

CANDIDATE'S STATEMENT OF ORGANIZATION AND DESIGNATION OF PRINCIPAL COMMITTEE OR EXPLORATORY COMMITTEE

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	s □ No If Yes,	, please	enter the fi	le numbe	er in this box	ι. →	46-23-01
SECTION A . CANDIDAT	E INFO	RMATION: Fill	in all a	pplicable l	oxes a	s fully and	accur	ately as possible.
2. Last Name		rst Name		iddle Name		Nickname		3. Type of Committee (Check one)
Konjectny		Laura		Lynn				☐ Exploratory Committee
4. Mailing Address (number and street, city 302 S FICIDS TONC	y, state, and D r	ZIP code)		5. FAX	(Optional)		6. E-ma	il Address (Optional)
7. City	State	ZIP Code	8. Count	I () 9. Tel	ephone (Day)		10. Telephone (Evening)
la Porte	IN	46350		Pirte	(219	304-15		(219) 304 -1823
11. Party Affiliation ☐ Democratic ☐ Libertarian ☑ Rep	ublican [] Other		12. Office Se	ought (Inclu	de district numb una \ of	er, if any.	Not required for an exploratory committee.) 1 of LaPerK Ward 5
SECTION B. COMMITTE	E INFO	RMATION: Fill		pplicable				
13. Full Name of Committee (Do not a	bbreviate.	Check if this is:		e. LCZHV				
14. Mailing Address (number and street, o	ity, state, arx	d ZIP code) ☐ Check	if this is a r	new address. 1	5. FAX (Op	tional)	16. E-m	nail Address (Optional)
302 & Fieldstane	DY State	ZiP Code	18. Cour	147) 10 T	elephone		20. Committee Organization Date
La Porte	TN			Porte		1) 301 .18	23	(Control of St. 50 53
	_	andidate as Chairperso	on. 🗆 C	heck if this is a				
	nicc							
22. Mailing Address (number and street, of 302 S., Field Store	ity, state, and	d ZIP ∞ðe) □ Check) [if this is a r	new address. 2	3. FAX (Op	tional)	24. E-m	ail Address (Optional)
25. City_	State	ZiP Code	26. Cour	ntv () 27. Ti	elephone (Day)	<u> </u>	28. Telephone (Evening)
LaPorte	IN			orte	1	306.18	73	(219) 3010 - 1823
29. Bank or Other Depositories (List a	all banks of	r other depositories in v						1(2=-1) 30 0
Centier Bank				·	·	·		•
30. Exploratory Committee (Cive brief s	tatement exp	laining purpose of an explor	ratory commit	tee only.) 31. S	alaries and	Reimbursemen	its (Will t	he committee pay the candidate a salary or ch a copy of the contract.) Yes Who
SECTION C. APPOINTM	ENT OF	TREASURER	(IC 3-9-			J.	,	, ,
32. I, as Chairperson of t	he fore	going Person Appo				Signature	of the C	ommittee Chairperson
committee, appoint the following Treasurer of the Committee.	ng pers	on as Laura	L	Konicci	eny	P	ς.	K L/S
33. Treasurer's Full Name Design	gnate cand	lidate as treasurer.		this is a new to		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	- (
		LCZHY						
34. Mailing Address (number and street, of 302 S Filld Ston			if this is a r	new address. 3	5. FAX (Op	tional)	36. E-m	nail Address (Optional)
37. City	State	ZIP Code	38, Cour			elephone (Day)	<u> </u>	40. Telephone (Evening)
La Portc	エル	46350	Lat	orte	هد)	306.13	23	(219) 306.132-3
SECTION D. ACCEPTAN		APPOINTMEN						
41. I give notice that I accept Committee. I am not the chair	the du	ties and responsit of a campaign fir	bilities o	f Treasurer mmittee (exc	of this 3		erson A	ccepting Appointment
permitted for a candidate comm	ittee und	er IC 3-9-1-7).	,		ор. 43	X/Im	791	4->
		FSTATEMENT			***			FOR OFFICE USE ONLY
We certify as the candidate a examined this statement. To the	nd the d	duly appointed Cl our knowledge and	nairperso belief it	on of the Co Is true corre	ommittee ct and co	and that we mplete.	have	FILED
42. Typed or Printed Name of Ch	airperso	on Signature of	Çhairper	sdn		Date (mm/dd/yy	,	IN CLERKS OFFICE
Laura L Konicci	HNU	\mathcal{H}_{a}	$ \times $	1/3		01 13 2	3	
43. Typed or Printed Name of Ca		Signature of	Candida	te		Date (mm/dd/yy		JAN 1 8 2023
Laura L Konicc		XZ.	*	4	4	01 13		JAN 10 EUEJ
Warning: State law requires that any		n this information be re	eported wit	thin ten (10) da	ays of the o	1		
person who knowingly files a frauduler	nt report co	ommits a Level 6 D fe	long (IC 3-	14-1-13). A per	son who fa	ils to file a comp	olete or	LILAGUE Stevens
accurate report as required by the Ind	iidna Cam	paign Finance Law co	mmus a C	iass o misoem	eanor (IC 3	- 14-1-14), and t	nay be	CLERK OF LA PORTE CIRCUIT COURT



