

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

IS THIS AN AMENDMENT? Tyes

(CFA-4) Summary Sheet

FILE NUMBER

3.

TOTAL PAGES IN ENTIRE CFA-4 REPORT

| COMMITTEE INFORMATIO | N | | | | |
|---|-----------------------------------|---|------------------------|----------|--|
| 1. Full Name of Committee (as on Statement of Organization) Check if this is a n | | | | | |
| LizBforLPC | | | | | |
| 2. Acronym or Abbreviated Name (if any) | 3. Cor | nmittee Telephon | e Number | | |
| | (219 | 9) 380-6 | 6013 | | |
| 4. Mailing Address (Address where all campaign finance correspondence is received.) | Check if t | his is a new addn | ess. | } | |
| 1018 Providence St. 5. City, State, ZIP Code | 6 Par | ty Affiliation (if ap) | nlicable) | \dashv | |
| Michigan City, IN 46360 | - 1 | oublican | priceutcy | | |
| CANDIDATE INFORMATION (For Candidate | | | | | |
| 7. Full Name of Candidate (Include any nickname.) | _ | | ndependent Candidate | | |
| Elizabeth "Liz" Bergeron | | Republic | • | ļ | |
| 9. Office Sought (include district number, if any. Not required for exploratory committee.) | 10. Cd | ounty of Residence | | | |
| La Porte County Commissioner District 1 | | | La Porte | | |
| TYPE OF REPORT | | cc | DIVENTION CANDIDATES O | NLY | |
| 11 Check one: | | Ch | eck one: | | |
| Pre-Primary Pre-Election Annual Nomination Other | | 🗆 | Pre-Convention | Ī | |
| Final / Disbands Committee (Lines 18, 19, and 20 must be 10".) Outgoing Treasurer (Within ten (10) days amon | d Statement of O | rganization.) | Post-Convention | | |
| 12. Reporting Period (mm/dd/yy): | • | COLUM | | | |
| From: 10/10/2021 Through: 12/31/2021 | | This Per | riod Year to Date | | |
| 13. Cash on hand and investments at the beginning of this reporting period. | | \$50.00 | | | |
| 14. Cash on hand and investments January 1, current year. | | | \$20. <u>13</u> | | |
| CONTRIBUTIONS AND RECEIPTS | | | | | |
| (Note: these amounts include in-kind contributions and loans, as well as cash contributions.) | | | | | |
| 15a. Itemized (Use Schedule A.) | | 210.91 | 210.91 | | |
| 15b. Uniternized | | 0. | 0.00 | | |
| 15c. Add lines 15a and 15b in both columns. | UBTOTAL | 210.91 | 210.91 | | |
| 16. Add lines 13 and 15c in Column A and Ilnes 14 and 15c in Column B. | TOTAL | 210.91 | 210.91 | | |
| EXPENDITURES | | | | | |
| (Note: These amounts include in-kind expenditures and loan repayments.) | | | | | |
| 17a. Itemized (Use Schedule B.) (Public Question: use Schedule C.) | | 29.87 | 29.87 | | |
| 17b. Unitemized | | 0 | 0 | | |
| 17c. Add lines 17a and 17b in both columns. | BUBTOTAL | 29.87 | 29.87 | | |
| 18. Cash on hand and investments at close of this reporting period (Subtract 17c from 16 in both columns.) | TOTAL | 20.13 | 20 13 | | |
| 19. Debts OWED BY the committee (Use Schedule D.) | | · 0 | | | |
| 20. Debts OWED TO the committee (Use Schedule E.) | | 0 | | | |
| CEDTISICATION | | | FOR OFFICE USE OF | ILY | |
| CERTIFICATION I CERTIFY THAT I HAVE EXAMINED THIS STATEMENT, TO THE BEST OF MY KNOWLEDGE AND BELIEF IT | ISTRUE CO | RRECT AND COMP | FIE F I L F | E D | |
| | | Date (mm/dd/yy) | IN CLERKS OF | FICE | |
| Candidate Candidate | | 01 / 19 / 20 | | | |
| Signature of Treasurer Elizabeth Bergeron Title Candidate Signature of Candidate (If applicable) Elizabeth Bergeron . | | Date (mm/dd/yy) 01 / 19 / 20 | |)22 | |
| WARNING: Any information contained in this report may not be cocied for sale or used for any commercial purpose. (IC 3-9-4-5) A person who knowlingly | | | | | |
| files a fraudulent report commits a Level 5 felony. (IC 3-14-1-13) A person who tails to file a complete or a Compaign Finance Law commits a Class B misdemeanor, (IC 3-14-1-14) and may be subject to civil penalties. (III | courate report 03-9-4-16, IC 3 | es required by the 3-9-4-17, IC 3-9-4-18 | Luanu Itu | | |
| | | • | CLERK OF LA PORTE CIRC | UIT COL | |





