REPORT OF RECEIPTS AND EXPENDITURES OF A POLITICAL COMMITTEE State Form 4606 (R15 / 5-19) Indiana Election Division (IC 3-9-5-14)		Summ	FA-4) ary Sheet
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.		46-22	
S THIS AN AMENDMENT? TYes No			
	ATION		
Full Name of Committee (as on Statement of Organization)	s is a new name.		
Committee to Elect RVAN SEMBURG to 3	school,	BOARD	<u> </u>
2. Acronym or Abbreviated Name (if any)		Committee Telephone Num	
Mailing Address (Address from the second sec		(19) 363 - 9	[7]]
Mailing Address (Address where all campaign finance correspondence is received.)	Check	if this is a new address.	
LIPONE, IN 46350	6. P	arty Affiliation (if applicable	le)
CANDIDATE INFORMATION (For Candi	date's Comm	ittees Only)	
Full Name of Candidate (Include any nickname.)		arty Affiliation or If Indepe	ndent Candidate
RYAN SEABURG .		Indepen	
Office Sought (Include district number, if any. Not required for exploratory commit	tee.) 10. (	County of Residence	<u>ــــــــــــــــــــــــــــــــــــ</u>
Aforte Community School BOARD			HORTE
TYPE OF REPORT		CONVEN	TION CANDIDATES ON
I. Check one;		Check on	e:
Pre-Primary Pre-Election 🖾 Annual 🗋 Nomination 🗋 Other			Convention
Final / Disbands Committee (Lines 18, 19, and 20 must be "0".) Dutgoing Treasurer (Within ten (10) days	s amend Statement of	Organization.) 👖 🗖 Post-	Convention
2. Reporting Period (mm/dd/yy):		COLUMNA	COLUMN B
om: 8/10/2022 Through: 12/31/2022	<b>`</b>	This Period	Year to Date
. Cash on hand and investments at the beginning of this reporting period.		\$0	
. Cash on hand and investments January 1, current year.			·\$ 0:
CONTRIBUTIONS AND RECEIPTS			
ote: these amounts include in-kind contributions and loans, as well as cash contributio	ns.)	0000	
a. Itemized (Use Schedule A.)	*	7837.2	417837 29
b. Unitemized			
c. Add lines 15a and 15b in both columns.	SUBTOTAL	7837.24	17837.a
Add lines 13 and 15c in Column A and lines 14 and 15c in Column B.	TOTAL		
EXPENDITURES			
ote: These amounts include in-kind expenditures and loan repayments.)	·		
a. Itemized (Use Schedule B.) (Public Question: use Schedule C.)		7837.24	12837.24
D. Unitemized			
c. Add lines 17a and 17b in both columns.	SUBTOTAL	17837.24	1837.24
Cash on hand and investments at close of this reporting period (Subtract 17c from 16 in both colum	nns.) TOTAL	\$0	50
Debts OWED BY the committee (Use Schedule D.)		NA	
Debts OWED TO the committee (Use Schedule E.)		NIA	
CERTIFICATION			FOR OFFICE USE ONLY
RTIEY THAT HAVE EXAMINED THIS STATEMENT. TO THE BEST OF MY KNOWLEDGE AND BELIE	F IT IS TRUE, COP		TLE
Title 1			IN CLERKS OFFICE
	TOURER	1/21/2023	·
nature of Candidate (if applicable)		Date (mm/dd/yy)	.IAN 2 5 2023
RNING: Any information contained in this report may not be benied for sale or used for any commercial	numose //C 2.0.4		JAN 25 2023
a fraudulent report commits a Level 6 felony. (IC 3-14-1-13) A person who fails to file a complete of paign Finance Law commits a Class B misdemeanor, (IC 3-14-1-14) and may be subject to civil penalties	or accurate report a	is required by the Indiana	
		A 4 7 10 9 A 4 4 B	L flaore Stevers

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

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

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

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

	ILE NUMBER	
Page	of	

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
"RYAN SEABURG 118 Edgewood Ct.	Contributions: Direct In-Kind (describe) <u>VARD</u> 5 i ans	* 8376.24	\$ 8376.24	9/30/2022
118 Edgewood Ct. LAtorite, IN 46350 Contributor's Occupation (if required) CEO	Other Receipts: Interest Loan Miscellaneous ( <i>specify</i> )			Ryan SETABURG
<sup>2</sup> RYAN SEABURG 118 Edgewood Ct. LAforte, IN 46350	Contributions: Direct IX In-Kind (describe)	\$ 4461.00	* 44le1	9/16/2022
LAPONTE, FN 46350 Contributor's Occupation (if required) CEO	Other Receipts:			RVAN SEABURG
3.	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest Loan Miscellaneous (specify)			
Contributor's Occupation (if required)	Contributions: Direct In-Kind (describe)			
Contributoria Desupetion (fi movim di	Other Receipts:			
Contributor's Occupation (if required)5.	Contributions: Direct In-Kind (describe)			
Contributor's Occupation (if required)	Other Receipts:			
	THIS PAGE OF SCHEDULE A	\$7837.24		
TOTAL OF ALL PAGES OF SCHEDULE		\$7837.24		

