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
1. IS THIS AN AMENDMENT?	Yes 🗌 No 🛛 If Yes	, please enter the file	number in this box. –	+ 410-23-11,
SECTION A. CANDIDATE IN				
2. Last Name	First Name	Middle Name	Nickname	3. Type of Committee (Check one)
Pulsary	LARRY	TAVIT)	Candidate's Principal Committee
TINKERION		PRIVIL		Exploratory Committee
4. Mailing Address (number and street, city, state,	and ZIP code) A PORTE, ZN	5. FAX (0	ptional) 6. E	E-mail Address (Optional)
7. City Sta		8. County	9. Telephone (Day)	10. Telephone (Evening)
LAPORTE IN		LAPORTE	574 876991	14 574 876 9914
11. Party Affiliation		12. Office Soug	ht (Include district number, if	any. Not required for an exploratory committee.)
Democratic Libertarian Republicar				
SECTION B. COMMITTEE INI	FORMATION: Fill	l in all applicable bo	xes as fully and ac	curately as possible.
13. Full Name of Committee (Do not abbrevia			··	
COMMITTEE 7	O ELECT	LARRY TIN	KER TON	
14. Mailing Address (number and street, city, state	and ZIP code) 🔲 Čheck	if this is a new address. 15. I	AX (Optional) 16.	E-mail Address (Optional)
1012 L ST LAP	ORTE, ING	16350		
17. City Sta	te ZIP Code	18. County	19. Telephone	20. Committee Organization Date
LAPORTE IN	U 46350	LAPORTE	57487699/4	1 102/01/2023
21. Chairperson's Full Name 🛛 🛛 Designat			v chairperson.	<i>•</i> • •
LARRY DAVID K 22. Mailing Address (number and street, city, state	NKERTON	if this is a new address [23.]	AX (Ontional) 24	E-mail Address (Optional)
1012 L SI LAP	UNTE, IN te ZIPCode	<u>46350</u>)	29 Telephone (Evening)
25. City Sta		LAPORTE	27. Telephone (Day)	28. Telephone (Evening)
LAPOR/E 4.	N 46350		524 876 991	
29. Bank or Other Depositories (List all bank	_	which the committee deposits	funds, holds accounts, rents s	safety deposit boxes or maintains funds.)
HORIZON BA.	NR			
30. Exploratory Committee (Give brief statement	t explaining purpose of an explor			Vill the committee pay the candidate a salary or attach a copy of the contract.)
				a -
SECTION C. APPOINTMENT 32. I, as Chairperson of the fo	OF TREASURER	(IC 3-9-1-14)		ne Committee Chairperson
committee appoint the following of	oregoing reison Appo	\sim		
committee, appoint the following pe Treasurer of the Committee.	LARRY	PINKERTO	N Take	surbation
33. Treasurer's Full Name Designate c	andidate as treasurer.	Check if this is a new treas	urer.	
LARRY DAVID P	INKER 10	<u>/</u> /		
34. Mailing Address (number and street, city, state		if this is a new address. 35. I	AX (Optional) 36.	E-mail Address (Optional)
	BRTE, IN		- <u></u>	
37. City Sta	te ZIP Code	38. County	39. Telephone (Day)	40. Telephone (Evening)
LAPORTE 7,	M46350	LAPORTE	574876991	4 5748769914
	OF APPOINTMEN	T (IC 3-9-1-15)		
41. I give notice that I accept the			this Signature of Perso	n Accepting Appointment
Committee. I am not the chairperso	on of a campaign fin			
permitted for a candidate committee u				
	OF STATEMENT			FOR OFFICE USE ONLY
We certify as the candidate and th examined this statement. To the best	e duly appointed Cl	hairperson of the Com	mittee and that we hav	FILED
42. Typed or Printed Name of Chairper			Date (mm/dd/yy)	IN CLERKS OFFICE
LARRY PINKER 70.		(-) - 1	02/01/2	3
43. Typed or Printed Name of Candida			Date (mm/dd/yy)	
LARRY PINKERT	$\tau \rightarrow 1$		~ 02/01/2	FEB 1 2023
Warning: State law requires that any chang	- 10 · 1		of the change //C 3-6-1-101	
person who knowingly files a fraudulent report	rt commits a Level 6 D fel	lonv (IC 3-14-1-13). A persor	who fails to file a complete	or Aleaone Stevens
accurate report as required by the Indiana C				

