(CFA-1)



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.

	FILE NUMBER
1. IS THIS AN AMENDMENT? \Box Yes λ No if Yes, please enter the file number in this box. \rightarrow	46-22-31
SECTION A. CANDIDATE INFORMATION: Fill in all applicable boxes as fully and accur	ately as possible.
2. Last Name First Name Middle Name Nickname	3. Type of Committee (Check one)
	Candidate's Principal Committee
Hrnold James D.	Exploratory Committee
	ail Address (Optional)
7779 1107 100 44	
arain muzrime For ()	10. Telephone (Evening)
7. City 1. State ZIP Code 8. County 9. Telephone (Day)	
Michigan City IN 46360 La Porte 219 379-64	5/1217 5/9-6951
11. Party Affiliation 12. Office Sought (Include district number, if any	, Not required for an exploratory committee.)
Democratic, Dilibertarian Republican Other	
SECTION B. COMMITTEE INFORMATION: Fill in all applicable boxes as fully and accu	rately as possible.
13. Full Name of Committee (Do not abbreviate.)	
Committee to Elect James D. Arnold -	or Sheritt 1
	nall Address (Optional)
2729 N WOZNIAK Kd.	
17. City State ZIP Code 18. Councy 19. Telephone	20. Committee Organization Date
Michigan (17) 11N 14/02/001 La MOVTE 1219 379643	(1111110044) Q/25/21
21. Chairperson's Full Name Designate Candidate as Chairperson.	
	· ·
JESSICA L. Arnold	11 A L L
22. Mailing Address (number and street, city, state, and ZIP code) Check if this is a new address. 23. FAX (Optional) 24. E-	nail Address (Optional)
2729 N/ WORNIAK Kd ()	
125. City State ZiP Code 26 County 27. Telephone (Day)	28. Telephone (Evening)
1 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
MICHIGAN CITY IN 40360 Laror TR ICTROST JU	ty denosit hoves or maintains funds
29. Bank or Other Depositories (List all banks or other depositories in which the committee deposits funds, holds accounts, rents safe	ty deposit boxes of maintains turissiy
Horizon Bank	/
and Reimburgements (Will	the committee pay the candidate a salary or ach a copy of the contract.) I Yes IN No
explore elected attice apportunities	
Signature of the	Committee Chairperson
committee, appoint the following person as Team F angle and the following person as	A A WALL
Transurer of the Committee	KA MINO
33. Treasurer's Full Name Designate candidate as treasurer. Deck if this is a new treasurer.	Met 1
tean F Lange	
	mail Address (Optional)
	40. Telephone (Evening)
La Morte IN 46350 ha Porte 29362-766	
SECTION D ACCEPTANCE OF APPOINTMENT (IC 3-9-1-15)	
41. I give notice that I accept the duties and responsibilities of Treasurer of this Signature of Person	Accepting Appointment
Committee. I am not the chairperson of a campaign finance committee (except as	n. Farel
permitted for a candidate committee under IC 3-9-1-7).	
SECTION E CERTIFICATION OF STATEMENT	FOR OFFICE USE ONLY
We certify as the candidate and the duly appointed Chairperson of the Committee and that we have	
examined this statement. To the best of our knowledge and belief it is true correct and complete.	FILED IN CLERKS OFFICE
42. Typed or Printed Name of Chairperson Signature of Chairperson Date (mm/dd/yy)	IN CIEPKS OFFICE
I have been and	
ESSICAL. MYNO (MMUNOTYVM (MANA	1111 0 - 0001
3. Typed of Frinting Harrie of Califordiate Cignical of Califordiate	JUN 2 5 2021
JAMES D. ARNOWS 6-25-2021	
Warmhile' State law requires that any change in this information by reported within ten (10) days of the change (IC 3.9-1-10). A	Leather Sturrs
however whet know included a fraudulent report commits a Lewis 6 D felony (IC 3-14-1-13). A person who fails to the a complete of	
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 chall penalties (IC 3-9-4-16, IC 3-9-4-17, and IC 3-9-4-18).	
	1 A State of the second se



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.