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 No

(CFA-4) Summary Sheet

FILE NUMBER

10-23-07

TOTAL PAGES IN ENTIRE CFA-4 REPORT

COMMITTEE INFORMATION			
1. Full Name of Committee (as on Statement of Organization)	name.		
Committee to Elect Laura Konicczny			
2. Acronym or Abbreviated Name (if any)	1	mittee Telephone Number	
	(219) 306 - 1373	
4. Mailing Address (Address where all campaign finance correspondence is received.)	Check if th	is is a new address.	
5. City, State, ZIP Code	6. Party	Affiliation (if applicable)	_
La Porte, IN 46350		epublican	,
CANDIDATE INFORMATION (For Candidate's C	ommitte	es Only)	
7. Full Name of Candidate (Include any nickname.)	8. Party	Affiliation or If Independer	nt Candidate
Laura Lynn Konieczny	Re	publican	
9. Office Sought (Include district number, if any Not required for exploratory committee.)		inty of Residence	
city of LaPorte Common Council-Ward 5	ا ل	a Porte	
TYPE OF REPORT		CONVENTIO	N CANDIDATES ONLY
11. Check one:		Check one:	
Pre-Primary Pre-Election Annual Nomination Other		Pre-Conv	
Final / Disbands Committee (Lines 18, 19, and 20 must be "0".) Utgoing Treasurer (Within ten (10) days amend State	ement of Orga	anization.) Dost-Con	vention
12. Reporting Perjod (mm/dd/yy):		COLUMN A	COLUMN B
From: 01 01 23 Through: 04 14 23		This Period	Year to Date
13. Cash on hand and investments at the beginning of this reporting period.		ø	
14. Cash on hand and investments January 1, current year.			Ø
CONTRIBUTIONS AND RECEIPTS			
(Note: these amounts include in-kind contributions and loans, as well as cash contributions.)		05110 - 0	- 51 - 50
15a. Itemized (Use Schedule A.)		2540,00	2540.00
15b. Unitemized		<u>γ</u>	2 - 2 - 2
•	TOTAL	2540.00	2540.00
	TOTAL	2540.00	2540.00
EXPENDITURES			
(Note: These amounts include in-kind expenditures and loan repayments.)			
17a. Itemized (Use Schedule B.) (Public Question: use Schedule C.)		1471.25	1471.25
17b. Unitemized		<u> </u>	Ð
17c. Add lines 17a and 17b in both columns.	TOTAL	1471-25	1471.95
18. Cash on hand and investments at close of this reporting period (Subtract 17c from 16 in both columns.)	TOTAL	1067.75	1048.75
19. Debts OWED BY the committee (Use Schedule D.)		D	
20. Debts OWED TO the committee (Use Schedule E.)		Ð	
			OR OFFICE USE ONLY

CERTIFICATION	
I CERTIFY THAT I HAVE EXAMINED THIS STATEMENT. TO THE BEST OF MY KNOWLEDGE AND BELIEF IT IS TRUE, C	CORRECT AND COMPLETE.
Signature of Treasurer Title Treasurer landidate	Date (mm/dd/yy) 04 14 23
Signature of Cardidate (in applicable)	Date (mm/dd/yy) 54 4 3.3
WARNING: Any information contained in this report may not be copied for sale or used for any commercial purpose. (IC 3-9 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 campaign Finance Law commits a Class B misdemeanor, (IC 3-14-1-14) and may be subject to civil penalties. (IC 3-9-4-16, IC)	ort as required by the Indiana

FOR OFFICE USE ONLY

FILED

IN CLERKS OFFICE

APR 1 4 2023

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CIERK OF LA PORTE CIRCUIT COU

9:08 am TVS



State Form 4606 (R15 / 5-19) 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_	a	of	6	

