

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? [Yes	☑ No If Yes	, pleas	se enter ti	he file	numbe	er in this box	c. →	46-22-52
SECTION A. CANDIDATE			in all			xes a		accura	
2. Last Name	Fir	st Name		Middle Nan	ne		Nickname		3. Type of Committee (Check one)
Schultz		1ike							☑ Candidate's Principal Committee ☐ Exploratory Committee
4. Mailing Address (number and street, city, s	tate, and Z	(IP code)		5	. FAX (C	ptional)		1	Address (Optional)
5375 W. 150 N.				()			mgoto	green002@comcast.net
7. City	State	ZIP Code	8. Co	-		_ I	ephone (Day)		10. Telephone (Evening)
LaPorte	IN	46350	LaF	orte		- 11	9 ₎ 362-039		(219 ₎ 362-0390
11. Party Affiliation								er, if any. I	Not required for an exploratory committee.)
☑ Democratic ☐ Libertarian ☐ Repub							Assessor		
SECTION B. COMMITTEE 13. Full Name of Committee (Do not abb	INFO	RMATION: FILE	in al	i applicai	ble bo	xes a	s fully and	accura	tely as possible.
Committee to Elect Mike So				ame.					
14. Mailing Address (number and street, city,		_		a new addre	ce 15	EAY (On	tional)	16 E-ma	il Address (Optional)
5375 W. 150 N. LaPorte, IN			11 11115 13	a new addre	35. 13.))	шонан	10. E-111a	iii Addi 655 (Optional)
17. City	State	ZIP Code	18. C	ounty			elephone		20. Committee Organization Date
LaPorte	IN	46350	LaF	orte		(219	9 ₎ 362-0390)	^(mm/dd/yy) 01/18/2022
21. Chairperson's Full Name	gnate Ca	indidate as Chairpers	on. 🗆	Check if thi	s is a ne	w chairpe	erson.		
22. Mailing Address (number and street, city, 5375 W. 150 N. LaPorte, IN			if this is	a new addre	ss. 23 .	FAX (Opi	tional)	24. E-ma	il Address (Optional)
25. City	State	ZIP Code	26. C	ounty) 27. Te	elephone (Day)		28. Telephone (Evening)
LaPorte	IN	46350		orte		_ I	362-039)	319 362-0390
29. Bank or Other Depositories (List all I					donneite		<u> </u>		denosit haves or maintains funds)
LaPorte Community Federa			, , , , o , , , , , , , , , , , , , , ,	o oommineeo	асрошка	rando, m	nas accounts, re	and duroty	dopoon boxee or maintaine randely
30. Exploratory Committee (Give brief state			ratory con	mittee only I	31 Sala	ries and	Reimbursemer	ts (Will the	e committee pay the candidate a salary or
30. Exploratory Committee (CNO DIN) State	пот скр	aning purpose of all explo	ratory con	annuce only.,	reimburs	ement fo	r lost wages? If	Yes, attacl	h a copy of the contract.) 🔲 Yes 🗹 No
SECTION C. APPOINTMEN	VIT OF	TDEACHDED	/IC 2	0.1.14\					
32. I, as Chairperson of the committee, appoint the following Treasurer of the Committee.	fore	oing Person Appo	inted T	reasurer			Signature	of the Co	mmittee Chairperson
	ate candi	date as treasurer.	Chec	k if this is a r	new treas	urer.			Y
Mike Schultz									
34. Mailing Address (number and street, city,	state, and	ZIP code)	if this is	a new addre	ss. 35.	FAX (Op	tional)	36. E-ma	il Address (Optional)
5375 W. 150 N. LaPorte, IN	4635	0			ı)			
37. City	State -	ZIP Code	38. C	ounty		39. To	elephone (Day)		40. Telephone (Evening)
LaPorte	IN	46350	LaF	orte		₍₂₁₉	9 ₎ 362-0390)	₍ 219 ₎ 362-0390
SECTION D. ACCEPTANC	E OF	APPOINTMEN	T (IC	3-9-1-15)					
41. I give notice that I accept to							ignature of P	erson Ac	cepting Appointment
Committee. I am not the chairpe permitted for a candidate committee			nance	committee	(exce	ot as			
SECTION E. CERTIFICATI					•				FOR OFFICE USE ONLY
We certify as the candidate and				son of th	e Com	mittee	and that we	have .	
examined this statement. To the be 42. Typed or Printed Name of Chai	est of o	ur knowledge and	l belief	it is trug, o					FILED IN CLERKS OFFICE
Mike Schultz	-		1				01/18/20		
3. Typed or Printed Name of Cand	didate	Signature of	Candi	date	-	/	Date (mm/dd/yy)	MAR 1 0 2022
Mlke Schultz	·		(Su	_/	, 	01/18/20		MINIT I O TOUR
Warning: State law requires that any cl person who knowingly files a fraudulent r accurate report as required by the Indiar subject to civil penalties (IC 3-9-4-16, IC 3	eport co na Camp	mmits a Level 6 D fe aign Finance Law co	lony (IC	3-14-1-13).	A perso	n who fa	ils to file a comp	olete or	LLAON STURNS CLERK OF LA PORTE CIRCUIT COURT



