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

46-23-33 TOTAL PAGES IN ENTIRE CFA-4 REPORT

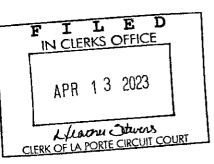
IS THIS AN AMENDMENT? Yes Yo No

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COMMITTEE INFORMATION	
1. Full Name of Committee (as on Statement of Organization) Check If this is a new name	
2 Accorver or Abbraviated Name (if any)	Committee Telephone Number 219) 898 - 42-50
105 WODDSIDE DRIVE	il this is a new address.
5. City. State. ZIP Code MICHIGAN CITY, IN 46360 6.1	Party Affiliation (il applicable) DEMOCRAT
CANDIDATE INFORMATION (For Candidate's Comm	nittees Only)
7. Full Name of Candidate (Include any nickname.) VIDYA-SKOZA	Party Affiliation or If Independent Candidate
9. Office Sought (Include district number, if any. Not required for exploratory committee.) 10. MICHUAN CITY COUNCIL AT LARGE	County of Residence
TYPE OF REPORT	CONVENTION CANDIDATES ONLY
11. Chock one:	Check one:
Pre-Primary Pre-Election Annual Nomination Other	Pre-Convention
Final / Disbands Committee (Lines 18, 19, and 20 must be "0".) Dutgoing Treasurer (Within ten (10) days emend Statement of	organization.j Post-Convention
12. Reporting Period (mm/dd/yy): From: 1123 Through: 417/23	COLUMN A COLUMN B This Period Year to Date
13. Cash on hand and investments at the beginning of this reporting period.	3058117
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.)	15,000 15,000
15b. Unitemized	
15c. Add lines 15a and 15b in both columns. SUBTOTA	
16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B. TOTA	18,058.17
EXPENDITURES	
(Note: These amounts include in-kind expenditures and loan repayments.)	
17a. Itemized (Use Schedule B.) (Public Question: use Schedule C.)	12,328.60
17b. Uniternized	0
17c. Add lines 17a and 17b in both columns. SUBTOTA	IL 12,327 60
18. Cash on hand and investments at close of this reporting period (Subtract 17c from 16 in both columns.) TOT	AL 5,729.57
19. Debts OWED BY the committee (Use Schedule D.)	0
20. Debts OWED TO the committee (Use Schedule E.)	

CERTIFICATION	
I CERTIFY THAT I HAVE EXAMPLED THIS STATEMENT. TO THE BEST OF MY KNOWLEDGE AND BELIEF IT IS TRU	JE, CORRECT AND COMPLETE.
Signature of Tressurer	Date (mm/dd/yy) 4 11 2 3 ,
Signature of Candidate (If applicable) VI dya COL	Date (mm/dd/yy) 4-11/23

WARNING: Any information contained in this report may not be copied for sale or used for any confinencial 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 3-9-4-15, IC 3-9-4-17, IC 3-9-4-18)



FOR OFFICE USE ONLY

BLACK INK all information on this schedule. For assistance in com side. This schedule is used to document contributions and receip cumulative contributions from individuals OVER \$100 eer contribut schedule (over \$200. if regular party committee). All cumulative receip rebates, returns of deposit, proceeds from sales, interest or other in year, MUST be itemized on this schedule (over \$200 if regular party of individual makes at least \$1,000 in contributions during the calendar y	pleting this schedule, see instructions is <u>totaled on ITEM 15a</u> of the Summ br, within a calendar year MUST be it ots, (such as loan proceeds and repays come) OVER \$100 per contributor, wit committee). A contributor's occuration is	on the reverse lary Sheet. All emized on this nents, refunds. hin a calendar s required if an	FILE N	UMBER
CONTRIBUTOR'S FULL NAME AND OCCUPATION FULL MAILING ADDRESS (street, number, city, state, ZIP code) 1. VIDYA KOOCA 105 WDODADA DA 105 WDODADA DA MIM & MAY FAN Contributor's Decupation (it required) 46360 2.	TYPE OF CONTRIBUTION OR OTHER RECEIPT Contributions: Direct In-Kind (describe) Other Receipts: Interest Loan Miscellaneous (specify) Contributions: Direct Direct In-Kind (describe) Other Receipts: In-Kind (describe) Other Receipts: Interest Loan	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED (mm/dd/yy) RECEIVED BY
Contributor's Occupation (if required)	Miscellaneous (specify) Contributions; Direct In-Kind (describe) Other Receipts: Interest Loan Miscellaneous (specify)			
4. Contributor's Occupation (if required)	Contributions: Direct In-Kind (describe) Other Recoipts: Interest Loan Miscellaneous (specify) Contributions:			
Contributor's Decupation (if required)	Other Receipts: Other Receipts: In-Kind (describe) Other Receipts: Interest Loan Miscellaneous (specify) HIS PAGE OF SCHEDULE A	\$		
TOTAL OF ALL PAGES OF SCHEDULE A		\$ \$		

