

State Form 4606 (R15 / 5-19) 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 V No

(CFA-4)
Summary Sheet

FILE NUMBER

TOTAL PAGES IN ENTIRE CFA-4 REPORT

46-23-94

10

CLERK OF LA PORTE CIRCUIT COURT

11:56am NS

COMMITTEE INFORMATION				
1. Full Name of Committee (as on Statement of Organization) Check if this is a new	name.			
2. Acronym or Abbreviated Name (if any)		ommittee Telephone		
4. Mailing Address (Address where all campaign finance correspondence is received.) 504 E Dominic Street	Check if	this is a new addre		
5. City, State, ZIP Code LaCrosse, IN 46348	6. Pa	rty Affiliation (if app publican	licable)	
CANDIDATE INFORMATION (For Candidate's C	_1	•		
7. Full Name of Candidate (Include any nickname.) Justin Michael Kiel	8. Pa	rty Affiliation or If In publican	dependent	Candidate
Office Sought (Include district number, if any. Not required for exploratory committee.) LaPorte County Council, District 1	10. C	ounty of Residence		
TYPE OF REPORT		I CON	VENTION	CANDIDATES ONLY
11. Check one:	····, · ····		ck one:	JANUAR DATE OF THE PROPERTY OF
Pre-Primary Pre-Election Annual Nomination Other			Pre-Conve	ention
Final / Disbands Committee (Lines 18, 19, and 20 must be "0".) Outgoing Treasurer (Within ten (10) days amend State	ement of O	rganization.)	Post-Conve	
12. Reporting Period (mm/dd/w):		COLUMN	·	COLLEGEN
From: 1/1/23 Through: 12/31/23		This Perio		COLUMN B Year to Date
13. Cash on hand and investments at the beginning of this reporting period.		\$1,06	5.42	
14. Cash on hand and investments January 1, current year.				\$1,065.42
CONTRIBUTIONS AND RECEIPTS				
(Note: these amounts include in-kind contributions and loans, as well as cash contributions.) 15a. Itemized (Use Schedule A.)				·
15b. Unitemized			0.00	\$500.00
15c Add lines 15a and 15h in both and			0.00	\$0.00
SC Addition to add to a control of the control of t			0.00	\$500.00
	OTAL	\$50	0.00	\$500.00
EXPENDITURES				1 A 1
(Note: These amounts include in-kind expenditures and loan repayments.)		, ,	7.5	
17a. Itemized (Use Schedule B.) (Public Question: use Schedule C.) 17b. Unitemized		· · · · · · · · · · · · · · · · · · ·	0.00	\$0.00
17.0 Add those 47.2 and 47% to 4			0.00	\$0.00
	OTAL		0.00	\$0,00
· · · · · · · · · · · · · · · · · · ·	TOTAL	\$1,56	5.42	\$1,565.42
19. Debts OWED BY the committee (Use Schedule D.) 20. Debts OWED TO the committee (Use Schedule E.)			0.00	
O. DOUG STILD TO the Committee (Use Schedule E.)		\$7	0.00	
CERTIFICATION			FOR	OFFICE USE ONLY
CERTIFY THAT I HAVE EXAMINED THIS STATEMENT. TO THE BEST OF MY KNOWLEDGE AND BELIEF IT IS TRU			F I	<u> </u>
Doctor L. Hucker Treasurer	D	oate (mm/dd/yly) 01/17/24		LERKS OFFICE
ignature of Candidate (if applicable)	ā	ate (mm/dd/yv) 01/17/24	\prod	_
VARNING: Any information contained in this report may not be copied for sale or used for any commercial purpose. (IC	100 de		IJAN	1 7 2024
of a magaziness report containing a lievel o terony, (i.e. 5-74-7-73) A mercan who tails to file a complete or postument.		أنتاه مقابلته بالمالسنان بسمد	¥	
ampaign Finance Law commits a Class B misdemeanor, (IC 3.14-1-14) and may be subject to civil penalties. (IC 3-9-4-1	16, IC 3-9	4-17, IC 3-9-4-18)		acru Stevers