REPORT OF RECEIPTS AND EXPENDITURES A POLITICAL COMMITTEE State Form 4606 (R14 / 10-17) 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	OF	Summa	
IS THIS AN AMENDMENT? Ves No	ſ	TOTAL PAGES IN EN	TIRE CPANEFORT
	L	······································	j
COMMITTEE INFORMATION	I		
1 Full Name of Committee (as on Statement of Organization)			- <mark>- 1</mark>
COMMITTEE TO ELECT LARRY PINK		SN	
2 Acronym or Abbreviated Name (if any)	3. Con	mittee Telephone Numbe	
	12		700
4 Maining Address (Address where all campaign finance correspondence is received.)	Check if t	his is a new address.	and the second
1612 L >1	Le Bort	y Affiliation (if applicable)	
5. City. State, ZIP Code LAPORTE, IN 46350	i o rai	y Anniauon (n'appreable)	
CANDIDATE INFORMATION (For Candidate's) Committ	ees Only)	
7. Full Name of Candidate (Include any nickname.)		y Affiliation or If Independ	ent Candidate
LARRY PINKERTON	k	EPUBLIC	
9 Office Sought (Include district number, if any. Not required for exploratory committee.)	10. Co	unty of Residence	
5 TH WARD CITY COUNCIL MAN		-	
TYPE OF REPORTS		CONVENTI	ON CANDIDATES ONLY
11. Check one:		Check one:	
Pre-Primary Pre-Election Annual Nomination Other			nvention
Final / Disbands Committee (Lines 18, 19, and 20 must be 10") Dulgoing Treasurer (Within ten 110) days amend S	latement of Org	penization.)	privention
12. Reporting Period (mm/dictive): From. 03/29/2023 Through: 4-5-2023		COLUMN A This Period	COLUMN B Year to Date
13 Cash on hand and investments at the beginning of this reporting period		78.90	
14. Cash on hand and investments January 1, current year.			800,00
AT WHAT TO HER AN CONTRIBUTIONS AND RECEIPTS 接続記錄時間。	1.4.1.		
(Note: these amounts include In-kind contributions and loans, as well as cash contributions.)		1/lun cm	
15a Itemized (Use Schedule A.)	<u> </u>	1407,97	
15b Unitemized		MAD CH	
Fig. Add thes for and for in dour originals.	BTOTAL	1401.91	
16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B.	TOTAL	1486.87	
EXPENDITURES MELANING AND	· · ·		
(Note: These amounts include in-kind expenditures and loan repayments.)			
17a. Itemized (Use Schedule B.) (Public Question, use Schedule C.)		1381, 94	
17b. Unitemized		1201 04	
The Mud sites the abut the in our containe	BTOTAL	1.381.94	<u></u>
18 Cash on hand and investments at close of this reporting period (Subtract 17c from 16 m both columns)	TOTAL	104,93	
19. Debts OWED BY the committee (Use Schedule D.)		· · · · · · · · · · · · · · · · · · ·	
20 Debts OWED TO the committee (Use Schedule E.)		[
CERTIFICATION AND A CERTIFICATION AND A COMPANY	1		FORNEELERSONFICE
I CERTIFY THAT I HAVE EXAMINED THIS STATEMENT. TO THE BEST OF MY KNOWLEDGE AND BELIEF IT IS			
Signature of Treasurer Title TREASURE	10	ate (nm/dd/yy) 19-05-23	APR 1 0 2023
Signature and care (1 applicable)		ate (mm/dd/yy)	
Change Serbut		24-05-2B	Aflaore Stevers

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WARNING: Any compation 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 CLERK OF LA PORTE CIRCUIT COURT



Election Division (IC 3-9-5-14

REPORT OF RECEIPTS AND EXPENDITURES OF A POLITICAL COMMITTEE Form 4606 (R14 / 10-17)

State Indiana

(CFA-4 SCHEDULE B) ITEMIZED EXPENDITURES

Page

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 catendar 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.