				FILE NUMBER	R
1. IS THIS AN AMENDMENT? 🛛	Yes 🗌 No <i>If</i>	Yes, please enter the f	ile number in this bo	·→ 46-77-31	
SECTIONA. CANDIDATE IN	FORMATION	Fill in all applicable	boxes as fully and	accurately as possible.	
2. Last Name	First Name	Middle Name	Nickname	3. Type of Committee (C	heck one)
ARNOLD	JAME	S D.		Exploratory Committee	Committee
4. Mailing Address (number and street, city, state			K (Optional)		
				jdarnolderssione (Evening)	Contra CO
	LIAK KI tate ZIP Code	2. (()) 9. Telephone (Day)	10. Telephone (Evening)	- egn-
				431 219,379-64	2/
MICHEGAN CZTY	N 14636		1219 379-6	T S((d(7)) 7 (' C 7) er, if any. Not required for an exploratory	
	n 🗖 Othor			Y SHEREFF	sommerce.)
Democratic Libertarian Republica				accurately as possible.	
SECTION B. COMMITTEE IN 13. Full Name of Committee (Do not abbrev	iate) D. Check if th	is is a new name.	Doxes as runy and		
				SULCOFFE	
COMMITTEL TO i	2LILT _	AMRS D. AR	NOID FOR	16, E-mail Address (Optional)	
	^	neck II inis is a new address.	15. FAX (Optional)	To, L'him Audicas (Optional)	
2729 N. WOZL	TAK KD.		(<u>)</u>		Data
,	ate ZIP Code	18. County	19. Telephone	20. Committee Organization	Date
MILLISGAN (ITY I	71 46360) LA PORTE	(219) 379-0	6431 (mm/dd/yy) 06-25-20	2
21. Chairperson's Full Name 🔲 Designa	ate Candidate as Chair	person. 🔲 Check if this is a	a new chairperson.		
TESSICA LANGE	-				
2. Mailing Address (number and street, city, stat	te and ZIP code) C	heck if this is a new address.	23. FAX (Optional)	24. E-mail Address (Optional)	
2729 N. WOZL			· · · ·	ida coold (a choo) ()	anna: I fau
	ate ZIP Code	26. County	() [27. Telephone (Day)	jdarnoldfor sheriffe [28. Telephone (Evening)	<u>ng man ng</u> an
	2 46360		1219,857-50		
29. Bank or Other Depositories (List all ban	uks or other depositorie	s in which the committee depo	isits funds, holds accounts, re	ents salety deposit boxes of maintains fun	(JSL)
HORTZON BAN 30. Exploratory Committee (Give brief statement	R				
30. Exploratory Committee (Give brief statement	nt explaining purpose of an	exploratory committee only.) 31. \$	Salaries and Reimbursemer	nts (Will the committee pay the candidate Yes, attach a copy of the contract.) 🏾 Y	a salary or
		reun	uursement tor tost wages? It	res, auach a copy of the contract/ E	
SECTION C. APPOINTMENT	OF TREASUR	ER (IC 3-9-1-14)			
32. I, as Chairperson of the	foregoing Person /	Appointed Treasurer	Signature	of the Committee Chairperson	
committee, appoint the following p		an F. Lange	1	asisting)	
Treasurer of the Committee. 33. Treasurer's Full Name Designate		$\frac{a_1}{b_1}$ Check if this is a new f		Margaren Part	
				7	
Jeant. Lana			25 EAV (Optional)	36. E-mail Address (Optional)	
34. Mailing Address (number and street, city, sta		NECK IF INTS IS A NEW ADDRESS.	SO, FAA (Opionai)	oo. Lanan Audress (Optional)	
308. Fieldstor			<u>()</u>		
	ate ZIP Code	38. County	39. Telephone (Day)	40. Telephone (Evening)	45
LaPorte 1	N 46352	LaPorte	219,362-70	663 219, 362-76	03
SECTION D. ACCEPTANCE	OF APPOINTM	IENT (IC 3-9-1-15)			
41. I give notice that I accept the	duties and respondent	onsibilities of Treasurer	of this Signature of P	erson Accepting Appointment	
Committee. I am not the chairpers	son of a campaig	n finance committee (ex	cept as	and dany	<
permitted for a candidate committee				FOR OFFICE USE O	
SECTION E. CERTIFICATION	NOFSTATEME		committee and that we	and the second se	
We certify as the candidate and t examined this statement. To the best	ne duly appointed	a chairperson of the G	ect and complete.	IN CLERKS OF	
42. Typed or Printed Name of Chairpe	erson Signafiller	e of Chairperson	Date (mm/dd/y		·····
JACCI DE LALLE DALA	1/ 1/	all est haut	1/10/	20	
MUSSICALUNGE FINO	<u>u yr</u>	14ULATTIM	x <u>1//0/</u>	ZA JAN 19 20	104
3. Typed or Printed Name of Candid	late Signatur	e of Candidate	Date (mm/6d/y)	" · · - ··-	
JAMES D. ARNOL	x V	111	01-18-2	ス 20	522MP
Warning: State law requires that any char	nge in this information	be reported within ten (10) o			
norron who knowingly files a fraudulent ren	ort commits a Level./6	D felony (IC 3-14-1-13). A pe	erson who fails to file a com		
accurate report as required by the Indiana	Campaign Finance La	w commits a Class B misder	neanor (IC 3-14-1-14), and	may be	
subject to civil penalties (163-8-4-16-16-3-9-	7.47 4144 1 - 7 - 0 - 9 - 48	1			

