## 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.

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SECTION A. CANDIDATE INFORMATION: Fill in all applicable boxes as fully and accurately as possible.         Stark Name       [Aradamie Principal Committee (Check only and accurately as possible).         Stark Name       [Aradamie Principal Committee (Check only and accurately as possible).         At Maling Address (number all what, or, after out 20 committee (Check only and accurately as possible).       [Aradamie Principal Committee (Check only and accurately as possible).         7. City       [Aradamie Principal Committee (Check only and accurately as possible).       [Aradamie Principal Committee (Check only and accurately as possible).         7. City       [Stafe Cardamie Principal Committee (Check only and accurately as possible).       [Aradamie Principal Committee (Check only and accurately as possible).         11. Park Address (number all what are accurately as possible).       [Commottee] (Check and accurately as possible).       [Committee] (Check and accurately as possible).         12. Other and Check (Check and accurately as possible).       [Stafe Cardamie accurately as possible).       [Stafe Cardamie accurately as possible).         13. Flags (Check and accurately as accurately as possible).       [Stafe Cardamie accurately as accurately as possible).         13. Flags (Check and accurately as accurately as possible).       [Stafe Cardamie accurately as possible].         14. Mailing Address (number all what accurately as accurately as possible).       [Stafe Cardamie accurately as accurately as possible].         15. City       [Stafe Cardamie ac	1. IS THIS AN AMENDMENT?	]Yes 💢	/ No <i>l</i> f Yes, j	please enter	the file nu	umber in th	is box. →	46-23-96
2. Last Name       First Name       Find Variant       [] Stype of Committee (Check and Check and	SECTION A. CANDIDATE I	NFORMA	TION: Fill i	n all applic	able box	es as fullv	and accui	rately as possible.
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30. Exploratory Committee (Give brief statement explaining purpose of an exploratory committee only)       31. Salartes and Reimbursements (Will the committee pay the candidate a selary or reimbursement for lost wages? If Yes, attach a copy of the contract.) □ Yes □ No         32. L, as Chairperson of the foregoing Person Appointed Treasurer or the Committee.       Signature of the Committee Chairperson         33. Treasurer's Full Name □ Designate candidate as treasurer. □ Check if this is a new treasurer.       Signature of the Committee         33. Treasurer's Full Name □ Designate candidate as treasurer. □ Check if this is a new treasurer.       Signature of the Committee         34. Mailing Address (untuber and stivel, dy, state, and 2P code) □ Check if this is a new address.       35. FAX (Optional)       36. E-mail Address (Optional)         37. City       State       ZIP Code       38. County       39. Telephone (Day)       40. Telephone (Evening)         37. City       State       ZIP Code       38. County       39. Telephone (Day)       40. Telephone (Evening)         37. City       State       ZIP Code       38. County       59. Telephone (Day)       40. Telephone (Evening)         38. E-mail Address (Optional)       State       ZIP Code       38. County       19. Telephone (Day)       40. Telephone (Evening)         37. City       State       ZIP Code       38. County       19. Telephone (Day)       40. Telephone (Evening)         41. 1 gi	25. City	State Z	IP Code	26. County		27. Telephone	e (Day)	28. Telephone (Evening)
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Treasurer of the Committee.       ENDER 1 SDMA ERS       Curve State         33. Treasurer's Full Name       Designate candidate as treasurer.       Check if this is a new treasurer.       Check if this is a new treasurer.         33. Treasurer's Full Name       Designate candidate as treasurer.       Check if this is a new treasurer.       36. E-mail Address (Optional)         34. Mailing Address (number and street, city, state, and ZP code)       Check if this is a new address.       35. FAX (Optional)       36. E-mail Address (Optional)         37. City       State       ZIP Code       38. County       39. Telephone (Day)       40. Telephone (Evening)         37. City       State       ZIP Code       38. County       39. Telephone (Day)       40. Telephone (Evening)         41. I give notice that 1 accept the duties and responsibilities of Treasurer of this       Signature of Person Accepting Appointment         Committee.       1 am ot the chairperson of a campaign finance committee (except as person who the state our knowledge and belief it is true, correct and complete.       FOR OFFICE USE ONLY         82. Typed or Printed Name of Chairperson       Signature of Candidate       Date (mm/ddiy)       II D I 2 2         43. Typed or Printed Name of Candidate       Signature of Candidate       Date (mm/ddiy)       II D I 2 2       II D I 2 2         Warning: State law requires that any change in this information be reported within ten (10) days of th	32. I, as Chairperson of the	foregoing	Person Appoir	IC 3-9-1-14) nted Treasurer		SI	gnature of the	Committee Chairperson
