



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
46-23-62
TOTAL PAGES IN ENTIRE CFA-4 REPORT
2

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. <i>COMMITTEE TO ELECT BOB WANMER</i>	
2. Acronym or Abbreviated Name (if any)	3. Committee Telephone Number <i>(219) 379-6821</i>
4. Mailing Address (Address where all campaign finance correspondence is received.) <input type="checkbox"/> Check if this is a new address. <i>706 JACOB DR</i>	
5. City, State, ZIP Code <i>WESTVILLE IND</i>	6. Party Affiliation (if applicable) <i>REPUBLICAN</i>

CANDIDATE INFORMATION (For Candidate's Committees Only)

7. Full Name of Candidate (Include any nickname.) <i>ROBERT (BOB) WANMER JR</i>	8. Party Affiliation or If Independent Candidate <i>REP</i>
9. Office Sought (Include district number, if any. Not required for exploratory committee.) <i>WESTVILLE TOWN BOARD</i>	10. County of Residence <i>LAPORTE</i>

TYPE OF REPORT

11. Check one: <input type="checkbox"/> Pre-Primary <input checked="" 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.)	CONVENTION CANDIDATES ONLY Check one: <input type="checkbox"/> Pre-Convention <input type="checkbox"/> Post-Convention
---	--

12. Reporting Period (mm/dd/yy): From: <i>1-1-23</i> Through: <i>10-20-23</i>	COLUMN A This Period	COLUMN B Year to Date
13. Cash on hand and investments at the beginning of this reporting period.	0	0
14. Cash on hand and investments January 1, current year.		0

CONTRIBUTIONS AND RECEIPTS

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

EXPENDITURES

<i>(Note: These amounts include in-kind expenditures and loan repayments.)</i>		
17a. Itemized (Use Schedule B.) (Public Question: use Schedule C.)	631.30	
17b. Unitemized	0	
17c. Add lines 17a and 17b in both columns. SUBTOTAL	631.30	
18. Cash on hand and investments at close of this reporting period (Subtract 17c from 16 in both columns.) TOTAL	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	Title	Date (mm/dd/yy)
Signature of Candidate (if applicable)		Date (mm/dd/yy)

FOR OFFICE USE ONLY
FILED
IN CLERKS OFFICE
OCT 20 2023
L. Leach Stevens
CLERK OF LA PORTE CIRCUIT COURT

WARNING: Any information on 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)

9:28am



**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 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 2 of 2

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> SIMKO SIGNS 656 WASHINGTON ST VALPARAISO IN 46383		<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: <u>YARD</u> <u>SIGNS</u>	<u>631³⁰</u>		<u>6-30-23</u>
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:			
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:			
SUBTOTAL THIS PAGE OF SCHEDULE B			<u>\$ 631³⁰</u>		
TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY <i>(Enter total on ITEM 17a of the Summary Sheet.)</i>			<u>\$ 631³⁰</u>		



**REGULAR PARTY COMMITTEE
STATEMENT OF ORGANIZATION**

State Form 46413 (R6 / 10-17)
Indiana Election Division (IC 3-9-1-3 and IC 3-9-1-4)

(CFA-3)

