



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

State Form 4604 (R15 / 5-19)

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.

·	-			<u> </u>	-r#:		FILE NUMBER
I. IS THIS AN AMENDMEN	T? ☐ Ye	s ☑ No <i>If</i> Ye	s, please e	nter the fil	e number in	this box	→ 410-22-B7
SECTION A . CANDIDA	TE INFO	RMATION: Fi	ll in all an	olicable t	oxes as fu	lv and ac	ccurately as possible.
2. Last Name		irst Name		dle Name		name	3. Type of Committee (Check one
Dookard	١.	Kaaluan			• •		☑ Candidate's Principal Committee
Deckard		Kaelynn	D		(0-4		Exploratory Committee
I. Mailing Address (number and street	-	ZIP code)		5. FAX	(Optional)	6.	. E-mail Address (Optional)
1482 West 500 South			, r	()			
7. City	State	ZIP Code	8. County		9. Telepho		10. Telephone (Evening)
LaPorte	<u> </u>	46350	LaPorte			08-1853	(219 <sub>)</sub> 608-1853
11. Party Affiliation		105-			ught ( <i>include dis</i> )wnship Tru		If any. Not required for an exploratory committee
Democratic Libertarian 🗹 F			II in all ar	<u> </u>			anurataly an annaible
SECTION B. COMMITT 13. Full Name of Committee (Do no	nt ebbreviste	RIVIATION: FI	II III alli ale sa new name	pilcable i	oxes as ru	ny and ac	ccurately as possible.
Kaelynn Ludlow Deckar			1 '	4			
14. Mailing Address (number and street		•		w addrona 14	EAY /Ontional	· 146	6. E-mail Address (Optional)
1482 West 500 South	et, Gily, State, an	a zar totte) Criec	K II WIIS IS 11 11 11 11 11 11 11 11 11 11 11 11 11	W 8001628.	i. PAX (Opuonai)	. 10	o. E-mail Address (Optional)
		710.0-4-	. 140.0	(	)		20 Committee Occamination Date
17. City	State	ZIP Code	18. County	•	19. Telephi		- 20. Committee Organization Date
LaPorte	· IN ·		LaPorte			08-1853	(mm/od/yy) 01-10-2022
	Designate C	andidate as Chairpen	son.   Ch	eck if this is a	new chairperson.		
Kaelynn D Deckard							
22. Mailing Address (number and street	at, city, state, an	d ZIP code) 🔲 Chect	k if this is a ne	w address. 23	, FAX (Optional)	7 24	4. E-mail Address (Optional)
1482 West 500 South	•	•		. (	١.		•
, City	State	, ZIP Code	26. Count	y	27. Teleph	one (Day)	28. Telephone (Evening)
LaPorte	l IN	46350	LaPorte	e,	,219, 6	08-1853	,219, 608-1853
0. Exploratory Committee (Give bri			-	reimbo			(Will the committee pay the candidate a salary s, attach a copy of the contract.) ☐ Yes ☑ N
SECTION C. APPOINT 32. I, as Chairperson of						Signature of t	the Committee Chairperson
32. I, as Chairperson of committee, appoint the follo Freasurer of the Committee.		-n -o-i	D Dèckar			oignature or i	The committee champerson
33. Treasurer's Full Name 🔲 Do	esignate cano	didate as treasurer.	☐ Check if t	his is a new tre	asurer.	-	_
Kaelynn D Deckard							٠.
34. Mailing Address (number and street	et, city, state, an	d ZIP code) 🔲 Chec	k if this is a ne	w address. 3	. FAX (Optional)	36	6. E-mail Address (Optional)
1482 West 500 South				t	١		, t
37. City	State	ZIP Code	38. Count	y	39. Teleph	one (Day)	40, Telephone (Evening)
LaPorte	. IN	46350	LaPorte	e '`` '	,219, 6	08-1853	,219, 608-1853
	NCE OF	APPOINTMEN	VT /IC 3-9	-1-15)	11		
11. I give notice that I acce	ept the du	ties and respons	ibilities of	Treasurer	of this Signat	ure of Perse	son Accepting Appointment
Committee. I am not the ch	nairperson	of a campaign fi	inance com	ımittee (exc	ept as		, , , ,
permitted for a candidate com							
		F STATEMEN					FOR OFFICE USE ONLY
Ve certify as the candidate examined this statement. To t	and the	duly appointed (	Chairperson	of the Co	mmittee and	that we ha	IN CLERKS OFFICE
examined this statement, 10 to 12. Typed or Printed Name of						(mm/dd/yy)	
•		$\forall i i \ell$	/ (	~ L		1-10-2022	_
Kaelynn D Deckard	0		mul	July 1			2 JAN 1 2 2022
'. Typed or Printed Name of	Candidate	Signature o	andidate	$\wedge$ $^{\prime}/$	I /I	o (mm/dd/yy)	i Jan III i
Kaelynn D Deckard		of rus	unH	Section .	0   <i>ک</i>	1-10-2022	
Warning: State law requires that	any change is	n this information be	reported with	in ten (10) da	ys of the change	(IC 3-9-1-10)	0). A Leave Stuers
person who knowingly files a fraudu accurate report as required by the	ifent report c	ommits a Level 6 D 1	felohy (IC 3-14	4-1-13). A pers	on who falls to	file a complete	te or CLERK OF LA PORTE CIRCUIT O
accurate report as required by the subject to civil penalties (IC 3-9-4-16	mulana Cam 1 <i>IC 3-9-4-17.</i>	paign rillance Law 0 and IC 3-9-4-18). •	onnius a cig	ss D IIISUEME	BIOT (TO 3-14-1	- 1-7), GIEU IHOY	2