33. Treasurer's Full Name       Designate candidate as treasurer.       Check if this is a new treasurer.         ELNEST       SUMMERS       ILL         34. Mailling Address (number and street, city, state, and ZIP code)       Check if this is a new address.       35. FAX (Optional)       36. E-mail Address (Optional)         37. City       State       ZIP Code       38. County       40. Telephone (Evening)         37. City       State       ZIP Code       38. County       40. Telephone (Evening)         38. E-mail Address (Optional)       ()       ()       ()         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 Signature of Person Accepting Appointment       ()         Committee. I am not the chairperson of a campaign finance committee (except as permitted for a candidate committee under IC 3-9-1-7).       Section E. CERTIFICATION OF STATEMENT         We certify as the candidate and the duty appointed Chairperson       Date (mm/dd/y)       II. E. D         IN CLERKS OFFICE       II. E. D       IN CLERKS OFFICE         43. Typed or Printed Name of Candidate       Signature of Candidate       Date (mm/dd/y)         II. L. S. JAM IT       JAN I 7. 2024       JAN I 7. 2024         II. PLAST       Summit Signature of Candidate       Signature of Candidate<		person as	ERNES	T SUM	MEN	in the	25	
ERNEST       Summers       Just         34. Mailing Address (number and street, city, state, and ZP code)       Check if this is a new address.       35. FAX (Optional)       36. E-mail Address (Optional)         37. City       State       ZIP Code       38. County       39. Telephone (Day)       40. Telephone (Evening)         37. City       State       ZIP Code       38. County       39. Telephone (Day)       40. Telephone (Evening)         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         Section E. CERTIFICATION OF STATEMENT       FOR OFFICE USE ONLY         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.       FI       I       E       D         43. Typed or Printed Name of Chairperson       Signature of Candidate       Date (mm/dd/yr)       I/ pi / pi	1 reasurer of the Committee.	te candidate a					$\sim$	. June
SAME       ALBUE       ()         37. City       State       ZIP Code       38. County       39. Telephone (Day)       40. Telephone (Evening)         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       Signature of Person Accepting Appointment         Committee. I am not the chairperson of a campaign finance committee (except as permitted for a candidate committee under IC 3-9-1-7).       Sectrion E. CERTIFICATION OF STATEMENT       FOR OFFICE USE ONLY         We certify as the candidate and the duly appointed Chairperson of this statement. To the best of our knowledge and belief it is true, correct and complete.       FI I E D       N CLERKS OFFICE         42. Typed or Printed Name of Chairperson       Signature of Candidate       Date (mm/dd/yy)       II / 0 I / 2.3       II / 0 I / 2.3         43. Typed or Printed Name of Candidate       Signature of Candidate       Date (mm/dd/yy)       II / 0 I / 2.3       JAN 1.7 2024         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 fails to file a complete of curved by the Indiana Campaign Finance Law commits a Class B misdemeanor (IC 3-14-1-14), and may be       CLERK OF LA PORTE CIRCUIT COURT	_							
SAME       ALBUE       ()         37. City       State       ZIP Code       38. County       39. Telephone (Day)       40. Telephone (Evening)         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       Signature of Person Accepting Appointment         Committee. I am not the chairperson of a campaign finance committee (except as permitted for a candidate committee under IC 3-9-1-7).       Sectrion E. CERTIFICATION OF STATEMENT       FOR OFFICE USE ONLY         We certify as the candidate and the duly appointed Chairperson of this statement. To the best of our knowledge and belief it is true, correct and complete.       FI I E D       N CLERKS OFFICE         42. Typed or Printed Name of Chairperson       Signature of Candidate       Date (mm/dd/yy)       II / 0 I / 2.3       II / 0 I / 2.3         43. Typed or Printed Name of Candidate       Signature of Candidate       Date (mm/dd/yy)       II / 0 I / 2.3       JAN 1.7 2024         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 fails to file a complete of curved by the Indiana Campaign Finance Law commits a Class B misdemeanor (IC 3-14-1-14), and may be       CLERK OF LA PORTE CIRCUIT COURT	ELNESI SUN	MER				¥ (0-6		well fiddenes (Ostionel)
