



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

**(CFA-1)**

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

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

**FILE NUMBER**

1. IS THIS AN AMENDMENT?  Yes  No If Yes, please enter the file number in this box. → 46-72-35

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

2. Last Name <u>SPEVAK</u>		First Name <u>LYNNE</u>		Middle Name <u>F</u>	Nickname	3. Type of Committee (Check one) <input checked="" type="checkbox"/> Candidate's Principal Committee <input type="checkbox"/> Exploratory Committee	
4. Mailing Address (number and street, city, state, and ZIP code) <u>1001 ROBERTS ST</u>				5. FAX (Optional)		6. E-mail Address (Optional) <u>lspevak@comcast.net</u>	
7. City <u>LA PORTE</u>	State <u>IN</u>	ZIP Code <u>46350</u>	8. County <u>LA PORTE</u>		9. Telephone (Day) <u>219 363 7722</u>	10. Telephone (Evening) <u>219 363 7722</u>	
11. Party Affiliation <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Libertarian <input type="checkbox"/> Republican <input type="checkbox"/> Other				12. Office Sought (include district number, if any. Not required for an exploratory committee.) <u>COUNTY COUNCIL DISTRICT 4</u>			

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

13. Full Name of Committee (Do not abbreviate.) <input type="checkbox"/> Check if this is a new name. <u>LYNNE SPEVAK FOR COUNCIL</u>							
14. Mailing Address (number and street, city, state, and ZIP code) <input type="checkbox"/> Check if this is a new address. <u>1001 ROBERTS ST</u>				15. FAX (Optional)		16. E-mail Address (Optional)	
17. City <u>LA PORTE</u>	State <u>IN</u>	ZIP Code <u>46350</u>	18. County <u>LA PORTE</u>		19. Telephone <u>219 363 7722</u>	20. Committee Organization Date (mm/dd/yy) <u>01-21-2022</u>	
21. Chairperson's Full Name <input checked="" type="checkbox"/> Designate Candidate as Chairperson. <input type="checkbox"/> Check if this is a new chairperson. <u>LYNNE SPEVAK</u>							
22. Mailing Address (number and street, city, state, and ZIP code) <input type="checkbox"/> Check if this is a new address.				23. FAX (Optional)		24. E-mail Address (Optional)	
City	State	ZIP Code	26. County		27. Telephone (Day)	28. Telephone (Evening)	

29. Bank or Other Depositories (List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.)  
PNC

30. Exploratory Committee (Give brief statement explaining purpose of an exploratory committee only.)  
31. Salaries and Reimbursements (Will the committee pay the candidate a salary or reimbursement for lost wages? If Yes, attach a copy of the contract.)  Yes  No

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

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

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

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

**SECTION E. CERTIFICATION OF STATEMENT**

We certify as the candidate and the duly appointed Chairperson of the Committee and that we have examined this statement. To the best of our knowledge and belief it is true, correct and complete.

42. Typed or Printed Name of Chairperson <u>LYNNE SPEVAK</u>	Signature of Chairperson <u>[Signature]</u>	Date (mm/dd/yy) <u>01/21/2022</u>
43. Typed or Printed Name of Candidate <u>LYNNE SPEVAK</u>	Signature of Candidate <u>[Signature]</u>	Date (mm/dd/yy) <u>01/21/2022</u>

**FOR OFFICE USE ONLY**

**FILED  
IN CLERKS OFFICE**

JAN 21 2022

Lillian Stevens  
CLERK OF LA PORTE CIRCUIT COURT

**Warning:** State law requires that any change in this information be reported within ten (10) days of the change (IC 3-9-1-10). A person who knowingly files a fraudulent report commits a Level 6 D felony (IC 3-14-1-13). A person who fails to file a complete or accurate report as required by the Indiana Campaign Finance Law commits a Class B misdemeanor (IC 3-14-1-14), and may be subject to civil penalties (IC 3-9-4-16, IC 3-9-4-17, and IC 3-9-4-18).