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(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, rebetes, 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	NUMB	ER	
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	AMOUNT THIS	COLUMN B CUMULATIVE	DATE RECEIVED
1.	Contributions: Direct In-Kind (describe)	PERIOD	YEAR-TO-DATE	RECEIVED BY
	Other Receipts: Interest Loan Miscellaneous (specify)			
Contributor's Occupation (if required)				
2	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest Loan Miscellaneous (specify)			
Contributor's Occupation (if required)				
3.	Contributions: Direct In-Kind (describe)			
Contributor's Occupation (# required)	Other Receipts: Interest Loan Miscellaneous (specify)			
4.	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest Loan Miscellaneous (specify)			
Contributor's Occupation (if required)		İ		
5.	Contributions: Direct tn-Kind (describe)			
	Other Receipts: Interest Loan Miscellaneous (specify)		-	
Contributor's Occupation (# required)				
SUBTOTAL TI	IS PAGE OF SCHEDULE A	\$ 0.00		
TOTAL OF ALL PAGES OF SCHEDULE A (Enter total on ITEM	ON THE LAST PAGE ONLY 15a of the Summary Sheet.)	\$		



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

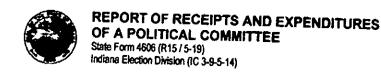
(CFA-4 SCHEDULE A-2) CONTRIBUTIONS BY CORPORATIONS

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 repeyments, 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			
	FILE NUMBER					

			- 280	_0110
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
1.	Contributions: Direct In-Kind (describe)		TEARNIO-DATE	NCOLIVES BY
	Other Receipts: Interest Loan Miscellaneous (specify)			
2	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest Loan Miscellaneous (specify)			
1.	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)			
SURTOTAL	THIS PAGE OF SCHEDULE A	\$ \$0.00		
TOTAL OF ALL PAGES OF SCHEDULE	A ON THE LAST PAGE ONLY	\$ \$0.00 \$		
Enter total on ITEA	15a of the Summary Sheet.)	▼		



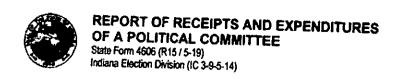
(CFA-4 SCHEDULE A-3) CONTRIBUTIONS BY LABOR ORGANIZATIONS

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 perty 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 perty committee).

FILE NUMBER

	CONTRIBUTOR'S FULL NAME AND FULL MAILING ADDRESS (street number city state ZIP code)	TYPE OF CONTRIBUTIO OR OTHER RECEIPT	11	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DAT	
1		Contributions: Direct In-Kind (describe)		- CKIOD	TEAR-TO-DAT	E KECHWED BY
		Other Receipts: Interest Loan Miscellaneous (specify)				
2.		Contributions: Direct In-Kind (describe)				
		Other Receipts: Interest Loan Miscellaneous (specify)				
3.		Contributions: Direct tn-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 T	HIS PAGE OF SCHEDULE A	\$	0.00		
	TOTAL OF ALL PAGES OF SCHEDULE A	ON THE LAST PAGE ONLY (5a of the Summary Sheet.)	\$	0.00		
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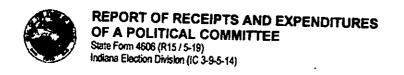


(CFA-4 SCHEDULE A-4) CONTRIBUTIONS BY POLITICAL ACTION COMMITTEES Itemized Contributions and Other Receipts

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	

			-8-	<u> </u>
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'ddyy) RECEIVED BY
1. Republicans United to Defend You PAC (RUDY PAC) PO Box 26141 Alexandria, VA 22313	Contributions: Direct In-Kind (describe)			12/17/23
	Other Receipts: Interest	\$500.00	\$500.00	Justin Kiel
2	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest Loan Miscellaneous (specify)			
2	Contributions: Direct tn-Kind (describe)			
	Other Receipts: Interest Loan Miscellaneous (specify)			
•	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest Loan Miscellaneous (specify)			
5.	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest Losn Miscellaneous (specify)			
SUBTOTAL T	HIS PAGE OF SCHEDULE A	\$ 500.00	<u> </u>	
TOTAL OF ALL PAGES OF SCHEDULE A	ON THE LAST PAGE ONLY	300.00		
	S. the Summary Sneet.)			;



(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 <u>intended on ITEM 15a</u> of the Summary Sheet. All ournutative contributions from other entities OVER \$100 per contribution, within a catendar year MUST be itemized on this schedule (over \$200, if regular party committee). All transfers-in this schedule. All cumulative receipts, (such as been 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 _	6	of	10	
	FILE	NUMBE	R	