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

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

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

| | | | | | | | | | FILE NUMBER |
|--|--------------|------------------------------------|------------------------|-------------------|---------------------|-----------|--------------------|------------|---|
| 1. IS THIS AN AMENDMENT? | | | • | | | | | | 46-22-26 |
| | | | | | | xes as | | accurat | tely as possible. |
| 2. Last Name Bergeron | | rst Name Elizabeth | | Middle Ni Tara | | | Nickname LiZ | | 3. Type of Committee (Check one) andidate's Principal Committee Exploratory Committee |
| 4. Mailing Address (number and street, city, | state, and a | ZIP code) | | raic | 5. FAX (C | ptional) | <u> </u> | 6. E-mail | Address (Optional) |
| 1018 Providence St | • | • | | | () | , , | | LizBo | ergeron@protonmail.com |
| 7. City | State | ZIP Code | 8. Cou | nty | | 9. Tel | ephone (Day) | | 10. Telephone (Evening) |
| Michigan City | IN | 46360 | La | Porte | | (219 | 9) 380-601; | 3 | 219)380-6013 |
| 11. Party Affiliation ☐ Democratic ☐ Libertarian ☐ Reput | olican 🗆 | Other | | _ 12.0 | - | | ounty Com | | lot required for an exploratory committee.) ner |
| SECTION B. COMMITTEE | INFO | RMATION: Fi | ll in all | applic | | | | | tely as possible. |
| 13. Full Name of Committee (Do not abb | | | s a new na | | | | , | | |
| 14. Mailing Address (number and street, city, | state, and | ZIP code) 🔲 Chec | k if this is | a new add | ress. 15. | FAX (Op | tional) | 16. E-ma | il Address (Optional) |
| 1018 Providence St | | | | | |) | | | |
| 17. City | State | ZIP Code | 18. Co | - | | 19. Te | elephone | | 20. Committee Organization Date (mm/dd/yy) |
| Michigan City | IN | 46360 | | a Por | | |) 3 <u>80-6013</u> | 3 | 08/01/2021 |
| 21. Chairperson's Full Name 2 Des | ignate Ca | andidate as Chairper | son. 🛚 | Check if | this is a ne | w chairpe | erson. | | |
| 22. Mailing Address (number and street, city, | state, and | ZIP code) | k if this is a | new add | ress. 23. | FAX (Op | tional) | 24. E-ma | il Address (Optional) |
| 1018 Providence St | State | ZIP Code | 26. Co | untv | | 27. To | elephone (Day) | | 28. Telephone (Evening) |
| Michigan City | IN | 46360 | | Porte | | | 380-6013 | | 219 880-6013 |
| 29. Bank or Other Depositories (List all | | other depositories in | which the | committe | e deposits | | | nts safety | |
| Centier Bank | | | | | | | | | |
| 30. Exploratory Committee (Give brief state | • | • | • | mittee only.) | | | | | e committee pay the candidate a salary or a copy of the contract.) |
| To receive and expend funds to explore | | TREASURER | | D 1 1 A) | | | | , | , <u> </u> |
| SECTION C. APPOINTME 32. I, as Chairperson of the | | | | | | | Signature | of the Co | mmittee Chairperson |
| committee, appoint the following Treasurer of the Committee. | g pers | on as | | eth Ber | geron | | | Elizabe | th Bergeron |
| 33. Treasurer's Full Name Design | ate cand | idate as treasurer. | ☐ Chec | cif this is | a new treas | surer. | • | | |
| 34. Mailing Address (number and street, city | , state, and | ZIP code) | k if this is : | new add | ress. 35. | FAX (Op | tional) | 36. E-ma | il Address (Optional) |
| 1018 Providence St | | | | | l(|) | | LizBei | rgeron@protonmail.com |
| 37. City | State | ZIP Code | 38. Co | unty | | 39. T | elephone (Day) | | 40. Telephone (Evening) |
| Michigan City | IN | 46360 | | Porte | | 219 | 3)380-6013 | 3 | 219 380-6013 |
| SECTION D. ACCEPTANC | E OF | APPOINTME | NT (IC : | 3-9-1-1 | 5) | | | | |
| 41. I give notice that I accept to | the dut | ies and respons of a campaign f | sibilities inance d | of Trea | surer of e (exce | this S | ignature of Pe | erson Ac | cepting Appointment |
| Committee. I am not the chairp permitted for a candidate committed | ee und | er IC 3-9-1-7). | | | | | | | |
| SECTION E. CERTIFICAT We certify as the candidate and | ION O | F STATEMEN | T | | | | and that we | have | FOR OFFICE USE ONLY |
| examined this statement. To the b | est of o | our knowledge an | d belief | <u>it is true</u> | , correct | and co | mplete. | | FILED |
| 42. Typed or Printed Name of Cha | | | • | | | | Date (mm/dd/yy | 'l . | IN CLERKS OFFICE |
| Elizabeth Berg | | Elizabe | | | ι | | 10 / 11 / 202 | ↓ | |
| 43. Typed or Printed Name of Can | didate | Signature of | | | | | Date (mm/dd/yy | 1 11 | OCT 1 1 2021 |
| Elizabeth Berger | | Elizabet | | <u> </u> | | | 10 / 11 / 202 | 4-1 | UUI 1 1 2021 |
| 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 India | na Çam | paign Finance Law o | commits a | Class B | misdemea | nor (IC 3 | 3-14-1-14), and r | mpay be | Leanu Stres |
| subject to civil penalties (IC 3-9-4-16, IC 3 | s-9-4-17, | and IC 3-9-4-18). | | | | | | <u> </u> | FRK OF IA PORTE CIRCUIT COURT |





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.