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

State Form 4600 (R13 / 5-19)  
Indiana Election Division (IC 3-9-9-14)

**(CFA-4)  
Summary Sheet**

FILE NUMBER

**416-77-35**  
TOTAL PAGES IN ENTIRE CFA-4 REP

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

IS THIS AN AMENDMENT?  Yes  No

**COMMITTEE INFORMATION**

1. Name of Committee (as on Statement of Organization)  Check if this is a new name.  
**Ly** Spevak for Council

2. Committee Telephone Number  
( 219 ) 363-7722

3. Committee Address (Address where all campaign finance correspondence is received.)  Check if this is a new address.  
**100** Roberts St.

4. City, State, ZIP Code  
**La** Porte, IN, 46350

5. Party Affiliation (if applicable)  
Democrat

**CANDIDATE INFORMATION (For Candidate's Committees Only)**

1. Name of Candidate (include any nickname)  
**Ly** **Lynda F. Spevak**

2. Party Affiliation or if Independent Candidate  
Democrat

3. Office Sought (include district number, if any. Not required for exploratory committee.)  
**Co** **County Council District 4**

4. County of Residence  
La Porte

**TYPE OF REPORT**

**CONVENTION CANDIDATES**

Check one:  
 Exploratory  Pre-Election  Amicus  Nominating  Other \_\_\_\_\_

Check one:  
 Pre-Convention  Post-Convention

Ball / Disburse Committee (lines 11, 12, and 13 total to 0)  Outgoing Treasurer (lines 14-15 (10) then amend Statement of Organization)

Reporting Period (month/year):  
**01/21/22** Through: **04/08/22**

Cash on hand and investments at the beginning of this reporting period: **0.00**

Cash on hand and investments January 1, current year: **0**

**CONTRIBUTIONS AND RECEIPTS**

*These amounts include in-kind contributions and loans, as well as cash contributions.*

Itemized (Use Schedule A.)	<b>0</b>	<b>0</b>
Unitemized	<b>0.00</b>	<b>0</b>
add lines 15a and 15b in both columns.	<b>SUBTOTAL</b>	<b>0.00</b>
add lines 13 and 15c in Column A and lines 14 and 15c in Column B.	<b>TOTAL</b>	<b>0.00</b>

**EXPENDITURES**

*These amounts include in-kind expenditures and loan repayments.*

Itemized (Use Schedule B.) (Public Question: use Schedule C.)	<b>0.00</b>	<b>0</b>
Unitemized	<b>0.00</b>	<b>0</b>
add lines 17a and 17b in both columns.	<b>SUBTOTAL</b>	<b>0.00</b>
Cash on hand and investments at close of this reporting period (Subtract 17c from 13 in both columns.)	<b>TOTAL</b>	<b>0.00</b>
debts OWED BY the committee (Use Schedule D.)	<b>0.00</b>	
debts OWED TO the committee (Use Schedule E.)	<b>0.00</b>	

**CERTIFICATION**

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

Signature of Treasurer: **Lynda F. Spevak** Title: **Candidate** Date (month/year): **04/17/22**

Signature of Candidate (if applicable): **Lynda F. Spevak** Date (month/year): **04/17/22**

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IN CLERKS OFFICE**

**APR 18 2022**

**Heather Stevens  
CLERK OF LA PORTE CIRCUIT COURT**

NOTE: Any information contained in this report may not be copied for sale or used for any commercial purpose. (IC 3-9-4-9) A person who knowingly transfers report contents a Level 6 felony. (IC 3-14-1-3) A person who fails to file a complete or accurate report as required by the Indiana Campaign Finance Law commits a Class B misdemeanor. (IC 3-14-1-14) and may be subject to civil penalties. IC 3-9-4-15, IC 3-9-4-17, IC 3-9-4-18



# REPORT OF RECEIPTS AND EXPENDITURES OF A POLITICAL COMMITTEE

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

(CFA-4)  
Summary Sheet

FILE NUMBER

410-22-35

TOTAL PAGES IN ENTIRE CFA-4 REPORT

4

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

IS THIS AN AMENDMENT?  Yes  No

### COMMITTEE INFORMATION

1. Full Name of Committee (as on Statement of Organization)  Check if this is a new name.  
**LYNNE SPEVAL FOR COUNCIL**

2. Acronym or Abbreviated Name (if any)

3. Committee Telephone Number  
**(219) 363-7722**

4. Mailing Address (Address where all campaign finance correspondence is received.)  Check if this is a new address.  
**1001 ROBERTS ST**

