



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 AMENDMENT	「? ☐ Yes	☑ No If Yes	s, please	enter ti	he file	numbe	er in this bo	x. →	46-22-03
SECTION A. CANDIDA	TE INFOR	RMATION: Fil	ll in all a	pplical	ble bo	oxes a	s fully and	accura	ately as possible.
. Last Name	Fir	st Name	N	liddle Nan	ne		Nickname		3. Type of Committee (Check one)
Granquist	l n	aniel	1	Wayne					☑ Candidate's Principal Committee ☐ Exploratory Committee
. Mailing Address (number and street,					. FAX (Optional)		6. E-ma	il Address (Optional)
913 Tall Timber Drive	Gry, state, and E	,, 0000,		,		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			(- p
'. City	State	ZIP Code	8. Coun	itv		9. Te	ephone (Day)	J	10. Telephone (Evening)
Michigan City	IN	46360	La Po	•			9、406-886	4	,219, 406-8864
1. Party Affiliation					fice Sou				Not required for an exploratory committee
☐ Democratic ☐ Libertarian 🗹 R	tepublican 🔲	Other					hip Trustee		,
SECTION B. COMMITT	EE INFO	RMATION: Fi	ill in all a	applica	ble b	oxes a	s fully and	accur	ately as possible.
3. Full Name of Committee (Do no	nt abbreviate.)	☐ Check if this is	s a new nan	ne.					
Friends of Dan Grand									
4. Mailing Address (number and street	-	ZIP code)	k if this is a	new addre	ess. 15.	FAX (Op	tional)	16. E-m	all Address (Optional)
1070 S Calumet Rd Unit	t 892				()		<u>L.</u>	
7. City	State	ZIP Code	18. Cou	inty		1	elephone		20. Committee Organization Date
Chesterton	IN	46304	Porte	er		(21	9 ₎ 406-886	4	(mm/dd/yy) 01/05/22
1. Chairperson's Full Name	Designate Ca	indidate as Chairper	rson. 🔲 (Check if thi	is is a n	ew chairp	erson.		
Dan Granquist									
2. Mailing Address (number and street	t, city, state, and	Z(P code) ☐ Checl	k if this is a	new addre	ess. 23,	FAX (Op	tional)	24, E-m	ail Address (Optional)
1070 S Calumet Rd Unit	t 892				۱,	,		}	
5 City	State	ZIP Code	26. Cou	inty		27, T	elephone (Day)		28. Telephone (Evening)
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Chesterton	IN	46304	Porte	ÈΓ		,21	9、406-886	4	₁ 219 406-8864
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Chesterton 29. Bank or Other Depositories (Lis	st all banks or	other depositories in	n which the	committee	31. Sal	s funds, h	olds accounts, r	ents safet nts (Will t	y deposit boxes or maintains funds.)
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Chesterton 29. Bank or Other Depositories (Listeria) Boy Exploratory Committee (Give brief) SECTION C. APPOINT 32. I, as Chairperson of committee, appoint the follow treasurer of the Committee. 33. Treasurer's Full Name Dan Granquist 34. Mailing Address (number and streef) 1070 S Calumet Rd United 37. City Chesterton SECTION D. ACCEPTA 41. I give notice that I accelled the committee of the committee	MENT OF the foregoing person esignate candi et, city, state, and it 892 State IN ANCE OF ept the dutinal reperson mittee under ATION Of and the of the best of of	TREASURER going Person App Dan Gra date as treasurer. ZIP code 46304 APPOINTME lies and respons of a campaign for IC 3-9-1-7). F STATEMEN July appointed four knowledge ar	R (IC 3-9 pointed Tre an quist Check if this is a 38. Cou Porte NT (IC 3 sibilities finance co	new addresses on of the tis true, serson	new tres	arles and sement for semblance for sement for sement for sement for sement for sement fo	Signature of Fand that we mplete. Date (mm/dd/y) Date (mm/dd/y) Date (mm/dd/y)	ents safet nts (Will the Yes, atta e of the Co 36. E-m 4 Person A e have y) 22 yy)	y deposit boxes or maintains funds.) the committee pay the candidate a salary of the contract.) Yes Z N committee Chairperson 40. Telephone (Evening) 219, 406-8864 CCCEPTING APPOINTMENT
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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 assistance in completing this form, see instructions on the reverse side.