| | | | | | | | | | | FIL | E NUN | MBER |
|---|-------------------------------|---------------|---------------------------|-------------|---|--------------|---------------|---|--|-----------------|--------------------------|--------------------------|
| 1. IS THIS AN AM | IENDMENT? | Yes 🖫 | No If Yes | , plea: | se enter the | file nu | ımber in | this box | . → | 46- | -22- | 26. |
| | CANDIDATE IN | FORMA | ATION: Fill | in all | | e boxe | | | iccura | tely as po | ssible | |
| 2. Last Name | | First Na | mė | | Middle Name | | Nici | kname | | 1 | | ittee (Check one) |
| Bergeron | | Esi- | zabeth | | Tara | | L | iz | | | idate's Pri ratory Co | ncipal Committee |
| 4. Mailing Address (nu | | | | | | AX (Opti | | | 6 E | Address (Op | | mmmee |
| | | and zir çoc | u) | | 3. 5 | LA [OD# | Unan . | - i | | | • | |
| | rovidence St | | | , | (| <u> </u> | | | Lize | 3ergeron@ | | |
| 7. City | ١., | | ZIP Code | 8. Co | unty | | 9. Telepho | ne (Day) | | 10. Telepho | one (Ever | ing) |
| Michigan | City I | v | 46360 | L | a Porte | | (210) 2 | 280 601 | 2 | (210) 3 | 80-60 | 13 iralory committee. |
| 11. Party Affiliation | ./ | | | | 12. Office | Sought | (înclude di | strict numbe | Y, if any. I | lot required to | r an explo | ratory committee. |
| ☐ Democratic ☐ Libe | • | | | | _ | a Por | te Cour | ntv Com | missio | ner Distr | ict 1 | - |
| SECTION B. C | COMMITTEE IN | FORM. | ATION: Fill | in al | l applicable | e boxe | es as fu | lly and a | accura | tely as po | ssible | |
| 13. Full Name of Com | mittee (Do not abbrevi | iate.) 🛂 | Check if this is | a new n | ame. | | • | | | | | |
| | | | | <u>_Lj</u> | zBforLPC | | | | | | | |
| 14. Mailing Address (r | number and street, city, stat | e, and ZIP co | ode) 🔲 Check | if this is | a new address. | 15. FA | X (Optional |) | 16. E-ma | il Address (O | ptional) | |
| 1018 Provide | ence St | | | | | 1 |) | | | | | |
| 17. City | | ate : | ZIP Code | 18. C | ounty | `` | 19. Teleph | one | | 20. Committe | e Organ | zation Date |
| 44: 1: | I | . | 40000 | ١. ـ | Danta | ٠. [| / 240. 2 | 80-6013 | , · | (mm/dd/yy) | 00/04 | 10004 |
| Michigan C 21. Chairperson's Full | ity II | | 46360 ate as Chairpers | | Porte | a new c | | | <u>. </u> | | 08/01 | 2021 |
| z i. Cilali person s i ul | i Name 🛃 Designa | ite Candida | are as Onempers | J., | 2 0110010111111111111111111111111111111 | | man person. | - | | | | |
| | | . 740 | () P () | 16 11.1- 1- | | 100 64 | V (O-1's-s) | , , | 24.5 | 11 Add /0 | ntinna!! | |
| 22. Mailing Address (r | • | e, and ZIP co | xoe) L Check | it this is | a new address. | 23. FA | x (Optional | ' I | | II Address (O | | |
| 1018 Prov | idence St | | | | | ال |) | | | | | onmail.com |
| 25. City | Sta | ate | ZIP Code | 26. C | ounty | | 27. Teleph | one (Day) | | 28. Telepho | one (Ever | ning) |
| Michigan | City | ı I | 46360 | La | Porte | | (219) 3 | 80-6013 | | (219.) | 380-60 |)13 |
| <u></u> | nd funds to explore th | e opportur | nities for elected | office | reli | mbursen | nent for lost | wages? If \ | es, attaci | a copy of the | contract. |) ☐ Yes 🔽 No |
| SECTION C. 7 32. I, as Chair | PPOINTMENT | | | | | | | Signature | of the Co | mmittee Chal | rnerson | |
| ommittee, appoir | | | | | | | | | | th Berg | | |
| Treasurer of the Co | | | | Elizai | beth Berge | PION | | | حرين. | 200 0000 | | |
| 33. Treasurer's Full N | ame 🗹 Designate | candidate | as treasurer. | Che | ck if this is a new | r treasur | er, | | | | | |
| | | | | | | | | | | | | |
| 34. Mailing Address (r | number and street, city, stat | e, and ZIP co | ode) 🗌 Check | if this Is | a new address. | 35. FA | X (Optional |) | 36. E-ma | il Address (O | ptional) | |
| 1018 Provide | onco St | | | | | 1 | 1 | | | | | |
| | St | ate | ZIP Code | 38. C | ounty | .1. | 39. Teleph | one (Day) | | 40. Telepho | one (Ever | ning) |
| Michigar | City I | N . | 46360 | ۱., | Porte | | (~ . ~ . | 380-601 | 13 | (219) 3 | เลก-ยก | 13 |
| SECTION D. | | | | | | | (21g | 000-00 | J | 1(719) | 00-00 | 10 |
| 41. I give notice | that Laccont the | duties : | and responsi | hilities | of Treasure | r of th | nis Signa | ture of Pe | rson Ac | centing Apr | oointme | nt |
| Committee. I am | not the chairpers | on of a | campaign fir | nance | committee (e | xcept | as | .,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | 00F9 , 4F | | |
| permitted for a can | | | | | | - 1 | | | | | | |
| SECTION E. C | CERTIFICATION | OF S | TATEMENT | | | | | | | FOR OF | FICE | ISE ONLY |
| We certify as the | candidate and the | he duly | appointed C | hairpe | rson of the | Comm | ttee and | that we | have | F | Ŧ | LET |
| examined this state | ement. To the best | of our k | nowledge and | belief | it is true, cor | rect an | d comple | te. | | _ | ا حاده | KS OFFICE |
| 42. Typed or Printe | d Name of Chairpe | erson | Signature of | | _ | | Dat | te (mm/dd/yy) | ' | <u></u> | <u> </u> | W OFFICE |
| Fliz | abeth Bergero | ın | Elizal | eth s | Bergeron | | 08 | / 01 / 20 | 21 | 1 | | |
| 43. Typed or Printe | | | Signature of | Candi | date | - | | te (mm/dd/yy) | | | MIC | 2 2024 |
| •• | | | | | Bergeron | | | / 01 / 202 | - 11 | <i>'</i> | NUG | 3 2021 |
| Eliza | beth Bergeror | 1 | | | | | | | | | | |
| Warning: State law reperson who knowingly | requires that any chan | ge in this | information be r | eported | within ten (10) | days o | the chang | e (IC 3-9-1- file a como | 10). A | | 100= | 44 |
| accurate report as req | uired by the Indiana | Campaign | Finance Law co | ommits | a Class B misd | emeanoi | (IC 3-14-1 | 1-14), and n | nay be | CIEDY | TELA POI | LE CIRCUIT COUR |
| subject to civil penalties | s (IC 3-9-4-16, IC 3-9- | 4-17, and i | C 3-9-4-18). | | | | | | | 24500 | C PO TO | |

INSTRUCTIONS FOR COMPLETING THIS FORM

This form consists of a summary sheet together with five schedules for Itemized reporting. The form is to be used by treasurers of all committees to report receipts and expenditures in compliance with IC 3-9-5.