(CFA-1)

Reset Form

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REPORT OF RECEIPTS AND EX OF A POLITICAL COMMITTEE State Form 4606 (R15 / 5-19) Indiana Election Division (IC 3-9-5-14)	(PENDITURES		(CFA Summar FILE NU	y Sheet
STRUCTIONS: Please type or print legibly IN BLACK INK all inform assistance in completing this form, see instructions on the reverse sid		тс	410-22-3	3 I TRE CFA-4 REPORT
IS THIS AN AMENDMENT? 🗌 Yes 📑	No			
C	OMMITTEE INFORMATION			
1. Full Name of Committee (as on Statement of Organization)	Check if this is a new	v name.	· · · · · · · · · · · · · · · · · · ·	
COMMETTEE TO RELECT -TA	Mas D. ARNO		DHEREF	
2. Acronym or Abbreviated Name (if any)	·	3. Commi (219	ttee Telephone Number	
4. Mailing Address (Address where all campaign finance corresp 2729 N. WOZWITAK PD.	condence is received.)		is a new address.	4
5. City, State, ZIP Code	1136		filiation (if applicable)	_
MICHEGAN CITY, IN.			MOCRATI	
	MATION (For Candidate's			at Conditate
7. Full Name of Candidate (Include any nickname.)			filiation or If Independe	nt Canudate
9. Office Sought (Include district number, if any. Not required for	or exploratory committee.)		ty of Residence	
La Porte County SHER			LAPORTE	
TYPE OF REP			CONVENTIO	ON CANDIDATES ONLY
11. Check one:			Check one:	, <u>, , , , , , , , , , , , , , , , , , </u>
Pre-Primary Pre-Election Annual Nomination Other	ſ,		Pre-Cor	vention
Final / Disbands Committee (Lines 18, 19, and 20 must be "0".)		tatement of Organi	ization.)	nvention
			COLUMN A	COLUMN B
From: 06/25/21 Through:	12/31/21		This Period	Year to Date
13. Cash on hand and investments at the beginning of this repo	rting period.			
14. Cash on hand and investments January 1, current year.				
CONTRIBUTIONS AND RE				
(Note: these amounts include in-kind contributions and loans, a	s well as cash contributions.)		E12107	510103
15a. Itemized (Use Schedule A.)	······································		5101.05	5101.03
15b. Unitemized		BTOTAL		1
15c. Add lines 15a and 15b in both columns.			5101.03	#5101.03
16. Add lines 13 and 15c in Column A and lines 14 and 15c in C	Column B.	TOTAL	101:03	101.03
EXPENDITURES				
(Note: These amounts include in-kind expenditures and loan re			Ø	A
17a. Itemized (Use Schedule B.) (Public Question: use Schedu	le C.)		7	8
17b. Unitemized	SI	JBTOTAL	- P	8
17c. Add lines 17a and 17b in both columns.		TOTAL	<u> </u>	a
18. Cash on hand and investments at close of this reporting period (Sub		10175	- VI A	
19. Debts OWED BY the committee (Use Schedule D.)				
20. Debts OWED TO the committee (Use Schedule E.)		[.		
CERTIF	FICATION			EOR OFFICE USE ONLY
I CERTIFY THAT I HAVE EXAMINED THIS STATEMENT. TO THE BEST O	F MY KNOWLEDGE AND BELIEF IT I	STRUE, CORRI	ECT AND COMPLETE IN ate (mm/dd/yy)	
Signature of Treasurer	Treasurer	, Da		
Ignature of Candidate (if applicable)	practices -	Da	ave (mm/od/yy)	AN 19 - 2021
	•	0	1-18-22	2022
WARNING: Any information contained in this report may not be copied for s files a fraudulent report commits a Level 6 felony. (IC 3-14-1-13) A perso Campaign Finance Law commits a Class B misdemeanor, (IC 3-14-1-14) and	on who tails to tile a complete of acc	urale report as	rednied by bie uibidite.	LADON OTAVENS