RECIP:ENT'S NAME AND MAILING ADDRESS (street. number, city, state. ZIP code)	RECIPIENT'S OCCUPATION OFFICE SOUGHT (if applicable)	TYPE OF EXPENDITURE and PURPOSE (be specific)	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE OF EXPENDITURE (nim-dd/yy)
Code A HAWKINS PRINT SHOP LABORTE, INH6350	DOUR MAGNERS	Direct IIIn-Kind Payment of Debt Returned Contribution Other Purpose:	112.30		3/16/23
Code A KEMPS OFFICE CITY 812 LINCOLN WM LABORTE, IN H6350		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:	61.47		2/15/23
A HANNER	DOOR MAGNEYS (4 LAMATED LABELS 50) GC DOOR HANGERS	Payment of Debt Returned Contribution	312.00		3/14/23
MICHIGANCITY	NEWS ADD	Direct In-Xind Payment of Debt Returned Contribution Other Purpose	669.37		4/3/
Code A U.S POSTOFFIC LABORTE, IN	POSTAGE E STAMPS	Define lin-Kind Payment of Debt Returned Contribution Other Purpose	226.50		4/5/23
Code		Direct In-Kind Payment of Debt Returned Continution Other Purpose.			
Code		Direct I In-Kind Payment of Debt Returned Contribution Other Purpose			
	SUBTOTAL THIS PAG		\$1381.94		
TOTAL OF ALL P	AGES OF SCHEDULE B ON TH (Enter total on ITEM 17a of t	E LAST PAGE ONLY the Summary Sheet.)	\$1381.94		

FILE NUMBER

of

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of

REPORT OF RECEIPTS AND EXPENDITURES OF A POLITICAL COMMITTEE Indiana State Form 4606 (R14 / 10-17)

Election Division (IC 3-9-5-14)

(CFA-4 SCHEDULE A-1) CONTRIBUTIONS BY INDIVIDUALS Itemized Contributions and Other Receipts

Page

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.

TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY

(Enter total on ITEM 15a of the Summary Sheet.)

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 (mmidd/yy) RECEIVED BY
LAREY PINKERTON 1612 L ST LAPORTE, IN 46350	Contributions: Direct In-Kind (describe) Other Receipts: Interest Loan	500.w		2/7/23
2. LARY PINCERTUN	Miscellaneous (specify) Contributions: Direct In-Kind (describe)			2/27/23
16212 37 LABORTE, ZN 4635	Other Receipts: Interest Loan Miscellaneous (specify)	300.00		
3. ItEATUER OAKES LADORTE, IN	Contributions: Direct Direct Dock // AAGSA_S Other Receipts: Interest Loan Miscellaneous (specify)	167. 97		3/20/23
Contributor's Occupation (if regulred)				
4. J., SLAY BAUGH LABORTE, JN Contributor's Occupation (d required)	Contributions: Direct In-Kind (describe) S(GNS Other Receipts: Inferest Loan Miscellaneous (specify)	200.00		2/24/23
5 RICH GRAMMROSSA	Contributions: Direct In-Kind (describe) Other Receipts: Interest Loan	240.00		3/4/23
Contributor's Occupation (il required)	Miscellaneous (specify)	12/47 67	¢	
SUBTOTAL	THIS PAGE OF SCHEDULE A	\$1467,97		