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

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

IS THIS AN AMENDMENT? Yes No

(CFA-4) Summary Sheet

FILE NUMBER

410-72-52

TOTAL PAGES IN ENTIRE CFA-4 REPORT

COMMITTEE INFORMATION			
1/4 Full Name of Committee (as on Statement of Organization) Check if this is a new	namas		
Committee to Elect Mile Schulz Count		30.00	
2. Acronym or Abbreviated Name (if any)	8. Con	nmittee Telephone	Number
-	1219	3 32 -1	0390
4. Mailing Address (Address where all campaign finance correspondence is received.)	Check if t	his is a new addres	
5. City. State, ZIP Code	6. Part	y Affiliation (if appli	cable)
Lafort In 46250		Demo	· •
CANDIDATE INFORMATION (For Candidate's (Committ		-10-10
7. Full Name of Candidate (Include any nickname.)			ependent Candidate
Michael (Mile) Schieltz	``	Democ	· \
Office Sought (Include district number, if any. Not required for exploratory committee.)	10. 00	unty of Residence	
Latorh County Hissessor	1 [arok	
TYPE OF REPORT			VENTION CANDIDATES ONLY
11. Check one:		Chec	k one:
Pre-Primary Pre-Election Annual Nomination Other		🗖 F	Pre-Convention
Final / Disbands Committee (Lines 18, 19, and 20 must be "0".) Outgoing Treasurer (Within ten (10) days amend Ste	tement of Or	ganization.)	Post-Convention
12 Reporting Period (mm/dd/nut):		,	
11 \(\sigma_{-2} \)		COLUMN A This Perio	
13. Cash on hand and investments at the beginning of this reporting period.		`	-0-
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.)		5000	500
15b, Unitemized		_ 0 >	79
15c. Add lines 15a and 15b in both columns.	TOTAL	3000	~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~
16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B.	TOTAL	5000	5000
EXPENDITURES			
(Note: These amounts include in-kind expenditures and loan repayments.)			
17a. Itemized (Use Schedule B.) (Public Question: use Schedule C.)			•
17b. Unitemized			,
17c. Add lines 17a and 17b in both columns.	STOTAL		
18. Cash on hand and investments at close of this reporting period (Subtract 17c from 16 in both columns.)	TOTAL	5000	500
19. Debts OWED BY the committee (Use Schedule D.)			
20. Debts OWED TO the committee (Use Schedule E.)			
		· · · · · · · · · · · · · · · · · · ·	FOR APPLANT MATERIAL
CERTIFICATION	TOUE OOF	DEAT AND AGNOLET	FOR OFFICE USE ONLY
I CERTIFY THAT I HAVE EXAMINED THIS STATEMENT. TO THE BEST OF MY KNOWLEDGE AND BELIEF IT IS Signature of Treasurer Title		RECTAND COMPLET Date.(mm/dd/yy)	F I L E D
signature of measurer harman		4/18/12	IN CLERKS OFFICE
Signature of Candidate (if applicable)		Date (mm/dd/yy)	
	1	4/18/2	APR 1 8 2022
WARNING: Any information contained in this report may not be copied for sale or used for any commercial purpose		5) A person who knowi	ngly All 155
files a fraudulent report commits a Level 6 felony. (IC 3-14-1-13) A person who fails to file a complete or accur. Campaign Finance Law commits a Class B misdemeanor, (IC 3-14-1-14) and may be subject to civil penalties. (IC 3-8)		is required by the Indi 19-4-17, IC 3-9-4-1181	
	,	,	CLERK OF LA PORTE CIRCUIT COU
		} <u>.</u>	CLERK OF LA PORTE CINCOTT OF



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	of			

CONTRIBUTOR'S FULL NAME AND OCCUPATION FULL MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED (mm/dd/yy) RECEIVED BY
FULL MAILING ADDRESS (street, number, city, state, ZIP code) 1. M. K. Schultz 5375 W. 150 N LaPorte, TN 46350 Contributor's Occupation (if required)	Contributions: Direct In-Kind (describe) Other Receipts: Interest Loan Miscellaneous (specify)	50°°	50°	2/1/22 Mike Sohulte
2.	Contributions: Direct In-Kind (describe) Other Receipts: Interest Loan Miscellaneous (specify)			
Contributor's Occupation (if required) Contributor's Occupation (if required)	Contributions: Direct In-Kind (describe) Other Receipts: Interest Loan Miscellaneous (specify)			
4. Contributor's Occupation (if required)	Contributions: Direct In-Kind (describe) Other Receipts: Interest Loan Miscellaneous (specify)			F. E. D
5. Contributor's Occupation (if required)	Contributions: Direct In-Kind (describe) Other Receipts: Interest Loan Miscellaneous (specify)		APR CLERK OF LA	1 8 2022 THE CHICLIT COURT
SUBTOTAL TOTAL OF ALL PAGES OF SCHEDULE	THIS PAGE OF SCHEDULE A	\$ 5000		
(Enter total on ITEN	1 15a of the Summary Sheet.).	1500		



