

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
I. IS THIS AN AMENDME							1 14 2 7 - 10
ECTION A. CANDIC	DATE INFO	RMATION: F	ll in all a	applicable b			
. Last Name	Fi	rst Name	N	liddle Name	Nick	name	3. Type of Committee (Check on
Haley		lonathan		D	JD		☑ Candidate's Principal Committee ☐ Exploratory Committee
Mailing Address (number and str	reet, city, state, and	ZIP code)		5. FAX	(Optional)	6. E-r	nail Address (Optional)
1920 Oriole Trail				()			
. City	State	ZIP Code	8. Coun	ty	9. Telephor	ie (Day)	10. Telephone (Evening)
Long Beach	IN	46360	LaPo	rte	,773, 8	18-1922	()
. Party Affiliation		l	<u> </u>				ny. Not required for an exploratory committee
Democratic Libertarian					ch Town Co		
ECTION B. COMMI	TTEE INFO	RMATION: F	ll in all a	applicable b	oxes as ful	ly and accu	ırately as possible.
Full Name of Committee (Do		Check if this	s a new nan	ne.			
Committee to Elect JE		(70) - (1) - (1) - (1)	-li Was to to o			140 =	
4. Mailing Address (number and s	street, city, state, and	1 ZIP code) ☐ Chec	K If this is a	new address, 15	. FAX (Optional)	16. E	mall Address (Optional)
1920 Oriole Trail	A	710.0	140.0	()		lea Communication
7. City	State	ZIP Code	18. Cou	-	19. Telepho		20. Committee Organization Date
Long Beach	IN	46360	LaPo		(773 ₎ 8	18-1922	6/26/23
. Chairperson's Full Name	Designate C	andidate as Chairper	son. 🔲 (Check if this is a r	ew chairperson.		
. Mailing Address (number and s	street, city, state, and	<i>I ZIP code)</i> ☐ Chec	k if this is a	new address. 23	· FAX (Optional)	24. E	mall Address (Optional)
5. City	State	ZIP Code	26. Cou	nty	27. Telepho	ne (Day)	28. Telephone (Evening)
					, ,		
, Bank or Other Depositories	(List all banks or	other depositories in	1 which the (committee deposi	s funds, holds ac	counts, rents saf	ety deposit boxes or maintains funds.)
Horizon Bank					,		, .,
D. Exploratory Committee (Give	brief statement exp	laining purpose of an exp	loratory comm	ttee only.) 31. Sa	laries and Reimi	oursements (Wil	I the committee pay the candidate a salary
				reimbu	rsement for lost (vages? If Yes, at	tach a copy of the contract.) 🔲 Yes 🛭 🗹 t
SECTION C. APPOIN	ITMENT OF	TREASURE	₹ (IC 3-9	-1-14)			
	of the fore	going Person App			:	Signature of the	Committee Chairperson
		on as			1		
ommittee, appoint the fo		L .					
ommittee, appoint the for reasurer of the Committee	•	idate as treasurer.	☐ Check i	f this is a new tre	asurer.		
ommittee, appoint the for reasurer of the Committee	•	idate as treasurer.	☐ Check i	f this is a new tre	asurer.	,	
ommittee, appoint the foreasurer of the Committee 3. Treasurer's Full Name	Designate cand			f this is a new tre		36. E-	mall Address (Optional)
ommittee, appoint the foreasurer of the Committee Treasurer's Full Name	Designate cand					36. E	mall Address (Optional)
ommittee, appoint the forcesurer of the Committee. 3. Treasurer's Full Name 4. Mailing Address (number and state)	Designate cand			new address. 35			mail Address (Optional) 40. Telephone (Evening)
ommittee, appoint the forcesurer of the Committee. 3. Treasurer's Full Name 4. Mailing Address (number and state)	Designate cand	(ZIP code) Chec	k if this is a ı	new address. 35	. FAX (Optional)		
ommittee, appoint the foreasurer of the Committee. 3. Treasurer's Full Name 4. Mailing Address (number and some 1.7. City	Designate cand	(ZIP code) Chec	k if this is a r	new address. 35	. FAX (Optional)		
ommittee, appoint the foreasurer of the Committee. Treasurer's Full Name Mailing Address (number and stream) City ECTION D. ACCEP	Designate cand treet, city, state, and State	ZIP Code ZIP Code APPOINTME	38, Cou	new address. 35	. FAX (Optional)) 39. Telepho	ne (Day)	40. Telephone (Evening)
committee, appoint the forcessurer of the Committee. Treasurer's Full Name Mailing Address (number and structure) Committee Total Committe	Designate cand treet, city, state, and State TANCE OF cept the dut chairperson	ZIP Code ZIP Code APPOINTME ies and respons of a campaign f	38. Cou	new address. 35 (nty 9-1-15) of Treasurer of	. FAX (Optional)) 39. Telepho ()	ne (Day)	40. Telephone (Evening) () Accepting Appointment
emmittee, appoint the forcessurer of the Committee. Treasurer's Full Name Mailing Address (number and structure) Country Countr	Designate cand treet, city, state, and State TANCE OF teept the dut chairperson parmittee und	ZIP Code ZIP Code APPOINTME ies and respons of a campaign f er IC 3-9-1-7).	38. Coul NT (IC 3- sibilities of	new address. 35 (nty 9-1-15) of Treasurer of	. FAX (Optional)) 39. Telepho ()	ne (Day)	Accepting Appointment
emmittee, appoint the forcessurer of the Committee. Treasurer's Full Name Mailing Address (number and structure) Country ECTION D. ACCEPTION In a committee. I am not the emittee for a candidate coefficient.	Designate cand treet, city, state, and State TANCE OF teept the dut chairperson purmittee und	ZIP Code ZIP Code APPOINTMEI ies and respons of a campaign fer IC 3-9-1-7). F STATEMEN	38. Could state of the state of	new address. 35 (nty 9-1-15) of Treasurer committee (exce	. FAX (Optional) 39. Telepho () of this Signate ept as	ne (Day) ure of Person	Accepting Appointment FOR OFFICE USE ONLY