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	DATE RECEIVED (mm/dd/yy)
1. Bradley C Anderson II 2005 Lakeshore Dr Wallerton, IN 46574 Contributor's Occupation (# required) Realtor	Contributions: Direct In-Kind (describe) Other Receipts: Interest Loan Miscellaneous (specify)	FERIOD	FIDD. O	63 B 23
Laura Konleczny 302 s Acidstine Dr LaPorte, IN 46350	Contributions: Direct In-Kind (describe) Other Receipts: Interest Loan Miscellaneous (specify)	7 200 .ou	f260.00	01/23/23 ll
contributor's Occupation (if required) Relitor 3. Marilyn Ro Kita 143 Regency Parkway iaPorte. FN 46350 contributor's Occupation (if required) Retired - Nurse	Contributions: Direct In-Kind (describe) Other Receipts: Interest Loan Miscellaneous (specify)	+200.00	4 2.00. 00	03/08/23
Paul T Klimek 8 14719 B, Carpy St Cedar Lake, IN 44303 Contributor's Occupation (if required) Retired	Contributions. Direct In-Kind (describe) Other Receipts: Interest Loan Miscellaneous (specify)	9100.00	f100.00	63/08/23
Edward O' Donoghue 14637 A Drummond St Cedar Lake IN 46303 Contributor's Occupation (# required) Maintanance	Contributions: Direct In-Kind (describe) Other Receipts: Interest Loan Miscellaneous (specify)	4 40.00	\$ 4b.o0	03/03/23
SUBTOTAL TOTAL OF ALL PAGES OF SCHEDULE	THIS PAGE OF SCHEDULE A A ON THE LAST PAGE ONLY I 15a of the Summary Sheet.)	\$ (40.00 \$		



State Form 4606 (R15 / 5-19) 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 _	3	of	6	

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
Janet K Konicciny 1567 N 400 W La Porte, IN 46350 Contributor's Occupation (if required) Retired	Contributions: Direct In-Kind (describe) Other Receipts: Interest Loan Miscellaneous (specify)	\$ 300.00	F300 - UV	64/12/23 PL
2.	Contributions: Direct In-Kind (describe) Other Receipts: Interest Loan Miscellaneous (specify)			
Contributor's Occupation (if required) 3.	Contributions:			
	☐ In-Kind (describe) Other Receipts: ☐ Interest ☐ Loan ☐ Miscellaneous (specify)			
Contributor's Occupation (if required)	Contributions: Direct In-Kind (describe) Other Receipts:			
Contributor's Occupation (if required)	☐ Interest ☐ Loan ☐ Miscellaneous (specify) —————			
5.	Contributions: Direct In-Kind (describe)			
Contributor's Occupation (if required)	Other Receipts: Interest Loan Miscellaneous (specify)			
, , , , , , , , , , , , , , , , , , , ,	THIS PAGE OF SCHEDULE A	\$ 300.00		
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-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 \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if 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 \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee).

FILE NUMBER				
Page _	4	of	6	

party committee).			raye	_ 01
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
cok Homes, LLC 814 ELa Salle South Bend, IN 416417	Contributions: Direct In-Kind (describe) Other Receipts: Interest Loan Miscellaneous (specify)	4/000.00	4 000.00	03/03/23
Friends of Jim Pressel 1772 N Lofgren Rd	Contributions: Direct In-Kind (describe)	£ 60.00	\$100.00	04/ 12/23
Rolling Prairie, IN 46371	Other Receipts: Interest Loan Miscellaneous (specify)	1 160.00		k
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	\$ 1,100.00		
TOTAL OF ALL PAGES OF SCHEDULE (Enter total on ITE	A ON THE LAST PAGE ONLY M 15a of the Summary Sheet.)	\$		



State Form 4606 (R15 / 5-19) 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	6			

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
I RPAC Indiana Realtors Political Admin committee 143 W Market St, Swik 100	Contributions: Direct In-Kind (describe)	\$518.00	4500.cu	04/12/23
Fodiancpilis, IN 46204	Other Receipts: Interest Loan Miscellaneous (specify)		CUMULATIVE YEAR-TO-DATE	h
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)			
6.	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest Loan Miscellaneous (specify)			
<u> </u>	THIS PAGE OF SCHEDULE A	\$ 500.00		
TOTAL OF ALL PAGES OF SCHEDULE /	ON THE LAST PAGE ONLY	\$ 2540.00		



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

(CFA-4 SCHEDULE B) ITEMIZED EXPENDITURES

INSTRUCTIONS: Please type or print fegibly 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 _	6	of	6		

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)	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE OF EXPENDITURE (mm/dd/yy)
Reprographic Ants 2224 Michigan Blud Trail Creek, + N46360	Printing Umpany	Direct In-Kind Payment of Debt Returned Contribution Other Purpose: Vard Signs	1642.00	8642.00	3/31/23
Code A MIGWEST Communications Group LLC POBOX 441 Franklin , TN 46131	Marketing Firm	Direct In-Kind Payment of Debt Returned Contribution Other Purpose: Palm Cards, Lit	1 329.25	1824.25	4/13/23
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:			,
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	SE OF SCHEDULE B	\$1471.25 \$1471.25		
TOTAL OF ALL PA	TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY (Enter total on ITEM 17a of the Summary Sheet.)				



