



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

(CFA-1)

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, please enter the file number in this box.* → **46-22-38**

SECTION A. CANDIDATE INFORMATION: Fill in all applicable boxes as fully and accurately as possible.

2. Last Name Fagan		First Name Sean		Middle Name	Nickname	3. Type of Committee (Check one) <input checked="" type="checkbox"/> Candidate's Principal Committee <input type="checkbox"/> Exploratory Committee	
4. Mailing Address (number and street, city, state, and ZIP code) 11232 S 1025 W				5. FAX (Optional)		6. E-mail Address (Optional)	
7. City Wanatah	State IN	ZIP Code 46390	8. County LaPorte	9. Telephone (Day) (914) 346-0925		10. Telephone (Evening)	
11. Party Affiliation <input type="checkbox"/> Democratic <input type="checkbox"/> Libertarian <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Other				12. Office Sought (Include district number, if any. Not required for an exploratory committee.) Prosecuting Attorney, 32nd District			

SECTION B. COMMITTEE INFORMATION: Fill in all applicable boxes as fully and accurately as possible.

13. Full Name of Committee (Do not abbreviate.) <input type="checkbox"/> Check if this is a new name. Fagan For Prosecutor							
14. Mailing Address (number and street, city, state, and ZIP code) <input type="checkbox"/> Check if this is a new address. PO Box 326				15. FAX (Optional)		16. E-mail Address (Optional)	
17. City Wanatah	State IN	ZIP Code 46390	18. County LaPorte	19. Telephone (914) 346-0925		20. Committee Organization Date (mm/dd/yy) 01/24/2022	
21. Chairperson's Full Name <input checked="" type="checkbox"/> Designate Candidate as Chairperson. <input type="checkbox"/> Check if this is a new chairperson.							
22. Mailing Address (number and street, city, state, and ZIP code) <input type="checkbox"/> Check if this is a new address.				23. FAX (Optional)		24. E-mail Address (Optional)	
25. City	State	ZIP Code	26. County	27. Telephone (Day)		28. Telephone (Evening)	
29. Bank or Other Depositories (List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.) 1st Source							
30. Exploratory Committee (Give brief statement explaining purpose of an exploratory committee only.)				31. Salaries and Reimbursements (Will the committee pay the candidate a salary or reimbursement for lost wages? If Yes, attach a copy of the contract.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

SECTION C. APPOINTMENT OF TREASURER (IC 3-9-1-14)

32. I, as Chairperson of the foregoing committee, appoint the following person as Treasurer of the Committee.			Person Appointed Treasurer Sean Fagan		Signature of the Committee Chairperson		
33. Treasurer's Full Name <input checked="" type="checkbox"/> Designate candidate as treasurer. <input type="checkbox"/> Check if this is a new treasurer.							
34. Mailing Address (number and street, city, state, and ZIP code) <input type="checkbox"/> Check if this is a new address.				35. FAX (Optional)		36. E-mail Address (Optional)	
37. City	State	ZIP Code	38. County	39. Telephone (Day)		40. Telephone (Evening)	

SECTION D. ACCEPTANCE OF APPOINTMENT (IC 3-9-1-15)

41. I give notice that I accept the duties and responsibilities of Treasurer of this Committee. I am not the chairperson of a campaign finance committee (except as permitted for a candidate committee under IC 3-9-1-7).			Signature of Person Accepting Appointment				
--	--	--	---	--	--	--	--

SECTION E. CERTIFICATION OF STATEMENT

We certify as the candidate and the duly appointed Chairperson of the Committee and that we have examined this statement. To the best of our knowledge and belief it is true, correct and complete.						<p>FOR OFFICE USE ONLY</p> <p>FILED</p> <p>IN CLERKS OFFICE</p> <p>JAN 31 2022</p> <p><i>L. Leora Stevens</i> CLERK OF LA PORTE CIRCUIT COURT</p>	
42. Typed or Printed Name of Chairperson Sean Fagan		Signature of Chairperson <i>Sean Fagan</i>		Date (mm/dd/yy) 1/30/22			
Typed or Printed Name of Candidate Sean Fagan		Signature of Candidate <i>Sean Fagan</i>		Date (mm/dd/yy) 1/30/22			

Warning: State law requires that any change in this information be reported within ten (10) days of the change (IC 3-9-1-10). A person who knowingly files a fraudulent report commits a Level 6 D 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, and IC 3-9-4-18).