State Form 4606 (R14 / 10-17) Indiana Election Division (IC 3-9-5-14)

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this form. For

IS THIS AN AMENDMENT? Yes 🔀 No

assistance in completing this form, see instructions on the reverse side.

OF

(CFA-4)

Summary Sheet

FILE NUMBER

TOTAL PAGES IN ENTIRE CFA-4 REPORT

COMMITTEE INFORMATION	() () () () () () () () () ()		
1_Full Name of Committee (as on βtatement of Organization) Check if this is a new r	name,		
Comm. to Elect Mike Schulte Courty Assess	76°		
Acronym or Abbreviated Name (if any)	3. Committee Tele	phone Number	
	(219)36	52-0390	
	heck if this is a new	address.	
3375 L. 150 N. LOBOLE IN 46250			
5. City, State, ZIP Code	6. Party Affiliation (
LaParte IN 46350	Hemocis	are	
CANDIDATE INFORMATION (For Candidate's C			
7. Full Name of Candidate (Include any nokname.) Michael (M. K.) Schult	 	or If Independent Candidate	
9. Office Sought (Include district number, if any. Not required for exploratory committee.)	10. County of Resi	1/LD	
Country Horressor	4		
TYPE OF REPORT	A STATE OF THE STA	CONVENTION CANDIDATES ONLY	
11. Check one:		Check one:	
Pre-Primary Pre-Election Annual Nomination Other		Pre-Convention	,
Final / Disbands Committee (Lines 18, 19, and 20 must be "0".) Utgoing Treasurer (Within ten (10) days amend State	ement of Organization.)	☐ Post-Convention	
12. Reporting Period (mm/dd/yy): From: Rori 9 2025 Through: Oct 14, 2022		LUMN A COLUMN B	
Trom. 14-11	770	s Period Year to Date	
13. Cash on hand and investments at the beginning of this reporting period.	12	1,05	
14. Cash on hand and investments January 1, current year. CONTRIBUTIONS AND RECEIPTS		3,296.33	
(Note: these amounts include in-kind contributions and loans, as well as cash contributions.)			
15a. Itemized (Use Schedule A.)	41	25 4.125	
15b. Uniternized	1.5	75,00 1,575	
15c. Add lines 15a and 15b in both columns.		00 5,700 >	
16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B.	TOTAL 64	21.05 8,996,333	
EXPENDITURES	A Secretary of the second		
(Note: These amounts include in-kind expenditures and loan repayments.)			
17a. Itemized (Use Schedule B.) (Public Question: use Schedule C.)	C	9- 4,510,03	
17b. Unitemized	_ (0- 524 60;	
17c. Add lines 17a and 17b in both columns.	TOTAL(0- /5.034.05	
18. Cash on hand and investments at close of this reporting period (Subtract 17c from 16 in both columns.)	TOTAL - C	D- 3962 [∞] ~	
19. Debts OWED BY the committee (Use Schedule D.)	\$ 230	43.30	
20. Debts OWED TO the committee (Use Schedule E.)			
CERTIFICATION	A Company	FOR DEFICERKE OFFICE	
I CERTIFY THAT I HAVE EXAMINED THIS STATEMENT. TO THE BEST OF MY KNOWLEDGE AND BELIEF IT IS TO			7
Signature of Treasurer Title Treasurer	Date (mm/d/		
Signature of Candidate (if applicable)	Date (mm/do	d/yy)	
		Leaone Stevens	
WARNING: Any information contained in this report may not be copied for sale or used for any commercial purpose. files a fraudulent report commits a Level 6 felony. (IC 3-14-1-13) A person who fails to file a complete or accurate		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)	4-16 IC 3-9-4-17 IC 3-9-	11:42 mg, Depol	4