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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 _____ of _

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 DUNELAND MERTIA 1305 FINELAXE ROD LA PORTE		Direct in-Kind Payment of Debt Returned Contribution Other Purpose:	3099.50		53/10/23
DUNELAND MERIA 1305 PINE LAXERD LAPORTE		Direct in Kind Payment of Debt Returned Contribution Other Purpose:	2630:00		3/19/23
CODE A DUNELAND MEDIA 1305 FINELAKEAD LAPONTE		Direct in-Kind Payment of Debt Returned Contribution Other Purpose	784.00		3)19)23
Code A DUNELAND MERIA 1305 PINELAKE LAPONTE		Payment of Debt Payment of Debt Returned Contribution Other Purpose:	3114.50		3/20/23
Code A PUNELAND MEDIA 1305 PINELAKE LA PORTE		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:	2700-60		3/29/23
Code		Direct In-Kind Payment of Doot Returned Contribution Other Purpose:			
Corie		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:			
SUBTOTAL THIS PAGE OF SCHEDULE B				· · · · ·	
TOTAL OF ALL PA	\$				

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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
INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this form. For assistance in completing this form, see instructions on the reverse side.	46-23-33 TOTAL PAGES IN ENTIRE CFA-4 REPORT
IS THIS AN AMENDMENT? Ves X No	
1. Full Name of Committee (as on Statement of Organization) Check if this is a new	
2. Acronym or Abbreviated Name (if any)	3. Committee Telephone Number (219) 898 - 92.50
105 WOODSIDE DRIVE	Check if this is a new address.
5. City, State, ZIP Code MI'CHI'GAN CITM, IN 46360	6. Party Affiliation (<i>if applicable</i>) DEMO(RAT)
CANDIDATE INFORMATION (For Candidate's C	Committees Only)
7. Full Name of Candidate (Include any nickname.)	8. Party Affiliation or If Independent Candidate
9. Office Sought (Include district number, if any. Not required for exploratory committee.) MICHIGAW CITY COUNCIL AT LARGE	10. County of Residence
TYPE OF REPORT	CONVENTION CANDIDATES ONLY
	Check one:
Pre-Primary Pre-Election Annual Nomination Other	
Final / Disbands Committee (Lines 18, 19, and 20 must be "0".) Outgoing Treasurer (Within ten (10) days amend Sta	atement of Organization.)
12. Reporting Period (mm/dd/yy): From: 48 2023 Through: 013 2023	COLUMN A COLUMN B This Period Year to Date
13. Cash on hand and investments at the beginning of this reporting period.	5729.57
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.)	
15b. Unitemized	03562
15c. Add lines 15a and 15b in both columns.	TOTAL
	TOTAL : 19291 57
EXPENDITURES	
(Note: These amounts include in-kind expenditures and loan repayments.)	· .
17a. Itemized (Use Schedule B.) (Public Question: use Schedule C.)	
17b. Unitemized	14,498.50
17c. Add lines 17a and 17b in both columns. SUB	STOTAL
18. Cash on hand and investments at close of this reporting period (Subtract 17c from 16 in both columns.)	TOTAL 4793.07
19. Debts OWED BY the committee (Use Schedule D.)	0
20. Debts OWED TO the committee (Use Schedule E.)	\mathcal{D}
CERTIFICATION	RUE, CORRECT AND COMPLETE.
	Date (mm/dd/yy)
Signature of Candidate (Fapplicable) VIdya Lou	Date (mm/dd/yy) 10 19 12 0 0CT 2 0 2023
WARNING: Any information contained in this report may not be copied for sale or used for any commercial purpose. files a fraudulent report commits a Level 6 felony. (IC 3-14-1-13) A person who fails to file a complete or accural Campaign Finance Law commits a Class B misdemeanor, (IC 3-14-1-14) and may be subject to civil penalties. (IC 3-9-	(IC 3-9-4-5) A person who knowingly

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CLERK OF LA PORTE CIRCUIT COURT 9:20an (.).