REPORT OF RECEIPTS AND EXPENDITURES OF A POLITICAL COMMITTEE

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

(CFA-4) Summary Sheet

FILE NUMBER
46-22-38
TOTAL PAGES IN ENTIRE CFA-4 REPORT

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

IS THIS AN AMENDMENT? Yes No

COMMITTEE INFORMATION

1. Full Name of Committee (as on Statement of Organization) <input type="checkbox"/> Check if this is a new name. Fagan For Prosecutor	
2. Acronym or Abbreviated Name (if any)	3. Committee Telephone Number (914) 346-0925
4. Mailing Address (Address where all campaign finance correspondence is received.) <input type="checkbox"/> Check if this is a new address. PO Box 326	
5. City, State, ZIP Code Wanatah, IN 46390	6. Party Affiliation (if applicable) Republican

CANDIDATE INFORMATION (For Candidate's Committees Only)

7. Full Name of Candidate (Include any nickname.) Sean Fagan	8. Party Affiliation or If Independent Candidate Republican
9. Office Sought (Include district number, if any. Not required for exploratory committee.) Prosecutor	10. County of Residence Laporte

TYPE OF REPORT

11. Check one: <input checked="" type="checkbox"/> Pre-Primary <input type="checkbox"/> Pre-Election <input type="checkbox"/> Annual <input type="checkbox"/> Nomination <input type="checkbox"/> Other _____ <input type="checkbox"/> Final / Disbands Committee (Lines 18, 19, and 20 must be "0".) <input type="checkbox"/> Outgoing Treasurer (Within ten (10) days amend Statement of Organization.)	CONVENTION CANDIDATES ONLY Check one: <input type="checkbox"/> Pre-Convention <input type="checkbox"/> Post-Convention
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12. Reporting Period (mm/dd/yy): From: January 1, 2022 Through: April 8, 2022	COLUMN A This Period	COLUMN B Year to Date
13. Cash on hand and investments at the beginning of this reporting period.	0.00	
14. Cash on hand and investments January 1, current year.		0.00

CONTRIBUTIONS AND RECEIPTS

<i>(Note: these amounts include in-kind contributions and loans, as well as cash contributions.)</i>		
15a. Itemized (Use Schedule A.)	2,945.00	2,945.00
15b. Unitemized	0.00	0.00
15c. Add lines 15a and 15b in both columns. SUBTOTAL	2,945.00	2,945.00
16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B. TOTAL	2,945.00	2,945.00

EXPENDITURES

<i>(Note: These amounts include in-kind expenditures and loan repayments.)</i>		
17a. Itemized (Use Schedule B.) (Public Question: use Schedule C.)	2,945.00	2,945.00
17b. Unitemized	0.00	0.00
17c. Add lines 17a and 17b in both columns. SUBTOTAL	2,945.00	2,945.00
18. Cash on hand and investments at close of this reporting period (Subtract 17c from 16 in both columns.) TOTAL	0.00	0.00
19. Debts OWED BY the committee (Use Schedule D.)	0.00	
20. Debts OWED TO the committee (Use Schedule E.)	0.00	

CERTIFICATION

I CERTIFY THAT I HAVE EXAMINED THIS STATEMENT. TO THE BEST OF MY KNOWLEDGE AND BELIEF IT IS TRUE, CORRECT AND COMPLETE.			FOR OFFICE USE ONLY
Signature of Treasurer <i>Sean Fagan</i>	Title	Date (mm/dd/yy) 4/17/2022	FILED IN CLERKS OFFICE APR 18 2022
Signature of Candidate (if applicable) <i>Sean Fagan</i>		Date (mm/dd/yy) 4/17/2022	

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 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)