IS THIS AN AMENDMENT?

☐ Yes X No

	FILED IN CLERKS OFFICE	
	APR 1 9 2022	
OF	(CFA-4)	
<u>C</u>	Lusumman She	e

TOTAL PAGES IN ENTIRE CFA-4 REPORT 1

COMMITTEE INFORMATION				
Full Name of Committee (as on Statement of Organization) Check if this is a new limits and the statement of Organization.	nama		,	
FRIENDS OF DAN GRANQUIST	næne.			
2. Acronym or Abbreviated Name (if any)	2 00-	mittae Tele	phone Number	
The state of the s	3, 001	9 , 4	26 - 88	64
4. Mailing Address (Address where all campaign finance correspondence is received.)		nis is a new		<u> </u>
1070 S CALVMET RD UNIT 892	NISCAL II R	TIS IS & TIEW	accress.	
5. City, State, ZIP Code	6 Post	. Affiliation	(Manalinahla)	
CHESTERTON IN 46304	0. rait	y Almanon ((if applicable)	
CANDIDATE INFORMATION (For Candidate's C	ommitte	oes (Inly)		
7. Full Name of Candidate (include any nickname.)			or if independe	nt Candidate
DANIEL WAYNE GRANGUIST		EPUB	•	nt Guridibato
9. Office Sought (include district number, if any. Not required for exploratory committee.)		inty of Resi		
MICHIGAN CMY TOWNSHIP TRUSTEE	Į.	4 P OR		
TYPE OF REPORT			CONVENTIO	N CANDIDATES ONLY
11. Check one:			Check one:	
Pre-Primary Pre-Election Annual Nomination Other			Pre-Con	vention
Final / Disbands Committee (Lines 18, 19, and 20 must be 10.) Outgoing Treasurer (Within ten (10) days amend Stah	ement of Org	enizetion.)	Post-Cor	vention
12. Reporting Period (mm/dd/yy): From: 01 / 01 / 2022 Through: 04 / 08 / 2022			UMN A Period	COLUMN B Year to Date
13. Cash on hand and investments at the beginning of this reporting period.		C)	
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.)				
15a. Itemized (Use Schedule A.)		0)	σ
15b. Unitemized		C	>	0
	OTAL	C)	0
16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B.	OTAL)	0
EXPENDITURES				
(Note: These amounts include in-kind expenditures and loan repayments.)				
17a. Itemized (Use Schedule B.) (Public Question: use Schedule C.)		(2	0
17b. Uniternized		•	9	. 0
	OTAL		•	ð
18. Cash on hand and investments at close of this reporting period (Subtract 17c from 16 in both columns.)	TOTAL)	0
19. Debts OWED BY the committee (Use Schedule D.)			٥	
20. Debts OWED TO the committee (Use Schedule E.)		(2	
			- · - · · · · · · · · · · · · · · · · ·	———

	CERTIFICATION	
I CERTIFY THAT I HAVE EXAMINED THIS STATEMENT. TO TH	E BEST OF MY KNOWLEDGE AND BELIEF IT	IS TRUE, CORRECT AND COMPLETE.
Signature of Treasurer	Title	Date (mm/dd/yy)
(T) X I D	pressure	09/18/2
Signature of Candidate (if applicable)		Date (mm/dd/yy)
		V1/10/22
WARNING: Any information contained in this report may not be o	copied for sale or used for any commercial purpo	se. (IC 3-9-4-5) A person who knowingly
files a fraudulent report commits a Level 6 felony. (IC 3-14-1-1. Campaign Finance Law commits a Class 8 misdemeanor, (IC 3-14-1-1).	 A person who rails to file a complete or ac 4-1-14) and may be subject to civil penalties. (IC 	3-9-4-16, IC 3-9-4-17, IC 3-9-4-18)

