

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

. ISTRUCTIONS: Please type or print legibly IN BLACK INK all information on this form. For assistance in completing this form, see instructions on the reverse side.

IS THIS AN AMENDMENT?

☐ Yes

✓ No

(CFA-4) Summary Sheet

FILE NUMBER

TOTAL PAGES IN ENTIRE CFA-4 REPORT

2

COMMITTEE INFORMAT	ION					
1. Full Name of Committee (as on Statement of Organization) Committee to Elect Justin Kiel Check if this is a new name.						
2. Acronym or Abbreviated Name (if any) 3. Committee Telephone Number (219) 363-9896						
4. Mailing Address (Address where all campaign finance correspondence is received.) 504 E Dominic Street	Check	if this is a new	address.			
5. City, State, ZIP Code LaCrosse, IN 46348	6. P	arty Affiliation epublican	(if applicable)			
CANDIDATE INFORMATION (For Candidate	e's Comm	ittees Only)				
7. Full Name of Candidate (Include any nickname.) Justin Michael Kiel	8. P Re	arty Affiliation epublican	or if independen	t Candidate		
 Office Sought (Include district number, if any. Not required for exploratory committee.) LaCrosse Town Council 	10. (La	County of Res Porte	idence			
TYPE OF REPORT			CONVENTION	N CANDIDATES ONLY		
11. Check one: Pre-Primary Pre-Election Annual Nomination Other			Check one:			
Final / Disbands Committee (Lines 18, 19, and 20 must be "0".) Utgoing Treasurer (Within ten (10) days amount	end Statement of	^F Organization.)	Post-Con	vention		
Reporting Period (mm/dd/yy): From: 01/01/21 Through: 12/31/21			LUMN A s Period	COLUMN B Year to Date		
13. Cash on hand and investments at the beginning of this reporting period.			\$299.45			
14. Cash on hand and investments January 1, current year.				\$299.45		
CONTRIBUTIONS AND RECEIPTS						
(Note: these amounts include in-kind contributions and loans, as well as cash contributions.,)					
15a. Itemized (Use Schedule A.)			\$0.00	\$0.00		
15b. Unitemized			\$0.00	\$0.00		
15c. Add lines 15a and 15b in both columns.	SUBTOTAL	-	\$0.00	\$0.00		
16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B.	TOTAI	L				
EXPENDITURES						
(Note: These amounts include in-kind expenditures and loan repayments.)						
17a. Itemized (Use Schedule B.) (Public Question: use Schedule C.)			\$32.00	\$32.00		
17b. Unitemized			\$0.00	\$0.00		
17c. Add lines 17a and 17b in both columns.	SUBTOTA	L	\$32.00	\$32.00		
18. Cash on hand and investments at close of this reporting period (Subtract 17c from 16 in both columns	:.) TOTA	ıL	\$267.45	\$267.45		
19. Debts OWED BY the committee (Use Schedule D.)			\$0.00			
20. Debts OWED TO the committee (Use Schedule E.)			\$0.00			

1
LEDGE AND BELIEF IT IS TRUE, CORRECT AND COMPLET
er Date (mm/dd/yy)
Date (mm/dd/yy) 1/18/22

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)

JAN 18-2021 2022

FOR OFFICE USE ONLY D

CLERK OF LA PORTE CIRCUIT COURT



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

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

FILE NUMBER				
Page_	1	of	1	

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 O 1st Source Bank			\$8.00	\$8.00	2/28/21
218 N. Washington Street LaCrosse, IN 46348	N/A	Other Purpose: Bank fee	V 3. 3 3	40.00	
Code O	Bank	Direct In-Kind Payment of Debt Returned Contribution	* 0.00	#40.00	0/04/04
218 N. Washington Street LaCrosse, IN 46348	N/A	Other Purpose: Bank fee	\$8.00	\$16.00	3/31/21
Code O	Bank	☑ Direct	•••		4 (0.0 10.4
∠18 N. Washington Street LaCrosse, IN 46348	N/A	Other Purpose: Bank fee	\$8.00	\$24.00	4/30/21
1st Source Bank	Bank	☑ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution			5/31/21
218 N. Washington Street LaCrosse, IN 46348	N/A	Other Purpose: Bank fee	\$8.00	\$32.00	
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	\$ 32.00		
TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY (Enter total on ITEM 17a of the Summary Sheet.)					



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

NSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this form. For assistance in completing this form, see instructions on the reverse side.

IS THIS AN AMENDMENT? Yes

₩ No

(CFA-4) **Summary Sheet**

FILE NUMBER

Afrani Stues CLERK OF LA PORTE CIRCUIT COURT

TOTAL PAGES IN ENTIRE CFA-4 REPORT

20

	_	L			
	COMMITTEE INFORMATION				
Full Name of Committee (as on Statement of Organization Committee to Elect Justin Kiel	n) Check if this is a new n	name.			,
2. Acronym or Abbreviated Name (if any) 3. Committee Te (219) 36					
4. Mailing Address (Address where all campaign finance co. 504 E Dominic Street	rrespondence is received.)	heck if th	his is a new addres	is.	
5. City, State, ZIP Code LaCrosse, IN 46348	-		y Affiliation <i>(if appli</i> ublican	icable)	
CANDIDATE INF	ORMATION (For Candidate's Co	ommitt	ees Only)		
7. Full Name of Candidate (Include any nickname.) Justin Michael Kiel	£.		y Affiliation or If Inc Jublican	lepender	nt Candidate
9. Office Sought (Include district number, if any. Not require LaPorte County Council	ed for exploratory committee.)	10. Co LaP	unty of Residence orte		
TYPE OF F	REPORT		CON	VENTIO	N CANDIDATES ONLY
11. Check one:			Chec	k one:	
Pre-Primary Pre-Election Annual Nomination	Other		🔲 I	Pre-Conv	ention
Final / Disbands Committee (Lines 18, 19, and 20 must be "0".)	going Treasurer (Within ten (10) days amend State	ement of On	ganization.)	Post-Con	vention
2. Reporting Period (mm/dd/yy): From: 01/01/22 Through	_{oh:} 04/08/22		COLUMN This Perio		COLUMN B Year to Date
13. Cash on hand and investments at the beginning of this r			\$2	67.45	
14. Cash on hand and investments January 1, current year.					\$267.45
CONTRIBUTIONS AND	RECEIPTS				
(Note: these amounts include in-kind contributions and loan	s, as well as cash contributions.)				
15a. Itemized (Use Schedule A.)			\$1,7	00.00	\$1,700.00
15b. Unitemized				00.00	\$0.00
15c. Add lines 15a and 15b in both columns.	SUBT	OTAL	\$1,7	00.00	\$1,700.00
16. Add lines 13 and 15c in Column A and lines 14 and 15c	in Column B.	TOTAL	\$1,9	67.45	\$1,967.45
EXPENDITURI	ES				
(Note: These amounts include in-kind expenditures and loar	n repayments.)				
17a. Itemized (Use Schedule B.) (Public Question: use Sche	edule C.)			06.57	\$1,806.57
17b. Unitemized				0.00	\$0.00
17c. Add lines 17a and 17b in both columns.	SUB.	TOTAL		06.57	\$1,806.57
18. Cash on hand and investments at close of this reporting period (Subtract 17c from 16 in both columns.)	TOTAL		60.88	\$160.88
19. Debts OWED BY the committee (Use Schedule D.)			\$1,0	00.00	
20. Debts OWED TO the committee (Use Schedule E.)				0.00	
CER	TIFICATION			F	OR OFFICE USE ONLY
I CERTIFY THAT I HAVE EXAMINED THIS STATEMENT. TO THE BES		RUE, COR	RECT AND COMPLE	·	T. E. D
Signature of Treasurer Auckors	Title Treasurer		Date (mm/dd/vy) 04/18/22	IN	CLERKS OFFICE
signature of Candidate (if applicable)	,	1	Date (mm/dd/yy) 04/18/22		APR 1 8 2022

WARNING: Any information contained in this report may not be copied for sale or used for any commercial purpose. (IC 3-9-4-5) A person who knowingly Tiles 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)