1407.97

REPORT OF RECEIPTS AND EXPENDITURES A POLITICAL COMMITTEE State Form 4606 (R14 / 10-17) Indiana Election Division (IC 3-9-5-14)	OF	Summa	A-4) ry Sheet umber
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? Ves No		TOTAL PAGES IN EN	TIRE CFA-4 REPORT
	i		
	••••		
1 Full Name of Committee (as on Statement of Organization) U Check if this is a new COMMITTEE TO ELECT LAREY PINKE		1	
2 Acronym or Abbreviated Name (if any)		mittee Telephone Numb	er 1
	121		
4 Mailing Address (Address where all campaign finance correspondence is received.)	Check if t	his is a new address.	
5 City. State, ZIP Code LAPORTE, IN 46350	6. Par	y Affiliation (if applicable)	
CANDIDATE INFORMATION (For Candidate's	Committ	ees Only)	
7. Full Name of Cendidate (Include any nickname.)		y Affiliation or If Independ	lent Candidate
LARRY PINKERTON		REPUBLI	CAN
9 Office Sought (Include district number, if any. Not required for exploratory committee.)	10. Co	unty of Residence	
STH WARD CITY COUNCIL MAN		LAPORTE	
TYPE OF REPORT		CONVENTI	ON CANDIDATES ONLY
11. Check one:		Check one:	
Y Pre-Primary Pre-Election Annual Normination Other			nvention :
Final / Disbands Committee /unes 18, 19, and 20 must be "0") Outgoing Treasurer (Mithin Ian (10) days amend St	atement of On		
12 Reporting Period $(mm/dd/yy)$. Through 03/29/23		COLUMN A This Period	COLUMN B Year to Date
		General	
13. Cash on hand and investments at the beginning of this reporting period		800,00 :	800.00
14 Cash on hand and investments January 1, current year. CONTRIBUTIONS AND RECEIPTS			8 00701
(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. SUB	TOTAL		
16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B.	TOTAL	800.00	800.00
EXPENDITURES			
(Note: These amounts include in-kind expenditures and loan repayments.)			
17a Itemized (Use Schedule B.) (Public Question use Schedule C.)		721.10	
17b. Unitemized			
	BTOTAL	0	
18 Cash on hand and investments at close of this reporting period (Suprect 17c from 16 in both columns	TOTAL	721.10	
19 Debts OWED BY the committee (Use Schedule D.)		78.90	D
20 Debts OWED TO the committee (Use Schedule E.)		78,90	IN CLERKS OFFICE
CERTIFICATION			FOR OFFICE USE ONLY
I CERTIFY THAT I HAVE EXAMINED THIS STATEMENT TO THE BEST OF MY KNOWLEDGE AND BELIEF IS IS	TRUE, COR	RECT AND COMPLETE	10 2002
Signature of Peasure Title Nilasure		ate (mm/dd/yy)	APR 1 0 2023
Signature of Consider (1) Contractor	Ú	ate (mm/dd/yy)	Learne Starns LERK OF LA PORTE CIRCUIT COURT

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WARNING: Any normation 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



REPORT OF RECEIPTS AND EXPENDITURES OF A POLITICAL COMMITTEE Form 4606 (R14 / 10-17) Election Division (IC 3-9-5-14

caucus, political action, or regular party committees) MUST be itemized on this schedule.

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 JTEM 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

