLY 15a of the Summary Sheet.)	\$],200,000		



#### 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 SCHEDULE B) ITEMIZED EXPENDITURES

FILE NUMBER

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.

RECIPIENT'S NAME AND MAILING ADDRESS (street, number, city, state, ZIP code)	RECIPIENT'S OCCUPATION OFFICE SOUGHT ( <i>il applicable</i> )	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 C Union Hill's Lions Qub Ho-Conservation Blog Union Hill's IN 46382	<b>,</b>	Direct In-Kind Payment of Debt Returned Contribution Other Purpose: DonceFion	ي ، رون مي	50.00	4/10/22
Code C Kingsford Union VFD 351 Drummond Rd Kingsford Hts IN 46346	Vol Fire Dept	Direct In-Kind Payment of Deb1 Returned Contribution Other Purpose:	ଫ୍ରେ-ସ୍ପ)	ଫି.ରୀ	ц <i>  15[<sup>1</sup>ә</i> ә
Code A Spoon River Media ITTOO Lincolning Place LaPorte IN 46350	Radio Station	Direct In-Kind Payment of Debt Returned Contribution Ofher Purpose: Radio Ads	1(079;00	1079.00	4/21/22
Code A W/EFIM ropo3 Spring bod Are Michigan City IN	Radio Station	Direct In-Kind Payment of Debt Returned Contribution Other Purpose: Bad to Ad'S	පුයා .හ	<i>3ු</i> යා;සු	4/23/22
Code A Gerard Madia LLC BBS E. 1675 NJ. Michigan City 1NJ 46360	Radio Station	Direct In-Kind     Payment of Debt     Returned Contribution     Other Purpose:     Radio Acts	378.œ	3,78.00	4/21/22
Kingsburg WED Kingsburg WED Kingsburg IN Kingsburg 146345	Vol Fire Dept	Direct In-Kind     Payment of Debt     Returned Contribution     Other Purpose:     Dara-frace	(20.00	100.00	41/28/22
Code <u>C</u> Michiana Shores VFD 911 El Portal Dr. 141 chiana Shores 11 N 46360	Vol. Fire Dept	Direct I kn-Kind Payment of Debt Returned Contribution Other Purpose:	fao. 00	(60. 00	4 (30/22
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.)					



#### 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 SCHEDULE B) ITEMIZED EXPENDITURES

FILE NUMBER

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.

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 C Springfield VED TIL MIT NI. 300 W Michigan City IN Hichigan City 10	Vol Fire Dept	Direct In-Kind Payment of Debt Returned Contribution Other Purpose:	(00,00)	(ସହ:୍ୟ ପ୍ରଦ୍ର)	5/11/22
Longan Hawkins Money Hawkins Michigan City IN Hichigan 146360	Admin Assistant	Direct In-Kind Payment of Debt Returned Contribution Other Returned Software Purpose:		(94.96	12(31/22
<u>Code</u>		Direct In-Kind Payment of Debt Returned Contribution Other			
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:			
SUBTOTAL THIS PAGE OF SCHEDULE B			\$294.96		
TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY (Enter total on ITEM 17a of the Summary Sheet.)			\$2.94.96 \$2,40.96		