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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)

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

NSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY INDIVIDUALS ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from individuals OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee). A contributor's occupation is required if an individual makes at least \$1,000 in contributions during the calendar year. Otherwise, this is optional.

	FILE NUMBER	
	3	
Page	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	DATE RECEIVED (mm'dd'yy) RECEIVED BY
1. James D. Avnold 2729 N Wozniak Rd Michigan City, IN 46360 Contributor's accupation (# required)	5) G MS Other Receipts: Interest Interest Miscellaneous (specify)	4,119.50		
² James D. & Jessica Arnold 2729 N Wozniak Rd Michigan City, IN 46360	Contributions: Direct The Kind (describe) Cher Receipts: Interest Loan Miscellaneous (specify)	#429.94	#4,549.44	12/3/21
James D.; Jessica Anola 2729 N Wozniak Rd Michigan City, IN46360	shirts	8393.23		
⁴ James D. Arnold 2729 N Wozniak Rd Michliggn City, IN 46360 Contributor's Obsupation (# required)	Contributions: Direct In-Kind (describe) <u>MAN MLTS</u> (CAV) Other Receipts: Interest Loan Miscellaneous (specify)	\$\$158.36	\$5101.03	8/1/21
5.	Contributions: Direct In-Kind (describe) Other Receipts:			
Contributor's Occupation (if regulard)	Interest Loan Misceflaneous (specify)	15/01/07		
TOTAL OF ALL PAGES OF SCHEDULE	THIS PAGE OF SCHEDULE A A ON THE LAST PAGE ONLY M 15a of the Summary Sheet.)	e		

Reset Form	-

OF A POLITICAL COMMITTEE State Form 4606 (R15 / 5-19)	(CFA-4) Summary Sheet
Indiana Election Division (IC 3-9-5-14)	
STRUCTIONS: Please type or print legibly IN BLACK INK all information on this form. For sistance in completing this form, see instructions on the reverse side.	TOTAL PAGES IN ENTIRE CFA-4 REPOR
IS THIS AN AMENDMENT? Yes Vo	
I. Full Name of Committee (as on Statement of Organization) LI Check If this is a ne COMMITTEE TO Elect-James DAV NOID TOY Sh	
2. Acronym or Abbreviated Name (if any)	3. Committee Telephone Number
	(219) 851-5027
4. Mailing Address (Address where an campaign manap porrospondence to recerted)	Check if this is a new address.
2129 N. Wozniak Md	C. Parts Affliction (Familianhia)
S. City, State, ZIP Code Michigan City, IN 46360	6. Party Affiliation (if applicable)
CANDIDATE INFORMATION (For Candidate's	
7. Full Name of Candidate (Include any nickname.)	8. Rarty Affiliation or If Independent Candidate
Tames D Hrnold	Democratic
9. Office Sought (Include district number, if any, Not required for exploratory committee.)	10. County of Residence
La Porte County Sheritt	CONVENTION CANDIDATES ON
TYPE OF REPORT	CONVENTION CANDIDATES ON Check one:
	Pre-Convention
Pre-Primary Pre-Election Annual Nomination Other	
	COLUMN A COLUMN B
2. Reporting Pericd (mm/dd/yy): rrom: 01/01/22 Through: 04/08/22	This Period Year to Date
13. Cash on hand and investments at the beginning of this reporting period.	
14. Cash on hand and investments January 1, current year. CONTRIBUTIONS AND RECEIPTS	
(Note: these amounts include in-kind contributions and loans, as well as cash contributions.)	
15a. Itemized (Use Schedule A.)	\$6463,46 6462.46
15b. Unitemized	
Toc. Add lines Toa and Tob in boar columno.	UBTOTAL 10402.40 10402.4
16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B.	TOTAL 1046246 10462.91
EXPENDITURES	
(Note: These amounts include in-kind expenditures and loan repayments.)	5462.46 95462.4
17a. Itemized (Use Schedule B.) (Public Question: use Schedule C.)	
17b. Unitemized	SUSIOTAL 54/02.46 5462.4
 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.) 20. Debts OWED TO the committee (Use Schedule E.)	
20. Debts OWED TO the Winninge (Ose Ochebuls 2.)	
I CERTIFY THAT I HAVE EXAMINED THIS STATEMENT. TO THE BEST OF MY KNOWLEDGE AND BELIEF IT	Date (mm/of/yy) F I L E I
Signature of Treasurer	04/18/2021 CLERNS OTTOL
Signature (f Candidate (if apeticable)	Date $(mm/d\psi/yy)$
we assume the interview in this most may not be conied for sale or used for any commercial but	pose. (IC 3-9-4-5) A person who knowingly APR
WARNING: Any information contained in this report may not be copied for sale of used for any continential part files a fraudulent report commits a Level 6 felony. (IC 3-14-1-13) A person who fails to file a complete or a Campaign Finance Law commits a Class B misdemeanor, (IC 3-14-1-14) and may be subject to civil penalties. (II	iccutate report as required by no manual
	C39416, IC39417, IC39418 Laone Others