FOR OFFICE USE ONLY



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

s V N

(CFA-4) Summary Sheet

FILE NUMBER

40-22-03

TOTAL PAGES IN ENTIRE CFA-4 REPORT

COMMITTEE INFORMATION				
1. Full Name of Committee (as on <i>Statement of Organization</i>)	name.			
2.7 to only in all 7 to brown and 1.5 to any			phone Number -8864	
	1 '	, ,		
4. Mailing Address (Address where all campaign finance correspondence is received.) 1070 S Calumet Rd Unit 892	Check if th	is is a new	address.	
5. City, State, ZIP Code Chesterton, IN 46304	6. Party Repul		(if applicable)	
	•			
CANDIDATE INFORMATION (For Candidate's C				
7. Full Name of Candidate (Include any nickname.)	, -		or If Independen	nt Candidate
Dan Granquist	+	blican		
 Office Sought (Include district number, if any. Not required for exploratory committee.) Michigan Township Trustee 	10. Cou	inty of Resi orte	dence	
TYPE OF REPORT			CONVENTIO	N CANDIDATES ONLY
11. Check one:			Check one:	
Pre-Primary Pre-Election Annual Nomination Other			Pre-Conv	ention
Final / Disbands Committee (Lines 18, 19, and 20 must be *0*.) Utgoing Treasurer (Within ten (10) days amend State	tement of Org	anization.)	Post-Con	vention
12. Reporting Period (mm/dd/yy):		COI	UMN A	COLUMN B
From: 01/01/22 Through: 10/14/22		This	s Period	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.				239.05
CONTRIBUTIONS AND RECEIPTS				
(Note: these amounts include in-kind contributions and loans, as well as cash contributions.)				
15a. Itemized (Use Schedule A.)			2,000.00	2,000.00
15b. Unitemized			100.00	100.00
15c. Add lines 15a and 15b in both columns.	TOTAL		2,100.00	2,100.00
16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B.	TOTAL		2,100.00	2,100.00
EXPENDITURES				
(Note: These amounts include in-kind expenditures and loan repayments.)				
17a. Itemized (Use Schedule B.) (Public Question: use Schedule C.)			1,790.95	1,790.95
17b. Unitemized			70.00	70.00
17c. Add lines 17a and 17b in both columns.	TOTAL		1,860.95	1,860.95
18. Cash on hand and investments at close of this reporting period (Subtract 17c from 16 in both columns.)	TOTAL		239.05	239.05
19. Debts OWED BY the committee (Use Schedule D.)			0.00	
20. Debts OWED TO the committee (Use Schedule E.)			0.00	

	CERTIFICATION		FOR OFFICE USE ONLY
I CERTIEY THAT I HAVE EXAMINED THIS STATEMENT. TO	THE BEST OF MY KNOWLEDGE AND BEL		TLED
Signature of Treasurer	Title treasurer	Date (mm/dd/)y) 10/21/22	IN CLERKS OFFICE
Signature of Candidate (if application)		Date (<i>mm/dd/yy</i>) 10/21/22	OCT 2 6 2022
WARNING: Any information contained in this report may not be files a fraudulent report commits a Level 6 felony. (IC 3-14-1	e copied for sale or used for any commerci -13) A person who fails to file a complete	al purpose. (IC 3-9-4-5) A person who knowingly e or accurate report as required by the Indiana	1
Campaign Finance Law commits a Class B misdemeanor, (IC 3		ies. (IC 3-9-4-16, IC 3-9-4-17, IC 3-9-4-18)	LLANDIE CITUMS ERK OF LA PORTE CIRCUIT COURT
		c <u>ı</u>	ERK OF LA PORTE CIRCUIT COUNT