The spaces on this form have been numbered for your convenience and for easy reference to these instructions. The preparer should type or print legibly IN BLACK INK all information required. All previous versions of State Form 4806 are obsolete and cannot be used. (IC 3-5-4-8) TO AVOID PENALTIES THIS FORM MUST BE FULLY COMPLETED. You must complete each item on this form, including ALL SPACES in Column B, Calendar Year-to-Date.

SPECIAL INSTRUCTIONS FOR STATEWIDE CANDIDATES, STATE LEGISLATIVE CANDIDATES, AND CERTAIN POLITICAL ACTION COMMITTEES

This instruction applies to all statewide candidates, state legislative candidates, and any political action committee that (1) is required to file with the Election Division and (2) which received more than \$50,000 in contributions since the close of the previous reporting period. This form must be filed electronically with the Election Division. Contact the Division at 1-800-622-4941 for more information.

FILE NUMBER: Enter the previously assigned Election Division or County Election Board file number.

TOTAL PAGES: Enter the total number of pages of the entire CFA-4 report, including any attached schedule.

IS THIS AN AMENDMENT? Check "Yes" if this report is to correct or change information submitted in a previous report; otherwise check "No."

ITEM 1: Enter full name of the committee as it appears on its Statement of Organization (Form CFA-1, CFA-2, or CFA-3). Check box if new name.

ITEM 2: Enter the acronym or abbreviated name. For example: W-PAC.

ITEM 3: Enter the committee telephone number, including area code. (This will typically be the committee's daytime telephone number.)

ITEM 4: Enter the malling address of the committee. All correspondence with the committee relative to filing under the Campaign Finance Act will be mailed to this address, unless specified otherwise. Check box if this is a new address.

TTEM 5: Enter the committee's city, state and ZIP code. If known, include ZIP plus four.

ITEM 6: If the committee supports the philosophy and ideals of a particular political party, enter the party affiliation.

ITEM 7: Enter the full name of the candidate and include any nickname, particularly if the candidate's nickname may appear on the ballot.

ITEM 8: If the candidate supports the philosophy and ideals of a particular political party, enter the party affiliation. If the candidate is not affiliated with a political party enter "independent candidate." A committee to <u>retain</u> an incumbent (such as a justice or judge) should also enter "independent candidate." A write-in candidate should follow the same procedure and enter either a political party or "independent candidate." DO NOT ENTER "write-in."

ITEM 9: enter the full name of the office being sought by the candidate (include district number, if any). For example, "Indiana State Senator, District Council, District Council, District Not required to be completed by an exploratory committee.

ITEM 10: Enter the candidate's county of residence.

ITEM 11: Check the appropriate box indicating the type of report. A candidate should check "nomination" report if the candidate was nominated as a minor party or independent candidate by petition; if the candidate was selected by a major party to fill a vacancy on the ballot existing after the primary; or if the candidate is a write-in candidate.

A Libertarian party candidate nominated at a party convention should not check "nomination" report. Instead, that candidate should check either "pre-convention" or "post-convention" report. Statewide candidates filing a quarterly report should check "Other" and indicate "Quarterly."

ITEM 12: Enter the appropriate dates for the type of report checked in ITEM 11. These reporting and filling dates are prescribed by Indiana Code (IC) 3-0-5

ITEM 13: Enter the amount of cash on hand and investments (as described in ITEM 14) at the beginning of the particular reporting period. If a previous report has been filed using this form, this figure will be the same as that reported on ITEM 18 of the report.

ITEM 14: Enter the amount of cash on hand and investments (including funds in checking and savings account) on January 1. This amount is NOT the amount on hand at the beginning of any later reporting period.

"Cash on hand" also includes any certificates of deposit or other "cash equivalent" that can be readily converted to cash within ninety (90) days. Include in total investments things such as money market accounts, stocks, bonds, and mutual fund accounts.

If the committee was not in existence on January 1 of the reporting year, the treasurer should report zero on ITEM 14 in Column B.

ITEM 15a: Enter all itemized individual contributions from all persons including in-kind and transfer-in. This figure will be the total of all pages of Schedule A. Column A is for reporting total contributions for the current reporting period, Column B is for total contributions calendar year-to-date. Contributions exceeding more than \$100 (\$200 if regular party committee) must be itemized. All transfers-in must be itemized on Schedule A regardless of the amount.

ITEM 15b: Enter all uniternized individual contributions from all persons (including in-kind). This includes contributions not itemized under 15a.

ITEM 15c: Enter the sum of ITEMS 15a and 15b in both Column A and B.

ITEM 16: Enter the sum of ITEMS 13 and 15c in Column A. Enter the sum of 14 and 15c in Column B.

ITEM 17a: Enter all itemized expenditures, transfer-out and in-kind expenses. This figure will be the total of all pages of Schedule B and Schedule C. Use Column A to report total expenditures for the current reporting period. Use Column B to report total itemized expenditures calendar year-to-date. Expenditures exceeding more than \$100 (\$200 if a regular party committee) must be itemized. All transfers-out must be itemized on Schedule B regardless of amount.