SUPPLEMENTAL "LARGE CONTRIBUTION" REPORT BY A CANDIDATE'S COMMITTEE

(\$1,000 CONTRIBUTIONS OR MORE)

State Form 48492 (R6 / 5-19) Indiana Election Division (IC 3-9-5-20.1; 3-9-5-22)

INSTRUCTIONS: Only candidates receiving a "large contribution" are required to file this report. 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.

FILE NUMBER

TOTAL PAGES IN ENTIRE CFA-11

					IVEL OIL I	
IS THIS AN AMENDMENT? Yes N						
1. Full Name of Candidate (Include any nickname.)		MITTEE INFORMATI w name. 2. Committee	Telephone No	ımber		
Laura L Kontectny		(219)	306-1	323		
3. Mailing Address (Address where all campaign fina 312 S F.Udstone C	nce correspondence	is received.)	if this is a new	address.		
la Pirte	IN	46350	Re	publicar	endent Candidate	
6. Office Sought (Include district number, if any. Not a	A		7. County of			
	winal · W	ard 5	La	Porte		
8. Reporting Period (mm/dd/yy): From:	Through:					
For classification, enter INDV for Individual; PAC for political acti	ion committee: CORP for	corporation; LAB for labor orga	anization; OTHER	for all entries whic	h are not one of the abo	ve categories.
CONTRIBUTOR'S FULL NAME AND OC FULL MAILING ADDRESS (street, number, city, state, ZIP c		TYPE OF CONTR OR OTHER RE		AMO	LUMN A DUNT OF RIBUTION	DATE RECEIVED (mm/dd/yy)
Classification 1.		Contributions:		CONT	KIBUTION	RECEIVED BY
CORP		Direct				ا ا ادا
CDK Homes, LLC		☐ In-Kind (describe)		·		03/08/23
314 E La Salle			-,	\$100	0.00	
South Bandi	IN 44617	Other Receipts: ☐ Interest ☐ Loan		•		
•		☐ Miscellaneous (sp.)				ll
Contributor's Occupation (if applicable) By IKCY Di	uner-Real E	state	-			
Classification 2.		Contributions:				
		☐ Direct ☐ In-Kind (describe)				
·						
		Other Receipts:				
		☐ Interest ☐ Loan				
		☐ Miscellaneous (sp	ecify)			
Contributor's Occupation (if applicable)			-	-		
Classification 3.		Contributions: Direct				
		☐ In-Kind (describe)				
			-		•	
		Other Receipts:				
		☐ Interest ☐ Loan ☐ Miscellaneous (sp	ecify)			·
Contributor's Occupation (if applicable)						
, , , , , , , , , , , , , , , , , , , ,	CERTIFICATION	- N			FOR OFFIC	EUSE ONLY
CERTIFY THAT I HAVE EXAMINED THIS STAT	TEMENT. TO THE I	BEST OF MY KNOWLE	DGE AND B	ELIEFITIS	IN CLERKS C	
TRUE, CORRECT AND COMPLETE. Signature of Treasurer	Titte		Date (mm/dd/y))		
Ham XIC	Treasure	r Candidate	04 14	23	APR 14	2023
Signature of Cardidate (# applicable)			Date (mm/dd/y)	. ! !	ALD LT	
Law JLis			64/14/	33 4	L/Laonu 3	turas
Warning: Any information contained in this report may reperson who knowingly files a fraudulent report commits a	not be copied for sale to Level 6 felony. (IC 3-1	or used for any commercial 14-1-13) A person who fails	purpose. (IC 3- to file a comple	9-4-5) A te or accurate	RK OF LA PORTE CI	RCUIT COURT
report as required by the Indiana Campaign Finance Law	commits a Class B m	isdemeanor (IC 3-14-1-14),	and may be su	bject to civil	9:0	lam TVS



SUPPLEMENTAL "LARGE CONTRIBUTION" REPORT BY A CANDIDATE'S COMMITTEE (\$1,000 CONTRIBUTIONS OR MORE)

State Form 48492 (R7 / 8-23) Indiana Election Division (IC 3-9-5-20.1; 3-9-5-22)

INSTRUCTIONS: Only candidates receiving a "large contribution" are required to file this report. 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.