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	1	of	1		

CONTRIBUTOR'S FULL NAME AND OCCUPATION FULL MAILING ADDRESS	TYPE OF CONTRIBUTION	COLUMN A	COLUMN B	DATE RECEIVED (mm/dd/yy)
(street, number, city, state, ZIP code)	OR OTHER RECEIPT	AMOUNT THIS PERIOD	CUMULATIVE YEAR-TO-DATE	RECEIVED BY
1. Dan Granquist	Contributions:			
913 Tall Timber Drive	✓ Direct			
Michigan City, IN 46360	n-Kind (describe)			08/02/22
	Other Receipts:	\$2,000.00	\$2,000.00	
	Interest Loan			
	Miscellaneous (specify)			Dan Granquist
Contributor's Occupation (if required) attorney				
2.	Contributions:	!		
	Direct			
	In-Kind (describe)			
	Other Receipts:			
	Miscellaneous (specify)			
	- Milocollaricodo (opociny)			
Contributor's Occupation (if required)				
3.	Contributions:			
	Direct			
	In-Kind (describe)			
	Other Receipts:			
	Interest Loan			
	Miscellaneous (specify)			
Contributor's Occupation (if required)				
4.	Contributions: Direct			
	In-Kind (describe)			
	Other Receipts:			
	☐ Interest ☐ Loan			
	Miscelfaneous (specify)			
Cantalbutan's Occupation // required				
Contributor's Occupation (if required)	Contributions:			
J.	Direct			
	In-Kind (describe)			
	Other Receipts:			
	☐ Interest ☐ Loan			
	Miscellaneous (specify)			
Contributor's Occupation (if required)				
	THIS PAGE OF SCHEDULE A	\$ 2,000.00		
TOTAL OF ALL PAGES OF SCHEDULE		\$ 2,000.00		
(Enter total on ITEM	15a of the Summary Sheet.)	- 2,000.00		



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

	FILE	NUMB	ER	
			_	
Page _	1	of	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 Minuteman Press 55 Bankview Drive Frankfort, IL 60423	printer	Direct In-Kind Payment of Debt Returned Contribution Other Purpose: campaign cards	\$190.95	\$190.95	08/12/22
Code A R C N A Enterprises, LLC 8444N 500E Rolling Prairie, IN 46371	printer	Direct In-Kind Payment of Debt Returned Contribution Other Purpose: campaign signs	\$1,600.00	\$1,600.00	09/08/22
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:			
Code		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:			
Code		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:			
	SE OF SCHEDULE B	\$ 1,790.95			
TOTAL OF ALL PA	AGES OF SCHEDULE B ON THI (Enter total on ITEM 17a of t		\$ 1,790.95		



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 410-22-03

TOTAL PAGES IN ENTIRE CFA-4 REPORT

3

COMMITTEE INFORMATION				
Full Name of Committee (as on Statement of Organization) Check if this is a new refriends of Dan Granquist Check if this is a new refriends.	name.			
2. Acronym or Abbreviated Name (if any)		elephone Number		
	(219) 4	06-8864		
Mailing Address (Address where all campaign finance correspondence is received.) 1070 S Calumet Rd Unit 892	theck if this is a no	ew address.		
5. City, State, ZIP Code		on (if applicable)		
Chesterton, IN 46304	Republican			
CANDIDATE INFORMATION (For Candidate's C				
7. Full Name of Candidate (<i>Include any nickname.</i>) Dan Granquist	8. Party Affiliation Republican	on or If Independent	Candidate	
9. Office Sought (Include district number, if any. Not required for exploratory committee.) Michigan Township Trustee	10. County of R La Porte	esidence		
TYPE OF REPORT		CONVENTION	CANDIDATES ONLY	
11. Check one:		Check one:		
Pre-Primary Pre-Election Annual Nomination Other		_ Pre-Conve	1	
Final / Disbands Committee (Lines 18, 19, and 20 must be 10".) Utgoing Treasurer (Within ten (10) days amend State	ement of Organization.)	Post-Conv	ention	
12. Reporting Period (mm/dd/yy): From: 10/15/2022 Through: 12/31/2022		OLUMN A This Period	COLUMN B Year to Date	
13. Cash on hand and investments at the beginning of this reporting period.		239.05		
14. Cash on hand and investments January 1, current year.			0.00	
CONTRIBUTIONS AND RECEIPTS				
(Note: these amounts include in-kind contributions and loans, as well as cash contributions.)				
15a. Itemized (Use Schedule A.)		300.00	2,300.00	
15b. Unitemized			100.00	
	OTAL	300.00	2,400.00	
	TOTAL	539.05	2,400.00	
EXPENDITURES				
(Note: These amounts include in-kind expenditures and loan repayments.)				
17a. Itemized (Use Schedule B.) (Public Question: use Schedule C.)		529.05	2,320.00	
17b. Unitemized		10.00	80.00	
	TOTAL	529.05	2,400.00	
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		