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

FILE NUMBER					
Page	1	of	1		

			<u> </u>	DATE DECENTED
CONTRIBUTOR'S FULL NAME AND OCCUPATION FULL MAILING ADDRESS	TYPE OF CONTRIBUTION	COLUMN A	COLUMN B	DATE RECEIVED (mm/dd/yy)
(street, number, city, state, ZIP code)	OR OTHER RECEIPT	AMOUNT THIS PERIOD	CUMULATIVE YEAR-TO-DATE	RECEIVED BY
1 Justin Kiel	Contributions:	, EMOD	TEAR-TO-DATE	
504 E Dominic Street	✓ Direct			
LaCrosse, IN 46348	☐ In-Kind (describe)			2/26/22
	Other Receipts:	\$500.00	\$500.00	
	Interest Loan			
	Miscellaneous (specify)			Justin Kiel
Contributor's Occupation (if required)				
2 Justin Kiel	Contributions:			
504 E Dominic Street	Direct			
LaCrosse, IN 46348	In-Kind (describe)			02/26/22
	Other Receipts:	\$500.00	\$1,000.00	
	☐ Interest ☑ Loan			
	Miscellaneous (specify)			Justin Kiel
Contributor's Occupation (if required)				
3.Heather Stevens	Contributions:			
5277 W 1475 S	Direct			
Hanna, IN 46340	In-Kind (describe)			02/26/22
	Other Receipts:	\$100.00	\$100.00	
	☐ Interest ☐ Loan			
	Miscellaneous (specify)			Justin Kiel
Contributor's Occupation (if required)				
4 Leigh Morris	Contributions:			
424 Lake Shore Drive	Direct			
LaPorte, IN 46350	In-Kind (describe)			03/15/22
	Other Receipts:	\$100.00	\$100.00	
	Interest Loan			
E C	Miscellaneous (specify)			Justin Kiel
Contributor's Occupation (if required 5. Justin Kiel 504 E Dominic Street 1 CLERKS 2022				
5. Justin Kiel	Contributions:	· ·		
504 E Dominic Street 1 CL	Direct			
Lacrosse, in 46348	In-Kind (describe)			04/10/22
LaCrosse, N 46348 APR 1 8 2022				
The state of	Other Receipts:	\$500.00	\$1,500.00	,
I MANUTE CIRCUIT	Interest Loan			
LA PORIL	Miscellaneous (specify)			Justin Kiel
Contributor's Occupation (if required LERY				
Contributor's Occupation (# required LERK OF LA PORTE CIRCUIT COLUMN SUBTOTAL TOTAL OF ALL PAGES OF SCHEDULE A	THIS PAGE OF SCHEDULE A	\$ 1,700.00		
TOTAL OF ALL PAGES OF SCHEDULE	ON THE LAST PAGE ONLY			
	15a of the Summary Sheet.)	\$ 1,700.00		



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

(CFA-4 SCHEDULE B) ITEMIZED EXPENDITURES

NSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document expenditures totaled on ITEM 17a of the Summary Sheet. All cumulative expenses paid to individuals, businesses, labor organizations and other entities OVER \$100 per recipient, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative expenses, including in-kind, regardless of amount paid to political committees, (such as transfers-out from candidate, legislative caucus, political action, or regular party committees) MUST be itemized on this schedule.

FILE NUMBER				
Page _	1	_ of	1	

RECIPIENT'S NAME AND MAILING ADDRESS (street, number, city, state, ZIP code)	RECIPIENT'S OCCUPATION	TYPE OF EXPENDITURE and	COLUMN A AMOUNT THIS	COLUMN B	DATE OF EXPENDITURE	
(orovi, number, only, state, 2n edde)	OFFICE SOUGHT (if applicable)	PURPOSE (be specific)	PERIOD	YEAR-TO-DATE	(mm/dd/yy)	
Code O Menards 351 Silhavy Road Valparaiso, IN 46383	Hardware Store	Direct In-Kind Payment of Debt Returned Contribution Other Purpose: Sign materials	\$288.20	\$288.20	03/06/22	
Code O Amazon 440 Terry Ave N Seattle, WA 98109	Online Store	✓ Direct	\$69.54	\$69.54	03/09/22	
Staples `106 Morthland Drive alparaiso, IN 46383	Office Supply Store	☐ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other Purpose: Printing	\$38.20	\$38.20	03/30/22	
Code O Vistaprint 100 Hayden Ave Lexington, MA 02421	Print Shop	Direct In-Kind Payment of Debt Returned Contribution Other Purpose: Printing	\$408.86	\$408.86	03/31/22	
Code O Horizon Bank 515 Franklin Street Michigan City, IN 46360	Bank	Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other ☐ Purpose: Bank Fee	\$10.00	\$10.00	03/31/22	
Office Max 118 Dunes Plaza Michigan City, IN 46360	Office Supply Store	Printing Direct □ In-Kind □ Payment of Debt □ Returned Contribution □ Other □ Purpose: Printing	\$187.50	\$187.50	04/07/22	
Code O IN CLERKS OF THE CLERKS	Postal Service 2022 SUBTOTAL THIS PAGES OF SCHEDULE B ON THE	☐ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ OtherPurpose: Postage	\$804.27	\$804.27	04/08/22	
TATAL STOKE OF LAP	SUBTOTAL THIS PAG	E OF SCHEDULE B	\$ 1806.57			
IQIAL OF ALL PA	AGES OF SCHEDULE B ON THE Enter total on ITEM 17a of th	LAST PAGE ONLY ne Summary Sheet.)	\$ 1806.57			



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

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

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

FILE NUMBER					
Page _	1	of	1		

CREDITOR'S OR LENDER'S NAME ENDORSER'S OR VENDOR'S NAME AND MAILING ADDRESS (if any)		AMOUNT	DATE DEBT	CUMULATIVE PAID	OUTSTANDING BALANCE THIS
(street, number, city, state, ZIP code)	AND MAILING ADDRESS (if any) (street, number, city, state, ZIP code)	er, city, state, ZIP code) NATURE OF DEBT		YEAR-TO-DATE	PERIOD
Justin Kiel 504 E Dominic Street LaCrosse, IN 46348		\$500.00	02/28/22	\$0.00	\$500.00
LENDER'S OCCUPATION Publisher		Loan		,	
Justin Kiel 504 E Dominic Street LaCrosse, IN 46348		\$500.00	04/10/22	\$0.00	\$500.00
LENDER'S OCCUPATION: Publisher		Loan			
LENDER'S OCCUPATION:					
LENDER'S OCCUPATION:					
					
LENDER'S OCCUPATION:				E OFFICE	D
			F	I I E CLERKS OFFICE	22
LENDER'S OCCUPATION:				APR 1 8 2	Muse Court
				APH LIAMUS	CIRCUIT
VER'S OCCUPATION:					
SUBTOTAL THIS PAGE OF SCHEDULE D					\$ 1,000.00
	TOTAL OF ALL	PAGES OF SCHEDUL (Enter total on I	E D ON THE LA TEM 19 of the S	ST PAGE ONLY ummary Sheet.)	\$ 1,000.00



No

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

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

IS THIS AN AMENDMENT?

Yes

(CFA-4) Summary Sheet

FILE NUMBER

40-22-14

TOTAL PAGES IN ENTIRE CFA-4 REPORT

30

COMMITTEE INFORMATION						
1. Full Name of Committee (as on Statement of Organization) Committee to Elect Justin Kiel						
2. Acronym or Abbreviated Name (if any)	1	3. Committee Telephone Number (219) 363-9896				
4. Mailing Address (Address where all campaign finance correspondence is received.) 504 E Dominic Street	Check if th	is is a new	address.	i .		
5. City, State, ZIP Code LaCrosse, IN 46348		Affiliation (blican	(if applicable)			
CANDIDATE INFORMATION (For Candidate's	Committe	es Only)				
7. Full Name of Candidate (Include any nickname.) Justin Michael Kiel		Affiliation of a liblican	or If Independe	nt Candidate		
Office Sought (Include district number, if any. Not required for exploratory committee.) LaPorte County Council, District 1	nty of Resi orte	dence				
TYPE OF REPORT			CONVENTIO	N CANDIDATES ONLY		
11. Check one:			Check one:			
Pre-Primary Pre-Election Annual Nomination Other			Pre-Conv	vention		
Final / Disbands Committee (Lines 18, 19, and 20 must be "0".) Outgoing Treasurer (Within ten (10) days amend Str	atement of Orga	nization.)	Post-Cor	nvention		
12. Reporting Period (mm/dd/yy): From: 04/09/22 Through: 10/14/22			.UMN A Period	COLUMN B Year to Date		
13. Cash on hand and investments at the beginning of this reporting period.		\$160	.88			
14. Cash on hand and investments January 1, current year.				\$267.45		
CONTRIBUTIONS AND RECEIPTS						
(Note: these amounts include in-kind contributions and loans, as well as cash contributions.)						
15a. Itemized (Use Schedule A.)		\$11,708.76		\$13,408.76		
15b. Unitemized		\$0.00		\$0.00		
15c. Add lines 15a and 15b in both columns.	TOTAL	\$11,708.76		\$13,408.76		
16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B.	TOTAL	\$11,869.64		\$13,676.21		
EXPENDITURES						
(Note: These amounts include in-kind expenditures and loan repayments.)						
17a. Itemized (Use Schedule B.) (Public Question: use Schedule C.)		\$7,	235.41	\$9,041.98		
17b. Uniternized		\$0.0	00	\$0.00		
17c. Add lines 17a and 17b in both columns.	STOTAL	\$7,2	235.41	\$9,041.98		
18. Cash on hand and investments at close of this reporting period (Subtract 17c from 16 in both columns.)	TOTAL	\$4,	434.23	\$4,434.23		
19. Debts OWED BY the committee (Use Schedule D.)		\$1,0	00.00			
20. Debts OWED TO the committee (Use Schedule E.)		\$0.0	00			

