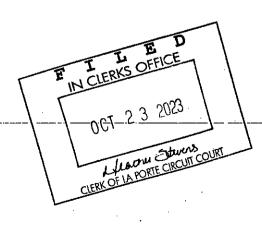
| Contraction of the second | POLITICAL ACTION | | | | | | (СFА- -16-23- | 2) |
|--|--|---|----------------------------|------------------------|-----------------------------|-----------------------|---------------------------|----------------|
| | OR LEGISLATIVE CA | | | | | | · | • |
| | STATEMENT OF OR | | | | | | 1122 | INU |
| Join an | State Form 28251 (R9/9-0 Indiana Election Commiss | 19) ion (IC 3-9-1-3 and IC 3-9-1- | -4) | | | | 10 25 | |
| | | PRINT LEGIBLY IN BLACK | | CTIONS ON | REVERSE SIDE |] | | |
| | | | | | | - I | FILE NUM | BER |
| 1. IS THIS AN AI | MENDMENT? | NO YES - If YES, pl | lease enter the fil | e number in | this box | | 7262 | |
| SECTION A | COMMITTEE INFORMATI | ON: Fill in all applicabl | e boxes as full | y and accu | irately as possi | ble. | • | |
| 2. Full name of committee | (Do Not ebbreviate) | Check if this is a new name | | | 3. Acronym or Abbreviat | ed Name <i>(if er</i> | ay) | |
| Citizens for a | Unified Long Beach | <u> </u> | • | | | | | |
| 4. Mailing Address | Check if this is a | new address | | | 5. E-mail address (Optio | nal) | | |
| 2604 Oriole Tr | ail | ····· | | | ckowalsk@cor | ncast.ne | et | |
| 6. Chy | State Zip Ce | de 7. FAX (Optional) | | 8. Telephone | | 9. Committe | e Organization Date (MM-E | D-YY) |
| Long Beach | IN 463 | 60 | | 219-879- | -5164 | | 08/19/2019 | |
| 10. Is this committee regis | tered with the Federal Election Commis | sion? | 11. Is this committee | a "Legislative Ca | ucus Committee" under (| : 3-5-27.37 | Yes | XNO |
| | te committee and on which issues the c | · | 1 | | | | | |
| | | hat share the committee's | | ed Long B | each | | <u> </u> | |
| 13. Name and address of a | any connected, affiliated, sponsoring on | anization, corporation, group, or individu | lal. | 14. Party Afflic | cation | | | |
| | | | | Is this commit | ttee supporting a political | party's entire | vicket? Ye | s X No |
| 15. If supporting or oppos | ing a public question, state both the sul | ject of the question AND the committee p | osition . | | | | | |
| (a. a | [****** | | | | | | | |
| 16. Chairperson's Full Nan | | a new chairperson | | 17. E-mail ed | dress (Optional) | | | |
| Laurel Long Ku 18. Mailling Address | | ····· | | - | | | 20 Talashawa (Guzaina) | |
| - | Check if this is | a new address | | 19. Telephon 31 7_2 | • (<i>Uay)</i> 237-1375 | | 20. Telephone (Evaning) | |
| 21. Treasurer's Name | chigan City IN 46361 | | | | | | ļ | |
| Mary Long Kov | | a Liem (Leastlei | | 22. E-mail ad | dress (Optional) | | | |
| 23. Mailing Address | Check if this is | a new address | | 24. Telephone | • /Davi) | | 25. Telephone (Evening) | |
| PO Box 55 Mic | higan City IN 46361 | | | | . (| | | |
| 26. Custodian of Records' | | a new custodian | | 27. E-mail ad | dress (Optional) | | | |
| Mary Lou Long | McFadden | | | | | | | |
| 28. Mailing Address | Check if this is | new Address | | 29. Telephone | e (Day) | | 30. Telephone (Evening) | |
| PO Box 55 Mid | higan City IN 46361 | | | 317-2 | 37-1375 | | | |
| 31. Bank or Other Deposito | | stories in which the committee deposits fu | inds, hold accounts, rents | safety deposit box | es or maintains funds.) | | · · · · | |
| Horizon | | | | | | | | |
| | PPOINTMENT OF TREA | SURER (IC 3-9-1-14) | | | | | | |
| - | of the foregoing committee, | Person Appointed Treasurer | | | Signature of the | Committee C | Chairperson | |
| appoint the tonowing | person as Treasurer of the | Mary Kowalski | | | Signatu | e Includ | ed | |
| SECTION C. A | CCEPTANCE OF APPOI | NTMENT (IC 3-9-1-15) | | | 1 | | | |
| 1 - | I accept the duties and respo | | | | | | FOR OFFICE USE ON | LY I |
| Committee. am not 34. Typed or printed name | the chairperson of any other of Treasurer | campaign finance committee. | | Date (MM-D | | Confirm | Nbr: 14474 | |
| Mary Long Kov | valski | Signature Included | | | | Filed: L 8 | 8/17 E023 0:25:00PM | |
| | ERTIFICATION OF STAT | | | | | LERKS | OFFICE | |
| | | of the Committee and have examined | mined this | | | | | · · · · |
| ÷ | • • • • | it is true, correct and complete | | | | CT 23 | 3 2023 | |
| 35. Typed or printed name | | Signature of Chairperson | | Date (MM-D | · · · · · | 01 - | 1 | |
| Laurel Long Ku | Jczynski | Signature Included | | 08/21/20 |)19 L | | Aturna | |
| this information be reported | t within 10 days of the change. (IC 3-9-1- | pied for sale or used for any commercial pu 10) A person who knowingly files a fraudule s required by the Indiana Campaign Financ | ent report commits a Leve | 6 felony (IC | | DF LA POR | TE CIRCUIT COURT | 1 |
| 1 | | | | | | | | |