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

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

IS THIS AN AMENDMENT?

- Yes

(CFA-4) **Summary Sheet** 

FILE NUMBER **TOTAL PAGES IN ENTIRE CFA-4 REPORT** 

r . %..

L/Laore Stevers CLERK OF LA PORTE CIRCUIT COURT

COMMITTEE INFORMATION			
1. Full Name of Committee (as on Statement of Organization)  Kaelynn Ludlow Deckard for Scipio Trustee	name.		• 27
2. Acronym or Abbreviated Name (if any)		e Telephone Number ) 608-1853	
4. Mailing Address (Address where all campaign finance correspondence is received.) 1482 West 500 South	Check if this is	a new address.	• •
5. City, State, ZiP Code LaPorte, IN, 46350	6. Party Affil Republica	lation <i>(if applicable)</i> an	
CANDIDATE INFORMATION (For Candidate's C	ommittees (	Only)	
7. Full Name of Candidate (Include any nickname.)  Kaelynn D Ludlow Deckard	8. Party Affili Republica	iation or If Independent an	t Candidate
Office Sought (Include district number, if any. Not required for exploratory committee.)     Scipio Township Trustee	10. County of LaPorte	of Residence	-
TYPE OF REPORT		CONVENTION	CANDIDATES ONLY
11. Check one:  Pre-Primary Pre-Election Annual Nomination Other		Check one:	
Final / Disbands Committee (Lines 18, 19, and 20 must be '0".) Utgoing Treasurer (Within ten (10) days amend State	tement of Organization	on.) L Post-Conv	vention
2. Reporting Period (mm/dd/yy): From: 01-26-2021 Through: 01-10-2022		COLUMN A This Period	COLUMN B Year to Date
13. Cash on hand and investments at the beginning of this reporting period.		180.78	
14. Cash on hand and investments January 1, current year.			
CONTRIBUTIONS AND RECEIPTS		ļ	
(Note: these amounts include in-kind contributions and loans, as well as cash contributions.)			
15a. Itemized (Use Schedule A.)		0.00	
15b. Uniternized 🗻 .			
	TOTAL*	0.00 - بر	
10, rad into 10 dile to the country and the co	TOTAL	180.78	
EXPENDITURES			
(Note: These amounts include in-kind expenditures and loan repayments.)			
17a. Itemized (Use Schedule B.) (Public Question: use Schedule C.)		0.00	<u> </u>
17b. Unitemized			
17c. Add lines 17a and 17b in both columns.	TOTAL	- 0.00	1,
18. Cash on hand and investments at close of this reporting period (Subtract 17c from 16 in both columns.)	TOTAL	180.78	
19. Debts OWED BY the committee (Use Schedule D.)			
20. Debts OWED TO the committee (Use Schedule E.)		+ <b>p</b> - 5	
CERTIFICATION		F	OR OFFICE USE ONLY
I CERTIFY THAT I HAVE EXAMINED THIS STATEMENT. TO THE BEST OF MY KNOWLEDGE AND BELIEF IT IS T	RUE. CORRECT		FILED
Signature of Treasurer Title	Date (	(mm/dd/yy) 1-10-2022	IN CLERKS OFFICE
righature of Candidate (if applicable)	0	(mm/dd/yy) 1-10-2022	JAN 1 2 2022
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	ate report as requ	sired by the Indiaha   🕒	
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- <del>9-4</del> -17	7, IC 3-9-4-18)	Lucry Street