(TEM 17b: Enter all unitemized expenditures and In-kind expenses. This Includes expenditures not itemized under 17a.

ITEM 17c: Enter the sum of ITEMS 17a and 17b in BOTH Column A and B.

ITEM 18: Subtract ITEM 17c from ITEM 16 in both Column A and B.

iTEM 19: Enter the total debts and loans OWED BY the committee as itemized on Schedule D. This includes debts such as accounts payable, credit card purchases IF made with a credit card issued in the name of the committee and loans from a lending institution or another entity.

ITEM 20: Enter the total debts OWED TO the committee as itemized on schedule E. This includes a loan payable to the committee.

CERTIFICATION: The treasurer of the committee must sign this report. A person other than the treasurer may sign this report if a copy of the power of attorney signed by the treasurer authorizing the individual to sign is filed with the CFA-4. If a candidate's committee is completing this report and a person other than the candidate serves as treasurer, this report must be signed by both the candidate and treasurer.

WARNING: Using campaign funds for orimarily personal purposes is prohibited. (IC 3-9-3-4, IC 3-9-1-12)

NOTICE: Contact the Election Division or your County Election Board if you have any questions.



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 achedute. For assistance in completing this schedute, see instructions on the reverse side. This schedute is used to document contributions and receipts totaled on ITEM 15g of the Summary Sheet. All cumulative contributions from individuals OVER \$100 per contributor, within a calendar year MUST be itemized on this schedute (over \$200, if regular party committee). All cumulative receipts, returns of deposit, proceeds from seles, 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 (mm/dd/yy) |
|---|---|--------------------|----------------------------|--------------------------|
| FULL MAILING ADDRESS (street, number, city, state, ZIP code) | OR OTHER RECEIPT | AMOUNT THIS PERIOD | CUMULATIVE YEAR-TO-DATE | RECEIVED BY |
| 1. Dion Bergeron | Contributions: Direct In-Kind (describe) | 16.05 | 16.05 | 08/09/2021 |
| 1018 Providence St. Michigan City, IN 46360 | Other Receipts: Interest Loan Miscellaneous (specify) | | | Elizabeth Bergeron |
| Contributor's Occupation (il required) | Contributions: | <u> </u> | <u></u> | |
| Dion Bergeron | Direct In-Kind (describe) | 50.00 | 66.05 | 08/17/2021 |
| 1018 Providence St. Michigan City, IN 46360 | Other Receipts: Interest Loan Miscellaneous (specify) | | | Elizabeth Bergeron |
| Contributor's Occupation (If required) | Contributions: | | | |
| Dion Bergeron | Direct In-Kind (describe) | 110.67 | 176.72 | 09/02/2021 |
| 1018 Providence St. Michigan City, IN 46360 | Other Receipts: Interest Loan Miscellaneous (specify) | | | Elizabeth Bergeron |
| 4. | Contributions: | | | |
| Dion Bergeron | In-Kind (describe) | 24.40 | 210.91 | 09/27/2021 |
| 1018 Providence St. Michigan City, IN 46360 | Other Receipts: Interest Loan Miscellaneous (specify) | 34.19 | 210.07 | Elizabeth Bergeron |
| 5. | Contributions: Direct In-Kind (describe) | | | |
| | Other Receipts: Interest Loan Miscellaneous (specify) | | | |
| Contributor's Occupation (# required) | \$0.00 | | | |
| TOTAL OF ALL PAGES OF SCHEDULE | THIS PAGE OF SCHEDULE A A ON THE LAST PAGE ONLY | \$210.91 | | |
| (Enter total on ITE) | ^{\$} 210.91 | | | |



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

| - 4 | , |
|-----|-----|
| | |
| V | Nz |
| | 140 |

(CFA-4) Summary Sheet

٦.

FILE NUMBER

10-72-210

TOTAL PAGES IN ENTIRE CFA-4 REPORT

CLERK OF LA PORTE CIRCUIT COURT

| COMMITTEE INFORMATION | | | | |
|--|---------------|------------------------------|------------------|--------------------|
| 1. Full Name of Committee (as on Statement of Organization) Check if this is a new no | ame. | | | |
| LizBforLPC | 3 Comp | nittee Tele | phone Numbe | 7 |
| 2. Acronym or Abbreviated Name (if any) | 1 | | | · |
| | 219 | | 380 <u>-6013</u> | . |
| 4. Mailing Address (Address where all campaign finance correspondence is received.) 1018 Providence St | neck if ini | s is a new | address. | |
| 5. City, State, ZIP Code Michigan City, IN 46360 | 6. Party | | if applicable) | |
| | ••• | | ublican | |
| CANDIDATE INFORMATION (For Candidate's Co | | | | . D |
| 7. Full Name of Candidate (Include any nickname.) | 8. Party | | or if independe | ent Candidate |
| Elizabeth "Liz" Bergeron 9. Office Sought (Include district number, if any. Not required for exploratory committee.) | 10 Cour | Hep nty of Resi | oublican_ | |
| | 10. Cou | - | La Porte | |
| La Porte County Commissioner District 1 TYPE OF REPORT | L | | | ON CANDIDATES ONLY |
| 11 Check one: | | | Check one: | |
| Pre-Primary Pre-Election Annual Nomination Other | | | 1 | nvention |
| Final / Disbands Committee (Lines 18, 19, and 20 must be "0".) Utgoing Treasurer (Within ten (10) days amend State | ement of Orga | nization.) | | privention |
| 12. Reporting Period (mm/dd/yy): | | COL | UMN A | COLUMN B |
| From: 1/1/2022 Through: 4/8/2022 | | This | Period | Year to Date |
| 13. Cash on hand and investments at the beginning of this reporting period. | | 20.1 | 3 | |
| 14. Cash on hand and investments January 1, current year. | | | | 110.13 |
| CONTRIBUTIONS AND RECEIPTS | | | | |
| (Note: these amounts include in-kind contributions and loans, as well as cash contributions.) | | | | |
| 15a. Itemized (Use Schedule A.) | | | | |
| 15b. Unitemized | | | | |
| 15c. Add lines 15a and 15b in both columns. | OTAL | | | |
| 16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B. | TOTAL | | | |
| EXPENDITURES | | | | |
| (Note: These amounts include in-kind expenditures and loan repayments.) | | | | |
| 17a. Itemized (Use Schedule B.) (Public Question: use Schedule C.) | | | | |
| 17b. Uniternized | | ****** | | <u> </u> |
| 17c. Add lines 17a and 17b in both columns. | TOTAL | 290.0 | 0. | 290.00 |
| 18. Cash on hand and investments at close of this reporting period (Subtract 17c from 16 in both columns.) | TOTAL | 90.00 | : | 110.13 |
| 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 CERTIFY THAT I HAVE EXAMINED THIS STATEMENT. TO THE BEST OF MY KNOWLEDGE AND BELIEF IT IS THE | RUE, CORF | ECT AND C | | |
| Signature of Treasurer Elizabeth Bengerian Title Candidate | l n | ata (mad/d | | LERKS OFFICE |
| Signature of Candidate (if applicable) Elizabeth Bengenon | ם | ate (<i>mm/d</i> 04 / 25 | (d/yy) / 2022 | R 2 5 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 A PR 2 5 2U22 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 3-94-16, IC 3-94-17, IC 3-94-18) | | | | |