| POLITICAL ACTION CO | - | | | | | (CFA - 2 | 2) |
|--|--|---------------------------------------|-------------------------|------------------------|-------------------|--------------------------|----------|
| OR LEGISLATIVE CAU | | | | | | | |
| STATEMENT OF ORGA | | • | | | | | |
| State Form 28251 (R9/9-09) | | | | · · · · · · | | | |
| · · · · · · · · · · · · · · · · · · · | RINT LEGIBLY IN BLACK INI | | | | | | |
| | | N DEE INDINUU | | EKOE OIDE | | FILE NUMB | ER |
| 1. IS THIS AN AMENDMENT? | D XYES - If YES, plea | ise enter the file i | number in this | box | | 7262 | |
| SECTION A COMMITTEE INFORMATION | : Fill in all applicable l | boxe's as fully a | and accurate | l <u>v ás po</u> ssibi | le. | | |
| | eck if this is a new name | | | nym or Abbrevisted | | | |
| Better Government for Long Beach | | · | | | | | |
| 4. Mailing Address Check if this is a new | address | | S. E-ma | nil address (Optional | | | |
| 2604 ORIOLE TRAIL | | · | | walsk@com | - | • | |
| 6. City State Zip Code | 7. FAX (Optional) | 8.7 | Telephone | | | Organization Date (MM-DD | 2-YYJ |
| LONG BEACH IN 46360 | | | 219-879-5164 | t L | 08 | 8/19/2019 | |
| 10. Is this committee registered with the Federal Election Commission | 17 Yes X No | 11. Is this committee a * | 'Legislative Caucus Co | ommittee" under IC 3 | 3-5-27.3? | Yes [| XND |
| 12. State the purpose of the committee and on which issues the comm | • | • | | | | | |
| The committee will support candidates that | | | d Long Beach | · | | | |
| 13. Name and address of any connected, affiliated, sponsoring organi | zation, corporation, group, or individual. | | 14. Party Afflication | | | | <u> </u> |
| | | | Is this committee sup | porting a political p | arty's entire tic | cket? Yes | X No |
| If supporting or opposing a public question, state both the subject | t of the question AND the committee posi | tion - | | | | | |
| 16. Chairperson's Full Name Check if this is a ne | aw chairperson | · · · · · · · · · · · · · · · · · · · | 17. E-mail address (0 | Optional) | | | |
| Laurel Long Kuczynski | | | | | | | |
| 18. Mailing Address Check if this is a ne | ew address | | 19. Telephone (Day) | ····· | 2 | 20. Telephone (Evening) | |
| PO Box 55 Michigan City IN 46361 | | l | 317-237-1 | 375 | 1 | | |
| 21. Treasurer's Name Check if this is a ne | aw treasurer | | 22. E-mail address (C | Optional) | - | | |
| Mary Long Kowalski | | l | | | | | |
| 23. Malling Address Check if this is a ne | eddrass | | 24. Telephone (Day) | | 2 | 25. Telephone (Evening) | |
| PO Box 55 Michigan City IN 46361 | | | | | | | |
| 26. Custodian of Records' Name Check If this is a ne | aw custodian | | 27. E-mail address (i | Optional) | · | | |
| Mary Lou Long McFadden | | l | _ | | | | |
| 28. Mailing Address Check if this is a ne | address | | 29. Telephone (Day) | | 3 | 30. Telephone (Evening) | |
| PO Box 55 Michigan City IN 46361 | | | 317-237-1375 | | | | |
| | ories in which the committee deposits fund | is, hold accounts, rents sa | fety deposit boxes or m | naintains funds.) | | | |
| Horizon | | | | | | | |
| SECTION B. APPOINTMENT OF TREASU | JRER (IC 3-9-1-14) | | | | | | |
| 32. I, as Chairperson of the foregoing committee, | Person Appointed Treasurer | | | Signature of the C | committee Cha | imperson | |
| appoint the following person as Treasurer of the | Mary Kowalski | | | Signature | a Included | d | |
| SECTION C. ACCEPTANCE OF APPOINT | MENT (IC 3-9-1-15) | | | | | | |
| 33. I give notice that I accept the duties and respons | | | | | FC | OR OFFICE USE ONL | .Y |
| Committee. I am not the chairperson of any other car 34. Typed or printed name of Treasurer | mpaign finance committee. | | Date (MM-DD-YY) | | Confirm N | | |
| Mary Long Kowalski | •Bugger | | | | | 77202 6:2500PM | ' |
| | | | | | V CLERK | S OFFICE | 4 |
| SECTION D. CERTIFICATION OF STATE | | | | | | · | |
| I certify that I am the duly appointed Chairperson of statement. To the best of my knowledge and belief it | | | | | | rene en | Ì |
| 35. Typed or printed name of Chairperson | Signature of Chairperson | | Date (MM-DD-YY) | | 001 4 | 2 3 2023 | ۱ |
| Laurel Long Kuczynski | Signature Included | | 08/16/2023 | | | | |
| Warning: Any information contained in this statement may not be copie | | | hat any change in | | Head | THE STEVERS | 1 |
| this information be reported within 10 days of the change. (IC 3-9-1-10) 3-14-1-13). A person who fails to file a complete or accurate report as re | A person who knowingly files a fraudulent | nt report commits a Level 6 | 5 felony (IC | CLE | RK OF LA P | ORTE CIRCUIT COUR | |