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       Signature of Person Accepting Appointment         Committee. I am not the chairperson of a campaign finance committee (except as permitted for a candidate committee under IC 3-9-1-7).       FOR OFFICE USE ONLY         SECTION E. CERTIFICATION OF STATEMENT       FOR OFFICE USE ONLY         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.       FOR OFFICE USE ONLY         42. Typed or Printed Name of Chairperson       Signature of Candidate       Date (mm/dd/y)         Image: Committee State and the and the information be reported within ten (10) days of the change (IC 3-9-1-10). A person who fails to file a complete or ormits a Level 6 D felony (IC 3-14-1-13). A person who fails to file a complete or current commits a Class B misdemeanor (IC 3-14-1-14), and may be       Image: CLERK OF LA PORTE CIRCUIT COURT	34. Mailing Address (number and street, city,	state, and ZIP cod		this is a new add	Iress.   35. FA	X (Optional)	36. E-	mail Address (Optional)
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         Signature of Person Accepting Appointment         Committee. I am not the chairperson of a campaign finance committee (except as         permitted for a candidate committee under IC 3-9-1-7).         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       Signature of Chairperson         Signature of Candidate       Signature of Candidate         Warning: State law requires that any change in this information be reported within ten (10) days of the chains (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 current report as required by the Indiana Campaign Finance Law commits a Class B misdemeanor (IC 3-14-1-14), and may be	SAME A.	J (4	1SOVE		(	)		
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Committee. I am not the chairperson of a campaign finance committee (except as permitted for a candidate committee under IC 3-9-1-7).       FOR OFFICE USE ONLY         SECTION E. CERTIFICATION OF STATEMENT       FOR OFFICE USE ONLY         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.       FILE E         42. Typed or Printed Name of Chairperson       Signature of Chairperson       Date (mm/dd/yy)         43. Typed or Printed Name of Candidate       Signature of Candidate       Date (mm/dd/yy)         II / DI / 2.3       JAN 1.7 2024         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 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       CLERK OF LA PORIE CIRCUIT COURT	41 I give notice that I accent th	he duties a	nd reenonelli	ilities of Tree	surer of t	his Signatur	e of Person	Accepting Appointment
permitted for a candidate committee under IC 3-9-1-7).       SECTION E. CERTIFICATION OF STATEMENT       FOR OFFICE USE ONLY         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.       FILE E       D         42. Typed or Printed Name of Chairperson       Signature of Chairperson       Date (mm/dd/yy)       II / 0 I / 2.3         43. Typed or Printed Name of Candidate       Signature of Candidate       Date (mm/dd/yy)       II / 0 I / 2.3         43. Typed or Printed Name of Candidate       Signature of Candidate       Date (mm/dd/yy)       II / 0 I / 2.3         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 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       CLERK OF LA PORIE CIRCUIT COURT	Committee. I am not the chairor	erson of a	campaign fina	ance committe	ee (except	as		Frank - Fright - Fright
SECTION E. CERTIFICATION OF STATEMENT       FOR OFFICE USE ONLY         We certify as the candidate and the duly appointed Chairperson of the Committee and that we have       FI I E D         examined this statement. To the best of our knowledge and belief it is true, correct and complete.       II / DI / 2.3         42. Typed or Printed Name of Chairperson       Signature of Chairperson       Date (mm/dd/yy)         Image: 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 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       FOR OFFICE USE ONLY	permitted for a candidate committee	e under IC	3-9-1-7).					