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 | | | | |
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| | | | | |
| Page | of | | | |

| CONTRIBUTOR'S FULL NAME AND OCCUPATION FULL MAILING ADDRESS (street, number, city, state, ZIP code) | TYPE OF CONTRIBUTION OR OTHER RECEIPT | COLUMN A AMOUNT THIS PERIOD | COLUMN B CUMULATIVE YEAR-TO-DATE | DATE RECEIVED (mm/dd/yy) RECEIVED BY |
|---|--|-----------------------------------|--|--------------------------------------|
| 1. Anonymous | Contributions: Direct In-Kind (describe) Other Receipts: | 90.00 | | 03/23/22 |
| Contributor's Occupation (if required) | Interest Loan Miscellaneous (specify) | | | , |
| 2 | Contributions: | | | |
| Anonymous | In-Kind (describe) ; | 50.00 | | 03/23/22 |
| | Other Receipts: Interest Loan Miscellaneous (specify) | | | |
| Contributor's Occupation (if required) | | | | |
| a Anonymous | Combutions: Direct In-Kind (describe) | 50.00 | | 03/23/22 |
| | Other Receipts: Interest Loan Miscellaneous (specify) | | | |
| Contributor's Occupation (if required) | Contributions: | | | |
| | Direct In-Kind (describe) | 50.00 | | 03/23/22 |
| Anonymous | Other Receipts: Interest Loan Miscellaneous (specify) | 50.00 | , | |
| Contributor's Occupation (if required) | Contributions: | | <u> </u> | |
| Anonymous | Direct In-Kind (describe) | 50.00 | | 03/23/22 |
| | Other Receipts: Interest Loan Miscellaneous (specify) | | | |
| Contributor's Occupation (if required) | | | | |
| SUBTOTAL | \$ 290.00 | | | |
| TOTAL OF ALL PAGES OF SCHEDULE (Enter total on ITER | s | | | |



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

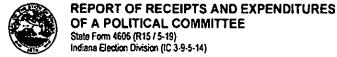
(CFA-4 SCHEDULE A-2) CONTRIBUTIONS BY CORPORATIONS

Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY CORPORATIONS ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from corporations OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative receipts, (such as loan proceeds and repayments, refunds, rebetes, 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).

| 4 | FILE NUMBER | ₹ |
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| CONTRIBUTOR'S FULL NAME AND FULL MAILING ADDRESS | TYPE OF CONTRIBUTION OR OTHER RECEIPT | COLUMN A AMOUNT THIS | COLUMN B | DATE RECEIVED (mm/dd/yy) |
|---|--|-------------------------|--------------|--------------------------|
| (street, number, city, state, ZIP code) | | PERIOD | YEAR-TO-DATE | RECEIVED BY |
| 1. | Contributions: Direct In-Kind (describe) Other Receipts: Interest Loan Miscellaneous (specify) | | | |
| 2 | Contributions: Direct In-Kind (describe) Other Receipts: Interest Loan Miscellaneous (specify) | | | |
| 3. | Contributions: Direct In-Kind (describe) Other Receipts: Interest Loan Miscellaneous (specify) | | | |
| 4. | Contributions: Direct In-Kind (describe) Other Receipts: Interest Loan Miscellaneous (specify) | | | |
| 5. | Contributions: Direct In-Kind (describe) Other Receipts: Interest Loan Miscellaneous (specify) | | | |
| SUBTOTAL | \$ 0.00 | | | |
| TOTAL OF ALL PAGES OF SCHEDULE (Enter total on ITE) | \$ | | | |



(CFA-4 SCHEDULE A-3) CONTRIBUTIONS BY LABOR ORGANIZATIONS

Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY LABOR ORGANIZATIONS ON THIS SCHEDULE. Please type or print tegibly 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 15g of the Summary Sheet. All cumulative contributions from labor organizations OVER \$100 per contribution, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee).