emmittee, appoint the foreasurer of the Committee. Treasurer's Full Name Mailing Address (number and structure) Country City ECTION D. ACCEP I give notice that I accommittee. I am not the primittee for a candidate continue	State TANCE OF cept the dut chairperson ommittee und ICATION Oute and the control of the contro	ZIP Code ZIP Code APPOINTMEI ies and respons of a campaign f er IC 3-9-1-7). F STATEMEN duly appointed	38. Coul NT (IC 3- sibilities of inance co	new address. 35 (nty 9-1-15) of Treasurer committee (excepts)	. FAX (Optional) 39. Telepho () of this Signate as	ne (Day) ure of Person hat we have	Accepting Appointment FOR OFFICE USE ONLY F I L E D
ommittee, appoint the foreasurer of the Committee. Treasurer's Full Name Mailing Address (number and stress) City CECTION D. ACCEP In give notice that I accommittee. I am not the ermittee for a candidate content of the certify as the candidate.	Designate cand treet, city, state, and State TANCE OF cept the dut chairperson ommittee und ICATION O te and the co	ZIP Code ZIP Code APPOINTME ies and respons of a campaign f er IC 3-9-1-7). F STATEMEN duly appointed four knowledge an	38. Could state of the state of	new address. 35 (nty 9-1-15) of Treasurer committee (excepts of the Coris true, correct	. FAX (Optional) 39. Telepho () of this Signate ept as nmittee and t and complete	ne (Day) ure of Person hat we have	Accepting Appointment FOR OFFICE USE ONLY
ommittee, appoint the foreasurer of the Committee. Treasurer's Full Name Mailing Address (number and stress) City CECTION D. ACCEP In give notice that I accommittee. I am not the ermittee for a candidate content of the certify as the candidate.	Designate cand treet, city, state, and State TANCE OF cept the dut chairperson ommittee und ICATION O te and the co	ZIP Code ZIP Code APPOINTME ies and respons of a campaign f er IC 3-9-1-7). F STATEMEN duly appointed four knowledge an	38. Could state of the state of	new address. 35 (nty 9-1-15) of Treasurer committee (excepts of the Coris true, correct	. FAX (Optional) 39. Telepho () of this Signate ept as nmittee and t and complete	ne (Day) ure of Person hat we have	Accepting Appointment FOR OFFICE USE ONLY F I L E D
4. Mailing Address (number and some and	Designate cand treet, city, state, and State TANCE OF Except the dut chairperson primittee und ICATION O Ite and the co the best of co of Chairperso	ZIP Code ZIP Code APPOINTME ies and respons of a campaign f er IC 3-9-1-7). F STATEMEN duly appointed (our knowledge ar n Signature o	38. County 138. Co	new address. 35 (nty 9-1-15) of Treasurer committee (exception of the Colis true, correction	s. FAX (Optional) 39. Telepho () of this Signate ept as mmittee and t and complet	ne (Day) ure of Person ANTA hat we have (mm/dd/yy)	Accepting Appointment FOR OFFICE USE ONLY FILE D
ommittee, appoint the foreasurer of the Committee. 3. Treasurer's Full Name 4. Mailing Address (number and state) 7. City 6. ECTION D. ACCEP 1. I give notice that I accommittee. I am not the ermitted for a candidate continue of the c	Designate cand treet, city, state, and State TANCE OF Except the dut chairperson primittee und ICATION O Ite and the co the best of co of Chairperso	ZIP Code ZIP Code APPOINTME ies and respons of a campaign f er IC 3-9-1-7). F STATEMEN duly appointed our knowledge ar n Signature of	38. Could a sibilities of Candida	new address. 35 (9-1-15) of Treasurer committee (excepts true, corrections of the Correction of the C	space of this Signature and tand complet Date	ne (Day) ure of Person hat we have (mm/dd/yy)	Accepting Appointment FOR OFFICE USE ONLY F I L E D IN CLERKS OFFICE
ommittee, appoint the foreasurer of the Committee. Treasurer's Full Name Mailing Address (number and stress). City SECTION D. ACCEP 1. I give notice that I accommittee. I am not the ermitted for a candidate committee for a candidate committee of the certify as the candidate committee of the certification of the certif	State TANCE OF Ecept the dut chairperson ommittee und ICATION O the best of co of Chairperso	ZIP Code ZIP Code APPOINTME ies and respons of a campaign f er IC 3-9-1-7). F STATEMEN duly appointed our knowledge ar n Signature of	38. Could a sibilities of Candida a could be condida a could be condida a could be c	new address. 35 (nty 9-1-15) of Treasurer committee (except of the Coristrue, correction	s. FAX (Optional) 39. Telepho () of this Signate ept as nmittee and t and complet Date	ne (Day) ure of Person hat we have (mm/dd/yy) (mm/dd/yy)	Accepting Appointment FOR OFFICE USE ONLY F I L E D IN CLERKS OFFICE JUN 3 0 2023
ommittee, appoint the foreasurer of the Committee. 3. Treasurer's Full Name 4. Mailing Address (number and state) 7. City 6. ECTION D. ACCEP 1. I give notice that I accommittee. I am not the ermitted for a candidate continue of the c	State TANCE OF ccept the dut chairperson ICATION O te and the co of Chairperso of Candidate at any change in	ZIP Code ZIP Code ZIP Code APPOINTME ies and respons of a campaign fer IC 3-9-1-7). F STATEMEN duly appointed to our knowledge ar n Signature of this information be	38. Could a sibilities of candida conference	new address. 35 (nty 9-1-15) of Treasurer committee (exceeds true, correct room te thin ten (10) da	soyine change	ne (Day) ure of Person ANTA that we have (mm/dd/yy) (mm/dd/yy) 06/23/23 (IC 3-9-1-10). A	Accepting Appointment FOR OFFICE USE ONLY F I L E D IN CLERKS OFFICE JUN 3 0 2023