FILE NUMBER

46-23-01

TOTAL PAGES IN ENTIRE CFA-11 REPORT

				REPORT	
IS THIS AN AMENDMENT? Yes No			,		
	TTEE INFORMATI				
1. Full Name of Candidate (Include any nickname.) Check if this is a new n	l l	•	_		
Laura Lynn Konicczny		306-1			
3. Mailing Address (Address where all campaign finance correspondence is a 30 & S FUDSTONE DY	recelved.) L Checki	if this is a new	address, ,		
4. City State ZIP Co		1.0		endent Candidate	
7.10	1350	† 	publicar	1	
6. Office Sought (Include district number, If any. Not required for exploratory		7. County of			
City of La Porte Common Council -1	Nara 5	и	aporte		
8. Reporting Period (mm/dd/yy): From: 0 4 15 23 Through: 09 19	12				
Tronc.	,				
For classification, enter INDV for individual; PAC for political action committee: CORP for corp	poration; LAB for labor orga	nization; OTHER	tor all entries which	are not one of the abo	ve categories. DATE RECEIVED &
CONTRIBUTOR'S FULL NAME AND OCCUPATION FULL MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF CONTRI OR OTHER RE		AMO	UMN A UNT OF RIBUTION	ACCEPTED (inm/dd/yy)
	Contributions:				RECEIVED BY
Classification 1.	Direct		-		
ammittee to Elect Tom Dermody	☐ In-Kind (describe)			. •	
1658 S. Willow Bend Brive	<u> </u>				4-19-23
-	Other Receipts:		94000	0.00	:
La Porte, IN 46350	☐ Miscellaneous (spi	ecify)	•		۸.
Contributor's Occupation (Fapplicable) Pilitician					سائل
Classification 2.	Contributions.				
	☐ In-Kind (describe)				
	Other Receipts:				
	☐ Interest ☐ Loan				
	☐ Miscellaneous (spi	ecify)			
Contributor's Occupation (if applicable)					
Classification 3.	Contributions;				
<u></u>	☐ In-Kind (describe)				,
			_		·
	Other Receipts;				
	☐ Interest ☐ Loan	a aife d			
	☐ Miscellaneous (sp.	cuiy)			
Contributor's Occupation (# applicable) CERTIFICATION				EOD OFFIC	E USE ONLY
I CERTIFY THAT I HAVE EXAMINED THIS STATEMENT. TO THE BE	ST OF MY KNOWLE	DGE AND B	ELIEF IT IS	-	EI D
TRUE CORRECT AND COMPLETE.		Date (mm/dd/y		IN CLERK	
Signature of Treasurer Title Treasurer	- Candidak	09/19/	″ <u>.</u>	117 (15-15)	
Signature of Candigate (if agence bill)	1 O-CO TOTALIC	Date (mm/dd/y		crn 1	9 2023
		09/19/2	_ }) SET '	
Warning: Any information contained in this report may not be copied for sale or u	sed for any commercial	purpose. (IC 3	-9-4-5) A		372000
person who knowingly files a fraudulent report commits a Level 6 felony. (IC 3-14-1 report as required by the Indiana Campaign Finance Law commits a Class B misde	1-13) A person who fails emeanor (IC 3-14-1-14),	to file a comple and may be su	ete or accuratel object to civil	LYLACH CELAPO	N Others RTE CIRCUIT COURT
penalties. (IC 3-9-4-16, IC 3-9-4-17, and IC 3-9-4-18)	·		1.1	CLERK OF US	



