



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	7 [] Ye	s 🗹 No #Yes	s, pleas	se enter th	e file n	umber	in this box	c. →	410-73-44
SECTION A . CANDIDA	TE INFO	RMATION: Fil	l in al	Lapplicat	ile box	es as	fully and	accura	itely as possible
2. Last Name		inst Name		Middle Nam			lickname		3. Type of Committee (Check one)
MCCORMICK	1.	RODNEY		JOSEP)LI	j			Candidate's Principal Committee
				1		ta 11		(6 E ===	Exploratory Committee
A. Malling Address (number and street, o	шу, заме, впо	21° 000 0)		•	FAX (Opt	ional)		6. E-MA	Address (Optional)
617 UNION ST			· · · · · · · · · · · · · · · · · · ·	(<u> </u>	
7. City	State	ZIP Code	8. Co	-			phone (Day)	00	10. Telephone (Evening)
MICHIGAN CITY) in	46360	LA	PORTE		IL <i></i>	561-39		
1. Party Affillation ☐ Democratic ☐ Libertarian ☐ Re		T Cithau					<i>astra rumb</i> COMMON		Not required for an exploratory committee
SECTION B. COMMITTE			lin al						
3. Full Name of Committee (Do not	abbreviate.	Check if this is	R NEW D	<i>и аррисац</i> апс.	ле пох	C2 42	tuny ano	accure	itely as possible.
"COMMITTEE TO EL									
4. Mailing Address (number and street,				a new address	s. 18. FA	X (Onto	nal)	16. E-mu	all Address (Optional)
617 UNION ST					1.				,
7. Chy	State	ZIP Code	18. C	ounty	_1() 19. Tele	whome	i	20. Committee Organization Date
MICHIGAN CITY	IN	46360		PORTE			561-390	33	(mm/dd/yy)
	1	1	1 7 1		la a servi	<u> </u>			<u> </u>
1. Chairperson's Full Name 🖾 (-	•	on.		15 = 11 CW (шыгреп	SUI).		
RODNEY J. MCCOR			Trans. L. T-		- las ca	V /0-4-		194 5 =	III Address (Dellane)
2. Mailing Address (number and street,	caty, इस्तित, स ा	o ∠ir coce) ∐ Check	# '대' 15 19.	a new addres	3. 23. FA	n (Obto	rietj	ZA E-IRI	ill Address (Optional)
617 UNION ST		T 900 C 1	165 5) 		ł	100 Talonham (Complete
S. City	Starte	ZIP Code	26. C				phone (Day)	2	28. Telephone (Evening)
MICHIGAN CITY 9. Benk or Other Depositories (LIST	IN	46360		PORTE		(=)	561-39		<u> </u>
Exploratory Committee (Give brief SECTION C. APPOINT()									e committee pay the candidate a safery of the contract.) Yes No.
2. I, as Chairperson of	the fore	going Person App	olnted To	ressurer			Signature	of the Co	ommittee Chairperson
committee, appoint the follow		!		CCORMI	CK Sr				•
Freasurer of the Committee. 3. Treasurer's Full Name 1. Det	donate cent								
EARNESTINE BERN	_								•
14. Mailing Address (number and street,		ZIP code) ZI Check	Y this is	a new addres	s. 35. FA	Χ (Ορύο	nal)	36. E-mi	ell Address (Optional)
506 GRACE ST					١,	١	-	1	
17. City	State	ZIP Code	38. C	curity		39, Tel	phone (Day)	L	40. Tetephone (Evening)
MICHIGAN CITY	IN	46360	LA	PORTE	i	,219.	561-390)3	
SECTION D. ACCEPTA						(()			
11. I give notice that I acces	t the dir	ties and respons	bilities	of Treasu	rer of t	his Sla	nature of Pe	таоп Ас	cepting Appointment
Committee. I am not the cha	drpetaon	of a campaign fi	nance	committee	(except	4 8			
permitted for a candidate comm	nittee und	er (C 3-8-1-7).							COD OFFICE LIGE OVE V
SECTION E. CERTIFICA	ATION C	FSTATEMEN					4 4 4	No.	FOR OFFICE USE ONLY
Ne certify as the candidate exemined this statement. To the	and the	duly appointed C	hairpei i kakat	rson of the	Comm	ntee a	nd that we nlefe.	DSAS	FILE DI
12. Typed or Printed Name of C	halmene	m Signature of	Chain	porson		<u> </u>	Date (mm/dd/yy	, 	IN CLERKS CHICE
		1.7		MOL			and ALL	170	1
RODNEY MCCORM			<u> </u>	110		_~	(917)	∞⁄ .	JUL 1 4 2023
i3. Typed or Printed Name of C		Signature of	i wando	Aura Aura		- [Date (miniddiyy	'	JUL 14
RODNEY MCCORM		I		<i>)</i>					}
Warning: State taw requires that er	ny change b	n this information be r	eported	within ten (1	0) days o	the chi	ange (IC 3-8-1	-10). A	L/Laore Sturis
person who knowingly files a traudule accurate report as required by the Ir	ent report o Idiana Cem	ommins a Level 6 D (c paion Finance Lew o	क्षाम् (IC जानारिङ	, <i>3-14-1-13). </i>	k person v sdemeand	元形 (部) 「 <i>(は</i>) 3-1	10 the 8 comp 4-1-14), and f	nay be	CLERK OF LA PORTE CINCUIT CO
subject to civil poneities (IC 3-9-4-16.	IC 3 0 4 17	and IC 3-9-4-18),				•			CHAN DI MILLER