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-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	NUME	BER	
Page _	2	_ of _	T	

CONTRIBUTOR'S FULL NAME AND OCCUPATION FULL MAILING ADDRESS	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS	COLUMN B CUMULATIVE	DATE RECEIVED (mm/dd/yy)
(street, number, city, state, ZIP code)		PERIOD	YEAR-TO-DATE	RECEIVED BY
" VIDYA KORA	Contributions: Direct In-Kind (describe)	5000	20,000	10/14/23
Contributor's Occupation (if required)	Other Receipts: Interest Loan Miscellaneous (<i>specify</i>)			
2. VIDYA KORA	Contributions: Direct In-Kind (describe)	6000	26,000	4/19/23
	Other Receipts: Interest Loan Miscellaneous (<i>specify</i>)			
Contributor's Occupation (if required)		•		
3.	Contributions: Direct In-Kind (describe) Other Receipts: Interest Loan Miscellaneous (specify)			
Contributor's Occupation (if required)				
4.	Contributions: Direct In-Kind (describe) Other Receipts: Interest Loan Miscellaneous (specify)			
Contributor's Occupation (if required)				
5.	Contributions: Direct In-Kind (describe) Other Receipts: Interest Loan Miscellaneous (specify)			
Contributor's Occupation (if required)				
SUBTOTAL T	HIS PAGE OF SCHEDULE A	\$14000		
TOTAL OF ALL PAGES OF SCHEDULE A (Enter total on ITEM)	ON THE LAST PAGE ONLY 15a of the Summary Sheet)	\$		

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-3) CONTRIBUTIONS BY LABOR ORGANIZATIONS

FILE NUMBER

of

3

Itemized Contributions and Other Receipts

Page

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).

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
" NORTHERN INFIANA OPERATORS JOINT	Contributions: Direct In-Kind (describe)	500		8/2/23
OPERATORS JOINT LABOR MANAGEMENT PAC.	Other Receipts:			
2.	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest Loan Miscellaneous (specify)			
3.	Contributions: Direct In-Kind (<i>describe</i>)			
	Other Receipts: Interest Loan Miscellaneous (<i>specify</i>)			
4.	Contributions: Direct In-Kind (describe)			
,	Other Receipts: Interest Loan Miscellaneous (<i>specify</i>)			
5.	Contributions: Direct In-Kind (describe)			
	Other Receipts:			
SUBTOTAL 1	THIS PAGE OF SCHEDULE A	\$ 500		
TOTAL OF ALL PAGES OF SCHEDULE A (Enter total on ITEM)	ON THE LAST PAGE ONLY	\$		

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-5) CONTRIBUTIONS BY OTHER ORGANIZATIONS

Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY ORGANIZATIONS OTHI POLITICAL ACTION COMMITTEES AND INDIVIDUALS ON THIS SCHEI information on this schedule. For assistance in completing this schedule, see document contributions and receipts <u>totaled on ITEM 15a</u> of the Summary Shr \$100 per contributor, within a calendar year MUST be itemized on this schedul and in-kind contributions <u>regardless of amount</u> from candidate's, legislative can	BLACK INK all redule is used to ar entities OVER). All transfers-in	FILE N	UMBER	
this schedule. All cumulative receipts, (such as loan proceeds and repayments, interest or other income) OVER \$100 per contributor, within a calendar year, party committee).	refunds, rebates, returns of deposit, proc	eeds from sales,	Page 4	_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 LA PORTE COUNTY DEMO CRAPIC CENTRAL COmministra	Contributions: Direct In-Kind (describe) Other Receipts: Interest Loan Miscellaneous (specify)	SN		9)25/23
2 LAPORGE DEMOCRATIC CIVIC CLUB	Contributions: Direct In-Kind (describe) Other Receipts: Interest Loan	20		9/21/23
3.				
	Other Receipts:			
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	\$700		
TOTAL OF ALL PAGES OF SCHEDULE / (Enter total on ITEM)	\$			



(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 on 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).