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

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.

(CFA-4) **Summary Sheet**

FILE NUMBER 46-23-40 TOTAL PAGES IN ENTIRE CFA-4 REPORT 10

COMMITTEE INFORMATION			
1. Full Name of Committee (as on Statement of Organization) Check if this is a new Committee to Elect JD Haley	name.		
2. Acronym or Abbreviated Name (if any)		nmittee Telephone Nu 73) 818-1922	
4. Mailing Address (Address where all campaign finance correspondence is received.) 1920 Oriole Irail	Check if t	his is a new address.	
5. City, State, ZIP Code Long Beach, IN 46360	6. Parl	ly Affiliation (if applicat	ble)
CANDIDATE INFORMATION (For Candidate's C	ommitt	ees Only)	
7. Full Name of Candidate (Include any nickname.) Jonathan D. Haley (JD)	8. Part Inde	ly Affiliation or If Indepe ependent	endent Candidate
Office Sought (Include district number, if any. Not required for exploratory committee.) Long Beach Town Council	10. Co LaP	unty of Residence OFTE	
TYPE OF REPORT		CONVE	NTION CANDIDATES ONLY
11. Check one: Pre-Primary Pre-Election Annual Nomination Other			ne: -Convention
Final / Disbands Committee (Lines 18, 19, and 20 must be "0".) Uutgoing Treasurer (Within ten (10) days amend State	ement of On	ganization.) Des	t-Convention
12. Reporting Period (mm/dd/yy): From: 04/08/23 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.			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.)		20.4	
15a. Itemized (Use Schedule A.) 15b. Unitemized		3015.	
AG- Add K AG d AG- 1 - 1 - 1	OTAL	150. 3165.	
46 Addis40	TOTAL	3165.	
EXPENDITURES	IOIAL	3103.	3103.08
(Note: These amounts include in-kind expenditures and loan repayments.)			
17a. Itemized (Use Schedule B.) (Public Question: use Schedule C.)		2957.	69 2957.69
17b. Uniternized	· ·	33.	
17c. Add lines 17a and 17b in both columns.	TOTAL.	2991.	1
18. Cash on hand and investments at close of this reporting period (Subtract 17c from 16 in both columns.)	TOTAL	174.	01 174.01
19. Debts OWED BY the committee (Use Schedule D.)	-	3006.	49
20. Debts OWED TO the committee (Use Schedule E.)			0
CERTIFICATION			FOR OFFICE USE ONLY
I CERTIFY THAT I HAVE EXAMINED THIS STATEMENT. TO THE BEST OF MY KNOWLEDGE AND BELIEF IT IS THE	RUE, CORF	RECT AND COMPLETE.	FILED
Signature of Treasurer Holly Treasurer		Date (mm/dd/yy) 12/13/23 ,	IN CLERKS OFFICE
Signature of Candidate (if applicable)		Date (mm/dd/yy)	007 13 0023
WARNING: Any information contained in this report may not be copied for sale or used for any commercial purpose. (files a fraudulent report commits a Level 6 felony. (IC 3-14-1-13) A person who fails to file a complete or accurate Campaign Finance Law commits a Class B misdemeanor, (IC 3-14-1-14) and may be subject to civil penalties. (IC 3-9-4)	e report as	required by the Indiana	Afterone Themes



State Form 4606 (R17 / 8-23) 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				
Page	2	of	10	