State Indiana

(CFA-4 SCHEDULE B) ITEMIZED EXPENDITURES

FILE NUMBER				
Page_	1	of	1	

COLUMN A COLUMN 8 **RECIPIENT'S OCCUPATION** DATE OF TYPE OF EXPENDITURE RECIPIENT'S NAME AND MAILING ADDRESS AMOUNT THIS CUMULATIVE EXPENDITURE and (street, number, city, state, ZIP code) YEAR-TO-DATE (mm/dd/yy) OFFICE SOUGHT (if applicable) PURPOSE (be specific) PERIOD De Direct 🗋 In-Kind T-SHIRTS Code A KARAHLESS Payment of Debt 262,50 SIT STATE ST Returned Contribution 0ther_ Puroose: LAPORTE IN CODE A LARRY PINKERTON US. STAMPS Direct Direct h-Kind 226-80 Payment of Debt 1612 2 57. Returned Contribution 23 Other LARORTE, IN Purcose: 46350 US STAMPS code H Direct Dir-Kind 226-80 Payment of Debt LARRY PINKENTON 1612 L ST Returned Contribution Other_ Purpose: LABORTE IN 46350 Direct In-Kind Code Payment of Debt Returned Contribution 0ther Purpose: 4. Direct 🔲 In-Kind Code Payment of Debt Returned Contribution 0ther Purpose: Direct Din-Kind Code Payment of Debt Returned Contribution Other_ Purpose: Direct Direct In-Kind Code Payment of Debt Returned Contribution Other_ Pumose \$721,10 SUBTOTAL THIS PAGE OF SCHEDULE B TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY \$ (Enter total on ITEM 17a of the Summary Sheet.)

REPORT OF RECEIPTS AND EXPENDITURES A POLITICAL COMMITTEE State Form 4506 (R14 / 10-17) Indiana Election Division (IC 3-9-5-14)	OF	(CF. Summal FILE N	ry Sheet	
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.		46-2 TOTAL PAGES IN EN	S-11 TIRE CFA-4REPORT	
IS THIS AN AMENDMENT? Ves No		····		
COMMITTEE INFORMATIO	N			
1. Full Name of Committee (as on Statement of Organization)	<u>ew n</u> ame.			1
COMMITTEE TO ELECT LARRY 1	L'NK	CERTON		
2. Acronym or Abbreviated Name (If any)	3, Co.	mmittee Telephone Numbe		
4. Mailing Address (Address where all campaign finance correspondence is received.)	Check if	this is a new address.	<i>.</i> <u>/</u>	
4. Mailing Address (Address where all campaign linance correspondence is received.)		this is a new address.		
5. City, State, ZIP Code LAFORTE, IN 46350	6. Pa	rty Affiliation (if applicable)		
CANDIDATE INFORMATION (For Candidate's	s Commit	tees Only)		
7. Full Name of Candidate (Include any nickname.)		ty Affiliation or If Independe	ent Candidate	
LARRY PINKER TON	P.	FUBLICA		
9. Office Sought (Include district number, if any. Not required for exploratory committee.)	10. Co	ounty of Residence		
5TH WARD CITY COUNCIL MAN		APORTE		
TYPE OF REPORT		CONVENTIO	ON CANDIDATES ONLY	
11. Check one:		Check ane:		-
Pre-Primary Pre-Election Annual Nomination Other		Pre-Cor		
Final / Disbands Committee (Lines 16, 19, and 20 must be "0".) Outgoing Treasurer (Within ten (10) days amend	Statement of O	rganization.) Dost-Co	nvention	
12. Reporting Period (mm/dd/yy): From: 03/29/2023 Through. 11-27-262.	3	COLUMN A This Period	COLUMN B Year to Date	
13. Cash on hand and investments at the beginning of this reporting period.		78,90		
14. Cash on hand and investments January 1, current year.			800,00	
CONTRIBUTIONS AND RECEIPTS				
(Nate: these amounts include in-kind contributions and loans, es well as cash contributions.)		141AM OM		-1
15a. Itemized (Use Schedule A.)		1407.97		
15b. Uniternized 15c. Add lines 15a and 15b in both columns. SU	BTOTAL	1407,97		
16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B.	TOTAL	1486,87	[
16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B.	IOTAL	1100101		
(Note: These amounts include in-kind expenditures and loan repayments.)				
17a. Itemized (Use Schedule B.) (Public Question: use Schedule C.)		1381,94		
17b. Unitemized		10001/1		
	JBTOTAL	1381,94		
18. Cesh on hard and investments at close of this reporting period (Subtract 17c from 16 in both columns.)	TOTAL	0	<u></u>	
19. Debts OWED BY the committee (Use Schedule D.)		0	·	
20. Debts OWED TO the committee (Use Schedule E.)		Č –		ช
			IN CLERKS OFFIC	<u>E</u>
CERTIFICATION	S TRUE, COR		OR OFFICE USE UNLY	
Signeture of Treasurer Content Title REASURE		Date (mm/dd/yy)	NOV 27 2023	
Signature of Caedidate (II and II cable) Signature of Caedidate (II and II cable) MADNING: (any integration of this report may not be copied for sale or used for any commercial purpose		Date (mm/dd/yy)	A flacory Others	
The pulse of the second for the contract of the contract of the contract for sale or used for any commercial pullons	e uc 3-9-4-3	or a person who knowingly ICLD	BR UT LA CUALL CIRCUIL	