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? Tyes V No

(CFA-4) Summary Sheet

- -	
FILE NUMBER	
46-23-01	
TOTAL PAGES IN ENTIRE CFA-4 REPORT	
4	

COMMITTEE INFORMATION		
1. Full Name of Committee (as on Statement of Organization)).	
Committee to Elect Laura Kontectny	Committee Talcahara Marata	_
) Element to the control of the cont	Committee Telephone Number	Ī
	<u> 219) 306-1323</u>	S
4. Mailing Address (Address where all campaign finance correspondence is received.) Check 302 S FCI/I (ton C DY	cif this is a new address.	,
	Party Affiliation (if applicable)	
	Republican	
CANDIDATE INFORMATION (For Candidate's Comm		
1 1 1	Party Affiliation or If Independe Republican	ent Candidate
	County of Residence	
City of la Porte Common Council - Ward 5	La Porte	
TYPE OF REPORT	CONVENTION	ON CANDIDATES ONLY
.11. Check one:	Check one:	
Pre-Primary Pre-Election Annual Momination Other	Pre-Cor	
Final / Disbands Committee (Lines 18, 19, and 20 must be "0".) Outgoing Treasurer (Within ten (10) days amend Statement of	of Organization) Post-Co	nvention
12. Reporting Period (mm/dd/yy):	COLUMN A	COLUMN B
From: 04 15 23 Through: 10/13/23 5	This Period	Year to Date
.13. Cash on hand and investments at the beginning of this reporting period.	1068. 75	
14. Cash on hand and investments January 1, current year.		ø
CONTRIBUTIONS AND RECEIPTS		'
(Note: these amounts include in-kind contributions and loans, as well as cash contributions.)		
15a. Itemized (Use Schedule A.)	4350.00	2890:00
15b. Unitemized	· &	8
15c. Add lines 15e and 15b in both columns.	L 4350.00	6890.00
16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B. TOTA	L 5418.75	689:0.00 1
EXPENDITURES		
(Note: These amounts include in-kind expenditures and loan repayments.)		<u> </u>
17a. Itemized (Use Schedule B.) (Public Question: use Schedule C.)	5098.29	\$1569.54.
17b. Unitemized	·.Ð	B
17c. Add lines 17a and 17b in both columns. SUBTOTA	30100.	656954
18. Cash on hand and investments at close of this reporting period (Subtract 17c from 16 in both columns.)	AL 320.46	320.46
19. Debts OWED BY the committee (Use Schedule D.)	Ø	
20. Debts OWED TO the committee (Use Schedule E.)	<u> 9</u>	
		EUD UEELLE HEE UNI A
CERTIFICATION		FOR OFFICE LISE ONLY I L E D
I CERTIFY THAT I HAVE EXAMINED THIS STATEMENT. TO THE BEST OF MY KNOWLEDGE AND BELIEF IT IS TRUE, O	Date (mm/dd/yy)	CLERKS OFFICE
Treasurer Cardidate	10/20/23	
\$ignature of Carreidate (iii applicable)	Date (mm/dd/yy)	OCT 2 0 2023
Man Hotel	10 20 23	70, 7, 0 2020
WAINING: Any information contained in this report may not be copied for sale or used for any commercial purpose. (IC 3-tiles) a fraudulent report commits a Level 6 fetony. (IC 3-14-1-13) A person who fails to file a complete or accurate rep		
Campaign Finance Law commits a Class B misdemeanor, (IC 3-14-1-14) and may be subject to civil penalties. (IC 3-9-4-16, I	IC 2.0.2.17 IC 2.0.2.181 C	FLACTU STURS FLA PORTE CIRCUIT COURT



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, refums 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).

	FIL	E NUMBER
		•
Page _	a	of <u></u>

CONTRIBUTOR'S FULL NAME AND FULL MAILING ADDRESS	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS	COLUMN B	DATE RECEIVED (mm/dd/yy)
(street, number, city, state, ZIP code)		PERIOD	YEAR-TO-DATE	RECEIVED BY
Laura K All Day Inc 302 S Field Stone Dr LaPortc, IN	Contributions: Direct In-Kind (describe) Other Receipts: Interest Loan Miscellaneous (specify)	350.00	350.00	4/22/29
46350				
2.	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest Loan Miscellaneous (specify)			
3.	Contributions: Direct In-Kind (describe)	<u> </u>	•	., ,
	Other Receipts: Interest Loan Miscellaneous (specify)	-	•	
4.	Contributions: Direct In-Kind (describe)		-	ı
	Other Receipts: Interest Loan Miscellaneous (specify)		·	
5.·	Contributions: Direct In-Kind (describe)		•	
	Other Receipts: Interest Loan Miscellaneous (specify)			,
SUBTOTAL	THIS PAGE OF SCHEDULE A	\$ 350.00	· 	
TOTAL OF ALL PAGES OF SCHEDULE (Enter total on ITE)	A ON THE LAST PAGE ONLY If 15a of the Summary Sheet.)	\$		



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 \$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 candidate's, legislative caucus, and regular party committees MUST be itemized on this schedule. All cumulative receipts, (such as foan 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 <u>4</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/dd/yy) RECEIVED BY
Committee to Elect Tom Dermody 1658 S. Willow Bend Drive	Coptributions: Direct In-Kind (describe)	44000.00	4000.00	9-19-23
Laborte, IN 46350	Other Receipts: Interest Loan Miscellaneous (specify)			u
2.	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest Loan Miscellaneous (specify)			
3.	Contributions: Direct In-Kind (describe)			
;	Other Receipts: Interest Loan Miscellaneous (specify)			i dia
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	\$ 4000,00		
TOTAL OF ALL PAGES OF SCHEDULE / (Enter total on ITEM	ON THE LAST PAGE ONLY 15a of the Summary Sheet.)	\$4360.00		



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_	4	of 4	: i :

	•			<u> </u>	
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)	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE OF EXPENDITURE (mm/dd/yy)
Code A Midwest Communications Grup LLC PO Box 441 Franklin, IN 46131	Marketing firm	Direct In-Kind Payment of Debt Returned Contribution Other Purpose: Mayer (የ ነልብ чъ	2126:73	5-10-23
Midwest Communications group LC POBOX 441 Franklin, In 46131	Marketing firm	Direct In-Kind Payment of Debt Returned Contribution Other Purpose:	\$3800 BI	5927.54	10-6-23
Code		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:			
Code		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:			e de la companya de l
Code		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:			
Code		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:			Ŷ,
Code		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:			
	SUBTOTAL THIS PAG	SE OF SCHEDULE B	\$ 5098,29		
TOTAL OF ALL PA	GES OF SCHEDULE B ON THI	E LAST PAGE ONLY			
	(Enter total on ITEM 17a of t		\$5098,29		