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examined this statement. To the best of our knowledge and belief it is true, correct and complete.         IN CLERKS OFFICE	We certify as the candidate and	the duly a	appointed Cha	airperson of	the Comm	ittee and th	hat we have	
42. Typed or Printed Name of Chairperson       Signature of Chairperson       Date (mm/dd/yy)         ERNESS       SUMMENT       II/01/23         43. Typed or Printed Name of Candidate       Signature of Candidate       Date (mm/dd/yy)         43. Typed or Printed Name of Candidate       Signature of Candidate       Date (mm/dd/yy)         Image: 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 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       Line (Mm/dd/yy)	examined this statement. To the be	est of our kn	owledge and	belief it is true	, correct a	nd complete.		IN CLERKS OFFICE
ERVET SUMMENT IS EXPLOSED (1/01/23 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 on accurate report as required by the Indiana Campaign Finance Law commits a Class B misdemeanor (IC 3-14-1-14), and may be CLERK OF LA PORTE CIRCUIT COURT	42. Typed or Printed Name of Chair	rperson				Date (/	nm/dd/yy)	
ERVET SUMMENT IS EXPLOSED (1/01/23 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 on accurate report as required by the Indiana Campaign Finance Law commits a Class B misdemeanor (IC 3-14-1-14), and may be CLERK OF LA PORTE CIRCUIT COURT	FOLGE L.			1	-C-	n	01/07	
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person who knowingly files a fraudulent report commits a Level 6 D felony ( <i>IC</i> 3-14-1-13). A person who fails to file a complete of accurate report as required by the Indiana Campaign Finance Law commits a Class B misdemeanor ( <i>IC</i> 3-14-1-14), and may be CLERK OF LA PORTE CIRCUIT COURT			Signature of C		$\sim$		4	
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accurate report as required by the indiana campaign rimance caw commos a class b intocomounter po o river right and may con-	person who knowingly files a fraudulent n	eport commits	a Level 6 D feld	ony (IC 3-14-1-13	<ol> <li>A person v</li> </ol>	who fails to file	a complete or	CIERK OF LA PORTE CIRCUIT COURT
	accurate report as required by the Indian subject to civil penalties (IC 3-9-4-16, IC 2)	a Campaign F	-inance Law con	nmits a Class B	misdemeano	r (IC 3-14-1-14	y, and may bel	
	reaspear to ovin periodice (ro 0-9-4-10, ro 0-	ν <del>-</del> π, απο Γο	· · · · · · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·			

(CFA-1)

REPORT OF RECEIPTS AND EXPENDITURES OF A POLITICAL COMMITTEE State Form 4606 (R17 / 8-23) Indiana Election Division (IC 3-9-5-14)	1999	(CF	
		Summa	FA-4) ary Sheet NUMBER
<b>INSTRUCTIONS:</b> Please type or print legibly <b>IN BLACK INK</b> all information on this form. For assistance in completing this form, see instructions on the reverse side.		TOTAL PAGES IN E	NTIRE CFA-4 REPORT
IS THIS AN AMENDMENT?  Yes No		;	
COMMITTEE INFORMATION	-		
1. Full Name of Committee (as on Statement of Organization)	name.		
ERJEST SUMMORS CLERK-TRUMSURISC		. 1	•
2. Acronym or Abbreviated Name (if any)	3. Corr	mittee Telephone Numt	per
f	(31	2) 5Y3-50	24.