L. Leach
CLERK OF LA PORTE CIRCUIT COURT



**REPORT OF RECEIPTS AND EXPENDITURES
OF A POLITICAL COMMITTEE**

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

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

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

FILE NUMBER
Page _____ of _____

CONTRIBUTOR'S FULL NAME AND OCCUPATION FULL MAILING ADDRESS <i>(street, number, city, state, ZIP code)</i>	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED <i>(mm/dd/yy)</i>
				RECEIVED BY
1. Sean Fagan 11232 S 1025 W Wanatah, IN 46390 Contributor's Occupation (if required) <u>Attorney</u>	Contributions: <input type="checkbox"/> Direct <input checked="" type="checkbox"/> In-Kind (describe) <u>Self (for Radio Ads)</u> Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify) _____	\$2,945.00	\$2,945.00	Self 4/8/2022
2. Contributor's Occupation (if required) _____	Contributions: <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) _____ Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify) _____			
3. Contributor's Occupation (if required) _____	Contributions: <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) _____ Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify) _____			
4. Contributor's Occupation (if required) _____	Contributions: <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) _____ Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify) _____			
5. Contributor's Occupation (if required) _____	Contributions: <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) _____ Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify) _____			
SUBTOTAL THIS PAGE OF SCHEDULE A		\$ 2,945.00		
TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY <i>(Enter total on ITEM 15a of the Summary Sheet.)</i>		\$ 2,945.00		



**REPORT OF RECEIPTS AND EXPENDITURES
OF A POLITICAL COMMITTEE**

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

**(CFA-4 SCHEDULE B)
ITEMIZED EXPENDITURES**

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 _____

RECIPIENT'S NAME AND MAILING ADDRESS <i>(street, number, city, state, ZIP code)</i>	RECIPIENT'S OCCUPATION	TYPE OF EXPENDITURE and PURPOSE <i>(be specific)</i>	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE OF EXPENDITURE <i>(mm/dd/yy)</i>
	OFFICE SOUGHT <i>(if applicable)</i>				
Code <u>A</u> Gerard Media LLC 685 East 1675 North Michigan City, Indiana 46360	Radio Station	<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: Radio Ads (1/28/22-48/22)	\$1,575.00	\$1,575.00	4/8/22
Code <u>A</u> Spoon River Media (d/b/a WCOE/WLOI) 1700 Lincolnway Place, Ste 5 La Porte 46350	Radio Station	<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: Radio Ads (1/28/22-48/22)	\$1,370.00	\$1,370.00	4/8/22
Code _____		<input type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose:			
Code _____		<input type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose:			
Code _____		<input type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose:			
Code _____		<input type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose:			
Code _____		<input type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose:			
SUBTOTAL THIS PAGE OF SCHEDULE B			\$ 2,945.00		
TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY <i>(Enter total on ITEM 17a of the Summary Sheet.)</i>			\$ 2,945.00		



REPORT OF RECEIPTS AND EXPENDITURES OF A POLITICAL COMMITTEE

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

(CFA-4)
Summary Sheet

FILE NUMBER

46-22-38

TOTAL PAGES IN ENTIRE CFA-4 REPORT

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

IS THIS AN AMENDMENT? Yes No

COMMITTEE INFORMATION

1 Full Name of Committee (as on Statement of Organization) <input type="checkbox"/> Check if this is a new name. Fagan For Prosecutor	
2 Acronym or Abbreviated Name (if any)	3 Committee Telephone Number ()
4 Mailing Address (Address where all campaign finance correspondence is received.) <input type="checkbox"/> Check if this is a new address Po Box 326	
5 City, State, ZIP Code Wanatah, IN 46390	6 Party Affiliation (if applicable) Republican

CANDIDATE INFORMATION (For Candidate's Committees Only)

7 Full Name of Candidate (Include any nickname) Sean Fagan	8 Party Affiliation or If Independent Candidate Republican
9 Office Sought (Include district number, if any. Not required for exploratory committee.) Prosecuting Attorney	10 County of Residence Laporte