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WARNING: Any information contained in this report may not be copied for sale or used for any commercial purpose (IC 3-94-5) A person who knowledge K 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



Election Division (IC 3-9-5-14

REPORT OF RECEIPTS AND EXPENDITURES OF A POLITICAL COMMITTEE Form 4606 (R14 / 10-17)

State Indiana

(CFA-4 SCHEDULE B) ITEMIZED EXPENDITURES

INSTRUCTIONS: Please type or print legibly IN BLACK INK at information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document expenditures <u>lotated on ITEM 17a</u> 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	VUMBER	_
Page		of	

i na shi ƙwang ang Malika ing kasar Mananan ng ang 26	en en vol 2344 de CEE Engliser Augustate	· · · ·	1997 z 2000 - Myr 20		
Code A HAWKWS PRINT SHOP LADURTE IN46350	DOUR MAGNERS	Direct in-Kind Payment of Detx Returned Contribution Other Purpose	112.30		3/16/23
LABORTE, IN 46350	OFFICE SUPPLIES	Direct In-Kind Payment of Debt Returned Contribution Other Putpose	61.47		2/15/23
PRINT SHOP LABURTE IN 4635D	DOOR MAGNETS (4 LAMATED LABELS 50) GO DOOR HANGELS 350 FLYERS	Payment of Debt	312.00		3/14/23
HERALD-DISPATCA	NEWS ADD	Direct Direct Direct Direct Payment of Debt Returned Contribution Other Direct Purpose	669.37		4/3,
LABORTE, IN	POSTAGE E STAMPS	Orect in-Kind Payment of Debt Returned Contribution Other Purpose	226.50		#/5/23
Code		Direct Dir-Kand Payment of Debt Returned Contribution Other Paypose 7			
Code		Direct Direction bi-Kind Payment of Debt Returned Contribution Other Purpose		`	
TOTAL OF ALL PAGE	SUBTOTAL THIS PAGE ES OF SCHEDULE B ON THE Enter total on ITEM 17s of the	AST PAGE ONLY	\$ <u> 38],94</u> \$ 38],94		



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REPORT OF RECEIPTS AND EXPENDITURES OF A POLITICAL COMMITTEE Sate Form 4605 (R14 / 10-17) In Elector Division (IC 3-9-5-14)

S (CFA-4 SCHEDULE A-1) Indiane 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 totated on ITEM 15a of the Summery Sheet. All cumutative contributions from individuals OVER \$100 per contributor, within a catendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumutative 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 catendar year, MUST be itemized on this schedule (over \$200 if regular party committee). A contributor's occupation is required if an individual makes at teast \$1,000 in contributions during the catendar year. Otherwise, this is optional.