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

STRUCTIONS: 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 N

#### (CFA-4) Summary Sheet

FILE NUMBER

U0 -77-07

TOTAL PAGES IN ENTIRE CFA-4 REPORT

COMMITTEE INFORMATION		·	
1. Full Name of Committee (as on Statement of Organization)  Check if this is a new notice of the committee	iame. USTP	e	•
2. Acronym or Abbreviated Name (if any)	3. Comp	nittee Telephone Numl	63'
1482 10.500 5	heck if thi	s is a new address.	
5, City State, ZIP Code LAPOYTC IN 40350	Res	Affiliation (if applicable	e)
CANDIDATE INFORMATION (For Candidate's Co			
7. Full Name of Candidate (Include any nickname.)  KOPNN D. LUCIOW DECKOYO	Rec	Affiliation or If Independent	ndent Candidate
9. Office Shught (Include district number, If any. Not required for exploratory committee.)  CIOIO TRUNSHIP TYUSTER.		citorte	
TYPE OF REPORT		CONVEN	TION CANDIDATES ONLY
11., Check one:  Pre-Primary Pre-Election Annual Nomination Other		Check one	e: Convention
Final / Disbands Committee (Lines 18, 19, and 20 must be '0'.) Utgoing Treasurer (Within ten (10) days amend States	ement of Orga	nization.) Dest-	Convention
Reporting Period (mm/dd/yy):		COLUMN A	COLUMN B
From: 01-11-2022 Through: 04-18-2022		This Period	Year to Date
13. Cash on hand and investments at the beginning of this reporting period.		180.78	
14. Cash on hand and investments January 1, current year.			180.78
CONTRIBUTIONS AND RECEIPTS			
(Note: these amounts include in-kind contributions and loans, as well as cash contributions.)		- 0.0	
15a. Itemized (Use Schedule A.)		<u> 336-</u>	336-
15b. Unitemized	<u> </u>		
15c. Add lines 15a and 15b in both columns.	OTAL	099-	335-
	OTAL	505.78	505.78
EXPENDITURES			
(Note: These amounts include in-kind expenditures and loan repayments.)			
17a. Itemized (Use Schedule B.) (Public Question: use Schedule C.)	-	<u> 209.52</u>	1209.52
17b. Uniternized			
17c. Add lines 17a and 17b in both columns.	TOTAL	209.52	a69.52
18. Cash on hand and investments at close of this reporting period (Subtract 17c from 16 in both columns.)	TOTAL	230.26	
19. Debts OWED BY the committee (Use Schedule D.)			
20. Debts OWED TO the committee (Use Schedule E.)			
CERTIFICATION		1	FOR OFFICE USE ONLY
I CERTIFY THAT I HAVE EXAMINED THIS STATEMENT. TO THE BEST OF MY KNOWLEDGE AND BELIEF IT IS TR	RUE, CORR	ECT AND COMPLETE	ILED
Signature of Treasurer Title	0	ate (mm/dd/yy)	N CLERKS OFFICE
Insture of Candidate (if applicable)	D:	ate (mm/dd/yy)	
Traderical Do teras		1	APR 1 8 2022
WARNING: Any information contained in this report may not be copied for sale or used for any commercial purpose.	(IC 3-9-4-5)		1
files a fraudulent reper commits a Level 6 felony. (IC 3-14-1-13) A person who fails to file a complete or accurate Campaign Finance Law commits a Class B misdemeanor, (IC 3-14-1-14) and may be subject to civil penalties. (IC 3-9-4)	ь героп as 4-16, IC 3-9	-equired by the Indiana -4-17, IC 3-9-4-18)	1 / none theres
		CLER	K OF LA PORTE CIRCUIT COURT



