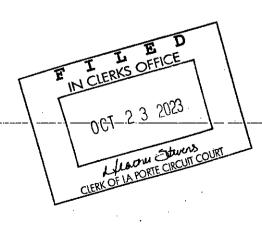
Contraction of the second	POLITICAL ACTION						(СFА- -16-23-	2)
	OR LEGISLATIVE CA						·	•
	STATEMENT OF OR						1122	INU
Join an	State Form 28251 (R9/9-0 Indiana Election Commiss	19) ion (IC 3-9-1-3 and IC 3-9-1-	-4)				10 25	
		PRINT LEGIBLY IN BLACK		CTIONS ON	REVERSE SIDE	]		
						<b>-</b> I	FILE 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					<b>·</b> · · ·
÷	• • • •	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	<del></del>		
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
<ol> <li>If supporting or opposing a public question, state both the subject</li> </ol>	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)	<del>-</del>		
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, <b>regardless of amount co</b> 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	<b>\$</b> 5,362.82		

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<b>4</b>				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
<ol> <li>Cash on hand and investments at close of this reporting period(sub</li> </ol>	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**

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(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 <sup>×</sup>	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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