CER	TIFICATION		T	FOR OFFICE USE ONLY
I CERTIFY THAT I HAVE EXAMINED THIS STATEMENT. TO THE BES	T OF MY KNOWLEDGE AND BELIEF IT	IS TRUE, CORRECT AND COMPLETE_	N	I CLERKS OFFICE
Signature of Treasurer	Title Treasurer	Date (mm/dd/w) 10/21/22		
Signature of Canadate (if applicable)	: .	Date (mm/dd/yy) 10/21/22	*	OCT 21 2022
WARNING: Any information contained in this report may not be copied files a fraudulent report commits a Level 6 telony. (IC 3-14-1-13) A p Campaign Finance Law commits a Class B misdemeanor, (IC 3-14-1-14)	erson who fails to file a complete or acc	curate report as required by the Indiana	3 L	LAON Strong E LA PORTE CIRCUIT COURT

11:50 am



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

FILE NUMBER				
Page	11	of	9	

CONTRIBUTOR'S FULL NAME AND OCCUPATION FULL MAILING ADDRESS (street, number, city, state. ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED (mm/dd/yy) RECEIVED BY
1. Wilma Bruder 502 E Dominic Street LaCrosse, IN 46348	Contributions: Direct In-Kind (describe)	\$50.00	\$50.00	4/15/22
Contributor's Occupation (if required)	Other Receipts: Interest Loan Miscellaneous (specify)			Justin Kiel
Barb Hucker 114 lowa Street LaCrosse, IN 46348	Contributions: Direct In-Kind (describe)	\$50.00	\$50.00	4/18/22
Contributor's Occupation (if required)	Other Receipts: Interest Loan Miscellaneous (specify)			Justin Kiel
Nancy Stonecipher 20521 S US 421 LaCrosse, IN 46348	Contributions: Direct In-Kind (describe)	\$50.00	\$50.00	4/21/22
Contributor's Occupation (if required)	Other Receipts: Interest Loan Miscellaneous (specify)			Justin Kiel
Justin Kiel 504 E Dominic Street LaCrosse, IN 46348	Contributions: Direct In-Kind (describe)	\$750.00	\$1250.00	4/22/22
Contributor's Occupation (if required)	Other Receipts: Interest Loan Miscellaneous (specify)			Justin Kiel
Justin Kiel 504 E Dominic Street LaCrosse, IN 46348	Contributions: Direct In-Kind (describe)	\$329.38	\$1579.38	4/25/22
Contributor's Occupation (if required)	Other Receipts: Interest Loan Miscellaneous (specify)		Arr	Justin Kiel
	HIS PAGE OF SCHEDULE A	\$ \$1,229.38		
TOTAL OF ALL PAGES OF SCHEDULE A (Enter total on ITEM	ON THE LAST PAGE ONLY 15a of the Summary Sheet.)	\$		



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

(CFA-4 SCHEDULE A-1) CONTRIBUTIONS BY INDIVIDUALS

Itemized Contributions and Other Receipts

FILE NUMBER				
Page	2	of	9	

		1		0.175.05050.55
CONTRIBUTOR'S FULL NAME AND OCCUPATION FULL MAILING ADDRESS	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A	COLUMN B CUMULATIVE	DATE RECEIVED (mm/dd/yy)
(street, number, city, state, ZIP code)	OR OTHER RECEIPT	AMOUNT THIS PERIOD	YEAR-TO-DATE	RECEIVED BY
1.	Contributions:			
Kelly Kiel	x Direct	\$329.38	\$329.38	4/25/22
18 É Main Street LaCrosse, IN 46348	☐ In-Kind (describe)			
Laciosse, IIV 40346	011 . 0			
	Other Receipts: Interest Loan			
	Miscellaneous (specify)			Justin Kiel
Contributor's Occupation (if required)				
2.	Contributions:	_		
Pam Dishman	Direct	# 100.00	# 400.00	4/00/00
305 Plummer Street	In-Kind (describe)	\$100.00	\$100.00	4/29/22
LaPorte, IN 46350				
	Other Receipts:			
	Interest Loan		·	
,	Miscellaneous (specify)			Justin Kiel
Contributor's Occupation (if required)		Printer William Andrew State of the Printer State of the		-
3.	Contributions: Direct			
Mitch Feikes	In-Kind (describe)	\$200.00	\$200.00	5/16/22
1328 Lakeside Street				
LaPorte, IN 46350	Other Receipts:			
	Interest Loan	PAGE		
	Miscellaneous (specify)			Justin Kiel
Contributor's Occupation (if required)				
4.	Contributions:			
Yvonne Lindborg	X Direct In-Kind (describe)	\$300.00	\$300.00	5/16/22
1417 Indiana Avenue LaPorte, IN 46350	III In-Rind (describe)			
Larone, in 40000	Other Receipts:			
	☐ Interest ☐ Loan			
	Miscellaneous (specify)			Justin Kiel
Contributor's Occupation (if required)				
5.	Contributions:			
Ken Caldwell	X Direct	\$100.00	\$100.00	5/16/22
606 Rain Street	In-Kind (describe)			
LaCrosse, IN 46348			-	
	Other Receipts: Interest Loan			:
	Miscellaneous (specify)			Justin Kiel
Contributor's Occupation (if required)				
	HIS PAGE OF SCHEDULE A	\$ \$1,029.38		
TOTAL OF ALL PAGES OF SCHEDULE A		~~		
	15a of the Summary Sheet.)	\$		



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

FILE NUMBER				
Page	3	of	9	

CONTRIBUTOR'S FULL NAME AND OCCUPATION FULL MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED (mm/dd/yy) RECEIVED BY
1. Tim Stabosz 1501 Michigan Avenue LaPorte, IN 46350	Contributions: Direct In-Kind (describe)	\$1,000.00	\$1,000.00	5/31/22
Contributor's Occupation (# required) Investor	Other Receipts: Interest Loan Miscellaneous (specify)			Justin Kiel
2. Mitch Feikes 1328 Lakeside Street LaPorte, IN 46350	Contributions: Direct In-Kind (describe)	\$75.00	\$275.00	8/1/22
Contributor's Occupation (if required)	Other Receipts: Interest Loan Miscellaneous (specify)			Justin Kiel
3. Tim Stabosz 1501 Michigan Avenue LaPorte, IN 46350	Contributions: Direct In-Kind (describe)	\$2,000.00	\$3,000.00	8/21/22
Contributor's Occupation (ii required) Investor	Other Receipts: Interest Loan Miscellaneous (specify)			Justin Kiel
Richard & Peggy Stalbrink 8808 W 1850 S LaCrosse, IN 46348	Contributions: Direct In-Kind (describe)	\$100.00	\$100.00	9/19/22
Contributor's Occupation (if required)	Other Receipts: Interest Loan Miscellaneous (specify)			Justin Kiel
s. Heather Stevens 5277 W 1475 S Hanna, IN 46340	Contributions: X Direct In-Kind (describe)	\$600.00	\$700.00	9/19/22
Contributor's Occupation (# required)	Other Receipts: Interest Loan Miscellaneous (specify)			Justin Kiel
	HIS PAGE OF SCHEDULE A	\$ \$3,775.00		
TOTAL OF ALL PAGES OF SCHEDULE A		\$		



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

FILE NUMBER				
Page	4	of	9	

CONTRIBUTOR'S FULL NAME AND OCCUPATION FULL MAILING ADDRESS	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS	COLUMN B CUMULATIVE	DATE RECEIVED (mm/dd/yy)
(street, number, city, state, ZIP code)		PERIOD	YEAR-TO-DATE	RECEIVED BY
1. Chuck & Betty Hucker 7 Vermont Street LaCrosse, IN 46348	Contributions: Direct In-Kind (describe)	\$100.00	\$100.00	9/20/22
Contributor's Occupation (if required)	Other Receipts: Interest Loan Miscellaneous (specify)			Justin Kiel
2.	Cartification	<u> </u>		
Jim Irwin 13951 S 1050 W Wanatah, IN 46390	Contributions: Direct In-Kind (describe)	\$20.00	\$20.00	9/23/22
	Other Receipts:			
	Interest Loan Miscellaneous (specify)			Justin Kiel
Contributor's Occupation (if required)				
3. Barb Hucker 114 Iowa Street LaCrosse, IN 46348	Contributions: X Direct In-Kind (describe)	\$50.00	\$100.00	9/23/22
	Other Receipts: Interest Loan Miscellaneous (specify)			Justin Kiel
Contributor's Occupation (if required)				
Bob & Kathy Pearson 11422 W 1800 S LaCrosse, IN 46348	Contributions: Direct In-Kind (describe)	\$180.00	\$180.00	9/24/22
	Other Receipts: Interest Loan Miscellaneous (specify)			Justin Kiel
Contributor's Occupation (if required)	***************************************		***	
5. Ron & Suzanne Schafer 1566 Glacier Bend LaPorte, IN 46350	Contributions: Direct In-Kind (describe)	\$100.00	\$100.00	9/24/22
	Other Receipts: Interest Loan Miscellaneous (specify)	THE PROPERTY OF THE PROPERTY O		Justin Kiel
Contributor's Occupation (if required)			ļ	***
SUBTOTAL T	HIS PAGE OF SCHEDULE A	\$ \$450.00		
TOTAL OF ALL PAGES OF SCHEDULE A (Enter total on ITEM	ON THE LAST PAGE ONLY 15a of the Summary Sheet.)	\$		