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

With the	FILE	NUMB	ER S	
Page_		of	3	

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
5796 W. Johnson Rd	Contributions: Direct In-Kind (describe)	\$		3/17/22
Latorte, IX Contributor's Occupation (if required)	Other Receipts: Interest Loan Miscellaneous (specify)	\$ 200		Mike Schitte
2 Jos Coar	Contributions:			5/, /
3768 N. 525 V. Laborte	In-Kind (describe)	250		17/22
Laforte Contributor's Occupation (if required)	Other Receipts: Interest Loan Miscellaneous (specify)	230		Mike Schultz
Laborte County Democrato Civic Club	Contributions: Direct In-Kind (describe)	#.	-	8/13/22
Cive Club	Other Receipts:	1000		7 7 2
Contributor's Occupation (if required) Political Club	Interest Loan Miscellaneous (specify)			Mike Schulte
"Crene + Phyllis Schulte 7351 W. 400 N	Contributions: Direct In-Kind (describe)	#		8/16/22
Michigan City, IX	Other Receipts:	2∞		Mike
Contributor's Occupation (if required)	Miscellaneous (specify)			Schilk
Roger Fisher St.	Contributions: The Direct In-Kind (describe)	B 2000		9/6/22
Rockville, IN	Other Receipts: Interest Loan Miscellaneous (specify)	700		mik Schilt
Contributor's Occupation (if required)		1000-		- 000,70
	HIS PAGE OF SCHEDULE A	\$ 1850		在1000000000000000000000000000000000000
TOTAL OF ALL PAGES OF SCHEDULE A	15a of the Summary Sheet.)	\$		自由中華共產黨首



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	3		

	an outerwee, and to optional.		<u> </u>	<u> </u>
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 Lloyd + Renec Madaus 3774 Evrly Or	Contributions: Direct In-Kind (describe)			9/16/22
LaPorte, IN	Other Receipts:	250		Mik.
Contributor's Occupation (if required)	Miscellaneous (specify)			Sahulte
Propost 1676	Contributions: Direct In-Kind (describe)	<i>&</i>		10/5/22
LaParte, IN	Other Receipts: Interest Loan Miscellaneous (specify)	200,00		Mike Sahulk
Contributor's Occupation (if required)	0 11 5		-	
"Bill Mueller 5796 V Johnson Rd	Contributions: Direct In-Kind (describe)	(750)	#450	16/5/22
Contributor's Occupation (if required)	Other Receipts: Interest Loan Miscellaneous (specify)	63	, ,	m.te Shutte
Team & John Coulter (Farm Aect)	Contributions: Direct In-Kind (describe)	<i>6</i> ⁴		(0/6/22
Sys S M.S. 421 Contributor's Occupation (# required)	Other Receipts: Interest Loan Miscellaneous (specify)	200		Mike Schulte
James Magnison 2908 N. Palmer Ane Laforte, IX	Contributions: Direct In-Kind (describe)	#125		10/6/22
La Parte, IX Contributor's Occupation (if required)	Other Receipts: Interest Loan Miscellaneous (specify)			Mike J Schulte
	THIS PAGE OF SCHEDULE A	\$102500		
TOTAL OF ALL PAGES OF SCHEDULE		\$		



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

建筑	FILE	NUMBE	R	
Page_	3	of	3	

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	COLUMN B CUMULATIVE	DATE RECEIVED (mm/dd/yy) RECEIVED BY
1. Fold Kosmyna Skrint 0448 N. Shebel Rd. Michigan City, IX Contributor's Occupation (Il required)	Contributions: Direct	#200	TEANTOORIE	10/5/22 Mike Schulte
2. Roger & Ida Rinker 6317 Più Oak Dr Laborte IX Contributor's Occupation (if required)	Contributions: Direct In-Kind (describe) Other Receipts: Interest Loan Miscellaneous (specify)	\$150		10/13/22 Mike Sehu/k
3 Jerry & Lisa Fedorchak 2965 W. Palmer Ave LaPorte, FX	Contributions: Direct In-Kind (describe) Other Receipts: Interest Loan Miscellaneous (specify)	\$ 200		Mike It
Contributor's Occupation (if required) 4.	Contributions: Direct In-Kind (describe) Other Receipts: Interest Loan Miscellaneous (spocify)	·		
Contributor's Occupation (if required) 5.	Contributions: Direct In-Kind (describe) Other Receipts: Interest Loan Miscellaneous (specify)			
Contributor's Occupation (if required)	THIS PAGE OF SCHEDULE A	\$550°°	inger of the first of	The second of the second
TOTAL OF ALL PAGES OF SCHEDULE		\$3425		



State Form 4606 (R14 / 10-17) 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).