| FILE NUMBER | | | | |
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| CONTRIBUTOR'S FULL NAME AND FULL MAILING ADDRESS (street, number, city, state, ZIP code) | TYPE OF CONTRIBUTION OR OTHER RECEIPT | COLUMN A AMOUNT THIS | COLUMN B | DATE RECEIVED (mm/dd/yy) |
|--|---------------------------------------|----------------------|--------------|--------------------------|
| | | PERIOD | YEAR-TO-DATE | RECEIVED BY |
| 1. | Contributions: | ' | | |
| | n-Kind (describe) | | | |
| | | | | |
| | Other Receipts: | | | |
| · | Interest Loan | | | |
| | Miscellaneous (specify) | | | |
| | | | | |
| 2 | Contributions: | | | |
| · | Direct In-Kind (describe) | | | |
| | m-Nino (describe) | | | |
| | Other Receipts: | | | |
| | Interest Loan | | | |
| | Miscellaneous (specify) | | | |
| • | | · | | |
| 3 | Contributions; | | | <u> </u> |
| • | Oirect | | | |
| | In-Kind (describe) | | | |
| | · | | | |
| • | Other Receipts: | | | · |
| | interest Losn | | | |
| | Miscellaneous (specify) | | | |
| | | | | |
| 4 | Centributions: | • | | |
| • | Direct | | | |
| | I I I I I I I I I I I I I I I I I I I | | | |
| | Other Receipts: | | | |
| | Interest Loan | | | |
| | Miscellaneous (specify) | | | |
| | | | | |
| 5. | Contributions: | | | |
| | ☐ Direct | | | |
| | In-Kind (describe) | | | |
| | | | | |
| • | Other Receipts; | • | | |
| | Interest Loan Miscellaneous (specify) | | | |
| | - Historianeous (speciff | | | |
| | | | | l |
| | THIS PAGE OF SCHEDULE A | \$ 0.00 | | |
| TOTAL OF ALL PAGES OF SCHEDULE | A ON THE LAST PAGE ONLY | s | | |



(CFA-4 SCHEDULE A-4) CONTRIBUTIONS BY POLITICAL ACTION COMMITTEES

Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY POLITICAL ACTION COMMITTEES ON THIS SCHEDULE. Please type or print legibly IN BLACK INX 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 15g of the Summary Sheet. All cumulative contributions from political action committees OVER \$100 per contribution, within a catendar year MUST be itemized on this schedule. All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from seles, interest or other income) OVER \$100 per contributor, within a catendar year, MUST be itemized on this schedule (over \$200 if regular party committee).

| FILE NUMBER | | | | |
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| CONTRIBUTOR'S FULL NAME AND | ONTRIBUTOR'S FULL NAME AND FULL MAILING ADDRESS TYPE OF CONTRIBUTION OR OTHER RECEIPT | | 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. WinRed 1776 Wilson Blvd | Contributions: Olrect In-Kind (describe) | 19.21 | | 03/20/22 |
| Arlington, VA 22209 | Other Receipts: Interest Loan Miscellaneous (specify) | | | Elizabeth "Liz" Bergeron |
| WinRed 1776 Wilson Blvd | Contributions: Direct In-Kind (describe) | 14.41 | | 03/22/22 |
| Arlington, VA 22209 | Other Receipts: Interest Loan Miscellaneous (specify) | | | Elizabeth "Liz" Bergeron |
| 3. WinRed | Contributions: Direct In-Kind (describe) | 100.00 | | 03/23/22 |
| 1776 Wilson Blvd Arlington, VA 22209 | Other Receipts: Interest Loan Miscellaneous (spedly) | | | Elizabeth "Liz" Bergeron |
| • WinRed | Costributions: Direct In-Kind (describe) | 24.01 | | 03/29/22 |
| 1776 Wilson Blvd Arlington, VA 22209 | Other Receipts: Interest Loan Misoellaneous (specify) | | | Elizabeth "Liz" Bergeron |
| 5. | Contributions: Direct In-Kind (describe) | | | |
| | Other Receipts: Interest Loan Miscellaneous (specify) | | | |
| SUBTOTAL | THIS PAGE OF SCHEDULE A | \$ 157.63 | | |
| TOTAL OF ALL PAGES OF SCHEDULE | A ON THE LAST PAGE ONLY | \$ | | |



(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 at 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 <u>lotated on ITEM 15a</u> of the Summary Sheet. All cumulative contributions from other entities OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, it regular party committee). All transfers-in and in-kind contributions <u>regardless of amount</u> from candidate's, legislative caucus, and regular party committees MUST be itemized on this schedule. All cumulative receipts, (such as feen proceeds end 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 | | | | |
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| 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 |
|--|---|-----------------------------------|--|---------------------------------------|
| f. | Contributions: Direct In-Kind (describe) | 7 | | |
| | Other Receipts: Interest Loan Miscellaneous (specify) | | | · |
| 2 | Contributions: Direct In-Kind (describe) | | | |
| • | Other Receipts: Interest Loan Miscellaneous (specify) | | | |
| | Contributions: Direct In-Kind (describe) | | | |
| | Other Receipts: Interest Loan Miscellaneous (speedly) | | | |
| | Contributions: Direct In-Kind (describe) | | | |
| | Other Receipts: Interest Loan Miscettaneous (specify) | | | |
| | Contributions: Direct In-Kind (describe) | | | |
| | Other Receipts: Interest Loen Miscetlaneous (specify) | | | |
| SUBTOTAL | THIS PAGE OF SCHEDULE A | \$ 0.00 | | |
| TOTAL OF ALL PAGES OF SCHEDULE A (Enter total on ITEN | A ON THE LAST PAGE ONLY 156 of the Summary Sheet.) | \$ | | |



State Form 4606 (R15 / 5-19) Indiana Election Division (IC 3-9-5-14) (CFA-4 SCHEDULE C)
ITEMIZED EXPENDITURES
For Public Questions

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. All cumulative expenses or transfers-out, regardless of amount paid to political committees supporting or opposing a public question, MUST be itemized on this schedule.