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 essistance 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 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 seles, 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	of	

CONTRIBUTOR'S FULL NAME AND OCCUPATION FULL MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT		COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED (mm/dd/yy) RECEIVED BY 3
1.	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest Loan Miscallaneous (specify)			
Contributor's Occupation (if required)				
2.	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest Loan Miscellaneous (specify)			
Contributor's Occupation (# required)		ļ		
3.	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest Loan Miscellaneous (specify)			
Contributor's Occupation (if required)		<u> </u>		
4	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest Loan Miscellaneous (specify)			
Contributor's Occupation (if required)				
5.	Contributions: Direct h-Kind (describe)			
	Other Receipts: Interest Loan Miscellaneous (specify)		/	
Contributor's Occupation (if required)		. – –		
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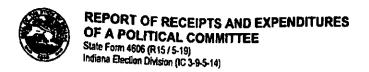
State Form 4606 (R15/5-19) Indiana Election Division (IC 3-9-5-14)

(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 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	of	

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



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

Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY LABOR ORGANIZATIONS ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from labor organizations OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee).

Page _	of	

CONTRIBUTOR'S FULL NAME AND FULL MAILING ADDRESS	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A CANOUNT THIS	CUMULATIVE	DATE RECEIVED (mm/dd/yy)
(street, number, city, state, ZIP code)		PERIOD -	YEAR-TO-DATE	RECEIVED BY
1.	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest Loan Miscellaneous (specify)			
2/	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest Loan Miscellaneous (specify)			
1.0	Contributions: Direct In-Kind (describe)			
	Other Recelpts: Interest Loen Miscellaneous (specify)			
•	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest Loan Miscellaneous (specify)			
5.	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest Loan Miscellaneous (specify)			
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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 toan 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		<u> </u>
	FILE NUMBE	R

CONTRIBUTOR'S FULL NAME AND FULL MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	AMOUNT THIS	CUMULATIVE YEAR-TO-DATE	DATE RECEIVED (mm/dd/yy) - RECEIVED BY*
1.	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest Loan Miscellaneous (specify)			
2	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest Loan Miscellaneous (apecify)			
1	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest Loan Miscettaneous (specify)			
•	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest Loan Miscellaneous (specify)			
5.	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest Loan Miscellaneous (specify)			
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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 catendar year MUST be itemized on this schedule (over \$200, if regular party committee). All transfers-in and in-kind contributions receiptes of amount from candidate's, legistative caucus, and regular party committees MUST be itemized on this schedule. All cumulative receipts, (such as loan proceeds and repayments, relunds, rebettes, 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).