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

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

FILE NUMBER				
Page	5	of	9	

CONTRIBUTOR'S FULL NAME AND OCCUPATION FULL MAILING ADDRESS	TYPE OF CONTRIBUTION	COLUMN A	COLUMN B	DATE RECEIVED (mm/dd/yy)
(street, number, city, state, ZIP code)	OR OTHER RECEIPT	AMOUNT THIS	CUMULATIVE	RECEIVED BY
1. Wilma Bruder 502 Dominic Street LaCrosse, IN 46348	Contributions: X Direct In-Kind (describe)	\$100.00	\$150.00	9/24/22
Contributor's Occupation (if required)	Other Receipts: Interest Loan Miscellaneous (specify)			Justin Kiel
2.	Contributions.		,	
Mary Deering 7600 S Sand Road Union Mills, IN 46382	☐ In-Kind (describe)	\$20.00	\$20.00	9/25/22
	Other Receipts: Interest Loan Miscellaneous (specify)	The second secon		Justin Kiel
Contributor's Occupation (if required)				
3. Tom & Fran Milo 92 Keston Elm Drive LaPorte, IN 46350	Contributions: Direct In-Kind (describe)	\$100.00	\$100.00	9/26/22
Contributor's Occupation (ff required)	Other Receipts: Interest Loan Miscellaneous (specify)			Justin Kiel
4.				
Leigh Morris 424 Upper Lake Shore Drive LaPorte, IN 46350	Contributions: Direct In-Kind (describe)	\$100.00	\$200.00	9/26/22
Contributor's Occupation (if required)	Other Receipts: Interest Loan Miscellaneous (specify)			Justin Kiel
5. Kim Buchanan 6821 W 800 S	Contributions: Direct In-Kind (describe)	\$100.00	\$100.00	9/26/22
Union Mills, IN 46382	Other Receipts: Interest Loan Miscellaneous (specify)			Justin Kiel
Contributor's Occupation (if required)				
	HIS PAGE OF SCHEDULE A	\$ \$420.00		
TOTAL OF ALL PAGES OF SCHEDULE A (Enter total on ITEM	ON THE LAST PAGE ONLY 15a of the Summary Sheet.)	\$		



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

(CFA-4 SCHEDULE A-1) CONTRIBUTIONS BY INDIVIDUALS

Itemized Contributions and Other Receipts

	FILE	NUMBE	ER	
Page	6	of	9	

CONTRIBUTOR'S FULL NAME AND OCCUPATION FULL MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED (mm/dd/yy) RECEIVED BY
1. Brian Sheely 18902 S US 421 LaCrosse, IN 46348	Contributions: Direct In-Kind (describe)	\$2,000.00	\$2,000.00	9/27/22
Contributor's Occupation (if required) Business Owner	Other Receipts: Interest Loan Miscellaneous (specify)			Justin Kiel
2. Ken & Karen Pfledderer 307 E Dominic Street LaCrosse, IN 46348	Contributions: Direct In-Kind (describe)	\$100.00	\$100.00	9/28/22
Contributor's Occupation (if required)	Other Receipts: Interest Loan Miscellaneous (specify)			Justin Kiel
3. John & Yolla Espar 112 Garden Trail Michigan City, IN 46360	Contributions: Direct In-Kind (describe)	\$250.00	\$250.00	9/28/22
Contributor's Occupation (if required)	Other Receipts: Interest Loan Miscellaneous (specify)			Justin Kiel
4. Pam Dishman 305 Plummer Street LaPorte, IN 46350	Contributions: Direct In-Kind (describe)	\$25.00	\$125.00	9/28/22
Contributor's Occupation (if required)	Other Receipts: Interest Loan Miscellaneous (specify)			Justin Kiel
5. Ruby Knope 412 Mill Street LaCrosse, IN 46348	Contributions: Direct In-Kind (describe)	\$100.00	\$100.00	9/28/22
Contributor's Occupation (if required)	Other Receipts: Interest Loan Miscellaneous (specify)			Justin Kiel
SUBTOTAL TOTAL OF ALL PAGES OF SCHEDULE A	HIS PAGE OF SCHEDULE A	\$ \$2,475.00		
	15a of the Summary Sheet.)	\$		



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

FILE NUMBER							
Page _	7	of	9				

CONTRIBUTOR'S FULL NAME AND OCCUPATION FULL MAILING ADDRESS	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS	COLUMN B	DATE RECEIVED (mm/dd/yy)
(street, number, city, state, ZIP code)	OR OTHER RESERVE	PERIOD	YEAR-TO-DATE	RECEIVED BY
1. Jim Marseille 6764 W 700 S Union Mills, IN 46382	Contributions: Direct In-Kind (describe)	\$50.00	\$50.00	9/28/22
Contributor's Occupation (ब required)	Other Receipts: Interest Loan Miscellaneous (specify)			Justin Kiel
2. Tom & Bobbi Richlen 655 W Kolar Drive LaPorte, IN 46350	Contributions: Direct In-Kind (describe)	\$100.00	\$100.00	9/29/22
Contributor's Occupation (if required)	Other Receipts: Interest Loan Miscellaneous (specify)			Justin Kiel
Jim & Wendy Sheely 10263 W 1850 S LaCrosse, IN 46348	Contributions: X Direct In-Kind (describe)	\$100.00	\$100.00	9/30/22
Contributor's Occupation (if required)	Other Receipts: Interest Loan Miscellaneous (specify)			Justin Kiel
Ken & Rita Layton 1498 W 500 S LaPorte, IN 46350	Contributions: Direct In-Kind (describe)	\$100.00	\$100.00	10/01/22
Contributor's Occupation (if required)	Other Receipts: Interest Loan Miscellaneous (specify)			Justin Kiel
5. Mark & Laura Krentz 1807 Kingsbury Avenue LaPorte, IN 46350	Contributions: Direct In-Kind (describe)	\$50.00	\$50.00	10/01/22
Contributor's Occupation (if required)	Other Receipts: Interest Loan Miscellaneous (specify)			Justin Kiel
SUBTOTAL T	HIS PAGE OF SCHEDULE A	\$ \$400.00		
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-1) CONTRIBUTIONS BY INDIVIDUALS

Itemized Contributions and Other Receipts

FILE NUMBER							
Page	8	of	9				

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)	OR OTHER RECEIPT	PERIOD	YEAR-TO-DATE	RECEIVED BY
1. Bob & Sherri Best 405 N Washington Street LaCrosse, IN 46348	Contributions: Direct In-Kind (describe)	\$100.00	\$100.00	10/03/22
	Other Receipts: Interest Loan Miscellaneous (specify)			Justin Kiel
Contributor's Occupation (if required)	0-40-00-0			
Cary & Phyllis Gorski 5757 W 2100 S LaCrosse, IN 46348	Contributions: Direct In-Kind (describe)	\$100.00	\$100.00	10/03/22
	Other Receipts: Interest Loan Miscellaneous (specify)			Justin Kiel
Contributor's Occupation (if required) 3.				
Nancy Stonecipher 20521 S US 421 LaCrosse, IN 46348	Contributions: Direct In-Kind (describe)	\$100.00	\$150.00	10/06/22
	Other Receipts; Interest Loan Miscellaneous (specify)			Justin Kiel
Contributor's Occupation (if required)	0-4/2 P			
Paul Vincent 1516 Michigan Avenue LaPorte, IN 46350	Contributions: Direct In-Kind (describe)	\$100.00	\$100.00	10/06/22
	Other Receipts: Interest Loan Miscellaneous (specify)		en e	Justin Kiel
Contributor's Occupation (if required)				
5. Duane & Bonnie Miller 605 Lakeside LaPorte, IN 46350	Contributions: Direct In-Kind (describe)	\$50.00	\$50.00	10/06/22
	Other Receipts: Interest Loan Miscellaneous (specify)			Justin Kiel
Contributor's Occupation (if required)				
	HIS PAGE OF SCHEDULE A	\$ \$450.00		
TOTAL OF ALL PAGES OF SCHEDULE A (Enter total on ITEM	ON THE LAST PAGE ONLY 15a of the Summary Sheet.)	\$		