**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. →

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

2. Full Name of Committee (Do not abbreviate.) <input type="checkbox"/> Check if this is a new name. <i>COMMITTEE TO ELECT BOB WANMER</i>			3. Acronym or Abbreviated Name (if any)		
4. Mailing Address (Address where all campaign finance correspondence is received.) <input type="checkbox"/> Check if this is a new address. <i>706 JACOB DR</i>			5. E-mail Address (Optional)		
6. City <i>WESTVILLE</i>	State <i>IN</i>	ZIP Code <i>46391</i>	7. FAX (Optional)	8. Telephone <i>(219) 379-6821</i>	9. Committee Organization Date (mm/dd/yy) <i>6-1-23</i>
10. Is this committee registered with the Federal Election Commission? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
11. Type of Regular Party Committee (Check one) <input type="checkbox"/> National <input type="checkbox"/> State <input type="checkbox"/> Congressional District <input type="checkbox"/> County <input type="checkbox"/> City <input checked="" type="checkbox"/> Town					
12. Party Affiliation (Check one) <input type="checkbox"/> Democratic <input type="checkbox"/> Libertarian <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Other					
13. Chairperson's Name <input type="checkbox"/> Check if this is a new chairperson. <i>ROBERT WANMER</i>			14. E-mail Address (Optional)		
15. Mailing Address (number and street, city, state, and ZIP code) <input type="checkbox"/> Check if this is a new address. <i>706 JACOB DR WESTVILLE IN 46391</i>			16. Telephone (Day) <i>(219) 379 6821</i>	17. Telephone (Evening) <i>(219) 379 6421</i>	
18. Treasurer's Name <input type="checkbox"/> Check if this is a new treasurer. <i>ROBERT WANMER</i>			19. E-mail Address (Optional)		
20. Mailing Address (number and street, city, state, and ZIP code) <input type="checkbox"/> Check if this is a new address. <i>706 JACOB DR WESTVILLE IN 46391</i>			21. Telephone (Day) <i>(219) 379-6821</i>	22. Telephone (Evening) <i>(219) 379-6821</i>	
23. Custodian of Records' Name <input type="checkbox"/> Check if this is a new custodian. <i>ROBERT WANMER</i>			24. E-mail Address (Optional)		
25. Mailing Address (number and street, city, state, and ZIP code) <input type="checkbox"/> Check if this is a new address. <i>706 JACOB DR WESTVILLE IN 46391</i>			26. Telephone (Day) <i>(219) 379 6821</i>	27. Telephone (Evening) <i>(219) 379 6821</i>	
28. 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.) <i>NONE</i>					

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

29. I, as Chairperson of the foregoing committee, appoint the following person as Treasurer of the Committee. <i>ROBERT WANMER</i>	Person Appointed Treasurer <i>ROBERT WANMER</i>	Signature of the Committee Chairperson <i>[Signature]</i>
---	--	--

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

30. I give notice that I accept the duties and responsibilities of Treasurer of this Committee. I am not the chairperson of any other campaign finance committee.			FOR OFFICE USE ONLY
31. Typed or Printed Name of Treasurer <i>ROBERT WANMER</i>	Signature of Treasurer <i>[Signature]</i>	Date (mm/dd/yy) <i>10-20-23</i>	

SECTION D. CERTIFICATION OF STATEMENT

I certify that I am the duly appointed Chairperson of the Committee and have examined this statement. To the best of my knowledge and belief it is true, correct and complete.			FILED IN CLERKS OFFICE OCT 20 2023 <i>Heather Stevens</i> CLERK OF LA PORTE CIRCUIT COURT
32. Typed or Printed Name of Chairperson <i>ROBERT WANMER</i>	Signature of Chairperson <i>[Signature]</i>	Date (mm/dd/yy) <i>10-20-23</i>	

Warning: Any information contained in this statement may not be copied for sale or used for any commercial purpose. (IC 3-9-4-5) State law requires that any change in this information must 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 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).

9:28 am P



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
46-23-62
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 BOB LANMER	
2. Acronym or Abbreviated Name (if any) N/A	3. Committee Telephone Number (219) 379-6821
4. Mailing Address (Address where all campaign finance correspondence is received.) <input type="checkbox"/> Check if this is a new address. 706 JACOB DR	
5. City, State, ZIP Code WESTVILLE IN 46391	6. Party Affiliation (if applicable) REPUBLICAN

CANDIDATE INFORMATION (For Candidate's Committees Only)

7. Full Name of Candidate (Include any nickname.) ROBERT (BOB) LANMER	8. Party Affiliation or If Independent Candidate REPUBLICAN
9. Office Sought (Include district number, if any. Not required for exploratory committee.) WESTVILLE TOWN COUNSEL WARD 1	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 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.)	Check one: <input type="checkbox"/> Pre-Convention <input type="checkbox"/> Post-Convention
--	---

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

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. SUBTOTAL		
16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B. TOTAL	0	0

EXPENDITURES

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

CERTIFICATION

FOR OFFICE USE ONLY

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 <i>[Signature]</i>	Title TREASURER	Date (mm/dd/yy) 1-11-24
Signature of Candidate (if applicable) <i>[Signature]</i>		Date (mm/dd/yy) 1-14-24

FILED
IN CLERKS OFFICE

JAN 12 2024

[Signature]
CLERK OF LA PORTE CIRCUIT COURT

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)