CONTRIBUTOR'S FULL NAME AND OCCUPATION FULL MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED (mm: 11/yy) RECEIVED BY
LAREY PINKERTON 1612 L ST LAPO-RTE, IN 46350 Contributor's Occupation (il required)	Contributions: Contributions: In-Kind (describe) Other Receipts: Interest Loan Miscellaneous (specify)	500.w		2/7/23
2 LAARY PINKANTUN 1671L ST LABORTE, IN Contributor's Occupation (If required) 4635	Contributions: Direct In-Kind (describe) Other Receipts: Interest Loen Misceltaneous (specify)	300.00		2/27/23
3. ITEATITSE OAKES LADORTE, ZN Contributor's Occupation (d' required)	Contributions: Direct Direct Dock // AAAG SA S Other Receipts: Interest Loan Miscellaneous (spectly)	167. 97		3/20/23
. 1	Contributions: Direct In-Kind (describe) StGNS Other Receipts: Interest Loan Miscellaneous (specify)	200.00		2/24/23
MICHIGAN, CITY	Miscellaneous (specify)	240.00		3/4/23
SUBTOTAL THI TOTAL OF ALL PAGES OF SCHEDULE A O	IS PAGE OF SCHEDULE A	1467,97		
(Enter total on ITEM 1	5a of the Summary Sheet.)	407.97		

FILE NUMBER

REPORT OF RECEIPTS AND EXPENDITURES OF A POLITICAL COMMITTEE State Form 4606 (R14 / 10-17)

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	NUMBI	ER	
Page	1	of	1	

CREDITOR'S OR LENDER'S NAME AND MAILING ADDRESS	ENDORSER'S OR VENDOR'S NAME AND MAILING ADDRESS (if any)	AMOUNT	DATE DEBT	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
LARRY PINKERTOW 1612 L'STRAGY LAPORTE, IN 46350	,	1481.94	1 JAN TO OMESON	1381.94	10493
26350			1-0-0		· · · · · · · · · · · · · · · · · · ·
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LENDER'S OCCUPATION:				·	
LENDER'S OCCUPATION:					
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LENDER'S OCCUPATION		· · ·	· . •		
	ND.5,12.2. nm1-27-2023				
LENDER'S OCCUPATION:					·
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LENDER'S OCCUPATION:	I <u>.</u>	SUBTOTA	L THIS PAGE O	F SCHEDULE D	\$104.93
	TOTAL OF ALL	PAGES OF SCHEDUL (Enter total on I	E D ON THE LA TEM 19 of the S	ST PAGE ONLY ummary Sheet.)	\$104.93
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REPORT OF RECEIPTS AND EXPENDITURES OF A POLITICAL COMMITTEE Form 4606 (R14 / 10-17) Election Division (IC 3-9-5-14

State Indiana

(CFA-4 SCHEDULE B) ITEMIZED EXPENDITURES

FILE NUMBER							
Page	1	of	1				

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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. 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.

RECIPIENT'S NAME AND MAILING ADDRESS (street, number, city, state, ZIP code)	RECIPIENT'S OCCUPATION OFFICE SOUGHT (if applicable)	TYPE OF EXPENDITURE and PURPOSE (be specific)	COLUIAN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE OF EXPENDITURE (nim/dd/yy)
Code LARPY PINKERTON 1612 & KSY LABATE ZN 46350		Direct Direct In-Kind Payment of Debt Returned Contribution Other	104.93	1:4	7/11/ 2023
Code	L	Direct In-Kind Payment of Debt Returned Contribution Other Purpose:			
Code		Okrect In-Kind Payment of Debt Returned Contribution Other Purpose:			
		Direct tr-Kind Payment of Debt Returned Contribution Other Purpose:			. = 4
. <u>Code</u>		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:			• • •
		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:			
Code	· · · · · · · · · · · · · · · · · · ·	Direct In-Kind Payment of Debl Returned Contribution Other Purpose:			
	SUBTOTAL THIS PA	GE OF SCHEDULE B	\$104.93		I
TOTAL OF ALL P	AGES OF SCHEDULE B ON TH (Enter total on ITEM 17a of	IE LAST PAGE ONLY	\$1381,94		