



**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**

<b>FILE NUMBER</b>
410-23-30
<b>TOTAL PAGES IN ENTIRE CFA-4 REPORT</b>

**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 <i>Statement of Organization</i> ) Committee to Elect Al Ott for Sheriff		<input type="checkbox"/> Check if this is a new name.
2. Acronym or Abbreviated Name (if any)	3. Committee Telephone Number ( 219 ) 363-2079	
4. Mailing Address (Address where all campaign finance correspondence is received.) 3843 S 75 W		<input type="checkbox"/> Check if this is a new address.
5. City, State, ZIP Code LaPorte, IN 46350	6. Party Affiliation (if applicable) Democrat	
CANDIDATE INFORMATION (For Candidate's Committees Only)		
7. Full Name of Candidate (Include any nickname.) Allen Wayne Ott		8. Party Affiliation or If Independent Candidate Democrat
9. Office Sought (Include district number, if any. <b>Not required for exploratory committee.</b> ) LaPorte Co Sheriff		10. County of Residence LaPorte
TYPE OF REPORT		CONVENTION CANDIDATES ONLY
11. Check one: <input checked="" type="checkbox"/> Pre-Primary <input type="checkbox"/> Pre-Election <input type="checkbox"/> Annual <input type="checkbox"/> Nomination <input type="checkbox"/> Other <input 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.)		Check one: <input type="checkbox"/> Pre-Convention <input type="checkbox"/> Post-Convention
12. Reporting Period (mm/dd/yy): From: 1/1/23 Through: 4/7/23		<b>COLUMN A</b> This Period
13. Cash on hand and investments at the beginning of this reporting period.		7,832.55
14. Cash on hand and investments January 1, current year.		7,832.55
CONTRIBUTIONS AND RECEIPTS		
(Note: these amounts include in-kind contributions and loans, as well as cash contributions.)		
15a. Itemized (Use Schedule A.)	0.00	0.00
15b. Unitemized	0.00	0.00
15c. Add lines 15a and 15b in both columns. <b>SUBTOTAL</b>	0.00	0.00
16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B. <b>TOTAL</b>	7,832.55	7,832.55
EXPENDITURES		
(Note: These amounts include in-kind expenditures and loan repayments.)		
17a. Itemized (Use Schedule B.) (Public Question: use Schedule C.)	450.00	450.00
17b. Unitemized	90.00	90.00
17c. Add lines 17a and 17b in both columns. <b>SUBTOTAL</b>	540.00	540.00
18. Cash on hand and investments at close of this reporting period (Subtract 17c from 16 in both columns.) <b>TOTAL</b>	7,292.55	7,292.55
19. Debts OWED BY the committee (Use Schedule D.)	2,154.00	
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.		
Signature of Treasurer	Title Treasurer	Date (mm/dd/yy) 4-13-23
Signature of Candidate (if applicable)		Date (mm/dd/yy) 4-13-23
<b>WARNING:</b> 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)		

FOR OFFICE USE ONLY

<b>FILED</b> IN CLERKS OFFICE
APR 14 2023
Heaton Stevens CLERK OF LA PORTE CIRCUIT COURT

8:03



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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.

<b>FILE NUMBER</b>
Page <u>  1  </u> of <u>  1  </u>

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 _____ South Central Pop Warner 9808 S 600 W Union Mills, IN 46382		<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: fundraising	\$300.00	\$300.00	2/9/23
Code _____ Slicer Baseball 602 F St. LaPorte, IN 46350		<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: fundraising	\$150.00	\$150.00	3/18/23
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:			
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:			
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:			
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:			
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>			\$ 450.00		
<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>			\$ 450.00		