	F	LE NUME	ER	
Page	1	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
Kingsbury Eterator, In R.O. Box 66 Kingsbury, IN	Contributions: Direct In-Kind (describe) Other Receipts: Interest Loan Miscellaneous (specify)	500		
2 C+C Cabinet - Joe Coar 3768 N. 525 W. Laborte, IX	Contributions: Direct In-Kind (describe) Other Receipts: Interest Loan Miscellaneous (specify)	# 200	•	
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)			
TOTAL OF ALL PAGES OF SCHEDULE	THIS PAGE OF SCHEDULE A A ON THE LAST PAGE ONLY M 15a of the Summary Sheet.)	\$ 700°°		



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

(CFA-4 SCHEDULE B) ITEMIZED EXPENDITURES

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

FILE NUMBER				
Page	of	1		

RECIPIENT'S NAME AND MAILING ADDRESS (street, number, city, state, ZIP code)	RECIPIENT'S OCCUPATION OFFICE SOUGHT (if applicable)	TYPE OF EXPENDITURE and	COLUMN A AMOUNT THIS	COLUMN B CUMULATIVE	DATE OF EXPENDITURE
	OFFICE SOUGHT (IT applicable)	PURPOSE (be specific)	PERIOD	YEAR-TO-DATE	(mm/dd/yy)
315 Lincolney Leborte	Printy	Direct In-Kind Payment of Debt Returned Contribution Other Purpose:	1325.73		9/16/22
315 Lincolning Laforte	Brint	Direct In-KInd Payment of Debt Returned Contribution Other Purpose: Sing Sing	* 2434,∞	3,760.3	9/28/
Democratic Central Comm.	Political	Direct In-Kind Payment of Debt Returned Contribution Other Rurpose:	# 750		13/
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 PA	AGE OF SCHEDULE B	\$4,510,0	3	-
TOTAL OF ALL F	AGES OF SCHEDULE B ON TI (Enter total on ITEM 17a of	HE LAST PAGE ONLY		3	3



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

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

IS THIS AN AMENDMENT? Yes V No

(CFA-4) Summary Sheet

FILE NUMBER

46-22-52

TOTAL PAGES IN ENTIRE CFA-4 REPORT

COMMITTEE INFORMATION			
Full Name of Committee (as on Statement of Organization) Check if this is a new note that the committee of Committee	name.		
2. Acronym or Abbreviated Name (if any)	3. Committee	Telephone Number	
	(219)	362-0390	
4. Mailing Address (Address where all campaign finance correspondence is received.) 5375 W. 150 N	theck if this is a i	new address.	
5. City, State, ZIP Code LAPORTE, IN 46350	6. Party Affiliat	tion <i>(if applicable)</i> TIC	
CANDIDATE INFORMATION (For Candidate's Co	ommittees Or	nly)	
7. Full Name of Candidate (Include any nickname.) MICHAEL (MIKE) SCHULTZ	8. Party Affiliat DEMOCRA	tion or If Independent	Candidate
Office Sought (Include district number, if any. Not required for exploratory committee.) COUNTY ASSESSOR	10. County of LAPORTE	Residence	
TYPE OF REPORT		CONVENTION	CANDIDATES ONLY
11. Check one:		Check one:	
Pre-Primary Pre-Election Annual Nomination Other		D`Pre-Conve	ntion
Final / Disbands Committee (Lines 18, 19, and 20 must be "0".) Utgoing Treasurer (Within ten (10) days amend State	ement of Organization.	Post-Conve	ention
12. Reporting Period (mm/dd/yy): From: OCTOBER 15, 2022 Through: DECEMBER 31, 2022		COLUMN A This Period	COLUMN B Year to Date
13. Cash on hand and investments at the beginning of this reporting period.		5,244.54	
14. Cash on hand and investments January 1, current year.			4,579.02
CONTRIBUTIONS AND RECEIPTS			
(Note: these amounts include in-kind contributions and loans, as well as cash contributions.)			
15a. Itemized (Use Schedule A.)		3,500.00	7,625.00
15b. Unitemized		2,049.25	3,624.25
	OTAL	5,549.25	11,249.25
	TOTAL	10,793.79	15,828.27
EXPENDITURES			
(Note: These amounts include in-kind expenditures and loan repayments.)		2 202 20	7,000,00
17a. Itemized (Use Schedule B.) (Public Question: use Schedule C.)		3,393.30	7,903.33
17b. Unitemized	POTAL	2,432.17	2,956.17
	TOTAL	5,825.47	10,859.95
18. Cash on hand and investments at close of this reporting period (Subtract 17c from 16 in both columns.)	TOTAL	4,968.32	4,968.32
19. Debts OWED BY the committee (Use Schedule D.)		0.00	
20. Debts OWED TO the committee (Use Schedule E.)		0.00	

CER	TIFICATION		EOR OFFICE USE ONE)
I CERTIFY THAT I HAVE EXAMINED THIS STATEMENT. TO THE BES	ST OF MY KNOWLEDGE AND BELIEF IT IS TRUE, C	ORRECT AND COMPLETE.	IN CLERKS OFFICE
Signature of Treasurer	Title CHAIRMAN/TREASURER	Date (mm/dd/yy) 01/16/2023	
Signature of Candidate (if applicable)	92	Date (mm/dd/yy)	JAN 17 2023
WARNING: Any information contained in this report may not be copied			

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)