TYPE OF REPORT

CONVENTION CANDIDATES ONLY

11 Check one: <input type="checkbox"/> Pro-Primary <input checked="" type="checkbox"/> Pre-Election <input type="checkbox"/> Annual <input type="checkbox"/> Nomination <input type="checkbox"/> Other _____ <input type="checkbox"/> Final / Disbands Committee (Lines 16, 19, and 20 must be "0") <input type="checkbox"/> Outgoing Treasurer: (Within ten (10) days amend Statement of Organization)	Check one: <input type="checkbox"/> Pre-Convention <input type="checkbox"/> Post-Convention
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12 Reporting Period (mm/dd/yy): From: 04/09/2022 Through: 10/14/2022	COLUMN A This Period	COLUMN B Year to Date
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

<i>(Note: these amounts include in-kind contributions and loans, as well as cash contributions.)</i>		
15a. Itemized (Use Schedule A.)	8511.04	11,456.0.
15b. Unitemized	100.00	101
15c. Add lines 15a and 15b in both columns. SUBTOTAL	8611.04	11556.0.
16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B TOTAL	8611.04	11556.0.

EXPENDITURES

<i>(Note: These amounts include in-kind expenditures and loan repayments.)</i>		
17a. Itemized (Use Schedule B) (Public Question: use Schedule C)	7441.04	10386.0.
17b. Unitemized	0	
17c. Add lines 17a and 17b in both columns SUBTOTAL	7441.04	10386.0.
18. Cash on hand and investments at close of this reporting period (Subtract 17c from 16 in both columns) TOTAL	1170	1170
19. Debts OWED BY the committee (Use Schedule D)		
20. Debts OWED TO the committee (Use Schedule E)		

CERTIFICATION

I CERTIFY THAT I HAVE EXAMINED THIS STATEMENT TO THE BEST OF MY KNOWLEDGE AND BELIEF IT IS TRUE, CORRECT AND COMPLETE.

Signature of Treasurer (Candidate)	Title	Date (mm/dd/yy)
Signature of Candidate (if applicable)		Date (mm/dd/yy)

FOR OFFICE USE ONLY
IN CLERKS OFFICE

OCT 21 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 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)

Heaven Stevens
CLERK OF LA PORTE CIRCUIT COURT
2:10am



**REPORT OF RECEIPTS AND EXPENDITURES
OF A POLITICAL COMMITTEE**

(Section 527(a)(2)(B))
Reference: Instructions for Form 278 (9-8-14)

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

INSTRUCTIONS LIST ONLY CONTRIBUTIONS BY INDIVIDUALS ON THIS SCHEDULE. Money type or paid legally III BLACK INK. Do not include contributions received from an individual or corporation on the reverse side of this schedule. Do not include contributions and receipts from the Summary Sheet. All contributions must be itemized. Contributions OVER \$100 per calendar year MUST be itemized on this schedule. Do not include party receipts. All contributions (such as cash proceeds and payments, refunds, etc.) taken from the party's funds must be reported on this schedule OVER \$100 per calendar year. MUST be itemized. Do not include contributions from the party's funds. A contribution is an amount received in any form, including cash, and includes any other amount received in any form, including cash, and includes any other amount received in any form, including cash.

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	RECEIVED BY
				(mm/dd/yy)	
1 Sean Fagan 11232 B 1025 W Wanatah IN 46390 Contributor's Occupation (If req. use) Attorney	Contributions <input type="checkbox"/> Cash <input checked="" type="checkbox"/> In-kind (describe) <u>Self (Radio Ads)</u> Other Receipts <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify)	4092.83	7383.16	4/9 thru 10/14/22	SFagan
2 Sean Fagan 11232 B 1025 W Wanatah IN 46390 Contributor's Occupation (If req. use)	Contributions <input type="checkbox"/> Cash <input checked="" type="checkbox"/> In-kind (describe) <u>Self (campaign signs)</u> Other Receipts <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify)	878.44	878.44	6/16 thru 7/6/22	SFagan
3 Sean Fagan 11232 S 1025 W Wanatah IN 46390 Contributor's Occupation (If req. use)	Contributions <input type="checkbox"/> Cash <input checked="" type="checkbox"/> In-kind (describe) <u>Self (T-Shirts)</u> Other Receipts <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify)	389.77	389.77	6/1 thru 7/4/22	SFagan
4 Roseanne Miller 3333 Lake Shore Dr. Michigan City IN 46360 Contributor's Occupation (If req. use)	Contributions <input checked="" type="checkbox"/> Cash <input type="checkbox"/> In-kind (describe) Other Receipts <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify)	250.00	250.00	7-21-22	SFagan
5 Todd and Kim Robertson 4975 E 500 S Columbus IN 47201 Contributor's Occupation (If req. use)	Contributions <input checked="" type="checkbox"/> Cash <input type="checkbox"/> In-kind (describe) Other Receipts <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify)	250.00	250.00	7-11-22	SFagan