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

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

	FILE	NUMB	ER	
Page	9_	of	; 9	

CONTRIBUTOR'S FULL NAME AND OCCUPATION FULL MAILING ADDRESS	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS	COLUMN B	DATE RECEIVED (mm/dd/yy)
(street, number, city, state, ZIP code)	OR OTHER RECEIPT	PERIOD	YEAR-TO-DATE	RECEIVED BY
1. Illene Zona 6706 N 300 W Michigan City, IN 46360	Contributions: X Direct In-Kind (describe)	\$100.00	\$100.00	10/08/22
Contributor's Occupation (if required)	Other Receipts: Interest Loan Miscellaneous (specify)			Justin Kiel
Pat Spiess 9382 W State Road 8 LaCrosse, IN 46348	Contributions: X Direct In-Kind (describe)	\$50.00	\$50.00	10/08/22
Contributor's Occupation (if required)	Other Receipts: Interest Loan Miscellaneous (specify)			Justin Kiel
3. Gregg Fuhlenbrock 11688 W 1475 S Hanna, IN 46340	Contributions: Direct In-Kind (describe)	\$30.00	\$30.00	10/14/22
Contributor's Occupation (if required)	Other Receipts: Interest Loan Miscellaneous (specify)			Justin Kiel
-	Contributions: Direct In-Kind (describe)			
Contributor's Ossusation (if required)	Other Receipts: Interest Loan Miscellaneous (specify)			
Contributor's Occupation (if required) 5.	Contributions:			
	Direct In-Kind (describe)			
Contributado Consumitor de consumi	Other Receipts: Interest Loan Miscellaneous (specify)	-		
Contributor's Occupation (if required)	LIC DACE OF COURTY FA	* 6400.00		
TOTAL OF ALL PAGES OF SCHEDULE A	HIS PAGE OF SCHEDULE A ON THE LAST PAGE ONLY 15a of the Summary Sheet.)	\$ \$180.00 \$		
1,000,000,000,000				



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

(CFA-4 SCHEDULE A-2) CONTRIBUTIONS BY CORPORATIONS

Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY CORPORATIONS ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative 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).

FULL MA	DR'S FULL NAME AND AILING ADDRESS er, city. state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED (min/dd/yy) RECEIVED BY
1. Epic Limo 4601 Murvihill Re Valparaiso, IN 46	oad #3	Contributions: X Direct In-Kind (describe)	\$500.00	\$500.00	10/09/22
· · · · · · · · · · · · · · · · · · ·		Interest Loan Miscellaneous (specify)			Justin Kiel
2. Wings Aviation 4601 Murvihill Ro Valparaiso, IN 46		Contributions: Direct In-Kind (describe)	\$500.00	\$500.00	10/09/22
		Other Receipts: Interest Loan Miscellaneous (specify)			Justin Kiel
3.		Contributions: Direct In-Kind (describe)			
		Other Receipts: Interest Loan Miscellaneous (specify)			
4.		Contributions: Direct In-Kind (describe)			
		Other Receipts: Interest Loan Miscellaneous (specify)			
5.		Contributions: Direct In-Kind (describe)			,
		Other Receipts: Interest Loan Miscellaneous (specify)			
	SUBTOTAL ²	THIS PAGE OF SCHEDULE A	\$ \$1,000.00		
TOTAL	OF ALL PAGES OF SCHEDULE		\$		
		7 1			



(CFA-4 SCHEDULE A-3) CONTRIBUTIONS BY LABOR ORGANIZATIONS

Itemized Contributions and Other Receipts

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

FILE NUMBER					
Page	of				

	· · · · · · · · · · · · · · · · · · ·			
CONTRIBUTOR'S FULL NAME AND FULL MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED (mm/dd/yy) RECEIVED BY
1.	Contributions: Direct In-Kind (describe)	12,1100		
	Other Receipts: Interest Loan Miscellaneous (specify)			
2.	Contributions: Direct In-Kind (describe)			
	Other Réceipts: Interest Loan Miscellaneous (specify)			
3.	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest Loan Miscellaneous (specify)			
4.	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest Loan Miscellaneous (specify)		ļ	
5.	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest Loan Miscellaneous (specify)		-	
SUBTOTAL T	HIS PAGE OF SCHEDULE A	\$		
TOTAL OF ALL PAGES OF SCHEDULE A (Enter total on ITEM	ON THE LAST PAGE ONLY 15a of the Summary Sheet)	\$		



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

(CFA-4 SCHEDULE A-4) CONTRIBUTIONS BY POLITICAL ACTION COMMITTEES

Itemized Contributions and Other Receipts

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

FILE NUMBER							
Page _	1	of	1				

CONTRIBUTOR'S FULL NAME AND FULL MAILING ADDRESS	TYPE OF CONTRIBUTION	COLUMN A	COLUMN B	DATE RECEIVED (mm/dd/yy)
(street, number, city, state, ZIP code)	OR OTHER RECEIPT	AMOUNT THIS PERIOD	CUMULATIVE YEAR-TO-DATE	RECEIVED BY
1. 463GOP Club PO Box 512 LaPorte, IN 46352	Contributions: Direct In-Kind (describe)	\$400.00	\$400.00	10/06/22
	Other Receipts: Interest Loan Miscellaneous (specify)	The fact of the fa		Justin Kiel
2.	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest Loan Miscellaneous (specify)			
3.	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest Loan Miscellaneous (specify)			MITPUTAL
4.	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest Loan Miscellaneous (specify)	The second secon	The second secon	
5.	Contributions: Direct In-Kind (describe)		100 100 100 100 100 100 100 100 100 100	The state of the s
	Other Receipts: Interest Loan Miscellaneous (specify)			
SUBTOTAL 1	HIS PAGE OF SCHEDULE A	\$ \$400.00	1	
TOTAL OF ALL PAGES OF SCHEDULE A	ON THE LAST PAGE ONLY	\$\$11,708.76		
12mer wal of Item	iva oi trie Summary Sneet.)	411,700,70		



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

Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY ORGANIZATIONS OTHER THAN CORPORATIONS, LABOR ORGANIZATIONS, POLITICAL ACTION COMMITTEES AND INDIVIDUALS ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from other entities OVER \$100 per contribution, 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 candidates, 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	of			

CONTRIBUTOR'S FULL NAME AND	TYPE OF CONTRIBUTION	COLUMN A	COLUMN B	DATE RECEIVED
FULL MAILING ADDRESS	OR OTHER RECEIPT	AMOUNT THIS	CUMULATIVE	(mm/dd/yy) RECEIVED BY
(street, number, city, state, ZIP code) 1.	Contributions: Direct In-Kind (describe)	PERIOD	YEAR-TO-DATE	RECEIVED BY
	Other Receipts: Interest Loan Miscellaneous (specify)			
2.	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest Loan Miscellaneous (specify)			AND STATE OF THE S
3.	Contributions: Direct In-Kind (describe) Other Receipts:			
4.	Interest Loan Miscellaneous (specify) Contributions:			
	Direct In-Kind (describe) Other Receipts:			
5.	Interest Loan Miscellaneous (specify) Contributions:			
	Direct In-Kind (describe) Other Receipts:			•
CUDTOTAL	Interest Loan Miscellaneous (specify)			
	ſ	\$		
TOTAL OF ALL PAGES OF SCHEDULE / (Enter total on ITEM	ON THE LAST PAGE ONLY 15a of the Summary Sheet.)	\$		



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

(CFA-4 SCHEDULE B) ITEMIZED EXPENDITURES

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document expenditures totaled on ITEM 17a of the Summary Sheet. All cumulative expenses paid to individuals, businesses, labor organizations and other entities OVER \$100 per recipient, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative expenses, including in-kind, regardless of amount paid to political committees, (such as transfers-out from candidate, legislative caucus, political action, or regular party committees) MUST be itemized on this schedule.