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party containings).				
CONTRIBUTOR'S FULL NAME AND FULL MAILING ADDRESS	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A A	. COLUMN B . CUMULATIVE	DATE RECEIVED (mm/dd/yy) • RECEIVED BY
(street, number, city, state, ZIP code)	Contributions: Direct In-Kind (describe)	- PERIOD -	YEAR-TO-DATE	
	Other Receipts: Interest Loan Miscellaneous (specify)			
2.	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest Loan Miscellaneous (specify)			
1.	Contributions: Otrect In-Kind (describe)	·		
	Other Receipts: Interest Loan Miscellaneous (specify)			
	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest Loan Miscellaneous (specify)			
5.	Contributions: Direct tn-Kind (describe)			
	Other Receipts: Interest Loan Miscellaneous (specify)			
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TOTAL OF ALL PAGES OF SCHEDULE A		3		



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 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, it 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	of	

			 			
RECIPIENT'S (street, n	NAME AND MAILING ADDRESS umber, 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)
	mey Molormak Br.	Community Advocate	Direct In-Kind Payment of Debt Returned Contribution Other Purpose:	300.00		
Code	Iney McCorma St.	Comministy & Dvocate	Direct In-Kind Payment of Oebt Returned Contribution Other Purpose:	210.00		
Code			Direct In-Kind Payment of Debt Returned Contribution Other Purpose:			
Code			Direct in-Kind Payment of Oebt Returned Contribution Other Purpose:			
Code			Direct In-Kind Payment of Debt Renumed Contribution Other Purpose:			
Code			Direct tn-Kind Payment of Debt Returned Contribution Other Purpose:			-
Code			Direct tn-Kind Payment of Debt Returned Contribution Other Purpose:			
		SUBTOTAL THIS PAG		\$ 500.00		
	TOTAL OF ALL PA	GES OF SCHEDULE BON THE	LASI PAGE UNLY	s		7



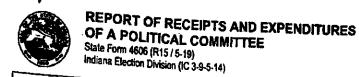
State Form 4606 (R15 / 5-19) Indiana Election Division (IC 3-9-5-14)

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. All cumulative expenses or transfers-out, regardless of amount paid to political committees supporting or opposing a public question, MUST be itemized on this schedule.

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

	FILE NUMBER	
Page	of	

			Page _	of_	
C-4	· · · · PUBLIC QUESTIO	N INFORMATION			
Enter Text of Public Question.					
Type of Carry 1					
Type of Question: Statewide					
Position: Supported Oppo	sed			,	
RECIPIENT'S NAME AND MAILING ADDRESS	RECIPIENT'S OCCUPATION	TYPE OF EXPENDITURE	COLUMN A	COLUMN B 1	■ DATE OF ■ EXPENDITURE
(street, number, city, state, ZiP code)		PURPOSE (be specific)	AMOUNT THIS .		· (mm/dd/yy) ·
		Direct In-Kind			
Code		Payment of Debt			
		Returned Contribution			
		Other			
		Purpose:			
Code		Direct in-Kind			
Code	-	Payment of Debt			
		Returned Contribution			
		Other			
		· arpose,		:	
		Direct In-Kind			
Code	1	Payment of Debt			
		Returned Contribution			
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	. [Ритроза:			
Code		Direct In-Kind			
	}	Payment of Debt		[
	_	Returned Contribution Other		ļ <u>.</u>	
	[Purpose:			
		·			
		Direct In-Kind			
Code		Payment of Debt			1
		Returned Contribution			
		☐ Other			
		Purpose:		_	
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	ES OF SCHEDULE C ON THE		S CAN ID		
•	(Enter total on ITEM 17a of ti	he Summary Sheet.)	\$ 500.00	Anti- Basil China	



(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 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.