SUBTOTAL THIS PAGE OF SCHEDULE A: \$ 5811.04

TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY: \$ 5811.04

(Enter total on ITEM 16a of the Summary Sheet.)



**REPORT OF RECEIPTS AND EXPENDITURES
OF A POLITICAL COMMITTEE**
State Form 4006 (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 reported on **ITEM 15a** of the Summary Sheet. All cumulative contributions from individuals **OVER \$100 per contributor**, within a calendar year **MUST** be itemized on this schedule (over \$200 if regular party committee). All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) **OVER \$100 per contributor**, within a calendar year, **MUST** be itemized on this schedule (over \$200 if regular party committee). A contributor's occupation is required if an individual makes at least \$1,000 in contributions during the calendar year. Otherwise, this is optional.

FILE NUMBER

Page _____ of _____

CONTRIBUTOR'S FULL NAME AND OCCUPATION FULL MAILING ADDRESS <i>(street, number, city, state, ZIP code)</i>	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED <i>(mm/dd/yy)</i>
				RECEIVED BY
1. William Espar, 116 Woodside Dr, Michigan City, IN 46360 Contributor's Occupation (if required)	Contributions <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) Other Receipts <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify)	500.00	500.00	7/27/22 SFagan
2. Jeff Loniewski, 3355 W. US Hwy 20, Laporte, IN 46350 Contributor's Occupation (if required)	Contributions <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) Other Receipts <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify)	120.00	120.00	8-8-2022 SFagan
3. Cynthia Hedge, 2912 N. Regal Dr, Laporte, IN 46350 Contributor's Occupation (if required)	Contributions <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) Other Receipts <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify)	100.00	100.00	8-5-22 SFagan
4. Jim Pressel, 1772 N. Logren Rd, Rolling Prairie, IN 46371 Contributor's Occupation (if required)	Contributions <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) Other Receipts <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify)	150.00	150.00	8-20-22 SFagan
5. David Ambers, 601 State St, Suite B, Laporte, IN 46350 Contributor's Occupation (if required)	Contributions <input checked="" type="checkbox"/> Direct <input checked="" type="checkbox"/> In-Kind (describe) Other Receipts <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify)	600.00	600.00	9/19, 10-11-22 SFagan
SUBTOTAL THIS PAGE OF SCHEDULE A		\$	1470	
TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY <i>(Enter total on ITEM 15a of the Summary Sheet.)</i>		\$	45911.04	



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

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

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

FILE NUMBER

Page _____ of _____

CONTRIBUTOR'S FULL NAME AND OCCUPATION FULL MAILING ADDRESS <i>(street, number, city, state, ZIP code)</i>	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED <i>(mm/dd/yy)</i>
				RECEIVED BY
1. Tim Stabosz, 1501 Michigan Ave, Laporte, IN 46350 Contributor's Occupation (if required) <u>Investor</u>	Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) _____ Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify) _____	1000.00	1000.00	7-11-22
				SFagan
2. Connie Grammarosa, 910 Franklin, Michigan City, IN 46360 Contributor's Occupation (if required) _____	Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) _____ Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify) _____	100.00	100.00	6-23-22
				SFagan
3. Ruth Ambers, 2006 I St, Laporte, IN 46350 Contributor's Occupation (if required) _____	Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) _____ Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify) _____	100.00	100.00	9-17-2022
				SFagan
4. Contributor's Occupation (if required) _____	Contributions: <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) _____ Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify) _____			
5. Contributor's Occupation (if required) _____	Contributions: <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) _____ Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify) _____			
SUBTOTAL THIS PAGE OF SCHEDULE A		\$ 1200		
TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY <i>(Enter total on ITEM 15a of the Summary Sheet.)</i>		\$ 8911.04		