CONTRIBUTOR'S FULL NAME AND FULL MAILING ADDRESS (Street, number city, state, ZIP code) 1.	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR TO DATE	DATE RECEIVED (mim/dd/yy) RECEIVED BY
L	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 Loen Miscellaneous (specify)			
4.	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest Loan Miscellaneous (specify)			
3.	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest Loan Miscellaneous (specify)		-	
SUBTOTAL T	HIS PAGE OF SCHEDULE A	\$ 0.00		
TOTAL OF ALL PAGES OF SCHEDULE A		\$ 500.00		
	3. dio Gairmary Street.)	000.00		



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(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 perty committee). All cumulative expenses, including in-kind, regardless of amount paid to political committees, (such as transfers-out from candidate, legislative caucus, political ection, or regular party committees) MUST be itemized on this schedule.

Page _	7	_ of	10	
		 		
	FILE	NUMB	ER	

				Page	of
RECIPIENT S NAME AND MAILUID ADDRESS istreet number city state ZIP code:	RECIPIENT SIDSCUPATION OFFICE SOUGHT in applicable)	TYFE OF EXPENDITURE and FURROSE he spends	OCLEWN AMO INF PERIO		DATE OF EXPENDITURE
Code	·	Direct In-Kind Peryment 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:			
code		Direct In-Kind Payment of Debt Returned Contribution Other			
TOTAL OF ALL PAGE	SUBTOTAL THIS PAGE S OF SCHEDULE B ON THE L Enter total on ITEM 17a of the	AST PAGE ONLY			



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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

Page	8	of	10	
	FILE.	NUMBE	R	

PUBLIC QUESTION INFORMATION Enter Text of Public Question.	Page	8	of	10
Type of Question: Statewide Local Position: Supported Opposed				
	COLUMN A MOUNT THIS PERIOD	COLUMN E CUMULATIN YEAR-TO-DA	/E : E>	DATE OF PENDITURE
Code Direct In-Kind Payment of Debt Returned Contribution Other Purpose:				<i>тино</i> цо у уч
Code Direct in-Kind Payment of Debt Peturned 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 h-Kind Payment of Debt Returned Contribution Other Purpose:				
Offect in-Kind Payment of Debt : Returned Contribution Other Purpose:				
SUBTOTAL THIS PAGE OF SCHEDULE C \$ (0.00		<u> </u>	
TOTAL OF ALL PAGES OF SCHEDULE C ON THE LAST PAGE ONLY	0.00			



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 tender's occupation is required if an individual makes loans of at least \$1,000 during the calendar year. Otherwise, this is optional.

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CRED FOR SIOR LENGTR'S NAME AND MAILING ADDRESS (Street number city state Zip code)	EMPORSER'S OR VENCER'S NAME AND MAILING ADDRESS of any instruction mainteen only state ZIP codes	AMOURT NATURE OF DEBT	PATE DEBT PSURRED Part of 14	CUMULATIVE PAID YEAR TO PATE	OUTSTANDING BALANCE THIS PERIOD
LENDER'S COOLPATION					
LENDERS OCCUPATION:					
LENDERS OCCUPATION:					
LENDER'S OCCUPATION:					
LEVENTS COCUPATION	_				e approximately a second
2000					
ENDERTS OCCUPATION					1
BEEPTS OCCUPATION					<u> </u> -
	TOTAL OF ALL PA	GES OF SCHEDULE D	HIS PAGE OF S	PAGEONIV	0.00
		(Enter total on ITEM	न । a of the Sumi	nary Sheet.)	0.00



(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	
Page	10	of	10	

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BORROWER S HAME ARD MAILING ADDRESS (street number, city state, ZIP code)	CO-SIGNER'S NAME AND MAILBIG ADDRESS in anyi (street, number - nly state ZIF ande)	ORIGINAL AMOUNT	PATE DEBT NOURRELL	CUMUI ATIVE PAID NEAR-TID IATE	OUTSTANDING SALARICE THIS PERIOD
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·					
			THIS PAGE OF S		0.00
	TOTAL OF ALL	PAGES OF SCHEDULE (Enter total on ITE			0.00