A LILAGUE STEVENS LERK OF LA PORTE CIRCUIT COURT



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

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

Itemized Contributions and Other Receipts

FILE NUMBER				
•				
Page _	1	of	82	

Contributions Coupation (Frequency)				1	DATE DESCRIVED
Street, number, city, state, ZP code) T.	CONTRIBUTOR'S FULL NAME AND OCCUPATION FULL MAILING ADDRESS	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A	COLUMN B	DATE RECEIVED (mm/dd/yy)
MARK & NANCY PARKMAN 4052 W 1100 W WESTVILLE, IN 48391 Contributor's Occupation (f required) Contributor's Occupation (OK OTTLEK KEGEN T			RECEIVED BY
MARK & NANCY PARKMAN	1.				
Other Receipts: Loan Miscellaneous (specify) Miscellaneous (specify)	MARK & MANOV DARKAAN				10/15/22
Other Receipts: Loan Mike SCHULTZ		I II-IXilia (describe)			10,10,22
Interest Loan		Other Receipts:	\$200.00	\$200.00	
2. KEITH SANDIN 3511 MANITOU TRAIL MICHIGAN CITY, IN 46360 Contributor's Occupation (# required)	, , , , , , , , , , , , , , , , , , , ,		4 _00,00	*	
2.KEITH SANDIN 3511 MANITOU TRAIL MICHIGAN CITY, IN 46360 Contributor's Occupation (if required) 4.JIM LAUGHLIN & JOHN LEINWEBER 0333 S 700 W LAPORTE, IN 46350 Contributor's Occupation (if required) SUBTOTAL THIS PAGE OF SCHEDULE A 10/15/22 10/15/22 10/15/22 10/15/22 10/15/22 10/15/22 10/15/22 10/15/22 10/15/22 10/15/22 10/15/22 10/15/22 10/15/22 10/15/22 10/15/22 10/15/22 10/15/22 10/15/22 10/15/22 10/15/22 10/15/22 10/15/22 10/15/22 10/15/22 10/15/22 10/15/22		Miscellaneous (specify)			MIKE SCHULTZ
2.KEITH SANDIN 3511 MANITOU TRAIL MICHIGAN CITY, IN 46360 Contributor's Occupation (if required) 4.JIM LAUGHLIN & JOHN LEINWEBER 0333 S 700 W LAPORTE, IN 46350 Contributor's Occupation (if required) SUBTOTAL THIS PAGE OF SCHEDULE A 10/15/22 10/15/22 10/15/22 10/15/22 10/15/22 10/15/22 10/15/22 10/15/22 10/15/22 10/15/22 10/15/22 10/15/22 10/15/22 10/15/22 10/15/22 10/15/22 10/15/22 10/15/22 10/15/22 10/15/22 10/15/22 10/15/22 10/15/22 10/15/22 10/15/22 10/15/22	Contributor's Occupation (if required)				
In-Kind (describe) In-Kind					
Contributor's Occupation (if required) S250.00 S250.00 MIKE SCHULTZ	3511 MANITOU TRAIL	l <u> </u>			40/45/00
Interest Loan Miscellaneous (specify) Miscellaneous (specify)	MICHIGAN CITY,IN 46360	In-Kind (describe)			10/15/22
Interest Loan Miscellaneous (specify) Miscellaneous (specify)		Other Receiptor	\$250.00	\$250.00	
Contributor's Occupation (if required) 3.MIA SANDIN 3511 MANITOU TRAIL MICHIGAN CITY, IN 46360 Contributor's Occupation (if required) 4.JIM LAUGHLIN & JOHN LEINWEBER 0333 S 700 W LAPORTE, IN 46350 Contributor's Occupation (if required) 5.JON SNYDER 64 TIMBER DRIVE VALPARAISO, IN 46385 Contributor's Occupation (if required) Contributor's Occupation (if required) SUBTOTAL THIS PAGE OF SCHEDULE A SUBTOTAL THIS PAGE ON SCHEDULE A SUBTOTAL THE LAST PAGE ONLY SUBTOTAL T			Ψ230.00	Ψ250.00	
3.MIA SANDIN 3611 MANITOU TRAIL MICHIGAN CITY, IN 46360 Other Receipts: Loan Loancillouter's Occupation (if required) 4.JIM LAUGHLIN & JOHN LEINWEBER 0333 S 700 W LAPORTE, IN 46350 Contributor's Occupation (if required) Loan Miscellaneous (specify) Other Receipts: S200.00 In-Kind (describe) Other Receipts: S200.00 MIKE SCHULTZ Other Receipts: S200.00 MIKE SCHULTZ Other Receipts: S200.00 MIKE SCHULTZ Contributor's Occupation (if required) Loan Miscellaneous (specify) Other Receipts: S200.00 MIKE SCHULTZ Contributor's Occupation (if required) Other Receipts: S200.00 MIKE SCHULTZ		Miscellaneous (specify)			MIKE SCHULTZ
3.MIA SANDIN 3611 MANITOU TRAIL MICHIGAN CITY, IN 46360 Other Receipts: Loan Loancillouter's Occupation (if required) 4.JIM LAUGHLIN & JOHN LEINWEBER 0333 S 700 W LAPORTE, IN 46350 Contributor's Occupation (if required) Loan Miscellaneous (specify) Other Receipts: S200.00 In-Kind (describe) Other Receipts: S200.00 MIKE SCHULTZ Other Receipts: S200.00 MIKE SCHULTZ Other Receipts: S200.00 MIKE SCHULTZ Contributor's Occupation (if required) Loan Miscellaneous (specify) Other Receipts: S200.00 MIKE SCHULTZ Contributor's Occupation (if required) Other Receipts: S200.00 MIKE SCHULTZ	Contributor's Occupation fit required				