**REPORT OF RECEIPTS AND EXPENDITURES
OF A POLITICAL COMMITTEE**

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

**(CFA-4 SCHEDULE B)
ITEMIZED EXPENDITURES**

FILE NUMBER

Page _____ of _____

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 related 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.

RECIPIENT'S NAME AND MAILING ADDRESS <i>(street, number, city, state, ZIP code)</i>	RECIPIENT'S OCCUPATION	TYPE OF EXPENDITURE and PURPOSE <i>(be specific)</i>	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE OF EXPENDITURE <i>(mm/dd/yy)</i>
	OFFICE SOUGHT <i>(if applicable)</i>				
Code _____ Gerard Media, LLC, 685 E. 1675 N, Michigan City, IN 46360	Radio	<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose	4347.50	5922.00	10-14-22
Code _____ WEFM, 1903 Springland Ave, Michigan City, IN 46360	Radio	<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose	751.00	751.00	8-12-22
Code _____ Spoon River Media, 1700 Lincolnway Place, Ste 5, Laporte, IN 46350	Radio	<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose	1082.33	2432.66	10-14-22
Code _____ CK Designs, 3382 E. State Rd., Laporte, IN 46350	T-Shirts	<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose	256.80	256.80	7-14-22
Code _____ Amazon, 410 Terry Ave N, Seattle, WA 98109	Campaign Signs/T-shirts	<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose	991.41	991.41	10-14-22
Code _____ 1st Source Bank, South Bend, IN	Bank	<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose	32.00	32.00	10-14-22
Code _____		<input type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose			
SUBTOTAL THIS PAGE OF SCHEDULE B			\$ 7441.04		
TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY <i>(Enter total on ITEM 17a of the Summary Sheet)</i>			\$ 7441.04		



**SUPPLEMENTAL "LARGE CONTRIBUTION" REPORT BY
A CANDIDATE'S COMMITTEE
(\$1,000 CONTRIBUTIONS OR MORE)**

(CFA-11)

State Form 48402 (R6 / 5-19)
Indiana Election Division (IC 3-9-5-20 1, 3-9-5-22)

INSTRUCTIONS: Only candidates receiving a "large contribution" are required to file this report. 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.

FILE NUMBER
410-22-38
TOTAL PAGES IN ENTIRE CFA-11 REPORT

IS THIS AN AMENDMENT? Yes No

COMMITTEE INFORMATION

1. Full Name of Candidate (Include any nickname) <input type="checkbox"/> Check if this is a new name. Sean Fagan		2. Committee Telephone Number ()	
3. Mailing Address (Address where all campaign finance correspondence is received.) <input type="checkbox"/> Check if this is a new address. Po Box 326			
4. City Wanalah	State IN	ZIP Code 46390	5. Party Affiliation or If Independent Candidate Republican
6. Office Sought (Include district number, if any. Not required for exploratory committee.) Prosecuting Attorney		7. County of Residence Laporte	
8. Reporting Period (mm/dd/yy): From 10/15/2022 Through 11/6/2022			

For classification, enter INDV for individual; PAC for political action committee; CORP for corporation; LAB for labor organization; OTHER for all entries which are not one of the above categories.