5. City, State, ZIP Code  
**LA PORTE 46350**

6. Party Affiliation (if applicable)  
**DEMOCRAT**

### CANDIDATE INFORMATION (For Candidate's Committees Only)

7. Full Name of Candidate (Include any nickname.)  
**LYNNE F SPEVAL**

8. Party Affiliation or If Independent Candidate

9. Office Sought (Include district number, if any. Not required for exploratory committee.)  
**COUNTY COUNCIL DISTRICT 4**

10. County of Residence

### TYPE OF REPORT

### CONVENTION CANDIDATES ONLY

11. Check one:  
 Pre-Primary  Pre-Election  Annual  Nomination  Other \_\_\_\_\_  
 Final / Disbands Committee (Lines 18, 19, and 20 must be "0".)  Outgoing Treasurer (Within ten (10) days amend Statement of Organization.)

Check one:  
 Pre-Convention  
 Post-Convention

12. Reporting Period (mm/dd/yy):  
 From: **04/09/22** Through: **10/14/22**

	COLUMN A This Period	COLUMN B Year to Date
13. Cash on hand and investments at the beginning of this reporting period.	0	
14. Cash on hand and investments January 1, current year.		0

### CONTRIBUTIONS AND RECEIPTS

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

15a. Itemized (Use Schedule A.)	3229.15	3229.15
15b. Unitemized		
15c. Add lines 15a and 15b in both columns. <b>SUBTOTAL</b>	3229.15	3229.15
16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B. <b>TOTAL</b>	3229.15	3229.15

### EXPENDITURES

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

17a. Itemized (Use Schedule B.) (Public Question: use Schedule C.)	3229.15	3229.15
17b. Unitemized		
17c. Add lines 17a and 17b in both columns. <b>SUBTOTAL</b>	3229.15	3229.15
18. Cash on hand and investments at close of this reporting period (Subtract 17c from 16 in both columns.) <b>TOTAL</b>	0	0
19. Debts OWED BY the committee (Use Schedule D.)	0	
20. Debts OWED TO the committee (Use Schedule E.)	0	

### CERTIFICATION

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

Signature of Treasurer **Janie Spruch** Title **CANDIDATE** Date (mm/dd/yy) **10/20/22**

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

WARNING: Any information contained in this report may not be copied for sale or used for any commercial purpose. (IC 3-9-4-5) A person who knowingly files a fraudulent report commits a Level 6 felony. (IC 3-14-1-13) A person who fails to file a complete or accurate report as required by the Indiana Campaign Finance Law commits a Class B misdemeanor. (IC 3-14-1-14) and may be subject to civil penalties. (IC 3-9-4-16, IC 3-9-4-17, IC 3-9-4-18)

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OCT 21 2022

**L. Leason Stevens**  
CLERK OF LA PORTE CIRCUIT COURT

9:50am



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

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

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

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

**FILE NUMBER**

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Page 2 of 4

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. LYNNE SPEVAK 1001 ROBERTS ST LA PORTE IN 46350  Contributor's Occupation (if required) _____	Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) _____  Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify) _____	2386.10	2386.10	08/12/22  LYNNE SPEVAK
2. LYNNE SPEVAK 1001 ROBERTS ST LA PORTE IN 46350  Contributor's Occupation (if required) _____	Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) _____  Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify) _____	200.00	2406.10	07/03/22  LYNNE SPEVAK
3. LYNNE SPEVAK 1001 ROBERTS ST LA PORTE IN 46350  Contributor's Occupation (if required) _____	Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) _____  Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify) _____	265.41	2671.50	08/30/22  LYNNE SPEVAK
4. LYNNE SPEVAK 1001 ROBERTS ST LA PORTE IN 46350  Contributor's Occupation (if required) _____	Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) _____  Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify) _____	227.64		09/19/22  LYNNE SPEVAK
5. ACCUMULATIVE MISC  Contributor's Occupation (if required) _____	Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) _____  Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify) _____	50.00		09/19/22  LYNNE SPEVAK
<b>SUBTOTAL THIS PAGE OF SCHEDULE A</b>		\$ 3129.15		
<b>TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY</b> (Enter total on ITEM 15a of the Summary Sheet.)		\$ 3229.15		



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

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

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

**Itemized Contributions and Other Receipts**

FILE NUMBER

Page 3 of 4

**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 cumulative 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, legislative caucus, and regular party committees **MUST** be itemized on this schedule. 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).