| REPORT OF RECEIPTS A OF A POLITICAL COMMI State Form 4606 (R13/11-05) Indiana Election commission (IC 3-9-5-14) | | | • | FA-4 SCHEDU mized Expend | |
|--|--|--|-----------------------------------|-----------------------------------|---|
| INSTRUCTIONS: Plasse type or print legibly IN BLACK INK all is schedule, see instructions on the reverse side. This schedule is a 172 of the Summary Sheet. All cumulative expenses paid to indi- other entities OVER \$100 per recipient, within a calendar year MI if regular party committee). All cumulative expenses, including in committees (such as transfers-out from candidate, legislative cau MUST be itemized on this schedule. | used to document expenditures <u>totaled on ITEM</u> iduals, businesses, labor organizations and JST be itemized on this schedule (over \$200, Kind, regardless of amount co ld to political | this | | TLE NUMBER 7262 Page 2 of 2 | |
| 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 | CUMULATIVE | DATE OF EXPENDITURE |
| Code: Advertising 1 Cheryl Flemington St Lawrence Avenue Long Beach IN 46360 | | Direct Purpose: Reimbursement for: Beacher - 111 84 | 524.34 | 1,121.82 | 10/06/2023 |
| | SUB TOTAL T | HIS PAGE OF SCHEDULE B | \$ 524.34 | | <u>, , , , , , , , , , , , , , , , , , , </u> |
| 1 | IOTAL OF ALL PAGES OF SCHEDULE I | B ON THE LAST PAGE ONLY | \$ 5,362.82 | | |