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			Lage_			ļ
CREDITOR'S OR LENDER'S NAME AND MAILING ADDRESS (street, number, city, state, ZiP code)	ENDORSER'S OR VENDOR'S NAME AND MAILING ADDRESS (if any) (street, number, city, state, ZIP code)	AMOUNT NATURE OF DEBT	DATE DEBT INCURRED (mm/dd/yy)	CUMULATIVE PAID YEAR-TO-DATE	OUTSTANDING BALANCE THIS PERIOD	
						+
LENDER'S OCCUPATION:						-
LENDER'S OCCUPATION:						$\left\{ \right.$
LENDER'S OCCUPATION:						
Zanda Jana Anna.						
LENDER'S OCCUPATION:		-				
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TOTAL OF ALL PAGES OF SCHEDULE D ON THE LAST PAGE ONLY (Enter total on ITEM 19 of the Summary Sheet.)					\$	1



(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 NUMBER	

BORROWER'S NAME	CO-SIGNER'S NAME AND MAILING ADDRESS (if any)	ORIGINAL AMOUNT	DATE DEBT CUMULATIVE	OUTSTANDING BALANCE THIS	
AND MAILING ADDRESS (street, number, city, state, ZIP code)	(street, number, city, state, ZiP code)	NATURE OF DEBT	(mm/dd/yy) YEAR-TO-DATE	PERIOD	
			·		
			AL THIS PAGE OF SCHEDULE E	 	
TOTAL OF ALL PAGES OF SCHEDULE E ON THE LAST PAGE ONLY (Enter total on ITEM 20 of the Summary Sheet.)					



State Form 4608 (R15 / 5-19) Indiana Election Division (IC 3-8-5-14)

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this form. For assistance in completing this form, see instructions on the reverse side.

(CFA-4) **Summary Sheet**

FILE NUMBER

TOTAL PAGES IN ENTIRE CFA-4 REPORT

IS THIS AN AMENDMENT? Yes	i No "	Ĺ		
	COMMITTEE INFORMATION			
1 Full Name of Committee (as on Statement of Organization		name.	,	
Committee To Elect Radner	· —			
2. Acronym or Abbreviated Name (# any)		3. Committee	Telephone Number	20 A
	1	(2)9.	561-3	903
4. Mailing Address (Address where all campaign finance con	respondence is received.)	theck if this is i		
5. City, State, ZIP Code	1.960		ation (if applicable)	
mehidan City. IN. 4			pendent	
	ORMATION (For Candidate's C			- A Coundidate
7. Full Name of Candidate (Include any nickname.) Rodney Joseph McCor	midd Sa		ation or if Independence	
9. Office Sought (Include district number, if any. Not require	d for exploratory committee.	10. County of	Residence	710
Ward	a rai exploratory contaminatory	Laft	orte	
TYPE OF R	EPORT		1	ON CANDIDATES ONLY
11. Check one			Check one:	
Pre-Primary Pre-Election Annual Nomination 0	ther	,	Pre-Cor	rvention
Final / Disbands Committee (Lines 18, 19, and 20 must be 10".)	•	ement of Organization	nn.) Post-Co	envention
12. Reporting Period (mm/dd/yy):	·		COLUMN A	COLUMN B
From: 7-14- 2025 Through	n: 11-7-2023		This Period	Year to Date
13. Cash on hand and investments at the beginning of this re	porting period.		10	
14. Cash on hand and investments January 1, current year.				80
CONTRIBUTIONS AND				
(Note: these amounts include in-kind contributions and loans	as well as cash contributions.)		. 000	1 015
15a, Itemized (Use Schedule A.)			1300	\$ 300
15b. Uniternized			300	\$ 200
15c. Add lines 15a and 15b in both columns.			500	\$ 500
16. Add lines 13 and 15c in Column A and lines 14 and 15c		TOTAL	500	\$ 500
EXPENDITURE				
(Note: These emounts include in-kind expenditures and Ican				
17e. Itemizad (Use Schedule B.) (Public Question: use Sche	dule C.)			-
17b. Uniterrized				
17c. Add lines 17e and 17b in both columns.		TOTAL		
18. Cash on hand and investments at close of this reporting period (5	Subtract 17c from 16 in both columns.)	TOTAL	7	
19. Debts OWED BY the committee (Use Schedule D.)			<u> </u>	
20. Dabts OWED TO the committee (Use Schedule E.)			-6-	
CER	TIFICATION			FOR OFFICE UPE ON
I CERTIFY THAT I HAVE EXAMINED THIS STATEMENT. TO THE BES	TOF MY KNOWLEDGE AND BELIEF IT IS T	RUE, CORRECT	AND COMPLETE. IN	CLERKS OFFICE
Signature of Treasurer	Title	efsG	(mm/dd/yy)	
			,	EB - 5 2024
Signature of Candidate (if applicable)			(mm/dd/w)	.60 - 2 5054
WARNING: And information contained in this report may not be copied to	for eals or read for any commercial relations	(IC 3-9-1-5) A D	aron who knowledgy	
				LILAGUE STORES
files a fraudulard report commits a Level 8 fetory. (C 3-14-1-13) A D Campaign Finance Law commits a Class 8 misdemeanor, (IC 3-14-1-14)	and may be subject to civil penalties. (IC 3-6	+15, IC3941	7.000	OF LA PORTE CIRCUIT COURT