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OF A POLITICAL COMMITTEE**

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

**(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.

<b>FILE NUMBER</b>
Page <u>1</u> of <u>1</u>

CREDITOR'S OR LENDER'S NAME AND MAILING ADDRESS <i>(street, number, city, state, ZIP code)</i>	ENDORSER'S OR VENDOR'S NAME AND MAILING ADDRESS <i>(if any)</i> <i>(street, number, city, state, ZIP code)</i>	AMOUNT	DATE DEBT INCURRED <i>(mm/dd/yy)</i>	CUMULATIVE PAID YEAR-TO-DATE	OUTSTANDING BALANCE THIS PERIOD
		NATURE OF DEBT			
Al Ott 3843 S 75 W LaPorte, IN 46350  LENDER'S OCCUPATION:	Michigan City Chamber of Commerce	\$300.00	3/5/22	\$0.00	\$300.00
		dinner event tickets			
Al Ott 3843 S 75 W LaPorte, IN 46350  LENDER'S OCCUPATION:		\$1,854.00	1/1/22-10/8/22		\$1,854.00
		event tickets			
LENDER'S OCCUPATION:					
LENDER'S OCCUPATION:					
LENDER'S OCCUPATION:					
LENDER'S OCCUPATION:					
<b>SUBTOTAL THIS PAGE OF SCHEDULE D</b>					<b>\$ 2,154.00</b>
<b>TOTAL OF ALL PAGES OF SCHEDULE D ON THE LAST PAGE ONLY</b> <i>(Enter total on ITEM 19 of the Summary Sheet.)</i>					<b>\$ 2,154.00</b>



# REPORT OF RECEIPTS AND EXPENDITURES OF A POLITICAL COMMITTEE

State Form 4606 (R17 / 8-23)  
Indiana Election Division (IC 3-9-5-14)

## (CFA-4) Summary Sheet

FILE NUMBER

46-23-30

TOTAL PAGES IN ENTIRE CFA-4 REPORT

**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) <input type="checkbox"/> Check if this is a new name. Committee to Elect Al Ott for Sheriff	
2. Acronym or Abbreviated Name (if any)	3. Committee Telephone Number ( 219 ) 363-2079
4. Mailing Address (Address where all campaign finance correspondence is received.) <input type="checkbox"/> Check if this is a new address. 3843 S 75 W	
5. City, State, ZIP Code LaPorte, IN 46350	6. Party Affiliation (if applicable) Democrat

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

7. Full Name of Candidate (Include any nickname.) Allen Wayne Ott	8. Party Affiliation or If Independent Candidate Democrat
9. Office Sought (Include district number, if any. Not required for exploratory committee.) LaPorte County Sheriff	10. County of Residence LaPorte

### TYPE OF REPORT

### CONVENTION CANDIDATES ONLY

11. Check one: <input type="checkbox"/> Pre-Primary <input checked="" type="checkbox"/> Pre-Election <input checked="" type="checkbox"/> Annual <input type="checkbox"/> Nomination <input type="checkbox"/> Other _____ <input 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.)	Check one: <input type="checkbox"/> Pre-Convention <input type="checkbox"/> Post-Convention
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12. Reporting Period (mm/dd/yy): From: 4/8/23 Through: 10/13/23	COLUMN A This Period	COLUMN B Year to Date
13. Cash on hand and investments at the beginning of this reporting period.	7,292.55	
14. Cash on hand and investments January 1, current year.		7,832.55

### CONTRIBUTIONS AND RECEIPTS

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

15a. Itemized (Use Schedule A.)	0.00	0.00
15b. Unitemized	0.00	0.00
15c. Add lines 15a and 15b in both columns. <b>SUBTOTAL</b>	0.00	0.00
16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B. <b>TOTAL</b>	7,292.55	7,292.55

### EXPENDITURES

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

17a. Itemized (Use Schedule B.) (Public Question: use Schedule C.)	2,154.00	2,604.00
17b. Unitemized	1,225.00	1,315.00
17c. Add lines 17a and 17b in both columns. <b>SUBTOTAL</b>	3,379.00	3,919.00
18. Cash on hand and investments at close of this reporting period (Subtract 17c from 16 in both columns.) <b>TOTAL</b>	3,913.55	3,913.55
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.