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| 4 | | | | 46-23-1 | 64 |
|---|------------------------------------|--------------------|--|---------------------------------------|---------------------------|
| REPORT OF RECEIPTS AND EXPENDIT OF A POLITICAL COMMITTEE State Form 4606 (R13/11-05) Indiana Election commission (IC 3-0-3-14) | TURES | | ····· | (CFA- Summary FILE NUMB 7262 | Sheet |
| INSTRUCTIONS: Please type or print legibly IN BLACK INK on this form. For assistance in completing this form, see inst reverse side. IS THIS AN AMENDMENT? | all information ructions on the | | 1 | OTAL PAGES IN ENTIRE | CFA-4 REPORT |
| | COMMITTEE INFO | DRMATION | | ···· | |
| 1. Full name of committee (as on Statement of Organization) Better Government for Long Beach | Check If this is a | new name | | • | |
| 2. Acronym or abbreviated name, if any ' | | - | 3. Committee telephone | | . , . |
| 4. Mailing address (address where all campaign finance corresponder 2604 ORIOLE TRAIL | nce is received | Chec | (219) 879-5164 k if this is a new address | | |
| 5. City, state, ZIP code | | | 6. Party affiliation (# ap | pliceble) | |
| LONG BEACH IN 46360 | | | | | |
| 7. Full name of candidate (include any nickname) | INFORMATION (For C. | incidate's Co i | 8. Party affiliation or if in | ndependent | |
| 9. Office sought (include district number, if any. Not required for expl | oratory committee." | • | 10. County of residence | | |
| TYPE OF RLPC | ~~~~ | | | | |
| 11. PreElect | | \$ | | 12. Check one: | |
| | | | | Post-Co | rivention |
| 12. Reporting period: From: 04/08/2023 Throu | ah: 10/13/2023 | | | COLUMN A This Period | COLUMN B Ye ii su Date |
| 13. Cash on hand and investments at the beginning of this reporting pe | | | | 5,829.14 | |
| 14. Cash on hand and investments January 1, current year. CONTRIBUTIONS A | | | | | |
| (Note: These amounts include in-kind contributions and loans, as well | | | | | |
| 15a. Itemized (use Schedule A) | | | | 10,750.33 | 10,750,46 |
| 15b. Unitemized | | | | 400.00 | 400.00 |
| 15c. Add lines 15a, and 15b in both columns | | | SUBTOTAL | 11,150.33 | 11,150.46 |
| 16. Add lines 13 and 15c In Column A and lines 14 and 15c In Column EXPENDIT | | | TOTAL | - 16,979.47 | 17,045.47 |
| (Note: These amounts include in-kind expenditures and loan repayment | | | | | |
| 17a. Itemized (use Schedule B) (Public Question: use Schedule C) | | | | 5,362.82 | , 5,428.82 |
| 17b. Uniternized 17c. Add lines 17e and 17b in both columns | | | | 0.00 | 0.00 |
| Cash on hand and investments at close of this reporting period(sub | what 17c from 16 in hold | antimas) | SUBTOTAL | | 5,428.82 |
| 19. Debts OWED BY the committee (use Schedule D) | | rooionnag | TOTAL | 11,616.65 | 11,616.65 |
| 20. Debts OWED TO the committee (use Schedule E) | | | | 0.00 | |
| ÷ | | | | | |
| | ICATION | | | | |
| I CERTIFY THAT I HAVE EXAMINED THIS STATEMENT, TO THE BES TRUE, CORRECT AND COMPLETE. | ST OF MY KNOWLEDGE | AND BELIE | FITIS | Filed: On | ice use only line |
| Signature of Treasurer | _Tile | | Date | F 10/15/23 | -2:13 pm |
| Signature Included | Treasurer | | 10/15/2023 | IN CLERKS | DFFICE |
| Signature of Candidate (if applicable) | | | Date | | |
| Signature Included | | | 10/15/2023 | | 2023 |
| WARNING: Any information contained in this report may not be copied in (IC 3-9-4-5) A person who knowingly files a fraudulent report commits a | Level 6 Felony. (IC 3-1 | 4-1-13) A per | son who falls | | <i>.</i> |
| to file a complete or accurate report as required by the Indiana Campai, (IC 3-14-1-14) and may be subject to civil penalties (IC 3-9-4-16, 3-9-4- | gn Finance Law commits | | | CLERK OF LA PORTE C | turns |