State Form 4606 (R15 / 6-19) Indiana Election Division (IC 3-9-6-14)

(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 IMK 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 joined on ITEM 15g of the Summary Street. All cumulative contributions from individuals OVER \$100 per contributor, within a calendar year MUST be itemated on this schedule (over \$200, if regular party committee). All cumulative receipts, (such as loan proceeds end repayments, refunds, returns of deposit, proceeds from safes, interest or offer income) OVER \$100 per contributor, within a calendar year, MUST be itemated 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.

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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 CEMULATIVE YEAR/TO-DATE	DATE RECEIVED (mai/dd/yy) RECEIVED BY
1.	Contributions: Direct In-Kind (describe)	· · · · · · · · · · · · · · ·		
	Other Receipts: Interest Loan Miscellaneous (specify)			
Contributor's Cocupation (if required)				
2	Contributions: Direct in-Kind (describe)			
	Other Receipts:			
Contributor's Occupation (if required)				
1	Contributions:			,
	Other Receipts: Interest Loan Miscelleneous (specify)	•		
Contributer's Occupation (if required)				1
4	Contributions: Direct In-Kind (describs)			
	Other Receipts: Interest Loan Miscellaneous (specify)			
Contributor's Occupation (if required)				
6	Contributions: Direct th-Kind (describe)			
	Other Receipts: Interest Loan Miscellaneous (specify)	-		
Contributor's Occupation (I required)				
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TOTAL OF ALL PAGES OF SCHEDULE (Enter total on ITEL	A ON THE LAST PAGE ONLY # 15a of the Summary Sheet)	5 .		



REPORT OF RECEIPTS AND EXPENDITURES OF A POLITICAL COMMITTEE State Form 1808 (R15 / 5-19) Intilizing Election Division (IC 3-9-5-14)

(CFA-4 SCHEDULE CONTRIBUTIONS BY CORPORATIONS ltemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY CORPORATIONS ON THIS SCHEDULE. Please type or print tegibly IN SLACK INK of 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 \$199 per contributor, within a calander year MUST be itemized on this schedule (over \$200, 16 neguler). perty committee). As cumulative receipts, (such as four proceeds and repayments, returnes, returns of depost, proceeds from sales, leterast or other income) OVER \$100 per contributor, within a calendar year, WEIST be flemized on this schedule (over \$200 if regular party committee).

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CONTRIBUTOR'S FULL NAME AND	TYPE OF CONTRIBUTION	COLUMN A	COLUMN 8	DATE RECEIVED (
FULL MAILING ADDRESS (street, mamber, city, state, ZIP code)	OR OTHER RECEIPT	AMOUNT THIS FERIOD	CUMULATIVE YEAR-TO-DATE	RECEIVED BY
1.	Contributions: Direct	4	:	
	in-Kind (describe)			
	Other Receipts:			
	Mischilansous (specify)			
·	Contributions: Direct			
	n-Kind (describe)			
	Other Receipts:			
	interest Loan Miscetaneous (specify)			
	interpretational (checuty)			
1	Contributions:			•
	☐ Direct ☐ In-Kifid (describe)			
	Other Receipts:			i
	Misqeflaneous (specify)			
4.	Contributions:			
_	☐ In-#Clind (describe)			
	Other Receipts:			
	☐ Interest ☐ Loan ☐ Miscellaneous (specify)			
	T wastermoore (etecs)			
3.	Contributions:			
	Direct Inf-Kind (dissoribe)			
	from 110 control forement (stank)			
	Other Receipts:	· //		
	Miscellaneous (specify)			
i e e e e e e e e e e e e e e e e e e e	THIS PAGE OF SCHEDULE A	8		
TOTAL OF ALL PAGES OF SCHEDULE (Enter total on ITE	A ON THE LAST PAGE ONLY M 18s of the Summary Sheet.)	\$ /		