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	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
MC MD PAC PO BOX 8754 Michnigen City 46361	Contributions: Direct In-Kind (describe) Other Receipts: Interest Loan Miscellaneous (specify)	1362		10/8/23
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)			
5.	Contributions: Direct In-Kind (describe) Other Receipts: Interest Loan Miscellaneous (specify)			
TOTAL OF ALL PAGES OF SCHEDULE A		s \$13562		



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 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 committee*) **MUST** be itemized on this schedule.

FILE NUMBER
Page of

RECIPIENT'S NAME AND MAILING ADDRESS (street, number, city, state, ZIP code)	RECIPIENT'S OCCUPATION TYPE OF EXPENDITURE	COLUMN A AMOUNT THIS	COLUMN B		
	OFFICE SOUGHT (if applicable)	PURPOSE (be specific)	PERIOD	YEAR-TO-DATE	EXPENDITURE (mm/dd/yy)
DUNE LAND MEDIA		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:	1292 *		4)12/23
DUNE CAND MEDRA		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:	2826		4/19/23
Code A VSVS		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:	3206		4119 123
DUNELAND MEnna		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:	1726-50		8/21/23
DUNELAND MEDIA		Direct In-Kind Payment of Debt Returned Contribution Other	1350		9/5/23
DUNECAMP MEDIA		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:	623		9)13)23
DUNELAWD MEDIA		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:	337.5		10/9/23
			\$147-398	0	
SUBTOTAL THIS PAGE OF SCHEDULE B					
(Enter total on ITEM 17a of the Summary Sheet.)					



Code A

Code

Code

Code

Code

Code

Enter Text of Public Question.

Type of Question: Statewide Local Position: Supported Opposed

RECIPIENT'S NAME AND MAILING ADDRESS (street, number, city, state, ZIP code)

NAACP OF LAPORTE COUNTY

REPORT OF RECEIPTS AND EXPENDITURES OF A POLITICAL COMMITTEE State Form 4606 (R17 / 8-23)

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

INSTRUCTIONS: Please type or print legibly IN BLACK INK all in completing this schedule, see instructions on the reverse side. All curr amount paid to political committees supporting or opposing a public que

(CFA-4 SCHEDULE C) **ITEMIZED EXPENDITURES** - Bullia Oursettere

:K INK all information on this schedule. For assistance in side. All cumulative expenses or transfers-out, regardless of a public question, MUST be itemized on this schedule.		FILE NUMBER	
	Page	T of	7
N INFORMATION			
TYPE OF EXPENDITURE and PURPOSE (be specific)	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE OF EXPENDITURE (mm/dd/yy)
Direct In-Kind Payment of Debt Returned Contribution Other Purpose:	100		10/9/23
Direct In-Kind Payment of Debt Returned Contribution Other Purpose:			
Direct In-Kind Payment of Debt Returned Contribution Other Purpose:			
Direct In-Kind Payment of Debt Returned Contribution Other Purpose:			
Direct In-Kind Payment of Debt Returned Contribution Other Purpose:			
Direct In-Kind Payment of Debt Returned Contribution Other Purpose:			
GE OF SCHEDULE C	\$ 160		
	TYPE OF EXPENDITURE and PURPOSE (be specific) Direct In-Kind Payment of Debt Returned Contribution Other Purpose: Direct In-Kind Payment of Debt Returned Contribution Other Purpose: Direct In-Kind Payment of Debt Returned Contribution Other Purpose: Direct In-Kind Payment of Debt Returned Contribution Other Purpose: Direct In-Kind Payment of Debt Returned Contribution Other Purpose: Direct In-Kind Payment of Debt Returned Contribution Other Purpose: Direct In-Kind Payment of Debt Returned Contribution Other Purpose: Other Purpose:	TYPE OF EXPENDITURE and PURPOSE (be specific) COLUMN A AMOUNT THIS PERIOD Direct In-Kind Payment of Debt) Returned Contribution) Other Purpose: Direct In-Kind Payment of Debt) Returned Contribution) Other	TYPE OF EXPENDITURE and COLUMIN A AMOUNT THIS PURPOSE (be specific) COLUMIN B CUMULATIVE PERIOD Direct In-Kind Payment of Debt Purpose:)) Direct In-Kind)) Purpose:)) Direct In-Kind In-Kind Payment of Debt In-Kind Payment of Debt In-Kind Purpose: In-Kind Direct In-Kind Payment of Debt Returned Contribution Other Direct In-Kind Payment of Debt

