



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 [X] No If Yes, please enter the file number in this box. -> 46-23-96

SECTION A. CANDIDATE INFORMATION: Fill in all applicable boxes as fully and accurately as possible.

2. Last Name: SUMMERS, First Name: ERNEST, Middle Name: , Nickname: ERNIE, 3. Type of Committee: [X] Candidate's Principal Committee, [ ] Exploratory Committee, 4. Mailing Address: 2711 ELBRIDGE WAY LONG BEACH, 5. FAX: ( ), 6. E-mail Address: ( ), 7. City: LONG BEACH, State: IN, ZIP Code: 46360, 8. County: LA PORTE, 9. Telephone (Day/MOBILE): (312) 543-9644, 10. Telephone (Evening/WO MOBILE): (312) 543-9644, 11. Party Affiliation: [ ] Democratic, [ ] Libertarian, [X] Republican, [ ] Other, 12. Office Sought: CLERK-TREASURER

SECTION B. COMMITTEE INFORMATION: Fill in all applicable boxes as fully and accurately as possible.

13. Full Name of Committee: ERNEST SUMMERS CLERK-TREASURER, [ ] Check if this is a new name, 14. Mailing Address: SAME AS ABOVE, [ ] Check if this is a new address, 15. FAX: ( ), 16. E-mail Address: ( ), 17. City: , State: , ZIP Code: , 18. County: , 19. Telephone: ( ), 20. Committee Organization Date: (mm/dd/yy), 21. Chairperson's Full Name: ERNEST SUMMERS III, [ ] Designate Candidate as Chairperson, [ ] Check if this is a new chairperson, 22. Mailing Address: SAME AS ABOVE, [ ] Check if this is a new address, 23. FAX: ( ), 24. E-mail Address: ( ), 25. City: , State: , ZIP Code: , 26. County: , 27. Telephone (Day): ( ), 28. Telephone (Evening): ( ), 29. Bank or Other Depositories: (List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.), 30. Exploratory Committee: (Give brief statement explaining purpose of an exploratory committee only.), 31. Salaries and Reimbursements: (Will the committee pay the candidate a salary or reimbursement for lost wages? If Yes, attach a copy of the contract.) [ ] Yes [ ] No

SECTION C. APPOINTMENT OF TREASURER (IC 3-9-1-14)

32. I, as Chairperson of the foregoing committee, appoint the following person as Treasurer of the Committee. Person Appointed Treasurer: ERNEST SUMMERS III, Signature of the Committee Chairperson: Ernest Summers III, 33. Treasurer's Full Name: ERNEST SUMMERS III, [ ] Designate candidate as treasurer, [ ] Check if this is a new treasurer, 34. Mailing Address: SAME AS ABOVE, [ ] Check if this is a new address, 35. FAX: ( ), 36. E-mail Address: ( ), 37. City: , State: , ZIP Code: , 38. County: , 39. Telephone (Day): ( ), 40. Telephone (Evening): ( )

SECTION D. ACCEPTANCE OF APPOINTMENT (IC 3-9-1-15)

41. I give notice that I accept the duties and responsibilities of Treasurer of this Committee. I am not the chairperson of a campaign finance committee (except as permitted for a candidate committee under IC 3-9-1-7). Signature of Person Accepting Appointment: Ernest Summers III

SECTION E. CERTIFICATION OF STATEMENT

We certify as the candidate and the duly appointed Chairperson of the Committee and that we have examined this statement. To the best of our knowledge and belief it is true, correct and complete.

42. Typed or Printed Name of Chairperson: ERNEST SUMMERS III, Signature of Chairperson: Ernest Summers III, Date (mm/dd/yy): 11/01/23, 43. Typed or Printed Name of Candidate: ERNEST SUMMERS III, Signature of Candidate: Ernest Summers III, Date (mm/dd/yy): 11/01/23

FOR OFFICE USE ONLY

FILED IN CLERKS OFFICE

JAN 17 2024

Heaven Stevens CLERK OF LA PORTE CIRCUIT COURT

Warning: State law requires that any change in this information be reported within ten (10) days of the change (IC 3-9-1-10). A person who knowingly files a fraudulent report commits a Level 6 D felony (IC 3-14-1-13). A person who fails to file a complete or accurate report as required by the Indiana 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, and IC 3-9-4-18).