MICHIGAN CITY, IN 46360 In-Kind (describe) 10/15/22		Contributions:			
Other Receipts: \	3511 MANITOU TRAIL	I —			101100
Interest	MICHIGAN CITY, IN 46360	In-Kind (describe)			10/15/22
Interest			¢250.00	\$250.00	
Miscellaneous (specify)			\$250.00	\$250.00	
4. JIM LAUGHLIN & JOHN LEINWEBER 0333 \$ 700 W LAPORTE, IN 46350 Contributions:		I .			MIKE SCHULTZ
4. JIM LAUGHLIN & JOHN LEINWEBER 0333 \$ 700 W LAPORTE, IN 46350 Contributions:	Contributor's Occupation (if required)				
LAPORTE, IN 46350 In-Kind (describe) 10/19/22 Other Receipts:					
Contributor's Occupation (if required) S.JON SNYDER 64 TIMBER DRIVE VALPARAISO, IN 46385 Contributions: Interest Loan Direct In-Kind (describe) Other Receipts: In-Kind (describe) Other Receipts: Interest Loan Miscellaneous (specify) MIKE SCHULTZ Contributions: Direct In-Kind (describe) Other Receipts: Interest Loan Miscellaneous (specify) MIKE SCHULTZ Contributor's Occupation (if required) SUBTOTAL THIS PAGE OF SCHEDULE A \$ 1,100.00	0333 S 700 W				40/40/00
Contributor's Occupation (if required) 5. JON SNYDER 64 TIMBER DRIVE VALPARAISO, IN 46385 Contributions: Direct In-Kind (describe) Other Receipts: Interest Loan Miscellaneous (specify) Contributor's Occupation (if required) SUBTOTAL THIS PAGE OF SCHEDULE A 1,100.00 TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY MIKE SCHULTZ	LAPORTE, IN 46350	In-Kind (describe)			10/19/22
Contributor's Occupation (if required) 5. JON SNYDER 64 TIMBER DRIVE VALPARAISO, IN 46385 Contributions: Direct In-Kind (describe) Other Receipts: Interest Loan Miscellaneous (specify) Contributor's Occupation (if required) SUBTOTAL THIS PAGE OF SCHEDULE A 1,100.00 TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY MIKE SCHULTZ		Other Begginter	00 0002	\$200.00	
Contributor's Occupation (if required) Contributions: S.JON SNYDER			Ψ200.00	Ψ200.00	
5. JON SNYDER 64 TIMBER DRIVE VALPARAISO, IN 46385 Other Receipts: Interest Loan Interest Loan Miscellaneous (specify) Contributor's Occupation (if required) SUBTOTAL THIS PAGE OF SCHEDULE A S 1,100.00 TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY \$ 1,100.00		Miscellaneous (specify)			MIKE SCHULTZ
5. JON SNYDER 64 TIMBER DRIVE VALPARAISO, IN 46385 Other Receipts: Interest Loan Interest Loan Miscellaneous (specify) Contributor's Occupation (if required) SUBTOTAL THIS PAGE OF SCHEDULE A S 1,100.00 TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY \$ 1,100.00	Contributor's Occupation (if required)				
VALPARAISO, IN 46385 In-Kind (describe) 10/22/22 Other Receipts:					
Contributor's Occupation (if required) SUBTOTAL THIS PAGE OF SCHEDULE A TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY \$200.00 \$200.00 MIKE SCHULTZ		_			40/20/20
Contributor's Occupation (if required) SUBTOTAL THIS PAGE OF SCHEDULE A \$ 1,100.00 TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY \$ 1,400.00	VALPARAISO, IN 46385	In-Kind (describe)			10/22/22
Contributor's Occupation (if required) SUBTOTAL THIS PAGE OF SCHEDULE A \$ 1,100.00 TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY \$ 1,400.00	·	Other Passints:	\$200.00	\$200.00	
Contributor's Occupation (if required) Miscellaneous (specify) MIKE SCHULTZ SUBTOTAL THIS PAGE OF SCHEDULE A \$ 1,100.00 TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY \$ 1,400.00			Ψ200.00		
SUBTOTAL THIS PAGE OF SCHEDULE A \$ 1,100.00 TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY \$ 1,400.00					MIKE SCHULTZ
SUBTOTAL THIS PAGE OF SCHEDULE A \$ 1,100.00 TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY \$ 1,400.00	Contributor's Occupation (if required)				
TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY	, , , , , , , , , , , , , , , , , , , ,	THIS PAGE OF SCHEDULE A	\$ 1,100,00		
(Enter total on ITEM 15a of the Summary Sheet.) * 1,100.00	TOTAL OF ALL PAGES OF SCHEDULE	A ON THE LAST PAGE ONLY	\$ 1,100.00		