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	COLUMN B CUMULATIVE	DATE RECEIVED (mm/dd/yy)
1. Jonathan D. Haley 1920 Oriole Trail Long Beach, IN 46360	Contributions: Direct In-Kind (describe)	PERIOD	YEAR-TO-DATE	6/26/23
Contributor's Occupation (if required) CFO	Other Receipts: Interest Loan Miscellaneous (specify)	100.00	100.00	Jonathan Haley
2. Jonathan D. Haley 1920 Oriole Trail Long Beach, IN 46360	Contributions: Direct In-Kind (describe)			8/9/23
Contributor's Occupation (if required) CFO	Other Receipts: Interest Loan Miscellaneous (specify)	1080.12	1180.12	Jonathan Haley
3. Jonathan D. Haley 1920 Oriole Trail Long Beach, IN 46360	Contributions: Direct In-Kind (describe)	1225 50	2545.00	9/1/23
Contributor's Occupation (if required) CFO	Other Receipts: Interest Loan Miscellaneous (specify)	1335.56	2515.68	Jonathan Haley
4. Jonathan D. Haley 1920 Oriole Trail Long Beach, IN 46360	Contributions: Direct In-Kind (describe)			9/27/23
Contributor's Occupation (il required) CFO	Other Receipts: Interest Loan Miscellaneous (specify)	500.00	3015.68	Jonathan Haley
5.	Contributions: Direct In-Kind (describe)			
Contributor's Occupation (if required)	Other Receipts: Interest Loan Miscellaneous (specify)			
	HIS PAGE OF SCHEDULE A	\$ 3015.68		
TOTAL OF ALL PAGES OF SCHEDULE A	ON THE LAST PAGE ONLY	\$ 3015.68		
(Enter total on ITEM	15a of the Summary Sheet.)	→ 3013.00		



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

(CFA-4 SCHEDULE A-2) CONTRIBUTIONS BY CORPORATIONS

Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY CORPORATIONS 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 corporations OVER \$100 per contribution, 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).

FILE NUMBER					
Page	3	of	10		

CONTRIBUTORIO EULI VIANE				
CONTRIBUTOR'S FULL NAME AND FULL MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE	DATE RECEIVED (mm/dd/yy) RECEIVED BY
1.	Contributions: Direct In-Kind (describe)	PERIOD	YEAR-TO-DATE	VEOCIVED BY
	Other Receipts: Interest Loan Miscellaneous (specify)			
2.	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest Loan Miscellaneous (specify)			
3.	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest Loan Miscellaneous (specify)			
4.	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest Loan Miscellaneous (specify)			
5.	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest Loan Miscellaneous (specify)			
SIIRT	OTAL THIS PAGE OF SCHEDULE A	\$ 0		
TOTAL OF ALL PAGES OF SCHE	DULE A ON THE LAST PAGE ONLY	s 0		
	n ITEM 15a of the Summary Sheet.)	• 0		



(CFA-4 SCHEDULE A-3) CONTRIBUTIONS BY LABOR ORGANIZATIONS

Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY LABOR ORGANIZATIONS 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 labor organizations 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).

FILE NUMBER						
Page_	4	of	10			

				·		
	CONTRIBUTOR'S FULL NAME AND FULL MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	Į.	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED (mm/dd/yy) RECEIVED BY
1.		Contributions: Direct In-Kind (describe)		Lines	TEAN-10-DATE	
		Other Receipts: Interest Loan Miscellaneous (specify)				
2.		Contributions: Direct In-Kind (describe)				
		Other Receipts: Interest Loan Miscellaneous (specify)				
3.		Contributions: Direct In-Kind (describe)				
		Other Receipts: Interest Loan Miscellaneous (specify)				
4.		Contributions: Direct In-Kind (describe)				
		Other Receipts: Interest Loan Miscellaneous (specify)				
5.		Contributions: Direct In-Kind (describe)				
		Other Receipts: Interest Loan Miscellaneous (specify)				
	SUBTOTAL TI	HIS PAGE OF SCHEDULE A				
	TOTAL OF ALL PAGES OF SCHEDULE A		\$	0		



(CFA-4 SCHEDULE A-4) CONTRIBUTIONS BY POLITICAL ACTION COMMITTEES

Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY POLITICAL ACTION COMMITTEES 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 political action committees OVER \$100 per contribution, 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 political action 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).

FILE NUMBER					
		-	<u>-</u>		
Page	5	of	10	:	

CONTRIBUTOR'S FULL NAME AND FULL MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS	COLUMN B CUMULATIVE	DATE RECEIVED (mm/dd/yy)
1.	C-Aib di	PERIOD	YEAR-TO-DATE	RECEIVED BY
] "	Contributions:			
	In-Kind (describe)			
	In-Kind (describe)			
	Other Receipts:			
	<u> </u>			
	Miscellaneous (specify)			
2.	Contributions:			
	Direct		•	
	n-Kind (describe)	;		
	Other Receipts:			
	Interest Loan			
	Miscellaneous (specify)			
3.	Contributions:			
	Direct			
	n-Kind (describe)			
	<u> </u>			
	Other Receipts:			
	☐ Interest ☐ Loan			
	Miscellaneous (specify)			
4.	Contributions:			
	Direct			
	In-Kind (describe)			
	Other Receipts:		•	
	Interest Loan			
	Miscellaneous (specify)			
5.	Contributions:			
	Direct			
	☐ In-Kind (describe)	}		
	 -			
	Other Receipts:		}	
	Interest Loan			
	Miscellaneous (specify)			
			ļ	l
SURTOTAL	HIS PAGE OF SCHEDULE A	s 0	-	
TOTAL OF ALL PAGES OF SCHEDULE A				
(Enter total on ITEM	15a of the Summary Sheet.)	\$ 0		



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

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

Itemized Contributions and Other Receipts

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 \$160 per contribution, 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 \$160 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee).