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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-4) CONTRIBUTIONS BY POLITICAL ACTION COMMITTEES Itemized Contributions and Other Receipts

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

	FILE	ENUMBER
Page _	1	of

FULL MAILING ADDRESS (street, number, city, state, ZIP code)	OR OTHER RECEIPT	PERIOD		
	0		YEAR-TO-DATE	RECEIVED BY
Northern Indiana	Contributions:		<i>\</i>	NUMBIAA
Operators Joint Labor-	Tn-Kind (describe)	\$1066.00	\$1000.00	v I NU I M
management PAC	Other Receipts:	WINNOIGO	-	Taxash
10170 Joliet Kd, Suite au	Interest Loan Miscellaneous (specify)			JUMPLES IS.
¹ Northern Indiana Operators Joint Labor- Management PAC 6170 Joliet Rd, Suite 200 Countryside, IL 60525				04/08/22 James D. Arnold
2.	Controlucions.			
	Direct			
			t	
	Other Receipts:			
	Miscellaneous (specify)			
3.	Contributions:			
	In-Kind (describe)			
	Other Receipts:			
	Interest Loan Miscellaneous (specify)			
				,
4	Contributions:			
	Direct			
	Other Receipts:			
	Miscellaneous (specify)			
5.	Contributions:			
	tn-Kind (describe)		}	
	Other Receipts:			
1	Interest Loan			
1	Miscellaneous (specify)			
SURTOTAL	THIS PAGE OF SCHEDULE A	\$ /000.00		
TOTAL OF ALL PAGES OF SCHEDULE		5 1600 00		