	FILE	NUMB	ER	
Page _	1	of	3	

RECIPIENT'S NAME AND MAILING ADDRESS (street, number, city, state, ZIP code)	RECIPIENT'S OCCUPATION	TYPE OF EXPENDITURE	COLUMN A AMOUNT THIS	COLUMN B CUMULATIVE	DATE OF EXPENDITURE	
	OFFICE SOUGHT (if applicable)	PURPOSE (be specific)	PERIOD	YEAR-TO-DATE	(mm/dd/yy)	
Russ' Print Shop 131 N Main Street Hebron, IN 46341	Printing Company	Direct In-Kind Payment of Debt Returned Contribution Other Purpose: Printing postcards	\$241.71	\$241.71	04/27/22	
USPS 1201 Lincolnway LaPorte, IN 46350	Postal Service	Direct In-Kind Payment of Debt Returned Contribution Other Purpose: Postage	\$810.73	\$1,615.00	04/28/22	
Code_A Kiel Media, LLC 16 E Main Street LaCrosse, IN 46348	Newspaper	□ Direct □ In-Kind □ Payment of Debt □ Returned Contribution □ Other Purpose: Advertising	\$658.76	\$658.76	04/28/22	
LaPorte County GOP PO Box 512 LaPorte, IN 46352	Political Party	Direct In-Kind Payment of Debt Returned Contribution Other Purpose: Golf Outing Sponsorship	\$100.00	\$100.00	08/11/22	
Amazon 440 Terry Ave N Seattle, WA 98109	Online Store	Direct In-Kind Payment of Debt Returned Contribution Other Purpose: Tshirt supplies	\$96.81	\$166.35	09/21/22	
Staples 2106 Morthland Drive Valparaiso, IN 46383	Office Supply Store	Direct In-Kind Payment of Debt Returned Contribution Other Purpose: Office supplies	\$13.90	\$52.10	09/23/22	
Walmart 2400 Morthland Drive Valparaiso, IN 46383		☑ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other	\$58.81	\$58.81	09/23/22	
	SUBTOTAL THIS PAGE		\$4.000 ==			
TOTAL OF ALL PAG	ES OF SCHEDULE B ON THE	LAST PAGE ONLY	\$1,980.72			
	(Enter total on ITEM 17a of the	Summary Sheet.)	\$			



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

(CFA-4 SCHEDULE B) ITEMIZED EXPENDITURES

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document expenditures totaled on ITEM 17a of the Summary Sheet. All cumulative expenses paid to individuals, businesses, labor organizations and other entities OVER \$100 per recipient, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative expenses, including in-kind, regardless of amount paid to political committees. (such as transfers-out from candidate, legislative caucus, political action, or regular party committees) MUST be itemized on this schedule.

FILE NUMBER				
Page _	2	_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 8 CUMULATIVE YEAR-TO-DATE	DATE OF EXPENDITURE (mm/dd/yy)
Code O Juanita Haney 2695 W Joliet Road LaPorte, IN 46350	Tshirt Production	Direct In-Kind Payment of Debt Returned Contribution Other Purpose: Tshirts	\$140.00	\$140.00	09/23/22
Amazon 440 Terry Ave N Seattle, WA 98109	Online Store	Direct In-Kind Payment of Debt Returned Contribution Other Purpose: Office supplies	\$13.70	\$180.05	09/23/22
Vistaprint 100 Hayden Ave Lexington, MA 02421	Print Shop	☐ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other ☐ Purpose: Printing / Signs	\$2,427.63	\$2,836.49	09/29/22
Ebay 2025 Hamilton Ave San Jose, CA 95125	Online Store	□ Direct □ In-Kind □ Payment of Debt □ Returned Contribution □ Other □ Purpose: Sign Stakes	\$139.80	\$139.80	10/05/22
Sams Club 3134 E 79th Avenue Merrillville, IN 46410	Retail Store	Direct In-Kind Payment of Debt Returned Contribution Other Purpose: Envelopes	\$95.53	\$95.53	10/08/22
Code O Walmart 2400 Morthland Drive Valparaiso, IN 46383	Retail Store	Direct	\$17.98	\$76.79	10/08/22
Office Depot 118 Dunes Plaza Michigan City, IN 46360	Print Shop	☑ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other ☐ Purpose:	\$562.20	\$749.70	10/10/22
TOTAL OF ALL PAG	SUBTOTAL THIS PAGE ES OF SCHEDULE B ON THE (Enter total on ITEM 17a of the	LAST PAGE ONLY	\$ 3,396.84 \$		



(CFA-4 SCHEDULE B)
ITEMIZED EXPENDITURES

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

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. 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	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)
USPS 1201 Lincolnway LaPorte, IN 46350	Postal Service	Direct In-Kind Payment of Debt Returned Contribution Other Purpose: Printing	\$1,8657.85	\$3,472.85	10/13/22
Code	,	Direct In-Kind Payment of Debt Returned Contribution Other Purpose:			
Code		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:			
Code		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:		٠	
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:			
		AGE OF SCHEDULE B	\$ 1,8657.85		
TOTAL OF ALL F	PAGES OF SCHEDULE B ON THE PAGES OF SCHEDULE B O	HE LAST PAGE ONLY	\$ 7,235.41		



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

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

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

	FILE NUMBER
Page _	of

	,				
			Page	of _	
	PUBLIC QUESTIO	N INFORMATION			
Enter Text of Public Question.					
Type of Question: Statewide Coppo	Local sed -				
RECIPIENT'S NAME AND MAILING ADDRESS (street, number, city, state, ZIP code)	RECIPIENT'S OCCUPATION	TYPE OF EXPENDITURE and PURPOSE (be specific)	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE OF EXPENDITURE (mm/dd/yy)
Code		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:			
Code		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:			
Code		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:			
Code	,	Direct In-Kind Payment of Debt Returned Contribution Other Purpose:			
Code		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:			
Code		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:			
	SUBTOTAL THIS PAG		\$		
	S OF SCHEDULE C ON THE Enter total on ITEM 17a of th		\$		



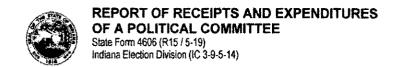
State Form 4606 (R15 / 5-19) Indiana Election Division (IC 3-9-5-14)

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

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

FILE NUMBER				
Page _	1	of	1	

			<u> </u>		
CREDITOR'S OR LENDER'S NAME AND MAILING ADDRESS	ENDORSER'S OR VENDOR'S NAME AND MAILING ADDRESS (if any)	AMOUNT	DATE DEBT INCURRED	CUMULATIVE PAID	OUTSTANDING BALANCE THIS
(street, number, city, state. ZIP code)	(street, number, city, state, ZIP code)	NATURE OF DEBT	(mm/dd/yy)	YEAR-TO-DATE	PERIOD
Justin Kiel 504 E Dominic Street LaCrosse, IN 46348		\$500.00	02/28/22	\$0.00	\$500.00
LENDER'S OCCUPATION: Publisher		Loan	UZ/ZUIZZ	\$0.00	\$300.00
Justin Kiel 504 E Dominic Street LaCrosse, IN 46348		\$500.00	04/10/22	\$0.00	\$500.00
LENDER'S OCCUPATION: Publisher		Loan	V-I, IOILL	Ψσ.σσ	4500.00
					110
LENDER'S OCCUPATION:					
LENDER'S OCCUPATION:			-	Martine and the second	
LEMBER'S OCCUPATION					
LENDERS OCCUPATION			***************************************		
LENDER'S OCCUPATION:					
SUBTOTAL THIS PAGE OF SCHEDULE D					\$1,000
TOTAL OF ALL PAGES OF SCHEDULE D ON THE LAST PAGE ONLY (Enter total on ITEM 19 of the Summary Sheet.)				\$1,000	



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

INSTRUCTIONS: Please type or print legibly **IN BLACK INK** all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. List all debts and loans, <u>regardless of the amount</u>, **OWED TO** the committee during the reporting period. Include all amounts the committee has loaned to others.

	FILE NUMBER	
M-14-1		
Page	of	

BORROWER'S NAME AND MAILING ADDRESS	BORROWER'S NAME CO-SIGNER'S NAME ORIGIN AND MAILING ADDRESS AND MAILING ADDRESS (if any)		DATE DEBT INCURRED	CUMULATIVE PAID	OUTSTANDING BALANCE THIS			
(street, number, city, state, ZIP code)	(street, number, city, state, ZIP code)	NATURE OF DEBT	(mm/dd/yy)	YEAR-TO-DATE	PERIOD			
:								
	,							
	·							
:								
	•	man di						
SUBTOTAL THIS PAGE OF SCHEDULE E					\$			
***************************************	TOTAL OF A	LL PAGES OF SCHEDUL	E E ON THE LAS	T PAGE ONLY	\$			
		(Enter total on l	(Enter total on ITEM 20 of the Summary Sheet.)					