Signature of Treasurer 	Title Treasurer	Date (mm/dd/yy) 10/14/23
Signature of Candidate (if applicable) 		Date (mm/dd/yy) 10/14/23

**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)

### FOR OFFICE USE ONLY

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IN CLERKS OFFICE  
OCT 16 2023  
  
CLERK OF LA PORTE CIRCUIT COURT



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OF A POLITICAL COMMITTEE**

State Form 4606 (R17 / 8-23)  
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 \_\_\_\_\_ of \_\_\_\_\_

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 <b>F</b> Al Ott 3843 S 75 W LaPorte, IN 46350		<input type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input checked="" type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: Dinner event tickets	\$300.00	\$300.00	3/5/22
Code <b>F</b> Al Ott 3843 S 75 W LaPorte, IN 46350		<input type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input checked="" type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: Event Tickets	\$1,854.00	\$2,154.00	11/22-10/8/22
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:			
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:			
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:			
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:			
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>			\$ 2,154.00		
<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>			\$ 2,154.00		



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

State Form 4606 (R17 / B-23)  
Indiana Election Division (IC 3-9-5-14)

**(CFA-4)  
Summary Sheet**

FILE NUMBER

46-23-30

TOTAL PAGES IN ENTIRE CFA-4 REPORT

**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) Committee to Elect Al Ott for Sheriff		<input type="checkbox"/> Check if this is a new name.
2. Acronym or Abbreviated Name (if any)	3. Committee Telephone Number ( 219 ) 363-2079	
4. Mailing Address (Address where all campaign finance correspondence is received.) 3843 S 75 W		<input type="checkbox"/> Check if this is a new address.
5. City, State, ZIP Code LaPorte, IN 46350	6. Party Affiliation (if applicable) Democrat	

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

7. Full Name of Candidate (Include any nickname.) Allen Wayne Ott	8. Party Affiliation or If Independent Candidate Democrat
9. Office Sought (Include district number, if any. Not required for exploratory committee.) LaPorte County Sheriff	10. County of Residence LaPorte

**TYPE OF REPORT**

**CONVENTION CANDIDATES ONLY**

11. Check one: <input type="checkbox"/> Pre-Primary <input type="checkbox"/> Pre-Election <input checked="" type="checkbox"/> Annual <input type="checkbox"/> Nomination <input type="checkbox"/> Other <input 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.)	Check one: <input type="checkbox"/> Pre-Convention <input type="checkbox"/> Post-Convention
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12. Reporting Period (mm/dd/yy): From: 10/14/23 Through: 12/31/23	COLUMN A This Period	COLUMN B Year to Date
13. Cash on hand and investments at the beginning of this reporting period.	3,913.55	
14. Cash on hand and investments January 1, current year.		7,832.55

**CONTRIBUTIONS AND RECEIPTS**

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

15a. Itemized (Use Schedule A.)	0.00	0.00
15b. Unitemized	0.00	0.00
15c. Add lines 15a and 15b in both columns. <b>SUBTOTAL</b>	0.00	0.00
16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B. <b>TOTAL</b>	3,913.55	7,832.55

**EXPENDITURES**

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

17a. Itemized (Use Schedule B.) (Public Question: use Schedule C.)	0.00	2,604.00
17b. Unitemized	190.00	1,505.00
17c. Add lines 17a and 17b in both columns. <b>SUBTOTAL</b>	190.00	4,109.00
18. Cash on hand and investments at close of this reporting period (Subtract 17c from 16 in both columns.) <b>TOTAL</b>	3,723.55	3,723.55
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.

Signature of Treasurer	Title Treasurer	Date (mm/dd/yy) 1/15/24
Signature of Candidate (if applicable)		Date (mm/dd/yy) 1/15/24

**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)

**FOR OFFICE USE ONLY**

FILED  
IN CLERK'S OFFICE  
JAN 17 2024  
L. Larson  
CLERK OF LA PORTE COUNTY COURT

8:50 am TVS