

REPORT OF RECEIPTS AND EXPENDITURES OF A POLITICAL COMMITTEE

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

(CFA-4) **Summary Sheet**

FILE NUMBER

TOTAL PAGES IN ENTIRE CFA-4 REPORT

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

Yes

No

COMMITTEE INFORMATION				
1. Full Name of Committee (as on Statement of Organization) Check if this is a new				
Committee to elect Julie West	manne.			
2. Acronym or Abbreviated Name (if any)	3. Co	mmittee Telephone Numb	er	
NA	(2)			
4. Mailing Address (Address where all campaign finance correspondence is received.)	Check if	this is a new address.	-	
Monroe St.				
5. City, State ZIP Code La Porte, IN 46350		ty Affiliation (if applicable)		
	J K	epublican		
CANDIDATE INFORMATION (For Candidate's (7. Full Name of Candidate (Include any nickname.)				
Julia West	8. Party Affiliation or If Independent Candidate		ent Candidate	
9. Office Sought (Include district number, if any. Not required for exploratory committee.)		Republican		
City Council 1st Ward	10. County of Residence			
TYPE OF REPORT	CONVENTION CANDIDATES ONLY			
11. Check one:	7		ON CANDIDATES ONLY	
Pre-Primary Pre-Election Annual Nomination Other	Check one:		avantian	
Final / Disbands Committee (Lines 18, 19, and 20 must be "0".) Outgoing Treasurer (Within ten (10) days amend Sta	Pre-Convention Pre-Convention Post-Convention Post-Conventi			
12. Reporting Period (mm/dd/yy):	tement of Of		JAVE TRIOT	
From: 5/24/2021 Through: 12/31/2021		COLUMN A This Period	COLUMN B Year to Date	
13. Cash on hand and investments at the beginning of this reporting period.			rear to Date	
14. Cash on hand and investments January 1, current year.		456.13	7 ~~ 7 7	
CONTRIBUTIONS AND RECEIPTS			653.13	
(Note: these amounts include in-kind contributions and loans, as well as cash contributions.)				
15a. Itemized (Use Schedule A.)		0	0	
15b. Uniternized		0	0	
15c. Add lines 15a and 15b in both columns.	OTAL	6	1 0	
16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B.	TOTAL	656,13	(053.13	
EXPENDITURES		Q 3 Q117	(05)313	
(Note: These amounts include in-kind expenditures and loan repayments.)				
17a. Itemized (Use Schedule B.) (Public Question: use Schedule C.)		0	0	
17b. Unitemized		0	0	
17c. Add fines 17a and 17b in both columns.	TOTAL	0		
18. Cash on hand and investments at close of this reporting period (Subtract 17c from 16 in both columns.)	TOTAL	656.13	1.51 12	
19. Debts OWED BY the committee (Use Schedule D.)		<u> </u>	654.13	
20. Debts OWED TO the committee (Use Schedule E.)		<u> </u>		
CERTIFY THAT I HAVE EXAMINED THIS STATEMENT TO THE DEST OF ANAMOUS FROM		, , ,	OR OFFICE USE ONLY	
CERTIFY THAT I HAVE EXAMINED THIS STATEMENT. TO THE BEST OF MY KNOWLEDGE AND BELIEF IT IS THE SIGNATURE OF Treasurer Title			FILED IN CLERKS OFFICE	
Paula Marker reasurer		ate (mm/dd/yy)	IN CLERKS OFFICE	
Signature of Candidate (if applicable)	\dashv	ate (mm/dd/yy)		
Juli West		1/19/22	JAN 19 2022	
RNING: 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 a fraudulent report dommits 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	e report as !-16, IC 3-9	required by the Indiana -4-17, IC 3-9-4-18)	Lleann Stures	
			ERK OF LA PORTE CIRCUIT COL	



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IS THIS AN AMENDMENT? Yes No

(CFA-4) Summary Sheet

FILE NUMBER

40-72-30

TOTAL PAGES IN ENTIRE CFA-4 REPORT

COMMITTEE INFORMATION				
1. Full Name of Committee (as on Statement of Organization) Check if this is a new	v name.			
2. Acronym or Abbreviated Name (if any)	3 Com	mittee Telephone Numbe	r	
2. Acronym or Abbreviated Name (ir any)	1	9 1608 - 18		
4. Mailing Address (Address where all campaign finance correspondence is received.)		his is a new address.		
6/21/2 Monroc	Check if ti	nis is a new address.		
5. City, State, ZIP Code	6. Party Affiliation (if applicable)			
Laforte IN 46350	Republican			
CANDIDATE INFORMATION (For Candidate's Committees Only)				
7. Full Name of Candidate (Include any nickname.)	8. Party Affiliation or If Independent Candidate			
Julie West	Kepublican			
9. Office Sought (Include district number, if any. Not required for exploratory committee.)	10. County of Residence			
City Council Ward #1 Laforte				
TYPE OF REPORT	CONVENTION CANDIDATES ONLY			
11. Check one: Pre-Primary Pre-Election MAnnual Nomination Other	Check one:			
	Pre-Convention Pre-Convention Post-Convention			
Final / Disbands Committee (Lines 18, 19, and 20 must be *0".) Outgoing Treasurer (Within ten (10) days amend Si	tetement of Or	ganization.)	JII VETRIOTI	
12. Reporting Period (mm/dd/yy):		COLUMN A This Period	COLUMN B Year to Date	
From: $1/1/22$ Through: $1/2/31/23$			Teal to Date	
13. Cash on hand and investments at the beginning of this reporting period.		578.13	(27.0	
14. Cash on hand and investments January 1, current year. CONTRIBUTIONS AND RECEIPTS			578:13	
(Note: these amounts include in-kind contributions and loans, as well as cash contributions.)				
15a. Itemized (Use Schedule A.)		්	0	
15b. Unitemized		0	0	
15c. Add lines 15a and 15b in both columns.	STOTAL	0	0	
16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B.	TOTAL	578.13	578.13	
EXPENDITURES		, , , ,		
(Note: These amounts include in-kind expenditures and loan repayments.)				
17a. Itemized (Use Schedule B.) (Public Question: use Schedule C.)		0	0	
17b. Unitemized		0	0	
17c. Add lines 17a and 17b in both columns.	BTOTAL	0	0	
18. Cash on hand and investments at close of this reporting period (Subtract 17c from 16 in both columns.)	TOTAL	578.13	578.13	
19. Debts OWED BY the committee (Use Schedule D.)				
20. Debts OWED TO the committee (Use Schedule E.)				
			EOR OFFICE USE ONLY	
CERTIFICATION LOGERTIFY THAT I HAVE EXAMINED THIS STATEMENT, TO THE REST OF MY KNOW! FORE AND RELIEF IT IS	TRUE COR	DECT AND COMPLETE 🛂	T 11 -	
I CERTIFY THAT I HAVE EXAMINED THIS STATEMENT. TO THE BEST OF MY KNOWLEDGE AND BELIEF IT IS TRUE, CORRECT AND COMPLETE. IN CLERKS OFFICE Signature of Treasurer Title Date/(mm/dg/y)				
taule-Warker Treasurer		1/17/2/3	12:39pm	
Signature of Candidate (if applicable)	1	Date (mm/gd/yy)	JAN 18 2023	
1 (17/28 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				
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 Comparing Findings June 2017 June 2017				
Campaign Ripance Law commits a Class B misdemeanor, (IC 3-14-1-14) and may be subject to civil penalties. (IC 3-94-16, IC 3-94-17, IC 3-94-18)				