REPORT OF RECEIPTS AND EXPENDITURES

(CFA-4 SCHEDULE A-1) . CONTRIBUTIONS BY INDIVIDUALS r

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OF A POLITICAL COMMITTEE State Form 4808 (R13/11-05) Indiana Election commission (IC 3-8-5-14)

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| | | | Itemi | ized (| Contributions | and Othe |
|------|----|-----|-------|--------|---------------|----------|
| • | .: | | • . • | ۰. | | · . |
| • • | • | • . | • | • | | |
| | | • | | | | |

| STRUCTIONS: LIST ONLY CONTRIBUTIONS BY INDIVIDUALS ON THIS SCHEDULE. Please type to BLACK INK as struggetion on this exhedule. For assistance in completing this achievale, see instructs The schedule is used to document contributions and receipts <u>inteled on ITEMISE</u> of the Summary | one on the revenue | | FILE NUMBER | |
|---|--|-----------------------------------|--|-----------------------------|
| 9. The schedule is used to continue contributions and request <u>schedule schedule</u> is used to control to an individual of VER Stop per contributor, within a calendar year MIST be imized on this schedule (over \$200, if regular party committee). All currulative racepts, (such as loan p id repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other intorne) OV to be per contributor, within a calendar year, MIST be iteratived in this activated (over \$200 if regular party contributor). All currulative racepts, (such as loan p id repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other intorne) OV to be per contributor, within a calendar year, MIST be iteratived on this activated (over \$200 if regular party in mittee). A contributor, accurately a require party of the iterative in individual makes at least \$1,000 in contributions of the per contributor. |) proceeds ER rty | | 7262 Page 1 of 1 | |
| E calander year. Otherwise, this is optional. 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 RECEIVE RECEIVED BY |
| Mary B O'Neil 1532 Lake Shore Drive Long Beach IN | Contribution: Direct | 5,000.00 | 5,000.00 | 09/15/2023 |
| tributor's Occupation (if required): Retired - | | 1 | | Mary Kowalski |
| Nancy Klausner 2405 Shorewood Long Beach IN 46360 | Contribution: Direct | 500.00 | 500.00 | 10/04/2023 |
| tributor's Occupation (if required): Unknown - | | | | Mary Kowalski |
| Emest Summers 2711 Elbridge Way Long Beach IN 46360 | Contribution: Direct | 5,000.00 | 5,000.00 | 10/06/2023 |
| tributor's Occupation (if required): Retired - | | | | Mary Kowalski |
| Lee Hansen 247 St Lawrence Avenue Long Beach IN 46360 | Contribution: Direct | 250.00 | 250.00 | 10/05/2023 |
| | | | | Mary Kowalski |
| ntributor's Occupation (il required): Unknown - | | • | · · · · · | · ····· · |
| SUB TOTA TOTAL OF ALL PAGES OF SCHEDUL | L THIS PAGE OF SCHEDULE A | \$ 10,750.00 \$ 10,750.00 | | |

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| REPORT OF RECEIPTS AND EXPENDITURE OF A POLITICAL COMMITTEE State Form 4508 (R13/11-05) Indiana Election commission (IC 3-9-5-14) | S | | CONT | SCHEDULE A RIBUTIONS BI ORGANIZATIO | (| |
|--|--|------|---------------------------|---|--|-----------------------|
| INSTRUCTIONS: LIST ONLY CONTROBUTIONS BY ORGANIZATIONS OTHER THAN CORPORA ORGANIZATIONS, POLITICAL ACTION COMMITTEES AND INDIVIDUALS ON THIS SCHEDULE hepbiy IN BLACK INK all Information on this schedule. For existiance in completing this schedule, on the reverse zide. This schedule is used to document contributions and receipute to a schedule on TEM Sheet, All cumulative contributions from other entities OVER \$100 per contribution, within a calendar be iterrized on this schedule (over \$200, if regular party committee). All transfers-in and in-kind con regeridoss of the amount from candidate's, legislative caucus, and regular party committees MUST on this schedule. All cumulative recolutes, such as long proceeds and repayments, refunds, rebuts of deposit, proceeds from sales, kitereel of other income) OVER \$160 per contribution, which is cale | Please type or print see instructions 15g of the Summary year MUST influtions be itemized | | | FILE NUMBER 7262 Page 1 of 1 | ···· · · · · · · · · · · · · · · · · · | |
| CONTRIBUTOR'S FULL VAME AND FULL MAIL ING ADDRESS Istruct number city state 7IP codr (| TYPE OF CONTRIBUTION OR OTHER RECEIPT | AMOL | UMN A INT THIS RIOD | COLUMN B CUMULATIVE YEAR-TO-DATE | i i | RECEIVED DEIVED BY |
| 1 Horizon Bank 515 Franklin Square Michigan Citty IN 46369 | Other Receipt: Interest Interest for April, May, June, July,August, Septemer 2023 | 0.3 | | 0.71 | 09/: | 30/2023 |
| | | | | | Mary K | owalski |
| SUB TO | AL THIS PAGE OF SCHEDULE A | \$ | 0.33 | | 1 | |
| TOTAL OF ALL PAGES OF SCHEDU (Enter total on ITEM | ILE A ON THE LAST PAGE ONLY 1 15e of the Summary Sheet) | \$ | 0.33 | | | |