	FILE	NUMBE	R	
Page _	6	of	10	

CONTRIBUTOR'S FULL NAME AND 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.	Contributions: Direct In-Kind (describe)			
·	Other Receipts: Interest Loan Miscellaneous (specify)			
2.	Contributions; Direct In-Kind (describe)			
	Other Receipts: Interest Loan Miscellaneous (specify)			
3.	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest Loan Miscellaneous (specify)			
4.	Contributions: Direct tn-Kind (describe)			
	Other Receipts: Interest Loan Miscellaneous (specify)			
5.	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest Loan Miscellaneous (specify)			
SUBTOTAL T	HIS PAGE OF SCHEDULE A	\$ 0		
TOTAL OF ALL PAGES OF SCHEDULE A (Enter total on ITEM	ON THE LAST PAGE ONLY 15a of the Summary Sheet.)	\$ 0		



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	NUMB	ER	
Page _	7	_ of	10	

RECIPIENT'S NAME AND MAILING ADDRESS	RECIPIENT'S OCCUPATION	TYPE OF EXPENDITURE	COLUMN A	COLUMN B	BATEOS
(street, number, city, state, ZIP code)	OFFICE SOUGHT (if applicable)	and PURPOSE (be specific)	AMOUNT THIS PERIOD	CUMULATIVE YEAR-TO-DATE	DATE OF EXPENDITURE (mm/dd/yy)
4imprint 101 Commerce Street PO Box 320 Oshkosh, WI 54901	campaign paraphernalia	Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other Purpose:	1063.13	1063.13	7/21/23
Meghan Reza 1251 N Greenview, #3 Chicago, IL 60642	design	Dtrect In-Kind Payment of Debt Returned Contribution Other Purpose:	150.00	150.00	9/11/23
Service Printers Inc. 28574 Phillips Street Elkhart, IN 46514	advertising	Direct In-Kind Payment of Debt Returned Contribution Other Purpose:	1285.56	1285.56	8/31/23
The Beacher PO Box 9172 Michigan City, IN 46361	adversting	Direct In-Kind Payment of Debt Returned Contribution Other Purpose:	459.00	459.00	9/6/22
Code		Direct In-Kind Payment of Debt Returned Contribution Other Purpose.			
Code		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:			
Code		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:			. , , , , , , , , , , , , , , , , , , ,
TOTAL OF ALL DA	SUBTOTAL THIS PAG		\$ 2957.69		
TOTAL OF ALL PAC	GES OF SCHEDULE B ON THE (Enter total on ITEM 17a of th	LAST PAGE ONLY e Summary Sheet.)	\$ 2957.69		



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

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. All cumulative expenses or transfers-out, regardless of amount paid to political committees supporting or opposing a public question, **MUST** be itemized on this schedule.

(CFA-4 SCHEDULE C) ITEMIZED EXPENDITURES For Public Questions

FILE NUMBER					
Page	8	of	10		

	DUDU IO GUESTIO		Page	8of	10
Enter Text of Public Question.	PUBLIC QUESTIC	N INFORMATION			
Type of Question: Statewide Position: Supported Dpp	☐ Local osed			;	
RECIPIENT'S NAME AND MAILING ADDRESS (street, number, city, state, ZIP code)	RECIPIENT'S OCCUPATION	TYPE OF EXPENDITURE and PURPOSE (be specific)	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE OF EXPENDITURE (mm/dd/yy)
Code		Direct			
Code		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:			
Code		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:			
Code		Direct In-Kind Payment of Debt Returned Contribution Other Purpose.			
Code		Direct In-Kind Payment of Debt Returned Contribution Other Purpose			
Code		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:		.,	·
	SUBTOTAL THIS PAC		\$ 0		
TOTAL OF ALL PAC	GES OF SCHEDULE C ON THE (Enter total on ITEM 17a of to		\$ 0		



State Form 4606 (R17 / 8-23) 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.

	FILE	NUMBE	R	
			_	
Page	9	of	10	

CREDITOR'S OR LENDER'S NAME AND MAILING ADDRESS	ENDORSER'S OR VENDOR'S NAME AND MAILING ADDRESS (if any)	AMOUNT	DATE DEBT INCURRED	CUMULATIVE PAID	OUTSTANDING BALANCE THIS
(street, number, city, state, ZIP code)	(street, number, city, state, ZIP code)	NATURE OF DEBT	(mm/dd/yy)	YEAR-TO-DATE	PERIOD
Jonathan D. Haley 1920 Oriole Trail Long Beach, IN 46360		1080.12	8/9/23	0	1080.12
LENDER'S OCCUPATION:		loan			, 555.12
Jonathan D. Haley 1920 Oriole Trial Long Beach, IN 46360		1335.56	9/1/23	0	2415.68
LENDER'S OCCUPATION		loan	0,1,20		2413.00
Jonathan D. Haley 1920 Oriole Trail Long Beach, IN 46360		500.00	9/27/23	0	2915.68
LENDER'S OCCUPATION		loan	0/2/120		2515.00
Chase PO Box 15123 Wilmington DE 19850	Jonathan D. Haley 1920 Oriole Trail Long Beach, IN 46360	90.81	10/6/23	0	3006.49
LENDER'S OCCUPATION		committee credit card account		J	0000.70
LENDER'S OCCUPATION					
LENDER'S OCCUPATION					
	,				
LENDER'S OCCUPATION		SUBTOTAI	L THIS PAGE OI	F SCHEDULE D	\$ 3006.49
	TOTAL OF ALL	PAGES OF SCHEDULE (Enter total on IT	E D ON THE LAS EM 19 of the St	ST PAGE ONLY Immary Sheet)	\$ 3006.49



(CFA-4 SCHEDULE E) DEBTS OWED TO 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, <u>regardless of the amount</u>, OWED TO the committee during the reporting period. Include all amounts the committee has loaned to others.