	Check if the	nis is a new address.	· · ·
2711 ELBRIDGE WAY 5. City, State, ZIP Code		. A456-41 //f f 1 f	
LONG BEACH, IN 46360	•	y Affiliation (if applicable アリコム ヒルハ	-
CANDIDATE INFORMATION (For Candidate's C			
7. Full Name of Candidate (Include any nickname.)		y Affiliation or If Indepen	dent Candidate
ERNESS SUMMORS AT (ERNIE)		PUBLICAN	
D. Office Sought (Include district number, if any. Not required for exploratory committee.)		unty of Residence	
CLERK-TREASURER		LA PORTE	
TYPE OF REPORT		CONVENT	TION CANDIDATES ONLY
11. Check one:		Check one	£: 6
Pre-Primary Pre-Election Annual Nomination Other		Pre-C	onvention
Final / Disbands Committee (Lines 18, 19, and 20 must be "0".) 🔲 Outgoing Treasurer (Within ten (10) days amend Sta	atement of Org	ranization.) Dest-C	Convention
12. Reporting Period ( <i>mm/dd/yy</i> ): From: 8/1/23 Through: * (0 <sup>*</sup> /3)/23	· · · · ·	COLUMN A This Period	COLUMN B Year to Date
13. Cash on hand and investments at the beginning of this reporting period.		Ø	
4. 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.)	· · · · · · · · · · · · · · · · · · ·		
5a. Itemized (Use Schedule A.)		3552.43	
5b. Unitemized		0	
Sc. Add lines 15a and 15b in both columns. SUB	TOTAL	3552,43	
	TOTAL ,	73552.13	
EXPENDITURES			
Note: These amounts include in-kind expenditures and loan repayments.)			
7a. Itemized (Use Schedule B.) (Public Question: use Schedule C.)		3552.47	
7b. Unitemized			
7c. Add lines 17a and 17b in both columns.     SUE	BTOTAL	3552-43	· · · · · · · · · · · · · · · · · · ·
8. Cash on hand and investments at close of this reporting period (Subtract 17c from 16 in both columns.)	TOTAL	- 0-	
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 Treasurat	Title	Date (mm/dd/yy)			
Entreman		1/16/24			
Signature of Candidate) (if applicable)		Date (mm/dd/yy)			
Entrement	.*.	11,6/24			
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)					
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**REPORT OF RECEIPTS AND EXPENDITURES OF A POLITICAL COMMITTEE** State Form 4606 (R17 / 8-23)



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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				
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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.D. BOX 55 MICHICAN CITY, IN 46361	Contributions: Direct Direct A-V CrCT / SI N/CFR Other Receipts: Interest Loan Miscellaneous (specify)			-
<sup>2</sup> BETTER GOVERNMENT FOR LONG BEACH (CAME ADDRESS AS ABOND)	Contributions: Direct	\$1152	-\$1152	-
3. BETTER GOVERNMENT FOR LONG BETCH (SAME ADDRESS AS AND,	YA I-D SIG	\$ 903.45	\$ 903.45	
<sup>4</sup> BETTER GOVERNMENT FOR LONG BEACH (SAME ADDRESS AS ABOVE)	Contributions: Direct Direct Direct Direct Direct Direct Direct Direct Price TOG TCAPPITY Other Receipts: Interest Loan Miscellaneous (specify) HARMONY MINFILLS 	PHOTO A 50,00 POST CANOS 4496.58	# 50.00 # 496. 88	
SETTER GOVERNMENT FOR LONG BEHLIF (SAME ADDRESS AS ABOVE)	Contributions: Direct Direct LAFORFOR Direct Control (describe) LAFORFOR Direct Direct Direct Direct Direct Direct Direct Direct LAFORFOR Direct Direct LAFORFOR Direct LAFORFOR Direct LAFORFOR Direct LAFORFOR Direct LAFORFOR Direct LAFORFOR Direct LAFORFOR Direct LAFORFOR Direct Direct LAFORFOR Direct Direct LAFORFOR Direct Direct LAFORFOR Direct	\$100	#100	
SUBTOTAL TOTAL OF ALL PAGES OF SCHEDULE	THIS PAGE OF SCHEDULE A	\$3552.43		
	15a of the Summary Sheet.)	\$3552.43		