RTIFICATION	
ST OF MY KNOWLEDGE AND BELIEF IT IS TRUE, C	ORRECT AND COMPLETE
Title treasurer	Date (mm/dd/yy) 01/13/22
Treadurer	Date (mm/dd/yy)
	01/13/22
person who fails to file a complete or accurate report	rt as required by the Indiana
 and may be subject to civil penalties. (IC 3-9-4-16, IC 	; 3 -9-4- 17, IC 3 -9-4- 18)
	RTIFICATION ST OF MY KNOWLEDGE AND BELIEF IT IS TRUE, CO Title treasurer d for sale or used for any commercial purpose. (IC 3-9- person who fails to file a complete or accurate repor 4) and may be subject to civil penalties. (IC 3-9-4-16, IC

FOR OFFICE USE ONLY L Ī IN CLERKS OFFICE JAN 13 2023 CIERK OF LA PORTE CIRCUIT CC



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

Itemized Contributions and Other Receipts

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

FILE NUMBER						
Page _	1	of	1			

CONTRIBUTOR'S FULL NAME AND FULL MAILING ADDRESS (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
1.463GOP Club 1501 Michigan Ave La Porte, IN 46350	Contributions: Direct In-Kind (describe)	\$300.00	\$300.00	10/29/22
	Other Receipts: Interest Loan Miscellaneous (specify)			Dan Granquist
2	Contributions: Direct tn-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 1	THIS PAGE OF SCHEDULE A	\$ 300.00		
TOTAL OF ALL PAGES OF SCHEDULE A	ON THE LAST PAGE ONLY	\$ 300.00		



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 NUMBER					
Page_	1	of	1		

RECIPIENT'S NAME AND MAILING ADDRESS (street, number, city, state, ZIP code)	RECIPIENT'S OCCUPATION	TYPE OF EXPENDITURE and	COLUMN A AMOUNT THIS	COLUMN B CUMULATIVE	DATE OF EXPENDITURE
	OFFICE SOUGHT (if applicable)	PURPOSE (be specific)	PERIOD	YEAR-TO-DATE	(mm/dd/yy)
Code A Bar-B-Que Smoke House 2311 E US Highway 12 Michigan City, IN 46360	food service	Purpose: advertising	\$204,45	\$204.45	10/05/22
Code A WEFM 1903 Springland Ave Michigan City, IN 46360	radio	Direct In-Kind Payment of Debt Returned Contribution Other Purpose: advertising	\$180.00	\$180.00	10/05/22
Daniel Granquist PO Box 892 Chesterton, IN 46304	attorney	Purpose: Close account	\$144.60	\$144.60	11/09/22
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:			
Code		☐ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other Purpose:			
SUBTOTAL THIS PAGE OF SCHEDULE B					
TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY (Enter total on ITEM 17a of the Summary Sheet.)			\$ 529.05		