	FILE	NUMBE	R	
Page _	10	of	10	

			[, ugo		
BORROWER'S NAME AND MAILING ADDRESS (street. number, city, state, ZIP code)	CO-SIGNER'S NAME AND MAILING ADDRESS (if any) (street, number, city, state, ZIP code)	ORIGINAL AMOUNT	DATE DEBT INCURRED (mm/dd/yy)	CUMULATIVE PAID YEAR-TO-DATE	OUTSTANDING BALANCE THIS PERIOD
					ļ
·					
				İ	
	•				
				1-2	
					
		SUBTOTA	L THIS PAGE OF	SCHEDULE E	\$ 0
	TOTAL OF A	LL PAGES OF SCHEDUL		4	\$ 0
		(Enter total Off f	TEM 20 of the Sur	mmary sneet)	· · · · · · · · · · · · · · · · · · ·



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

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

(CFA-4) **Summary Sheet**

FILE NUMBER TOTAL PAGES IN ENTIRE CFA-4 REPORT 10

COMMITTEE INFORMATION				
1. Full Name of Committee (as on Statement of Organization)	name.			
2. Acronym or Abbreviated Name (if any) 3. Committee Tele (773) 818				A Total Control Contro
4. Mailing Address (Address where all campaign finance correspondence is received.)	heck if th	is is a new a	address.	****
5. City, State, ZIP Code Long Beach, IN 46360	6. Party	Affiliation (if applicable)	
CANDIDATE INFORMATION (For Candidate's Can	ommitte	es Only)		
7. Full Name of Candidate (Include any nickname.) Jonathan D. Haley (JD)	8. Party Inde	Affiliation opendent	r If Independer	nt Candidate
9. Office Sought (Include district number, if any. Not required for exploratory committee.) Long Beach Town Council	10. Cou LaPo	inty of Resid	lence	
TYPE OF REPORT			CONVENTIO	N CANDIDATES ONLY
11. Check one:			Check one:	
Pre-Primary Pre-Election Annual Nomination Other			Pre-Conv	ention
Final / Disbands Committee (Lines 18, 19, and 20 must be "0".) Outgoing Treasurer (Within ten (10) days amend State	ement of Orga	enizetion.)	Post-Con	vention
12. Reporting Period (mm/dd/yy): From: 10/14/23 Through: 12/31/23			UMN A Period	COLUMN B Year to Date
13. Cash on hand and investments at the beginning of this reporting period.			174.01	
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.)			50.00	3065.68
15b. Unitemized			1200.00	1350.00
15c. Add lines 15a and 15b in both columns.	OTAL		1250.00	4415.68
	OTAL		1424.01	4415.68
EXPENDITURES				
(Note: These amounts include in-kind expenditures and loan repayments.)				
17a. Itemized (Use Schedule B.) (Public Question: use Schedule C.)			1335.96	4313.65
17b. Unitemized			28.80	62.78
	TOTAL		1384.76	4376.43
18. Cash on hand and investments at close of this reporting period (Subtract 17c from 16 in both columns.)	TOTAL		39.25	39.25
19. Debts OWED BY the committee (Use Schedule D.)			3056.49	
20. Debts OWED TO the committee (Use Schedule E.)			0	
CERTIFICATION			F	OR OFFICE USE ONLY
I CERTIFY THAT I HAVE EXAMINED THIS STATEMENT. TO THE BEST OF MY KNOWLEDGE AND BELIEF IT IS TR	RUE, CORF	RECT AND CO	MPLETE S	TLED
Signature of Treasurer Title Treasurer	D	ate (mm/dd	(14) " IN	CLERKS OFFICE
Signature of Candidate (Fapplicable) Alley		ate (Inm/dd	24 .	JAN 1 0 2024
WARNING: Any information contained in this report may not be copied for sale or used for any commercial purpose. (files a fraudulent report commits a Level 6 felony. (IC 3-14-1-13) A person who fails to file a complete or accurate Campaign Finance Law commits a Class B misdemeanor, (IC 3-14-1-14) and may be subject to civil penalties. (IC 3-9-4)	e report as	required by t	الشائين سيدين	Lleanne Others



State Form 4606 (R17 / 8-23) 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	NUMBE	R	
	,			
Page	2	of	10	