# REPORT OF RECEIPTS AND EXPENDITURES OF A POLITICAL COMMITTEE

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

## (CFA-4) Summary Sheet

FILE NUMBER
TOTAL PAGES IN ENTIRE CFA-4 REPORT

**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

### COMMITTEE INFORMATION

1. Full Name of Committee (as on Statement of Organization) <input type="checkbox"/> Check if this is a new name. <b>ERNEST SUMMERS CLERK-TREASURER</b>		3. Committee Telephone Number <b>(312) 543-9644</b>
2. Acronym or Abbreviated Name (if any)		
4. Mailing Address (Address where all campaign finance correspondence is received.) <input type="checkbox"/> Check if this is a new address. <b>2711 ELBRIDGE WAY</b>		
5. City, State, ZIP Code <b>LONG BEACH, IN 46360</b>	6. Party Affiliation (if applicable) <b>REPUBLICAN</b>	

### CANDIDATE INFORMATION (For Candidate's Committees Only)

7. Full Name of Candidate (Include any nickname.) <b>ERNEST SUMMERS <u>ET</u> (ERNIE)</b>	8. Party Affiliation or If Independent Candidate <b>REPUBLICAN</b>
9. Office Sought (Include district number, if any. <b>Not required for exploratory committee.</b> ) <b>CLERK-TREASURER</b>	10. County of Residence <b>LA PORTE</b>

### TYPE OF REPORT

### CONVENTION CANDIDATES ONLY

11. Check one: <input type="checkbox"/> Pre-Primary <input checked="" type="checkbox"/> Pre-Election <input type="checkbox"/> Annual <input type="checkbox"/> Nomination <input type="checkbox"/> Other <input type="checkbox"/> Final / Disbands Committee (Lines 18, 19, and 20 must be "0".) <input type="checkbox"/> Outgoing Treasurer (Within ten (10) days amend Statement of Organization.)	Check one: <input type="checkbox"/> Pre-Convention <input type="checkbox"/> Post-Convention
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12. Reporting Period (mm/dd/yy): From: <b>8/1/23</b> Through: <b>10/31/23</b>	COLUMN A This Period	COLUMN B Year to Date
13. Cash on hand and investments at the beginning of this reporting period.	<b>0</b>	
14. Cash on hand and investments January 1, current year.		

### CONTRIBUTIONS AND RECEIPTS

(Note: these amounts include in-kind contributions and loans, as well as cash contributions.)		
15a. Itemized (Use Schedule A.)		<b>\$3552.43</b>
15b. Unitemized		<b>0</b>
15c. Add lines 15a and 15b in both columns.	<b>SUBTOTAL</b>	<b>3552.43</b>
16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B.	<b>TOTAL</b>	<b>\$3552.43</b>

### EXPENDITURES

(Note: These amounts include in-kind expenditures and loan repayments.)		
17a. Itemized (Use Schedule B.) (Public Question: use Schedule C.)		<b>3552.43</b>
17b. Unitemized		
17c. Add lines 17a and 17b in both columns.	<b>SUBTOTAL</b>	<b>3552.43</b>
18. Cash on hand and investments at close of this reporting period (Subtract 17c from 16 in both columns.)	<b>TOTAL</b>	<b>- 0 -</b>
19. Debts OWED BY the committee (Use Schedule D.)		
20. Debts OWED TO the committee (Use Schedule E.)		

### CERTIFICATION

FOR 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.

Signature of Treasurer 	Title	Date (mm/dd/yy) <b>11/16/24</b>
Signature of Candidate (if applicable) 		Date (mm/dd/yy) <b>11/16/24</b>

**WARNING:** Any information 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 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 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)



**REPORT OF RECEIPTS AND EXPENDITURES  
OF A POLITICAL COMMITTEE**

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

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

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

**FILE NUMBER**

Page \_\_\_\_\_ of \_\_\_\_\_

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. BETTER GOVERNMENT FOR LONG BEACH PAC P.O. BOX 55 MICHIGAN CITY, IN 46361	Contributions: <input type="checkbox"/> Direct <input checked="" type="checkbox"/> In-Kind (describe) ADVERTISING/PC DEVELOPMENT Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify)	\$ 850.00	\$ 850	
2. BETTER GOVERNMENT FOR LONG BEACH (SAME ADDRESS AS ABOVE)	Contributions: <input type="checkbox"/> Direct <input checked="" type="checkbox"/> In-Kind (describe) ADV. BEACHER Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify)	\$ 1152	\$ 1152	
3. BETTER GOVERNMENT FOR LONG BEACH (SAME ADDRESS AS ABOVE)	Contributions: <input type="checkbox"/> Direct <input checked="" type="checkbox"/> In-Kind (describe) YARD SIGNS RES PRO GRAPHIC ARTS Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify)	\$ 903.45	\$ 903.45	
4. BETTER GOVERNMENT FOR LONG BEACH (SAME ADDRESS AS ABOVE)	Contributions: <input type="checkbox"/> Direct <input checked="" type="checkbox"/> In-Kind (describe) ALISON HOOVER PHOTOGRAPHY Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify) HARMONY MULTIMEDIA POST CARD	PHOTO \$ 50.00 POST CARDS \$ 496.98	\$ 50.00 \$ 496.98	
5. BETTER GOVERNMENT FOR LONG BEACH (SAME ADDRESS AS ABOVE)	Contributions: <input type="checkbox"/> Direct <input checked="" type="checkbox"/> In-Kind (describe) LAFORTE LO ELECTORAL SD Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify)	\$ 100	\$ 100	
<b>SUBTOTAL THIS PAGE OF SCHEDULE A</b>		\$ 3552.43		
<b>TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY</b> (Enter total on ITEM 15a of the Summary Sheet.)		\$ 3552.43		