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

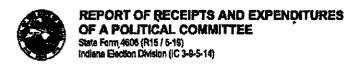
(CFA-4 SCHEDULE A-3) CONTRIBUTIONS BY LABOR ORGANIZATIONS

Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY LABOR ORGANIZATIONS ON THIS SCHEDULE. Please type or print tegibly IN SLACK INK all information on this schedule. For excistance 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 \$160 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, rebales, returns of deposit, proceeds from seles, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee).

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CONTRIBUTOR'S FULL NAME AND FULL MAILING ADDRESS (street, another, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN 4 (AMOUNT THIS PERIOD (COLUMN B CUMULATIVE YEAR-TO-CATE	DATE RECEIVED (min/dd/y) RECEIVED BY
1.	Contributions: Direct m-Kind (doscribe)			
	Other Receipts: Triferest Loan Miscellaneous (specify)		•	
2/	Contributions: Direct in-Kind (describe)		•	•
	Other Receipts:			
3.4	Constitutions: Direct in-Kind (disscribe)		•	
	Other Receipts: Interest Losm Miscellaneous (specify)			
	Contributions: Direct In-Kind (describs)			
	Other Receipts: Interest Losn Miscellaneous (specify)	<u> </u>		
	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest Loen Misdellaneous (specify)			
SUBTOTAL	HIS PAGE OF SCHEDULE A	\$		
TOTAL OF ALL PAGES OF SCHEDULE A	ON THE LAST PAGE ONLY	4		



(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 (NK 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 16g of the Summary Sheet. As cumulative contributions from political ection committees OVER \$199 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committees). All transfers in and in-kind contributions receipts of amount from political action committees ISUST be itemized on this schedule. All cumulative receipts, (such as from 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).

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CONTRIBUTOR'S FULL NAME AND FULL MAILING ADDRESS (street, pumber, pay, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RESERVE	COLUMN A FAMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED (punciditys) RECEIVED BY
1.	Contributions: Direct In-Kind (describs)			
	Other Receipts: Intérest Losn Miscellaneous (specify)			
2	Contributions: Direct in-Kind (destribe)*		•	
	Other Receipts: Interest Loan Miscellaneous (specify)			
	Contributions: Direct tn-Kind (describe)			
	Other Receipts: Interest Loen Miscolinneous (specify)			
•	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest Loan Miscellaneous (specify)			
5.	Contributions: Cirect In-Kind (describe)		•	
	Other Receipts: Interest Loan Miscetteneous (specify)			
SUBTOTAL	THIS PAGE OF SCHEDULE A	3		
TOTAL OF ALL PAGES OF SCHEDULE		3		



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 ORLY CONTRIBUTIONS BY ORGANIZATIONS OTHER THAN CORPORATIONS, LABOR ORGANIZATIONS, POLITICAL ACTION COMMITTEES AND INDIVIDUALS ON THIS SCHEDULE. Please type or print legity IN BLACK INK is information on this schedule. For essistance in completing this schedule, see instructions on the reverse aids. This schedule is used to document contributions and receipts <u>praised on ITEM 158</u> of the Summary Street. 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 <u>receipts of encount</u> from condidate's, legislative caucus, and regular party committees MUST be itemized on this schedule. All cumulative receipts, (auch as leen proceeds and repayments, minute, rebetes, neuros 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).