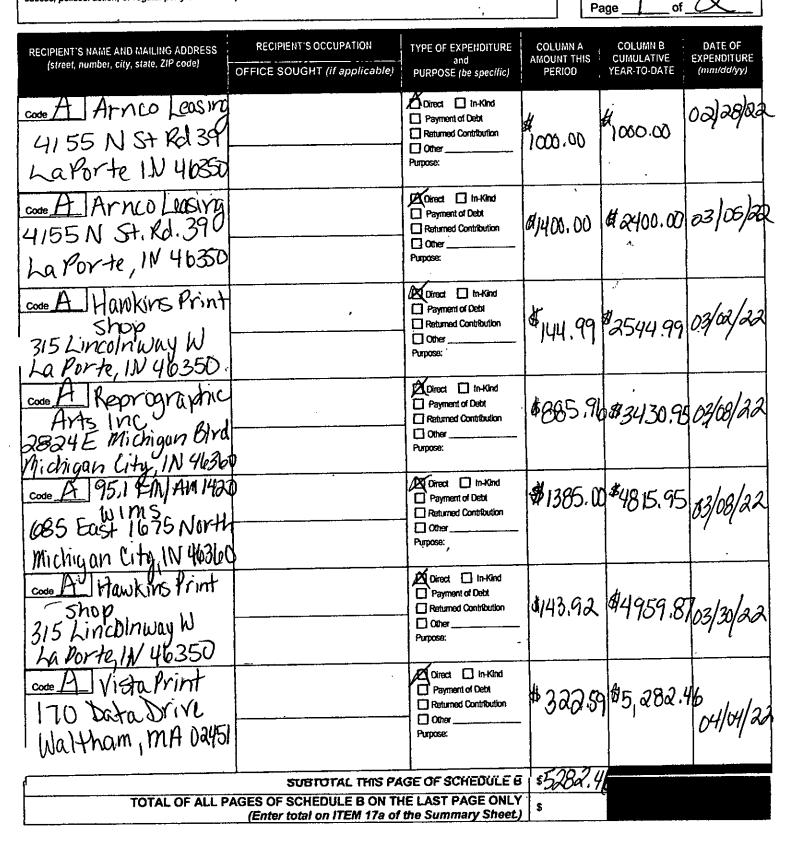
REPORT OF RECEIPTS AND EXPENDITURES OF A POLITICAL COMMITTEE State Form 4606 (R15 / 5-19)

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

(CFA-4 SCHEDULE B) ITEMIZED EXPENDITURES

FILE NUMBER

*NSTRUCTIONS: 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.





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

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this schedule. For assistance in complete nedule, see instructions on the reverse side. This schedule is used to document expenditures totaled on ITEM 173	of the	FILE NUMBER
Jmmary Sheet. All cumulative expenses paid to individuals, businesses, labor organizations and other entities OVER \$ recipient, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cum expenses, including in-kind, regardless of amount paid to political committees, (such as transfers-out from candidate, leg	nulative	
caucus, political action, or regular party committees) MUST be itemized on this schedule.		Page 2 of 2

aucus, political action, or regular party committee	s) MUST be itemized on this schedule.		P	age <u>2</u> of	2
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)
2000 A Kokreations219 393 Sara Ln La Porte, IN 46350)	Direct In-Kind Payment of Debt Returned Contribution Offher Purpose:	<i>\$</i> /80,00	\$\$5462.4U	0 <i>3)</i> #/22
Code		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:			
Code		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:			
Code		Direct III-Kind Payment of Debt Returned Contribution Other Purpose:			
Code		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:			
Code		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:			
Code		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:			
	SUBTOTAL THIS PAG	SE OF SCHEDULE B	\$ 180.00		
TOTAL OF ALL PA	GES OF SCHEDULE B ON TH (Enter total on ITEM 17a of t		\$5462.46		



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 A-1) CONTRIBUTIONS BY INDIVIDUALS Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY INDIVIDUALS ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from individuals OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee). A contributor's occupation is required if an individual makes at least \$1,000 in contributions during the calendar year. Otherwise, this is optional.

	FILE NUMBER
Page	of

CONTRIBUTOR'S FULL NAME AND OCCUPATION		COLUMN A AMOUNT THIS	COLUMN B CUMULATIVE	DATE RECEIVED (mm/dd/yy)
(street, number, city, state, ZIP code)	OR OTHER RECEIPT	PERIOD	YEAR-TO-DATE	RECEIVED BY
"James & Jessica Arnold 2729 N Wozniak Ko Michigan City, IN 46360	Contributions: Direct In-Kind (describe)	5462.46	\$5462.46	02/28/22
Michigan City, IN 46360	Other Receipts: Interest A Loan Miscellaneous (specify)			
Contributor's Occupation (il required)				
2	Contributions: Direct In-Kind (describe)			
	Other Receipts:			
Contributor's Occupation (if required)		· · · · · · · · · · · · · · · · · · ·		
3	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest Loan Miscellaneous (specify)			
Contributor's Occupation (if regulted)				
4	Contributions: Direct In-Kind (describe)			
	Other Receipts:			
Contributor's Occupation (if required)	Contributions:	·		
	Direct Direct In-Kind (describe)			
	Other Receipts:			
Contributor's Occupation (il required)		+5/11 2 111		
SUBTOTAL THIS PAGE OF SCHEDULE A TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY		\$5462.46		
(Enter total on ITEM 15a of the Summary Sheet.)		\$5462.46		