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. Jonathan D. Haley 1920 Oriole Trail Long Beach, IN 46360	Contributions: Direct In-Kind (describe)			6/26/23
Contributor's Occupation (if required) CFO	Other Receipts: Interest Loan Miscellaneous (specify)	100.00	100.00	Jonathan Haley
2. Jonathan D. Haley 1920 Oriole Trail Long Beach, IN 46360	Contributions: Direct In-Kind (describe)	1000 10		8/9/23
Contributor's Occupation (if required) CFO	Other Receipts: Interest Loan Miscellaneous (specify)	1080.12	1180.12	Jonathan Haley
3. Jonathan D. Haley 1920 Oriole Trail Long Beach, IN 46360	Contributions: Direct In-Kind (describe)	4005.50	0545.00	9/1/23
Contributor's Occupation (if required) CFO	Other Receipts: Interest Loan Miscellaneous (specify)	1335.56	2515.68	Jonathan Haley
4. Jonathan D. Haley 1920 Oriole Trail Long Beach, IN 46360	Contributions: Direct In-Kind (describe)			9/27/23
Contributor's Occupation (if required) CFO	Other Receipts: Interest Loan Miscellaneous (specify)	500.00	3015.68	Jonathan Haley
5. Jonathan D. Haley 1920 Oriole Trail Long Beach, IN 46360	Contributions: Direct In-Kind (describe)	50.00	0005.00	11/30/23
Contributor's Occupation (if required) CFO	Other Receipts: Interest Loan Miscellaneous (specify)	50.00	3065.68	Jonathan Haley
SUBTOTAL T	HIS PAGE OF SCHEDULE A	\$ 3065.68		
TOTAL OF ALL PAGES OF SCHEDULE A (Enter total on ITEM	ON THE LAST PAGE ONLY 15a of the Summary Sheet.)	\$ 3065.68		



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

(CFA-4 SCHEDULE A-2) CONTRIBUTIONS BY CORPORATIONS

Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY CORPORATIONS 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 corporations 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).

Page _	3	of	10	

CONTRIBUTOR'S FULL NAME AND FULL MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS	COLUMN B	DATE RECEIVED (mm/dd/yy)
1.	Contributions: Direct In-Kind (describe)	PERIOD	YEAR-TO-DATE	RECEIVED BY
	Other Receipts: Interest Loan Miscellaneous (specify)			
2.	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest Loan Miscellaneous (specify)			
3.	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest Loan Miscellaneous (specify)			
4.	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest Loan Miscellaneous (specify)			
5.	Contributions: Direct In-Kind (describe)			-
	Other Receipts: Interest Loan Miscellaneous (specify)			
SIIRTOTAI	THIS PAGE OF SCHEDULE A	s 0		
TOTAL OF ALL PAGES OF SCHEDULE		\$ O		



(CFA-4 SCHEDULE A-3) CONTRIBUTIONS BY LABOR ORGANIZATIONS

Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY LABOR ORGANIZATIONS 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 labor organizations 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).

FILE NUMBER				
Page	4	of	10	

CONTRIBUTOR'S FULL NAME AND 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.	Contributions; Direct In-Kind (describe)	TEMOS	TEAN TO BATE	
	Other Receipts: Interest Loan Miscellaneous (specify)			
2.	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest Loan Miscellaneous (specify)			
3.	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest Loan Miscellaneous (specify)		,	
4.	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest Loan Miscellaneous (specify)			
5.	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest Loan Miscellaneous (specify)			
	HIS PAGE OF SCHEDULE A	\$ 0		
TOTAL OF ALL PAGES OF SCHEDULE A (Enter total on ITEM)	ON THE LAST PAGE ONLY 15a of the Summary Sheet.)	\$ 0		



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

(CFA-4 SCHEDULE A-4) CONTRIBUTIONS BY POLITICAL ACTION COMMITTEES

Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY POLITICAL ACTION COMMITTEES 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 political action committees 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 political action 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).

FILE NUMBER				
		.,		
Page _	5	of	10	

CONTRIBUTOR'S FULL NAME AND FULL MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS	COLUMN B	DATE RECEIVED (min/dd/yy)
1.	Contributions: Direct In-Kind (describe)	PERIOD	YEAR-TO-DATE	RECEIVED BY
	Other Receipts: Interest Loan Miscellaneous (specify)			
2.	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest Loan Miscellaneous (specify)			
3.	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest Loan Miscellaneous (specify)			
4.	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest Loan Miscellaneous (specify)			
5.	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest Loan Miscellaneous (specify)			
SUBTOTAL 1	HIS PAGE OF SCHEDULE A	\$ 0		
TOTAL OF ALL PAGES OF SCHEDULE A (Enter total on ITEM	ON THE LAST PAGE ONLY 15a of the Summary Sheet.)	\$ 0		



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

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

Itemized Contributions and Other Receipts

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 REACK 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 #UST 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 #UST 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).

FILE NUMBER				
Page	6	of	10	

	CONTRIBUTOR'S FULL NAME AND FULL MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS	COLUMN B CUMULATIVE	DATE RECEIVED (mm/dd/yy)
1.	(street, number, city, state, ZIP code)	Contributions: Direct In-Kind (describe)	PERIOD	YEAR-TO-DATE	RECEIVED BY
		Other Receipts: Interest Loan Miscellaneous (specify)			
2.		Contributions: Direct tn-Kind (describe)			
		Other Receipts: Interest Loan Miscellaneous (specify)			
3.		Contributions: Direct In-Kind (describe)			
		Other Receipts: Interest Loan Miscellaneous (specify)			
4.		Contributions: Direct In-Kind (describe)			
		Other Receipts: Interest Loan Miscellaneous (specify)			
5.		Contributions: Direct In-Kind (describe)			
		Other Receipts: Interest Loan Miscellaneous (specify)			
	SUBTOTAL	THIS PAGE OF SCHEDULE A	\$ 0		
	TOTAL OF ALL PAGES OF SCHEDULE A (Enter total on ITEM	ON THE LAST PAGE ONLY 115a of the Summary Sheet.)	\$ 0		