### REPORT OF RECEIPTS AND EXPENDITURES OF A POLITICAL COMMITTEE 4606 (R15 / 5-19) Indiana Election Division (IC 3-9-5-14)

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State Form

# (CFA-4 SCHEDULE B) ITEMIZED EXPENDITURES

INSTRUCTIONS: Please type or print legibly IN schedule, see instructions on the reverse side. Summary Sheet. All cumulative expenses paid to	This schedule is used to document exp o individuals, businesses, labor organization	enditures totaled on ITEM 1 ons and other entities OVER	7a of the \$100 per	FILE NU	IMBER
recipient, within a calendar year MUST be iten expenses, including in-kind, regardless of amoun caucus, political action, or regular party committee	nt paid to political committees, <i>(such as tn</i>	ular party committee). All c ansfers-out from candidate, i	umulative legislative	Page c	of
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 THI PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE OF EXPENDITURE (mm/dd-yy)
Code A JGH MARKETING 118 Edgeward Ct. LAPOINE, JN 46350		Direct In-Kind Payment of Debt Returned Contribution Other Purposes VARO 5/5 ActiveR 5:116	3376.2 15	4 3376.24	9/80/22
Code A Spean River Media 1700 Lincolnway Place Suites LAPONTE, IN 46350		Direct Direct In-Kind Payment of Debt Returned Contribution Other Purpose: Kachio Adds	4461.00	4461.**	9/16/2
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 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:			
			\$7837.24		
	ES OF SCHEDULE B ON THE I (Enter total on ITEM 17a of the	LAST PAGE ONLY	\$7837.24		

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(CFA-1)

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

State Form 4604 (R15 / 5-19) Indiana Election Division (IC 3-9-1-3; IC 3-9-1-4; IC 3-9-1-5)

# PLEASE TYPE OR PRINT LEGIBLY IN BLACK INK. SEE INSTRUCTIONS ON REVERSE SIDE.

· · · · · · · · · · · · · · · · · · ·			···· · · · · · · · · · · · · · · · · ·				FILE NUMBER
I. IS THIS AN AMENDMEN	· · ·	7			mber in this bo		46-72-64
ECTION A. CANDIDA	TE INFO	RMATION: Fil	ll in all applic	able boxe	s as fully and	accura	ntely as possible.
$\Delta$ Last Name	FI	rst Name	Middle N	lame	Nickname	-	3. Type of Committee (Check o
JEHEUKG	1	<van< td=""><td>Œ</td><td>ORGE</td><td>·  </td><td>-</td><td>Candidate's Principal Commit</td></van<>	Œ	ORGE	·	-	Candidate's Principal Commit
Mailing Address (number and street,		ZIP code)		5. FAX (Option	nai)	6. E-mai	Address (Optional)
	NICO						
Aforte	State IN	46350	8. County	TE	19 263 -	9911	10. Telephone (Evening) 2/9, 2/03-99//
. Party Affiliation		TAIDOQ	12.8	Office Sought (			Not required for an exploratory commit
Democratic Libertarian R ECTION B. COMMITT			enden [	HOLIC	<u>- Schul</u>		SOVHKU
Full Name of Committee (Do no	t abbreviate.)	Check if this is	a new name.	able boxe	s as runy and	accura	tely as possible.
Lommittee Mailing Address (gumber and street	<u>to (</u>	Elect R	YAN SE		6 to SC	hec	BOARD
18 Pagelix		CH.	if this is a new add	10. FAX	(Optional)	16. E-ma	II Address (Optional)
	State	ZIP Code	18. County	(1)	9. Telephone	<u>ا</u>	20. Committee Organization Date
Attorie	F	46350	LAPOTH		219,363-9	7911	(mm/dd/yy) 9/14/2022
Chairperson's Full Name	Designate Ca	ndidate as Chairpers	on. 🔲 Check if t	his is a new cha			
Mailing Address (number and street	, city, state, and	ZIP code) 🔲 Check	if this is a new addr	ress. 23. FAX	(Optional)	24. E-mai	Address (Optional)
				( )			
					Talashana (Dav)		20 Telephone (Examination)
City	State	ZIP Code	26. County	27	. Telephone (Day)		28. Telephone (Evening)
-					)	nts safety (	( )
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