✓ No

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

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

S	THIS	AN A	MEND	MENT?	Yes

(CFA-4) Summary Sheet

FILE NUMBER

LLU-92-14

TOTAL PAGES IN ENTIRE CFA-4 REPORT

11

COMMITTEE INFORMATION	<u>"</u>			
1. Full Name of Committee (as on Statement of Organization) Check if this is a new Committee to Elect Justin Kiel	name.			
2. Acronym or Abbreviated Name (if any)	mittee Telephone Number 9) 363-9896	-		
4. Mailing Address (Address where all campaign finance correspondence is received.) 504 E Dominic Street	Check if th	is is a new address.		
5. City, State, ZIP Code LaCrosse, IN 46348		Affiliation (if applicable)	· · · · · · · · · · · · · · · · · ·	
CANDIDATE INFORMATION (For Candidate's C	Committe	es Only)		
7. Full Name of Candidate (Include any nickname.) Justin Michael Kiel		Affiliation or If Independen	t Candidate	
9. Office Sought (Include district number, if any. Not required for exploratory committee.) LaPorte County Council, District 1	10. Cou LaPo	inty of Residence		
TYPE OF REPORT		CONVENTION	N CANDIDATES ONLY	
11. Check one: Pre-Primary Pre-Election Annual Nomination Other		Check one:		
Final / Disbands Committee (Lines 18, 19, and 20 must be "0".) Outgoing Treasurer (Within ten (10) days amend Statement of Organization.)				
12. Reporting Period (mm/dd/yy): From: 10/15/22 Through: 12/31/22		COLUMN A This Period	COLUMN B Year to Date	
13. Cash on hand and investments at the beginning of this reporting period.		\$4,634.23		
14. Cash on hand and investments January 1, current year.			\$267.45	
CONTRIBUTIONS AND RECEIPTS				
(Note: these amounts include in-kind contributions and loans, as well as cash contributions.)				
15a. Itemized (Use Schedule A.)		\$1,965.32	\$15,374.08	
15b. Unitemized		\$0.00	\$0.00	
	TOTAL	\$1,965.32	\$15,374.08	
	TOTAL	\$6,599.55	\$15,641.53	
EXPENDITURES				
(Note: These amounts include in-kind expenditures and loan repayments.)				
17a. Itemized (Use Schedule B.) (Public Question: use Schedule C.)		\$5,534.13	\$14,576.11	
17b. Unitemized		\$0.00	\$0.00	
	TOTAL	\$5,534.13	\$14,576.11	
18. Cash on hand and investments at close of this reporting period (Subtract 17c from 16 in both columns.)	TOTAL	\$1,065.42	\$1,065.42	
19. Debts OWED BY the committee (Use Schedule D.)		\$0.00		
20. Debts OWED TO the committee (Use Schedule E.)		\$0.00		
CERTIFICATION		_F4	OR OFFICE USE ONLY	
ECERTIFY THAT I HAVE EXAMINED THIS STATEMENT. TO THE BEST OF MY KNOWLEDGE AND BELIEF IT IS T	RUE, CORR	ECT AND COMPLETE	FRKS OFFICE	

	CERTIFICATION		- FOR OFFICE USE ONLY
I CERTIFY THAT I HAVE EXAMINED THIS STATEMENT. TO	THE BEST OF MY KNOWLEDGE AND BELIEF IT IS TR	UE, CORRECT AND COMPLETE	CLERKS OFFICE
Signature of Treasurer A Hycker	Title Treasurer	Date (mm/dd/yy) 01/17/23	
Signature of Candidate (if applicable)		Date (mm/dd/yy) 01/17/23 -	JAN 18 2023
WARNING: Any information contained in this report may not to	pe copied for sale or used for any commercial purpose. (1.13) A parson who fails to file a complete or accurate	(C 3-9-4-5) A person who knowingly	1 Learning Stevens

Campaign Finance Law commits a Class B misdemeanor, (IC 3-94-14) and may be subject to civil penalties. (IC 3-9-4-16, IC 3-9-4-17, IC 3-9-4-17)

9.00am



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

FILE NUMBER				
Page	2	of	11	

CONTRIBUTOR'S FULL NAME AND OCCUPATION FULL MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED (mm/dd/yy) RECEIVED BY
1. Wendy Warner 21886 S 800 W LaCrosse, IN 46348	Contributions: Direct In-Kind (describe)			10/17/22
Contributor's Occupation (if required)	Other Receipts: Interest Loan Miscellaneous (specify)	\$25.00	\$25.00	Justin Kiel
2. Mark Parkman 4052 S 1100 W Westville, IN 46391	Contributions: Direct In-Kind (describe)			10/22/22
Contributor's Occupation (if required)	Other Receipts: Interest Loan Miscellaneous (specify)	\$200.00	\$200.00	Justin Kiel
3. Tim Stabosz 1501 Michigan Avenue La Porte, IN 46350	Contributions: Direct In-Kind (describe)			11/04/22
Contributor's Occupation (if required) Investor	Other Receipts: Interest Loan Miscellaneous (specify)	\$1,000.00	\$4,000.00	Justin Kiel
4. Justin Kiel 504 E Dominic Street LaCrosse, IN 46348	Contributions: Direct In-Kind (describe)	4000.10	40.000	11/04/22
Contributor's Occupation (if required) Publisher	Other Receipts: Interest Loan Miscellaneous (specify)	\$320.16	\$2,899.54	Justin Kiel
^{5.} Kelly Kiel 18 E Main Street LaCrosse, IN 46348	Contributions: Direct In-Kind (describe)	#200 40	0040.54	11/04/22
Contributor's Occupation (if required)	Other Receipts: Interest Loan Miscellaneous (specify)	\$320.16	\$649.54	Justin Kiel
SUBTOTAL 1	THIS PAGE OF SCHEDULE A	\$ 1,865.32		
TOTAL OF ALL PAGES OF SCHEDULE A (Enter total on ITEM	ON THE LAST PAGE ONLY 15a of the Summary Sheet.)	\$		



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

(CFA-4 SCHEDULE A-1) CONTRIBUTIONS BY INDIVIDUALS

Itemized Contributions and Other Receipts

FILE NUMBER				
Page	3	of	11	

CONTRIBUTOR'S FULL NAME AND OCCUPATION FULL MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED (mm/dd/yy) RECEIVED BY
1. Earl Cunningham 6311 W Shiva Drive La Porte, IN 46350	Contributions: Direct In-Kind (describe)		-	12/27/22
Contributor's Occupation (if required)	Other Recelpts: Interest Loan Miscellaneous (specify)	\$100.00	\$100.00	Justin Kiel
2.	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest Loan Miscellaneous (specify)			
Contributor's Occupation (if required)				
3.	Contributions: Direct In-Kind (describe)			
Contributor's Occupation (if required)	Other Receipts: Interest Loan Miscellaneous (specify)			
4.	Contributions:			
*	Direct In-Kind (describe)			
	Other Receipts: Interest Loan Miscellaneous (specify)			
Contributor's Occupation (il required)				
5.	Contributions: Direct In-Kind (describe)			
Contributor's Occupation (if required)	Other Receipts: Interest Loan Miscellaneous (specify)			
	HIS PAGE OF SCHEDULE A	¢ 100.00		
TOTAL OF ALL PAGES OF SCHEDULE A		\$ 100.00		
	150 of the Summany Shoot I	\$ 1,965.32		



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

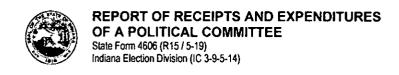
(CFA-4 SCHEDULE A-2) CONTRIBUTIONS BY CORPORATIONS

Itemized Contributions and Other Receipts

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

FILE NUMBER				
Page _	4	of	11	

			9	
CONTRIBUTOR'S FULL NAME AND FULL MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED (mm/dd/yy) RECEIVED BY
1.	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest Loan Miscellaneous (specify)	·		
2.	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest Loan Miscellaneous (specify)			
3.	Contributions: Direct In-Kind (describe)			į
	Other Receipts: Interest Loan Miscellaneous (specify)			
4.	Contributions: Direct In-Kınd (describe)			
	Other Receipts Interest Loan Miscellaneous (specify)			
5.	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest Loan Miscellaneous (specify)			
SURTOTAL	THIS PAGE OF SCHEDULE A	\$ \$0.00		
TOTAL OF ALL PAGES OF SCHEDULE		\$		
•				



(CFA-4 SCHEDULE A-3) CONTRIBUTIONS BY LABOR ORGANIZATIONS

Itemized Contributions and Other Receipts

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

FILE NUMBER				
Page _	5	of	11	

CONTRIBUTOR'S FULL NAME AND	TYPE OF CONTRIBUTION	COLUMN A	COLUMN B	DATE RECEIVED
FULL MAILING ADDRESS	OR OTHER RECEIPT	AMOUNT THIS	CUMULATIVE	(mm/dd/yy)
(street, number, city, state, ZIP code) 1.	Contributions:	PERIOD	YEAR-TO-DATE	RECEIVED BY
•	Direct			
	n-Kind (describe)			
	Other Receipts:			
	Interest Loan			
	Miscellaneous (specify)			
2	Contributions:			
	☐ In-Kind (describe)			
	Other Receipts			
	Other Receipts: Interest Loan			
	Miscellaneous (specify)			
3.	Contributions:			
	In-Kind (describe)			
	Other Receipts: Interest Loan			
	Miscellaneous (specify)			
4.	Contributions:			
	In-Kind (describe)			
	Other Receipts: Interest Loan			
	Miscellaneous (specify)			
5.	Contributions:			
	n-Kind (describe)			
	Other Receipts: Interest Loan			
	Miscellaneous (specify)			
Į.	THIS PAGE OF SCHEDULE A	\$ 0.00		
TOTAL OF ALL PAGES OF SCHEDULE	A ON THE LAST PAGE ONLY	\$		