| FILE NUMBER | | | | | |
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| Page | of | | | | |

| | | | | | |
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| | PUBLIC QUESTION | N INFORMATION | | | |
| Enter Text of Public Question. | | | - | |] |
| | | • | | | |
| | | | | | |
| <u> </u> | Name | | | | |
| Type of Question: Statewide | | | | | |
| Position: Supported Doppos | 580 | 71/20 05 0100 | | COLUMB | 0145.05 |
| RECIPIENT'S NAME AND MAILING ADDRESS | RECIPIENT'S OCCUPATION | TYPE OF EXPENDITURE and | COLUMN A AMOUNT THIS | COLUMN B CUMULATIVE | DATE OF EXPENDITURE |
| (street, number, city, state, ZIP code) | | PURPOSE (be specific) | PERIOD | YEAR-TO-DATE | (mm/dd/yy) |
| Code | | ☐ Direct ☐ In-Kind | | | , |
| Code | | Payment of Debt | | | |
| | | Returned Contribution | | | |
| | | Other Purpose: | | | |
| . [| | | | | |
| | | Direct In-Kind | | | |
| Code | | Direct In-Kind Payment of Debt | | | |
| į l | | Returned Contribution | | | |
| | | Other | | | |
| j l | | Purpose: | | | |
| | | | | | <u></u> |
| Code | | Direct In-Kind Payment of Debt | | | ļ |
| | | Returned Contribution | | | |
|] | | | | | |
|] | | Purpose: | | | |
| | | DN-M C 1.15.1 | | ļ | <u></u> |
| Code | | Direct In-Kind Payment of Debt | | | |
| | | Returned Contribution | | | |
| 1 | 1 | ☐ Other | | | |
| | • | Purpose: | | ! ! | |
| | | | | | |
| Code | | Direct In-Kind Payment of Debt | | | |
| | | Returned Contribution | İ | | • |
| | | ☐ Other | [| | |
| j l | • | Purpose: | | | |
| | | | | | |
| Code | | Direct In-Kind Payment of Debt | | | |
| 1 . 1 | | Returned Contribution | } | | |
| | • | Other | | | |
| | | Purpose: | İ | | |
| | | | <u> </u> | | |
| | SUBTOTAL THIS PA | | \$ 0.00 | | |
| TOTAL OF ALL PAG | SES OF SCHEDULE C ON TH | E LAST PAGE ONLY | \$ | | |
| j | ienter total on Helvi 118 Ot i | nic Journal & Juggr\ | 1 | | |

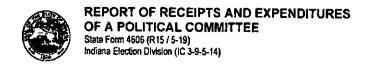


(CFA-4 SCHEDULE D) DEBTS OWED BY THIS COMMITTEE

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. List all debts and loans, regardless of the amount. OWED BY the committee during the reporting period. Include all amounts owed for or to lend institutions, individuals, credit purchases, committee credit card accounts, etc. List each vendor paid by credit card issued in the name of the committee in the ENDORSER'S column. A lender's occupation is required if an individual makes loans of at least \$1,000 during the calendar year. Otherwise, this is optional.

| FILE NUMBER | | | | |
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| Page | of | | | |

| CREDITOR'S OR LENDER'S NAME AND MAILING ADDRESS (Street, number, city, state, ZIP code) | ENDORSER'S OR VENDOR'S NAME AND MAILING ADDRESS (if any) (street, number, city, state, ZIP code) | AMOUNT | DATE DEBT INCURRED (mm/dd/yy) | CUMULATIVE PAID YEAR-TO-DATE | OUTSTANDING BALANCE THIS PERIOD |
|---|--|-----------------------|-------------------------------------|------------------------------------|---------------------------------------|
| Brix Tasting Room 111 W. 6th St. | Tyler Gonder 111 W 6th St. | \$535.00 | 03/23/2022 | \$535.00 | \$0.00 |
| Michigan City, IN 46360 | Michigan City, IN 46360 | Rental for fundraiser | | | |
| | | | , | | |
| LENDER'S OCCUPATION: | | | | - | |
| | , | | | | |
| LENDER'S OCCUPATION: | | | | | |
| · · | | | | | |
| LENDER'S OCCUPATION: | | | | | |
| | · | | | | |
| LENGER'S OCCUPATION: | | | | | |
| LENDER'S OCCUPATION: | | | | | |
| | | | | | |
| LENDER'S OCCUPATION: | | CHETOTA | I THIS DAGE O | E SCHEDIN E D | \$ 0.00 |
| SUBTOTAL THIS PAGE OF SCHEDULE D TOTAL OF ALL PAGES OF SCHEDULE D ON THE LAST PAGE ONLY (Enter total on ITEM 19 of the Summary Sheet.) | | | | | \$ 0.00 \$ |



(CFA-4 SCHEDULE E) DEBTS OWED TO THIS COMMITTEE

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. List all debts and loans, regardless of the amount, OWED TO the committee during the reporting period. Include all amounts the committee has loaned to others.

| FILE NUMBER | | | | |
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| BORROWER'S NAME AND MAILING ADDRESS (street. number, city, state, ZiP code) | CO-SIGNER'S NAME AND MAILING ADDRESS (if any) | ORIGINAL AMOUNT | DATE DEBT INCURRED | CUMULATIVE PAID | OUTSTANDING BALANCE THIS |
|---|--|-----------------|-----------------------|--------------------|-----------------------------|
| (Sirvet, humber, thy, state, 2ir code) | (streel, number, city, state, ZIP code) | NATURE OF DEBT | (mmlddlyy) | YEAR-TO-DATE | PERIOD |
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| SUBTOTAL THIS PAGE OF SCHEDULE E | | | | | \$ |
| TOTAL OF ALL PAGES OF SCHEDULE E ON THE LAST PAGE ONLY | | | | | \$ |
| (Enter total on ITEM 20 of the Summery Sheet) | | | | ▼ | |