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| · · · | OCT 2 3 2023 |
| | LLAON Sturs CLERK OF LA PORTE CIRCUIT COURT |

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REPORT OF RECEIPTS AND EXPENDITURES

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OF A POLITICAL COMMITTEE

(CFA-4 SCHEDULE B) Itemized Expenditures

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|--|-------------------------------------|---------------------|---------------------------------------|
| State Form 4806 (R13/11-05) Indiana Election commission (IC 3-0-5-14) | | | · · · · · · · · · · · · · · · · · · · |
| | , · _ · _ · _ · _ · _ · _ · _ · _ · | | • |
| INSTRUCTIONS: Please type or print legibly at BLACK BIK all information on | | FILE NUMBER | |
| achedule, see instructions on the reverse side. This schedule is used to docum 12g of the Summery Sheet, All cumulative expenses peld to individuals, busine | | 7262 | |
| other enlities OVER \$180 per recipient, within a calendar year MUST be Remize | id on this schedule (over \$200, | | |
| If regular party committee). All cumulative expenses, including in-kind, <u>recention</u> committees (such as transfere-out from candidate, legislative caucus, political a | | Page 1 of 2 | · |
| NUST be kemizêd on this schedule. | | | |

| RECIPIENT'S NAME AND MAILING ADDRESS | 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 |
|--|---|---|-----------------------------------|--|------------------------|
| (street miniber, city, state, ZIP code) Code: Advertising | 1 | Direct | - 1,100.00 [×] | 1,100.00 | 08/24/2023 |
| 1 EPIC PO Box 744 Michigan City IN 46361 | | Purpose: PAC Brand Identity & Logo Development | | <i></i> | |
| Code: Advertising | | Direct | 384.00 | 384.00 | 08/25/2023 |
| 2 Beacher Weekly Newpaper 911 Franklin St Michigan City IN 4360 | | Purpose: Advertizing in Beacher Weekly Newspaper: | | | |
| Code: Operations | | Other | 238.10 | 238.10 | 09/01/2023 |
| 3 Indiana Election Commission | | Purpose: late filing fee payment CHECK # 133 | | | |
| Code: Advertising | · · · | Direct | 597.48 | 597.48 | 09/18/2023 |
| 4 Cheryl Flemington St Lawrence Avenue Long Beach IN 46360 | | Purpose: Reimbursement for: Imprint corn - yard signs - | | | |
| Code: Advertising 5 Beacher Weekly Newpaper 911 Franklin St Michigan City IN 4380 | | Direct Purpose: 4 - 1/2 page ads CHECK # 135 | 612.00 | 612.00 | 10/02/2023 |
| Code: Advartising | | Direct | 1,806.90 | | 10/04/2023 |
| 6 Reprographic Arts 2824 East Michigan Bivd Trail Creek IN 46360 | | Purpose: Yard signs for Emie Summers and Mary Lou McEadden | | | |
| Code: Advertising | | Direct | 100.00 | 100.00 | 10/05/2023 |
| 7 Kathy Brown 2200 Oakenwald Ave Long Beach IN 46360 | | Purpose: Reimbursement for rental of Long Beach gym for 'Meet & Greet' on | | | |
| | SUB TOTAL 1 | THIS PAGE OF SCHEDULE B | \$ 4,838.48 | | |
| Т | OTAL OF ALL PAGES OF SCHEDULE (Enter total on ITE) | B ON THE LAST PAGE ONLY # 17e of the Summary Sheet) | \$ | | |

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