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 _	7	_ of _	10	_

RECIPIENT'S NAME AND MAILING ADDRESS (street, number, city, state, ZIP code)	RECIPIENT'S OCCUPATION	TYPE OF EXPENDITURE	COLUMN A AMOUNT THIS	COLUMN B CUMULATIVE	DATE OF
	OFFICE SOUGHT (if applicable)	PURPOSE (be specific)	PERIOD	YEAR-TO-DATE	EXPENDITURE (mm/dd/yy)
4imprint 101 Commerce Street PO Box 320 Oshkosh, WI 54901	campaign paraphernalia	Direct In-Kind Payment of Debt Returned Contribution Other Purpose:	72.54	1135.67	10/16/23
Meghan Reza 1251 N Greenview, # 3 Chicago, IL 60642	design	Direct In-Kind Payment of Debt Returned Contribution Other Purpose:	0	150.00	-
Service Printers Inc. 28574 Phillips Street Elkhart, IN 46514	advertising	Direct In-Kind Payment of Debt Returned Contribution Other Purpose:	518.42	1803.98	12/13/23
The Beacher PO Box 9172 Michigan City, IN 46361	adversting	Direct In-Kind Payment of Debt Returned Contribution Other Purpose:	765.00	1124.00	10/24/23
Code		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:			
Code		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:			
Code		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:			
	SUBTOTAL THIS PAG	E OF SCHEDULE B	\$ 4313.65		
TOTAL OF ALL PAG	GES OF SCHEDULE B ON THE	LAST PAGE ONLY			
	(Enter total on ITEM 17a of th	e Summary Sheet.)	\$4313.65		



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

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. All cumulative expenses or transfers-out, regardless of amount paid to political committees supporting or opposing a public question, MUST be itemized on this schedule.

(CFA-4 SCHEDULE C) ITEMIZED EXPENDITURES For Public Questions

FILE NUMBER				
Page	8	of	10	

			Page	8of_	10
Enter Text of Public Question.	PUBLIC QUESTIC	ON INFORMATION			
Type of Question: Statewide Position: Supported C	Local				
RECIPIENT'S NAME AND MAILING ADDRE (street, number, city, state, ZIP code)	SS RECIPIENT'S OCCUPATION	TYPE OF EXPENDITURE and PURPOSE (be specific)	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE OF EXPENDITURE (mm/dd/yy)
Code		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:			
Code		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:			
Code		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:			
Code		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:			
Code		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:			
Code		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:			
	SUBTOTAL THIS PAG		\$ O		
TOTAL OF ALL F	AGES OF SCHEDULE C ON TH (Enter total on ITEM 17a of t		\$ O		



State Form 4606 (R17 / 8-23) 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.

	FILE	NUMBE	R	
Page	9	of	10	

CREDITOR'S OR LENDER'S NAME AND MAILING ADDRESS (street, number, city, state, ZIP code)	ENDORSER'S OR VENDOR'S NAME AND MAILING ADDRESS (if any) (street, number, city, state, ZIP code)	AMOUNT	DATE DEBT NCURRED (mm/dd/yy)	CUMULATIVE PAID YEAR-TO-DATE	OUTSTANDING BALANCE THIS PERIOD
Jonathan D. Haley 1920 Oriole Trail Long Beach, IN 46360		1080.12	8/9/23	0	1080.12
LENDER'S OCCUPATION:		loan			
Jonathan D. Haley 1920 Oriole Trial Long Beach, IN 46360		1335.56	9/1/23	0	2415.68
LENDER'S OCCUPATION Jonathan D. Haley		loan			
1920 Oriole Trail Long Beach, IN 46360		500.00	9/27/23	0	2915.68
LENDER'S OCCUPATION Chase	Jonathan D. Haley	loan			
PO Box 15123 Wilmington DE 19850	1920 Oriole Trail Long Beach, IN 46360	90.81	10/6/23	0	3006.49
LENDER'S OCCUPATION		committee credit card account			
Jonathan D. Haley 1920 Oriole Trail Long Beach, IN 46360		50.00	11/30/23	3056.49	50.00
LENDER'S OCCUPATION		loan			
					·
LENDER'S OCCUPATION					
LENDER'S OCCUPATION		SUBTOTA	L THIS PAGE O	F SCHEDULE D	\$ 3056.49
TOTAL OF ALL PAGES OF SCHEDULE D ON THE LAST PAGE ONLY (Enter total on ITEM 19 of the Summary Sheet.)				\$ 3056.49	



(CFA-4 SCHEDULE E) DEBTS OWED TO 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 TO the committee during the reporting period. Include all amounts the committee has loaned to others.

	FILE	NUMBE	R	
	<u>-</u>			
Page	10	of	10	[

			<u> </u>			
BORROWER'S NAME AND MAILING ADDRESS (street, number, city, state, ZIP code)	CO-SIGNER'S NAME AND MAILING ADDRESS (if any) (street, number, city, state, ZIP code)	ORIGINAL AMOUNT	DATE DEBT INCURRED (mm/dd/yy)	CUMULATIVE PAID YEAR-TO-DATE	BALA	STANDING ANCE THIS ERIOD
				λ	:	
		SUBTOTA	L THIS PAGE OF	SCHEDULE E	\$	0
TOTAL OF ALL PAGES OF SCHEDULE E ON THE LAST PAGE ONLY (Enter total on ITEM 20 of the Summary Sheet.)					\$	0