State Form 4606 (R13/11-05) Indiana Election Commission (IC 3-9-5-14)

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

**Itemized Contributions and Other Receipts** 

NSTRUCTIONS: 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 (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
Richard Schmidt 4852 W.5005. LaPorte IN 46350	Contributions:  Direct In-Kind (describe)  Other Receipts: Interest Loan Misc. (specify)	a5-		03.11.22
Contributor's Occupation (if required)	Contributions:		<u> </u>	
Robert Gaekle 42015.150W	Direct In-Kind (describe)	50-		66.41.80
LaPorte IN 46350	Other Receipts: Interest Loan Misc. (specify)	·30°		
Contributor's Occupation (if required)				
Jonathan Forker	Contributions:  Direct In-Kind (describe)	100-		03.14.22
Laporte IN 44350	Other Receipts:  Interest Loan  Misc. (specify)	100	·	
Contributor's Occupation (if required)				<u> </u>
William Sharp	Contributions:  Direct  In-Kind (describe)			03.22.22
3162 S. Hwy 35 LaPorte IN 46350	Other Recelpts:  Interest Loan  Misc. (specify)	50-		
Contributor's Occupation (if required)	·			
Jerry Orcutt	Contributions:  Direct In-Kind (describe)	100		03.14.22
4522 W. St.Rd. 2 Laporte IN 46350	Other Receipts: Interest Loan Misc. (specify)	100 -		
Contributor's Occupation (if required)		7-6-		
	THIS PAGE OF SCHEDULE A	53ab-		
TOTAL OF ALL PAGES OF SCHEDULE (Enter total on ITE	A ON THE LAST PAGE ONLY M 15a of the Summary Sheet)	\$		



State Form 4606 (R13/11-05) Indiana Election Commission (IC 3-9-5-14

## (CFA-4 SCHEDULE B) ITEMIZED EXPENDITURES

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

	FILE NUMBER	
Page _	of	

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
Pioneer Land	'	Direct In-Kind Payment of Debt Returned Contribution Other Purpose:	\$40	PENICYONATE	March .8-2022
Hawkins Print		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:	\$42.27	•	March 8-2022
Scotty's Dynamic Design		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:	\$187.25		3.09.aa
Code	1	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:			
TOTAL OF ALL PA	SUBTOTAL THIS PAC AGES OF SCHEDULE B ON TH (Enter total on ITEM 17a of	E LAST PAGE ONLY	\$209.50 \$		i