CONTRIBUTOR'S FULL NAME AND FULL MAILING ADDRESS <i>(street, number, city, state, ZIP code)</i>	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED <i>(mm/dd/yy)</i>
				RECEIVED BY
1. Michigan City Womens Democratic Club 235 LEO AVE MICHIGAN CITY, IN 46360	Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <i>(describe)</i>  Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous <i>(specify)</i>	100.00	100.00	05/01/22  LYNNE SPEWAK
2. _____	Contributions: <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind <i>(describe)</i>  Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous <i>(specify)</i>			
3. _____	Contributions: <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind <i>(describe)</i>  Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous <i>(specify)</i>			
4. _____	Contributions: <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind <i>(describe)</i>  Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous <i>(specify)</i>			
5. _____	Contributions: <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind <i>(describe)</i>  Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous <i>(specify)</i>			
<b>SUBTOTAL THIS PAGE OF SCHEDULE A</b>		\$ 100.00		
<b>TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY</b> <i>(Enter total on ITEM 15a of the Summary Sheet.)</i>		\$ 100.00		



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

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

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

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

**FILE NUMBER**

Page 4 of 4

RECIPIENT'S NAME AND MAILING ADDRESS <i>(street, number, city, state, ZIP code)</i>	RECIPIENT'S OCCUPATION	TYPE OF EXPENDITURE and PURPOSE <i>(be specific)</i>	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE OF EXPENDITURE <i>(mm/dd/yy)</i>
	OFFICE SOUGHT <i>(if applicable)</i>				
Code <u>A</u> JH SPECIALTY INC 4032 HUGUENARD RD FORT WAYNE IN 46818	CANDIDATE COUNTY COUNCIL DISTRICT 4	<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: HANDOUT	2386.10	2386.10	08/12/22
Code <u>A</u> LYNNE SPEVAK 1001 ROBERTS ST LAPORTE IN 46350	CANDIDATE COUNTY COUNCIL DISTRICT 4	<input type="checkbox"/> Direct <input checked="" type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: YARD SIGNS	250.00	250.00	07/03/22
Code <u>A</u> GREG SAMUELSON 623 STATE ST LAPORTE IN 46350	CANDIDATE COUNTY COUNCIL DISTRICT 4	<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: PASTERS	200.00	200.00	07/03/22
Code <u>A</u> ULINE 12 S 75 ULINE DR PLEASANT PRairie WI 53158	CANDIDATE COUNTY COUNCIL DISTRICT 4	<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: BAGS	83.80	83.80	08/30/22
Code <u>A</u> COLOR COPIES TODAY 7588 EAST COUNTY RD 10005 AVON IN 46123	CANDIDATE COUNTY COUNCIL DISTRICT 4	<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: MAILING	181.61	181.61	08/30/22
Code <u>A</u> COLOR COPIES TODAY 7588 EAST COUNTY RD 10005 AVON IN 46123	CANDIDATE COUNTY COUNCIL DISTRICT 4	<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: MAILING	377.64	559.25	09/19/22
Code _____		<input type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose:			
<b>SUBTOTAL THIS PAGE OF SCHEDULE B</b>			\$3229.15		
<b>TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY</b> <i>(Enter total on ITEM 17a of the Summary Sheet.)</i>			\$3229.15		



# REPORT OF RECEIPTS AND EXPENDITURES OF A POLITICAL COMMITTEE

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

(CFA-4)  
Summary Sheet

**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

<b>FILE NUMBER</b>
46-22-35
<b>TOTAL PAGES IN ENTIRE CFA-4 REPORT</b>

### COMMITTEE INFORMATION

1. Full Name of Committee (as on Statement of Organization) <input type="checkbox"/> Check if this is a new name. <b>LYNNE SPEVAK FOR COUNCIL</b>	
2. Acronym or Abbreviated Name (if any)	3. Committee Telephone Number <b>(219) 363-7722</b>
4. Mailing Address (Address where all campaign finance correspondence is received.) <input type="checkbox"/> Check if this is a new address. <b>1001 ROBERTS ST</b>	
5. City, State, ZIP Code <b>LA PORTE IN 46350</b>	6. Party Affiliation (if applicable) <b>DEMOCRAT</b>