Classification	CONTRIBUTOR'S FULL NAME AND OCCUPATION FULL MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT OF CONTRIBUTION	DATE RECEIVED (mm/dd/yy)
				RECEIVED BY
	1. Timothy Stabosz, 1517 Michigan Ave, Laporte, IN 45350 Contributor's Occupation (if applicable) <u>Investor</u>	Contributions <input type="checkbox"/> Direct <input checked="" type="checkbox"/> In-Kind (describe) <u>Postal</u> Other Receipts <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify)	7,758	11/3/22 <i>Stagan</i>
	2.	Contributions <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe)		
	3.	Contributions <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe)		

CERTIFICATION

I CERTIFY THAT I HAVE EXAMINED THIS STATEMENT. TO THE BEST OF MY KNOWLEDGE AND BELIEF IT IS TRUE, CORRECT AND COMPLETE.

Signature of Treasurer <i>Candidate</i>	Title	Date (mm/dd/yy)
Signature of Candidate (if applicable) <i>Sean Fagan</i>		Date (mm/dd/yy) <u>11-5-22</u>

FOR OFFICE USE ONLY

FILED
IN CLERKS OFFICE
NOV - 7 2022
Heather Stevens
CLERK OF LA PORTE CIRCUIT COURT

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, and IC 3-9-4-18)



**REPORT OF RECEIPTS AND EXPENDITURES
OF A POLITICAL COMMITTEE**

State Form 4605 (R15 / 5-19)
Indiana Election Division (IC 3-9-5-14)

**(CFA-4)
Summary Sheet**

FILE NUMBER
410-72-38

TOTAL PAGES IN ENTIRE CFA-4 REPORT

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

IS THIS AN AMENDMENT? Yes No

COMMITTEE INFORMATION

1. Full Name of Committee (as on Statement of Organization) Check if this is a new name.
Fagan for Prosecutor

2. Acronym or Abbreviated Name (if any) _____ 3. Committee Telephone Number _____
()

4. Mailing Address (Address where all campaign finance correspondence is received.) Check if this is a new address.
Po Box 326

5. City, State, ZIP Code _____ 6. Party Affiliation (if applicable)
Wanatah, IN 45390 Republican

CANDIDATE INFORMATION (For Candidate's Committees Only)

7. Full Name of Candidate (Include any nickname.) _____ 8. Party Affiliation or If Independent Candidate
Sean Fagan Republican

9. Office Sought (Include district number, if any. Not required for exploratory committee.) _____ 10. County of Residence
Prosecuting Attorney Laporte

TYPE OF REPORT **CONVENTION CANDIDATES ONLY**

11. Check one:
 Pre-Primary Pre-Election Annual Nomination Other _____
 Final / Disbands Committee (Lines 16, 19, and 20 must be '0') Outgoing Treasurer (Within ten (10) days amend Statement of Organization.)

Check one:
 Pre-Convention
 Post-Convention

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.	1170	
14. Cash on hand and investments January 1, current year.		0

CONTRIBUTIONS AND RECEIPTS
(Note: these amounts include in-kind contributions and loans, as well as cash contributions.)

	COLUMN A	COLUMN B
15a. Itemized (Use Schedule A.)	10776.10	22232.14
15b. Unitemized	0	100
15c. Add lines 15a and 15b in both columns. SUBTOTAL	10776.10	22332.14
16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B. TOTAL	11946.10	22332.14

EXPENDITURES
(Note: These amounts include in-kind expenditures and loan repayments.)

	COLUMN A	COLUMN B
17a. Itemized (Use Schedule B.) (Public Question: use Schedule C.)	2918.10	10386.04
17b. Unitemized	0	0
17c. Add lines 17a and 17b in both columns. SUBTOTAL	2918.10	13304.14
18. Cash on hand and investments at close of this reporting period (Subtract 17c from 16 in both columns) TOTAL	9028	9028
19. Debts OWED BY the committee (Use Schedule D.)	0	
20. Debts OWED TO the committee (Use Schedule E.)	0	

CERTIFICATION

I CERTIFY THAT I HAVE EXAMINED THIS STATEMENT. TO THE BEST OF MY KNOWLEDGE AND BELIEF IT IS TRUE, CORRECT AND COMPLETE.