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CONTRIBUTOR'S FULL NAME AND FULL MAILING ADDRESS (straet, numbar, city, state, ZiP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN 8 CUMULATIVE YEAR-TO-DATE	DATE RECEIVED (mm/dd-yy) RECEIVED BY
1.	Contributions: Direct in-Kind (describe)			\$ B
	Other Receipts: Interest Loan Miscellaneous (specify)		•	,
2	Contributions: Direct In-Kind (describe)			ı
	Other Receipts: Interest Loan Miscelleneous (specify)			
3.	Contributions: Direct (n-Kind (describe)			\$
	Other Receipts: Interest Loan Miscellaneous (specify)			,
***	Contributions: Direct In-Kind (describe)			
	Other Receipts: Therest Loan Miscellaneous (specify)	,		į
6	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest Loan Miscelleneous (specify)			
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TOTAL OF ALL PAGES OF SCHEDULE		3		



State Form 4808 (R15 / 5-19) 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 paint to individuals, businesses, lebor organizations and other entities CVER \$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 action, or regular party committees) MUST be Itemized on this schedule.

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RECIRIENT'S NAME AND WAILING ADERESS (Short number, City, Year ZPP code)	PEOPLEM SOCCUPATION OFFICE SOUGHT (if amplication)	TYPE OF EXPENDITURE and PURPOSE to specific:	COLUMN A AMOUNT THIS PERIOD	COLUMN B COMULATIVE YEAR-TO-DATE	DATE OF EXPENDITURE (aum/dd/yy)
Rodney Mclarmek Sr.	Community Advocate	Direct Z In-Kind Peyment of Debt Returned Contribution Other Purpose:	\$300.00		j l
Rodney McCorma	Comminity Dvocare	Direct Prin-Kind Payment of Debt Relumed Contribution Other Purpose:	\$260.00		
Code		Direct In-Kind Poyment of Debt Returned Contribution Other Purpose:			!
Code		Direct in-Kind Peyment of Debt Returned Contribution Other Purpose:			
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Code		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:			
Code		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:			
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TOTAL OF ALL P	AGES OF SCHEDULE BOW IN Enter total on ITEM 17a of	the Summary Sheet)	\$.		



State Form 4606 (R15 / 5-19) Indiana Election Dhilsion (IC 3-6-5-14)

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

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the revenue side. All curredative expenses or transfers-out, regardless of smount paid to political committees supporting or opposing a public question, MUST be itemized on this schedule.

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	PUBLIC QUESTIO	N INFORMATION			
Enter Text of Public Question.					i
					İ
					1
Type of Question: Statewide	Local				į
Position: Supported Oppo	sed				
		TYPE OF EXPENDITURE	GOLUMN A	COLUMN B	DATE OF
RECIPIONES NAME AND MAILING ADDRESS	RECIPIENT'S COCUPATION	and	AMOUNT THIS	CUMULATIVE	EXPENDITURE
įstroet, nurober ich į, stare. ZIP codej		PURPOSE (the specific)	PERIOD	YEAR-TO-DATE	(min/dd/yy)
Code	1	Direct In-Kind			•
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		Returned Contribution Other			
		Purpose:			' '
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ī	(Enter total on ITEM 17a of	are officietly officer)	1 0 30 3		



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

(CFA-4 SCHEDULE D) DEBTS OWED BY THIS COMMITTEE

RESTRUCTIONS: Please type or print legibly IN BLACK INK off information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. List all debts and loans, gegantless of the amount, OWED BY the committee during the reporting period, include all amounts owed for or to lend institutions, includests, credit purchases, committee credit card accounts, etc. List each vendor peld by credit card issued in the name of the committee in the ENDORSER'S column. A lander'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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GREBITOR'S OR LENDEMS NAME AND MAILING ADDRESS ISTANCE DUMBER O SY, STAIR, ZIFF CODE)	ENDERSER'S OR VEHICLES HAME AND MAIL I'VE AGDRESS (if any) Istoric number, day leade, EP code)	AMOUNT NATURE OF DEBT	DATE DE BT INCURRED (anadddryy)	DUMULATIVE PAID YEAR-TO-DATE	OUTSTANDING BALANCE THIS PERIOD	3
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	TOTAL OF AL	L PAGES OF SCHEDUL (Enter total on I	E D ON THE LA TEM 19 of the S	UST PAGE ONLY Summary Sheet)	\$	



(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.

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