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				
	ŗ			
Page	2	of	2	

CONTRIBUTOR'S FULL NAME AND FULL MAILING ADDRESS	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS	COLUMN B	DATE RECEIVED (mm/dd/yy)
(street, number, city, state, ZIP code)	OR OTHER RECEIPT	PERIOD	YEAR-TO-DATE	RECEIVED BY
1. MIDWEST METAL PRODUCTS P.O. BOX 8800 MICHIGAN CITY, IN 46360	Contributions: Direct In-Kind (describe)			11/14/22
•	Other Receipts: Interest Loan Miscellaneous (specify)	\$1,000.00	\$1,000.00	MIKE SCHULTZ
2.	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest Loan Miscellaneous (specify)	·		
3.	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest Loan Miscellaneous (specify)			
4.	Contributions: Direct In-Kind (describe)	·	·	
	Other Receipts: Interest Loan Miscellaneous (specify)			
5.	Contributions: Direct In-Kind (describe)			
·	Other Receipts: Interest Loan Miscellaneous (specify)	,		
SUBTOTAL	THIS PAGE OF SCHEDULE A	\$ 1,000.00		
TOTAL OF ALL PAGES OF SCHEDULE (Enter total on ITE	A ON THE LAST PAGE ONLY M 15a of the Summary Sheet.)	\$ 2,100.00		



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	NUMBE	R	
Page	1	of	1	

CONTRIBUTOR'S FULL NAME AND	TYPE OF CONTRIBUTION	COLUMN A AMOUNT THIS	COLUMN B	DATE RECEIVED (mm/dd/yy)
FULL MAILING ADDRESS (street, number, city, state, ZIP code)	OR OTHER RECEIPT	PERIOD	YEAR-TO-DATE	RECEIVED BY
1. CARPENTERS LOCAL 185 1104 E. 6TH STREET LAPORTE, IN 46350	Contributions: Direct In-Kind (describe)			10/17/22
	Other Receipts: Interest Loan Miscellaneous (specify)	\$400.00	\$400.00	MIKE SCHULTZ
2. RPAC (LP COUNTY REALTORS) 143 W. MARKET STREET INDIANAPOLIS, IN 46204	Contributions: Direct In-Kind (describe)	£4 000 00	\$4,000,00	10/19/22
	Other Receipts: Interest Loan Miscellaneous (specify)	\$1,000.00	\$1,000.00	MIKE SCHULTZ
3.	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest Loan Miscellaneous (specify)		1	
4.	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest Loan Miscellaneous (specify)	,		
5.	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest Loan Miscellaneous (specify)			
SUBTOTAL	THIS PAGE OF SCHEDULE A	\$ 1,400.00		
TOTAL OF ALL PAGES OF SCHEDULE		\$ 3,500.00		



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

(CFA-4 SCHEDULE B) ITEMIZED EXPENDITURES

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document expenditures totaled on ITEM 17a of the 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	NUMBI	ER	
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 A HAWKINS PRINT SHOP 315 LINCOLNWAY LAPORTE, IN 46350	PRINTER	☐ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other Purpose: SIGNS & POSTCARD	\$520.00	\$4,280.03	10/19/22
UNITED STATES POSTAL SERVICE. LAPORTE, IN 46350	GOVERNMENT	Direct In-Kind Payment of Debt Returned Contribution Other Purpose: POSTAGE	\$264.00	\$330.00	10/29/22
Code WEFM RADIO 1903 SPRINGLAND AVENUE MICHIGAN CITY, IN 46350	RADIO	Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other Purpose: ADS	\$200.00	\$200.00	11/5/22
MIKE SCHULTZ 5375 W 150 N LAPORTE, IN 46350	CANDIDATE	☐ Direct ☐ In-Kind P Payment of Debt ☐ Returned Contribution ☐ Other ☐ Purpose: SIGN LOAN REIM	\$2,343.30	\$2,343.30	12/30/22
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:			
SUBTOTAL THIS PAGE OF SCHEDULE B			\$ 4,510.03		
TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY (Enter total on ITEM 17a of the Summary Sheet.)			\$ 4,510.03		