### CANDIDATE INFORMATION (For Candidate's Committees Only)

7. Full Name of Candidate (Include any nickname.) <b>LYNNE F SPEVAK</b>	8. Party Affiliation or If Independent Candidate
9. Office Sought (Include district number, if any. Not required for exploratory committee.) <b>COUNTY COUNCIL DISTRICT 4</b>	10. County of Residence <b>LA PORTE</b>

### TYPE OF REPORT

11. Check one: <input type="checkbox"/> Pre-Primary <input type="checkbox"/> Pre-Election <input type="checkbox"/> Annual <input type="checkbox"/> Nomination <input type="checkbox"/> Other <input checked="" type="checkbox"/> Final / Disbands Committee (Lines 18, 19, and 20 must be "0") <input type="checkbox"/> Outgoing Treasurer (Within ten (10) days amend Statement of Organization.)	<b>CONVENTION CANDIDATES ONLY</b> Check one: <input type="checkbox"/> Pre-Convention <input type="checkbox"/> Post-Convention
--	--

12. Reporting Period (mm/dd/yy):	COLUMN A This Period	COLUMN B Year to Date
From: <b>10/15/22</b> Through: <b>12/31/22</b>		
13. Cash on hand and investments at the beginning of this reporting period.	<b>0</b>	
14. Cash on hand and investments January 1, current year.		<b>0</b>

### CONTRIBUTIONS AND RECEIPTS

(Note: these amounts include in-kind contributions and loans, as well as cash contributions.)		COLUMN A This Period	COLUMN B Year to Date
15a. Itemized (Use Schedule A.)		<b>0</b>	<b>3229.15</b>
15b. Unitemized			
15c. Add lines 15a and 15b in both columns. <b>SUBTOTAL</b>		<b>0</b>	<b>3229.15</b>
16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B. <b>TOTAL</b>		<b>0</b>	<b>3229.15</b>

### EXPENDITURES

(Note: These amounts include in-kind expenditures and loan repayments.)		COLUMN A This Period	COLUMN B Year to Date
17a. Itemized (Use Schedule B.) (Public Question: use Schedule C.)		<b>0</b>	<b>3229.15</b>
17b. Unitemized			
17c. Add lines 17a and 17b in both columns. <b>SUBTOTAL</b>		<b>0</b>	<b>3229.15</b>
18. Cash on hand and investments at close of this reporting period (Subtract 17c from 16 in both columns.) <b>TOTAL</b>		<b>0</b>	<b>0</b>
19. Debts OWED BY the committee (Use Schedule D.)			
20. Debts OWED TO the committee (Use Schedule E.)			

### CERTIFICATION

I CERTIFY THAT I HAVE EXAMINED THIS STATEMENT, TO THE BEST OF MY KNOWLEDGE AND BELIEF IT IS TRUE, CORRECT AND COMPLETE.		<b>FOR OFFICE USE ONLY</b>	
Signature of Treasurer <i>[Signature]</i>	Title <b>CANDIDATE</b>	Date (mm/dd/yy) <b>1-17-23</b>	<b>FILED</b> CLERKS OFFICE
Signature of Candidate (if applicable)		Date (mm/dd/yy)	

**WARNING:** Any information contained in this report may not be copied for sale or used for any commercial purpose. (IC 3-9-4-5) A person who knowingly files a fraudulent report commits a Level 6 felony. (IC 3-14-1-13) A person who fails to file a complete or accurate report as required by the Indiana Campaign Finance Law commits a Class B misdemeanor, (IC 3-14-1-14) and may be subject to civil penalties. (IC 3-9-4-16, IC 3-9-4-17, IC 3-9-4-18)

*Lia Ann Stevens*  
CLERK OF LA PORTE CIRCUIT COURT  
18 2023  
9:40am