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

40-22-07

TOTAL PAGES IN ENTIRE CFA-4 REPORT

COMMITTEE INFORMATION			
1. Full Name of Committee (as on Statement of Organization)	name.	•	
Kne lung Ludda a Deckard for Scipio		o. Trusta	<b>P</b> .
2. Acronym or Abbreviated Name (if any)		mittee Telephone Number	
	1 al	<u>4&gt;1008-18</u>	53
4. Mailing Address (Address where all campaign finance correspondence is received.)	Check if th	ís is a new address.	
5. City, State, ZIP Code	6. Party	Affiliation (if applicable)	
Laphrte IN 40350	<u>Ke</u>	<u>roublican</u>	
CANDIDATE INFORMATION (For Candidate's C	Committe	ees Only)	
7. Full Name of Candidate (Include any pickname.) KACHON D. LUCIOW Deckard	_ Kc	Affiliation or If Independe	nt Candidate
9 Office Sought (Include district pumber, if any, Not required for exploratory committee.)	10. Cou	OFOTO	4
TYPE OF REPORT		CONVENTIO	N CANDIDATES ONLY
11. Check one:		Check one:	7
Pre-Primary Pre-Election Annual Nomination Other		Pre-Con	
Final / Disbands Committee (Lines 18, 19, and 20 must be "0".) Utgoing Treasurer (Within ten (10) days amend Sta	itement of Org	anization.) Post-Cor	nvention
12. Reporting Period (mm/dd/yy):		COLUMN A	COLUMN B
From: 04-19-22 Through: 10-21-22		This Period	Year to Date
13. Cash on hand and investments at the beginning of this reporting period.		236.20	
14. Cash on hand and investments January 1, current year.			230.20
CONTRIBUTIONS AND RECEIPTS			
(Note: these amounts include in-kind contributions and loans, as well as cash contributions.)  15a. Itemized (Use Schedule A.)		20.50	20.50
15b. Unitemized		ت الماري	
	TOTAL	20.60	20.50
		~ ~ 1,~ ~ <i>)</i>	
		30.00	30.50
16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B.	TOTAL	2000.7U	30.50 200.70
16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B.  EXPENDITURES		200.70	20.50
16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B.  EXPENDITURES  (Note: These amounts include in-kind expenditures and loan repayments.)		200.70 200.70	20.50
16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B.  EXPENDITURES  (Note: These amounts include in-kind expenditures and loan repayments.)  17a. Itemized (Use Schedule B.) (Public Question: use Schedule C.)		200.76 200.76	20.50 200.70 200.70
16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B.  EXPENDITURES  (Note: These amounts include in-kind expenditures and loan repayments.)  17a. Itemized (Use Schedule B.) (Public Question: use Schedule C.)  17b. Unitemized		200.76 200.76 200.76	aldo-TLO
16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B.  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.	TOTAL	2005 2005 2005 2005 2005 2005 2005 2005	20.50 200.70 200.70
16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B.  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.  SUB  18. Cash on hand and investments at close of this reporting period (Subtract 17c from 16 in both columns.)	TOTAL	200: TUP 200: TUP 200: TUP	aldo-TLO
16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B.  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.  SUB  18. Cash on hand and investments at close of this reporting period (Subtract 17c from 16 in both columns.)  19. Debts OWED BY the committee (Use Schedule D.)	TOTAL	2005 2005 1007 2006 2007 2006	aldo-TLO
16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B.  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.  SUB  18. Cash on hand and investments at close of this reporting period (Subtract 17c from 16 in both columns.)  19. Debts OWED BY the committee (Use Schedule D.)  20. Debts OWED TO the committee (Use Schedule E.)	TOTAL		aldo-Tlo aldo-Tlo
16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B.  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.  SUB  18. Cash on hand and investments at close of this reporting period (Subtract 17c from 16 in both columns.)  19. Debts OWED BY the committee (Use Schedule D.)  20. Debts OWED TO the committee (Use Schedule E.)	BTOTAL TOTAL		aldo-TLO
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16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B.  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.  SUB  18. Cash on hand and investments at close of this reporting period (Subtract 17c from 16 in both columns.)  19. Debts OWED BY the committee (Use Schedule D.)  20. Debts OWED TO the committee (Use Schedule E.)	BTOTAL TOTAL TOTAL	RECT AND COMPLETE	OLOOTLO  FOR OFFICE USE ONLY
16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B.  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.  SUB  18. Cash on hand and investments at close of this reporting period (Subtract 17c from 16 in both columns.)  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 TO Signature of Treasurer  Title	BTOTAL TOTAL TRUE, CORF	RECT AND COMPLETE	FOR OFFICE USE ONLY
16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B.  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.  SUB  18. Cash on hand and investments at close of this reporting period (Subtract 17c from 16 in both columns.)  19. Debts OWED BY the committee (Use Schedule D.)  20. Debts OWED TO the committee (Use Schedule E.)  CERTIFICATION  1 CERTIFY THAT I HAVE EXAMINED THIS STATEMENT. TO THE BEST OF MY KNOWLEDGE AND BELIEF IT IS TO Signature of Candidate (if application)  Signature of Candidate (if application)	BTOTAL TOTAL TRUE, CORP	RECT AND COMPLETE Date (mm/dd/yy) Date (mm/dd/yy)	FOR OFFICE USE ONLY  I L E D  CLERKS OFFICE
16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B.  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.  SUB  18. Cash on hand and investments at close of this reporting period (Subtract 17c from 16 in both columns.)  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 TO Signature of Treasurer  Title  Signature of Candidate (If application)  WARNING: Any information contained in this report may not be copied for sale or used for any commercial purpose.	BTOTAL TOTAL TRUE, CORF	PRECT AND COMPLETE Date (mm/dd/yy)  Oate (mm/dd/yy)  O A person who knowingly	OLOCATION OFFICE USE ONLY  I L E D  CLERKS OFFICE
16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B.  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.  SUB  18. Cash on hand and investments at close of this reporting period (Subtract 17c from 16 in both columns.)  19. Debts OWED BY the committee (Use Schedule D.)  20. Debts OWED TO the committee (Use Schedule E.)  CERTIFICATION  1 CERTIFY THAT I HAVE EXAMINED THIS STATEMENT. TO THE BEST OF MY KNOWLEDGE AND BELIEF IT IS TO Signature of Candidate (if application)  Signature of Candidate (if application)	TOTAL  TOTAL  TRUE, CORF  C  (IC 3-9-4-5) ate report as	PRECT AND COMPLETE Date (mm/dd/yy)  On A person who knowingly is required by the Indiana  24.17 (C 3.94.18)	OLERKS OFFICE