SUPPLEMENTAL "LARGE CONTRIBUTION" REPORT BY A CANDIDATE'S COMMITTEE (\$1,000 CONTRIBUTIONS OR MORE)

State Form 48492 (R7 / 8-23) Indiana Election Division (IC 3-9-5-20.1; 3-9-5-22)

INSTRUCTIONS: Only candidates receiving a "large contribution" are required to file this report. 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.

(017/11

FILE NUMBER

L[] -23 -0

TOTAL PAGES IN ENTIRE CFA-11

REPORT

IS THIS AN AMENDMENT? ☐ Yes ☑					1		
1. Full Name of Candidate (Include any nickname.)		OMMITTEE I	NFORMATI 2. Committee		hrmbe-		
Laura Lynn Konieczny.	☐ Offeck if this is a	а пем пате.		306-1823			
			<u> </u>				
Mailing Address (Address where all campaign fit Soa S Fieldstone Dr	nance corresponde	nce is received.) Li Check	if this is a new	address.		
4. City	State	ZIP Code		1	•	oendent Candidate	
La Porte	IN	46350		Republi			
6. Office Sought (Include district number, if any. Not required for explorator City of La Porte Common Council - Wa			ee.)	7. County of La Po			
8. Reporting Period (mm/dd/yy): From: 9/20/23	Through: 12/19	9/23	******	<u> </u>			
For classification, enter INDV for individual; PAC for political a	ction committee: CORF	for corporation; L	AB for labor orga	nization; OTHE	R for all entries which	ch are not one of the abo	ve categories.
CONTRIBUTOR'S FULL NAME AND C FULL MAILING ADDRESS (street, number, city, state, ZIP	S		TYPE OF CONTR OR OTHER RE		AM	LUMN A OUNT OF TRIBUTION	DATE RECEIVED & ACCEPTED (mm/dd/yy) RECEIVED BY
Classification 1.		Contribu					INCECTAED D:
OTHER	n	I Dire	ect (ind <i>(describe)</i>				
Committee to Elect To 1658 S Willow Bo	m Dermoc	ייי בייי	and (describe)		64000	00	
1658 & Willow Bo	ind Dr	Other R			\$4000.	.00	•
LaPorth, FN 4	6350		eceipis. erest 🔲 Loan				
LRIVIT-C .		☐ Mis	cellaneous (spe	ecify)			40/40/00 11/
Contributor's Occupation (if applicable) Politician			·				12/19/23 LK
Classification 2.		Contribu	tions:				
		□ Dire			•		
			(ind (describe)		!		
	,	[
		Other Re	eceipts: rest 🔲 Loan			,	
			cellaneous (spe	ecify)			
Constitution to Consumption (if an elimbia)							
Contributor's Occupation (if applicable) Classification 3.		Contribu	tions:		<u></u>		
Classification 3.		☐ Dire					1
		☐ In-K	ind (describe)				
					•]
		Other Re	•				
			rest	naifu)			
		171151	cellalieous (spe	cury)			
Contributor's Occupation (if applicable)	CEDTELOAT						
I CERTIFY THAT I HAVE EXAMINED THIS STA	CERTIFICATI		Y KNOWLE	OGE AND B	FLIFFITIS :		E USE ONLY
TRUE, CORRECT AND COMPLETE.							LED S OFFICE
Signature of Treasurer	Title	uror / Co		Date (mm/dd/y	"	IN CLERK	3 OFFICE
Supply of Carllelle Mills	- ITEas	urer / Ca	nuidate		ſ		
Signature of Candidate (if applicable)	•			Date (mm/dd/y	" 1	DEC 1	9 2023
Warning: Any information contained in this report may	not be conied for an	la ar usad for	v composis!	_	\/		
person who knowingly files a fraudulent report commits.	a Level 6 felony. (IC	3-14-1-13) A pe	rson who fails t	o file a comple	ete or accurate		Otevens
report as required by the Indiana Campaign Finance Lar penalties. (IC 3-9-4-16, IC 3-9-4-17, and IC 3-9-4-18)	w commits a Class E	misdemeanor (i	IC 3-14-1-14), a	and may be su	Dject to civil	CLERK OF LA POR	TE CIRCUIT COURT



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?