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

(CFA-4 SCHEDULE A-4) CONTRIBUTIONS BY POLITICAL ACTION COMMITTEES

Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY POLITICAL ACTION COMMITTEES ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from political action committees OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All transfers-in and in-kind contributions regardless of amount from political action committees MUST be itemized on this schedule. All cumulative receipts, (such as loan proceeds and repayments, refunds, rebales, 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	6	of	11		

CONTRIBUTOR'S FULL NAME AND FULL MAILING ADDRESS	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS	COLUMN B CUMULATIVE	DATE RECEIVED (mm/dd/yy) RECEIVED BY
(street, number, city, state, ZIP code) 1.	Contributions: Direct In-Kind (describe) Other Receipts: Interest Loan Miscellaneous (specify)	PERIOD	YEAR-TO-DATE	RECEIVED BY
2.	Contributions: Direct In-Kind (describe) Other Receipts: Interest Loan Miscellaneous (specify)			
3.	Contributions: Direct In-Kind (describe) Other Receipts: Interest Loan Miscellaneous (specify)			
4.	Contributions: Direct In-Kind (describe) Other Receipts: Interest Loan Miscellaneous (specify)			
5.	Contributions: Direct In-Kind (describe) Other Receipts: Interest Loan Miscellaneous (specify)			
SUBTOTAL TOTAL OF ALL PAGES OF SCHEDULE	THIS PAGE OF SCHEDULE A	\$ 0.00		
	1 15a of the Summary Sheet.)	\$		



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

Itemized Contributions and Other Receipts

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

	FILE	NUMBE	R	
Page	7	of	11	

CONTRIBUTOR'S FULL NAME AND FULL MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED (mm/dd/yy) RECEIVED BY
1.	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest Loan Miscellaneous (specify)			
2.	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest Loan Miscellaneous (specify)		•	
3.	Contributions: Direct In-Kind (describe)			
·	Other Receipts: Interest Loan Miscellaneous (specify)			
4.	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest Loan Miscellaneous (specify)			
5.	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest Loan Miscellaneous (specify)			
SUBTOTAL T	HIS PAGE OF SCHEDULE A	\$ 0.00		
TOTAL OF ALL PAGES OF SCHEDULE A (Enter total on ITEM	ON THE LAST PAGE ONLY 15a of the Summary Sheet.)	\$ 1,965.32		



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

(CFA-4 SCHEDULE B) ITEMIZED EXPENDITURES

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document expenditures totaled on ITEM 17a of the Summary Sheet. All cumulative expenses paid to individuals, businesses, labor organizations and other entities OVER \$100 per recipient, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative expenses, including in-kind, regardless of amount paid to political committees, (such as transfers-out from candidate, legislative caucus, political action, or regular party committees) MUST be itemized on this schedule.

	FILE	NUMB	ER	
Page _	8	of	11	

RECIPIENT'S NAME AND MAILING ADDRESS (street, number, city, state, ZIP code)	RECIPIENT'S OCCUPATION	TYPE OF EXPENDITURE and	COLUMN A AMOUNT THIS	COLUMN B CUMULATIVE	DATE OF EXPENDITURE
	OFFICE SOUGHT (if applicable)	PURPOSE (be specific)	PERIOD	YEAR-TO-DATE	(mm/dd/yy)
Code O Ebay 2025 Hamilton Avenue San Jose, CA 95125	Online Store	Direct In-Kind Payment of Debt Returned Contribution Other Purpose: Sign stakes	\$58.15	\$197.95	10/15/22
Code O Vistaprint 100 Hayden Avenue Lexington, MA 02421	Print Shop	☑ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other ☐ Purpose: Postcards	\$796.66	\$3,633.15	10/20/22
Code O , Vistaprint 100 Hayden Avenue Lexington, MA 02421	Print Shop	☐ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other ☐ Purpose: Printing	\$46.02	\$3,679.17	10/31/22
Code O USPS 1201 Lincolnway La Porte, IN 46350	Postal Service	✓ Direct	\$1,065.48	\$4,538.33	10/31/22
Code O USPS 1201 Lincolnway La Porte, IN 46350	Postal Service	✓ Direct □ In-Kind □ Payment of Debt □ Returned Contribution □ Other □ Purpose: Postage	\$1,927.50	\$6,465.83	11/03/22
Code A Kiel Media, LLC 16 E Main Street LaCrosse, IN 46348	Newspaper	Direct In-Kind Payment of Debt Returned Contribution Other Purpose: Advertising	\$640.32	\$1,299.08	11/04/22
Code C Justin Kiel 504 E Dominic Street LaCrosse, IN 46348	Publisher	Direct in-Kind Payment of Debt Returned Contribution Other Purpose: Repayment	\$1,000.00	\$1,000.00	12/30/22
	SUBTOTAL THIS PAG	SE OF SCHEDULE B	\$ 5,534.13		
TOTAL OF ALL PA	AGES OF SCHEDULE B ON THI (Enter total on ITEM 17a of t	E LAST PAGE ONLY	\$ 5,534.13		



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

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

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

FILE NUMBER					
		·			
Page _	9	of	11	_	

			Page _	9 _{of_}	11
Enter Text of Public Question.	PUBLIC QUESTIO	NINFORMATION			
Enter Text of Public Question.					
Type of Question: Statewide	Local				
Position: Supported Oppos					
RECIPIENT'S NAME AND MAILING ADDRESS	RECIPIENT'S OCCUPATION	TYPE OF EXPENDITURE	COLUMN A	COLUMN B	DATE OF
(street, number, city, state, ZIP code)		and PURPOSE (be specific)	AMOUNT THIS PERIOD	CUMULATIVE YEAR-TO-DATE	EXPENDITURE (mm/dd/yy)
Code		☐ Direct ☐ In-Kind			
		Payment of Debt Returned Contribution			
,		Other			
		Purpose:			
Code		☐ Direct ☐ In-Kind ☐ Payment of Debt			
		Returned Contribution			
		Other			
		Purpose:			
Code		☐ Direct ☐ In-Kind			
		☐ Payment of Debt ☐ Returned Contribution			
		Other			
		Purpose:			
		☐ Direct ☐ In-Kind			
Code		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	GE OF SCHEDULE C	\$ 0.00		
	SES OF SCHEDULE C ON TH	E LAST PAGE ONLY			
	(Enter total on ITEM 17a of t		\$ 0.00		



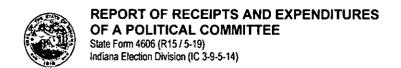
State Form 4606 (R15 / 5-19) Indiana Election Division (IC 3-9-5-14)

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

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

	FILE	NUMBE	R	
Page _	10	of	11	

CREDITOR'S OR LENDER'S NAME	ENDORSER'S OR VENDOR'S NAME	AMOUNT	DATE DEBT	CUMULATIVE PAID	OUTSTA BALANC	
AND MAILING ADDRESS (street, number, city, state, ZIP code)	AND MAILING ADDRESS (if any) (street, number, city, state, ZIP code)	NATURE OF DEBT	INCURRED (mm/dd/yy)	YEAR-TO-DATE	PERI	
Justin Kiel 504 E Dominic Street LaCrosse, IN 46348		\$500.00	02/28/22	\$500.00	\$0 .	00
LENDER'S OCCUPATION: Publisher		Loan			1	
Justin Kiel 504 E Dominic Street LaCrosse, IN 46348		\$500.00	04/10/22	\$500.00	\$0 .	00
LENDER'S OCCUPATION: Publisher		Loan				
						į
LENDER'S OCCUPATION:						1
LENDER'S OCCUPATION:						
					:	
LENDER'S OCCUPATION:						
LENDER'S OCCUPATION:			`			
LENDER'S OCCUPATION: SUBTOTAL THIS PAGE OF SCHEDULE D					\$ 0.	.00
	TOTAL OF ALL	. PAGES OF SCHEDUL (Enter total on I		ST PAGE ONLY ummary Sheet.)		.00



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

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. List all debts and loans, regardless of the amount, OWED TO the committee during the reporting period. Include all amounts the committee has loaned to others.

FILE NUMBER						
Page	11	of	11			

	<u> </u>					
BORROWER'S NAME	CO-SIGNER'S NAME AND MAILING ADDRESS (if any) (street, number, city, state, ZIP code)	ORIGINAL AMOUNT	DATE DEBT	CUMULATIVE	OUTSTANDIN BALANCE TH	TANDING
AND MAILING ADDRESS (street, number, city, state, ZIP code)		NATURE OF DEBT	INCURRED (mm/dd/yy)	PAID YEAR-TO-DATE	PE	RIOD
·			-			
		, ,				
					-	
		·				
				,		
	•					·
			-			
	·					
		,			•	
				·		
		-				
		SURTOTA	I THIS PAGE OF	SCHEDULE	\$	0.00
SUBTOTAL THIS PAGE OF SCHEDULE E TOTAL OF ALL PAGES OF SCHEDULE E ON THE LAST PAGE ONLY						
(Enter total on ITEM 20 of the Summary Sheet.)						0.00