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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	TYPE OF CONTRIBUTION	COLUMN A	COLUMN B	DATE RECEIVED
FULL MAILING ADDRESS (street, number, city, state, ZIP code)	OR OTHER RECEIPT	AMOUNT THIS PERIOD	CUMULATIVE YEAR-TO-DATE	(mm/dd/yy) RECEIVED BY
Brett Kessler 4189 W. SR 2 Laporte IN 46350	Contributions: Direct In-Kind (describe) Other Receipts: Interest Loan Miscellaneous (specify)	30.50		05.12.22
Contributor's Occupation (il required)	Contributions:			
	Direct In-Kind (describe)			
	Other Receipts:  Interest Loan  Miscellaneous (specify)			
Contributor's Occupation (if required)				
3.	Contributions: Direct In-Kind (describe)			
	Other Receipts:  Interest Loan  Miscellaneous (specify)			
Contributor's Occupation (if required)	Contributions:			
	Direct In-Kind (describe)			
	Other Receipts:  Interest Loan  Miscellaneous (specify)			
Contributor's Occupation (if required)	Contributions:			
	Direct In-Kind (describe)			
	Other Receipts:  Interest Loan  Miscellaneous (specify)			
Contributor's Occupation (if required)		0.55		
	THIS PAGE OF SCHEDULE A	<u>\$30,50</u>		
TOTAL OF ALL PAGES OF SCHEDULE A	A ON THE LAST PAGE ONLY   115a of the Summary Sheet.)	\$		



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

## (CFA-4 SCHEDULE B) ITEMIZED EXPENDITURES

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

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Page	of	

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
(Silver, miniber, diff, state, La Code)	OFFICE SOUGHT (if applicable)	PURPOSE (be specific)	PERIOD	YEAR-TO-DATE	(mm/dd/yy)
Region Press 1334 W.300N Laporte IN46350		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:	aldo-76		26676
Code		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:			
Code		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:			
Code		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:			
Code		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:			
Code		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:			
Code		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:			
	SUBTOTAL THIS PAG		\$		
TOTAL OF ALL PA	GES OF SCHEDULE B ON THI		\$		