signature of Treasurer

ignature of Car didate (if appli

☐ Yes

✓ No

(CFA-4) **Summary Sheet**

FILE NUMBER

410-23-01 TOTAL PAGES IN ENTIRE CFA-4 REPORT

3

COMMITTEE INFORMATION			
1. Full Name of Committee (as on Statement of Organization) Check if this is a new Committee to Elect Laura Konieczny	/ name.		
2. Acronym or Abbreviated Name (if any)	3. Committee Telephone Number		
	(219) 306-1823		
4. Mailing Address (Address where all campaign finance correspondence is received.) 302 S Fieldstone Dr	Check if this is a ne	w address.	
5. City, State, ZIP Code La Porte, IN 46350	6. Party Affiliatio Republican		
CANDIDATE INFORMATION (For Candidate's	Committees Only	<i>(</i>)	
7. Full Name of Candidate (Include any nickname.) Laura Lynn Konieczny	8. Party Affiliatio Republican	n or If Independent I	Candidate
9. Office Sought (Include district number, if any. Not required for exploratory committee.) City of La Porte Common Council - Ward 5	10. County of Residence La Porte		
TYPE OF REPORT		CONVENTION	CANDIDATES ONLY
11. Check one:		Check one:	
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 St	atement of Organization)	Post-Conv	ention
12. Reporting Period (mm/dd/yy): From: 10/14/23 Through: 12/31/23		OLUMN A his Period	COLUMN B Year to Date
13. Cash on hand and investments at the beginning of this reporting period.		320.46	
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.)		4100.00	10990.00
15b. Unitemized		. 0	0
15c. Add lines 15a and 15b in both columns.	BTOTAL	4100.00	10990.00
16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B.	TOTAL	4420.46	10990.00
EXPENDITURES			
(Note: These amounts include in-kind expenditures and loan repayments.)		l i	
17a. Itemized (Use Schedule B.) (Public Question: use Schedule C.)		4079.54	10649.08
17b. Unitemized		0	0
17c. Add lines 17a and 17b in both columns.	BTOTAL	4079.54	10649.08
18. Cash on hand and investments at close of this reporting period (Subtract 17c from 16 in both columns.)	TOTAL	340.92	340.92
19. Debts OWED BY the committee (Use Schedule D.)		0	
20. Debts OWED TO the committee (Use Schedule E.)		0	
CERTIFICATION		E0	D VEELUE TIES WILL
LACESTED THAT HAVE EVANINES THE STATEMENT TO THE BEST OF ANY INJUNIOUS EDGE AND DELICE IT IS	TOUE CODDECT AND	OOLUBATION TO	R OFFICE USE ONLY

I CERTIFY THAT I HAVE EXAMINED THIS STATEMENT. TO THE BEST OF MY KNOWLEDGE AND BELIEF IT IS TRUE, CORRECT AND COMPLETE.

Campaign Finance Law commits a Class B misdemeanor, (IC 3-14-1-14) and may be subject to civil penalties. (IC 3-9-4-16, IC 3-9-4-17, IC 3-9-4-18)

Treasurer/Candidate

WASNING: Any intophation 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 Hearn Stevers 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 CLERK OF LA PORTE CIRCUIT COUNT

IN CLERKS OFFICE

JAN 1 0 2024

Date (mm/dd/y)

Date; (mm/dd/yy) 1/9/202

1912024



(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 \$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 grantless 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 \$100 per contributor, within a calendar year. MUST be itemized on this schedule (over \$200 if regular party committee).

FILE NUMBER				
Page	_2_	of	3	

party ************************************			1 ugo	_ <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/dd/yy) RECEIVED BY
1. Friends of Jim Pressel 1772 N Lofgren Rd Rolling Prairie, IN 46371	Contributions: Direct In-Kind (describe)	\$100.00	\$200.00	12/19/23
	Other Receipts: Interest Loan Miscellaneous (specify)			LK
Committee to Elect Tom Dermody 1658 S Willow Bend Dr La Porte, IN 46350	Contributions: Direct In-Kind (describe)	\$4000.00	\$8000.00	12/19/23
	Other Receipts: Interest Loan Miscellaneous (specify)			LK
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)			
SUBTOTA	AL THIS PAGE OF SCHEDULE A	\$ 4100.00		
TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY (Enter total on ITEM 15a of the Summary Sheet.)		\$ 4100.00		



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_	3	of	3	

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)	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE OF EXPENDITURE (mm/dd/yy)
Code A Midwest Communications Group LLC PO Box 441 Franklin, IN 46131	Marketing Firm	Payment of Debt Returned Contribution Other Purpose: Mailers	\$4079.54	\$10,007.08	12/28/23
Code		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:			
Code	70-100 to 100 to	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 PAGE OF SCHEDULE B			\$ 4079.54		
TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY (Enter total on ITEM 17a of the Summary Sheet.)			\$ 4079.54		