Signature of Treasurer (Candidate) _____ Title _____ Date (mm/dd/yy) _____

Signature of Candidate (if applicable) _____ Date (mm/dd/yy) 1-17-23

FOR OFFICE USE ONLY
IN CLERKS OFFICE

JAN 17 2023

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)

L. Leason Stevens
CLERK OF LA PORTE CIRCUIT COURT



**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, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee). A contributor's occupation is required if an individual makes at least \$1,000 in contributions during the calendar year. Otherwise, this is optional.

FILE NUMBER

Page _____ of _____

CONTRIBUTOR'S FULL NAME AND OCCUPATION FULL MAILING ADDRESS <i>(street, number, city, state, ZIP code)</i>	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED <i>(mm/dd/yy)</i>
				RECEIVED BY
1. Jody Slabaugh, 2402 N. State Road 39, Laporte, IN 46350 Contributor's Occupation (if required): _____	Contributions. <input type="checkbox"/> Direct <input checked="" type="checkbox"/> In-Kind (describe) <u>Sign</u> Other Receipts <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify) _____	100	100	11/8/2022 SFagan
2 Sean Fagan, 11232 S 1025 W, Wanatah, IN 46390 Contributor's Occupation (if required): _____	Contributions. <input type="checkbox"/> Direct <input checked="" type="checkbox"/> In-Kind (describe) <u>Radio Ads</u> Other Receipts. <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify) _____	1,839	8448.16	11/8/22 SFagan
1 Sean Fagan, 11232 S 1025 W, Wanatah, IN 46390 Contributor's Occupation (if required): _____	Contributions <input type="checkbox"/> Direct <input checked="" type="checkbox"/> In-Kind (describe) <u>Newspaper Ads</u> Other Receipts <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify) _____	798	798	12/16/22 SFagan
4 Sean Fagan, 11232 S 1025 W, Wanatah, IN 46390 Contributor's Occupation (if required): _____	Contributions <input type="checkbox"/> Direct <input checked="" type="checkbox"/> In-Kind (describe) <u>FB Ads</u> Other Receipts. <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify) _____	281.10	281.10	11/8/22 SFagan
5 Timothy Stabosz, 1517 Michigan Ave, Laporte, IN 46350 Contributor's Occupation (if required): _____	Contributions <input type="checkbox"/> Direct <input checked="" type="checkbox"/> In-Kind (describe) <u>Postal</u> Other Receipts <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify) _____	7758	8758	11/3/22 SFagan
SUBTOTAL THIS PAGE OF SCHEDULE A		\$ 10776.10		
TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY <i>(Enter total on ITEM 15a of the Summary Sheet.)</i>		\$ 10776.10		



**REPORT OF RECEIPTS AND EXPENDITURES
OF A POLITICAL COMMITTEE**
State Form 4006 (R15/15-16)
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 related on ITEM 17a of the Summary Sheet. All cumulative expenditures 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 expenditures, 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 _____

RECIPIENT'S NAME AND MAILING ADDRESS <i>(street, number, city, state, ZIP code)</i>	RECIPIENT'S OCCUPATION	TYPE OF EXPENDITURE and PURPOSE <i>(be specific)</i>	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE OF EXPENDITURE <i>(mm/dd/yy)</i>
	OFFICE SOUGHT <i>(if applicable)</i>				
Code _____ Gerard Media, LLC, 685 E. 1075 N, Michigan City, IN 46360	Radio	<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose	510.00	6432	11/8/22
Code _____ WEFM, 1903 Springland Ave, Michigan City, IN 46360	Radio	<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose	264	1015	11/8/22
Code _____ Spoon River Media, 1700 Lincolnway Place, Ste 5, LaPorte, IN 46350	Radio	<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose	1065	3497.66	11/8/22
Code _____ Kiel Media, 16 E Main St, La Crosse, IN 46348	Newspaper	<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose	798	798	12/16/22
Code _____ Facebook, Menlo Park, CA	FB Ads	<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose	281.10	281.10	11/8/22
Code _____		<input type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose			
Code _____		<input type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose			
SUBTOTAL THIS PAGE OF SCHEDULE B			\$ 2918.10		
TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY <i>(Enter total on ITEM 17a of the Summary Sheet)</i>			\$ 2918.10		