TOTAL OF ALL PAGES OF SCHE (Enter total on ITEM 17a of the Summary Sheet.)

IS THIS AN AMENDMENT? Ses No		46-23-33				
1. Full Name of Committee (as on Statement of Organization) Check if this is a new first Strength Control of C	ew name	,				
2 According of Abbraulated Name (if any)		mmittee Telephone Number 1月) 名片ターインラン				
4. Mailing Address (Address where all campaign finance correspondence is received.) □ Check if this is a new address.						
		Party Affiliation (if applicable)				
CANDIDATE INFORMATION (For Candidate's Co	ommitte	es Only)				
7. Full Name of Candidate (Include eny nickname) 8. F		Party Affiliation or If Independent Cendidate				
9. Office Sought (Include district number, if any. Not required for exploratory committee.) 10. Co		bunty of Residence				
TYPE OF REPORT			CONVENTIO	N CANDIDATES ONLY		
11. Check one:		Check one:				
Final / Disbands Committee (Lines 18, 19, and 20 must be "0".) 🔲 Outgoing Treasurer (Within Ien (10) days amend State	ement of Orga	niz a tion.)	Post-Cor	vention		
12. Reporting Period (mm/dd/yy): From: 10 13 De: 23 Through: 12-131 2-3			UMN A Period	COLUMN B Year to Date		
13. Cash on hand and investments at the beginning of this reporting period.		479	3-07			
14. Cash on hand and investments January 1, current year.						
CONTRIBUTIONS AND RECEIPTS						
(Note: these amounts include in-kind contributions and bans, as well as cash contributions.)			0			
15a. Itemized (Use Schedule A.)			900.00			
15b. Unitemized		86	43.01			
	TOTAL	76	14 2 1 11 2			
	TOTAL	36	93.07			
EXPENDITURES						
(Note: These amounts include in-kind expenditures and loan repayments.) 17a. Itemized (Use Schedule B.) (Public Question: use Schedule C.)		53	44,62			
17a. Nethized 1959 Schedule B./ (Cabin: Guestion: use Schedule C.)						
	TOTAL					
18. Cash on hand and investments at close of this reporting period (Subtract 17c from 16 in both columns.)	TOTAL		48-39			
19. Debts QWED BY the committee (Use Schedule D.)			5			
20. Debts OWED TO the committee (Use Schedule E.)			5			
CERTIFICATION				OR 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)				
	Freeman	1411.24-				
Signature of Candidate (if applicable)	the	Date (mm/dd/yy)				
	For only or unod for only commercial number (IC 3.0	4-5) A nereon who knowinny				

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)



This schedule is used to document contributions and receipts total	ed on ITEM 15a of the Summary Sheet	All comulative		
contributions from individuals OVER \$100 per contributor, withina c \$200, if regular party committee). All cumulative receipts, (such as ic of deposit, proceeds from sales, interest or other income) OVER	alendar year MUST be itemized on this an proceeds and repayments, refunds, n	schedule (over		
itemized on this schedule (over \$200 if regular party committee). A c at least \$1,000 in contributions during the calendar year. Otherw	dividual makes Page of			
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
1 NIRVA YORA	Contributions:	3907	R9,490,	10/30/23
NOS Word Adu Dr MI Wrigen Utuj Gontributor's Occupation #1000000000000000000000000000000000000	Other Receipts: Interest Loan Miscellaneous (specify)			
2.	Contributions: Direct In-Kind (describe)			
Contributor's Occupation (/ required)	Other Receipts: Interest Loan Miscellaneous (specify)			
3.	Contributions: Direct In-Kind (describe)			
Contributor's Occupation (if required)	Other Receipts: Interest Loan Miscellaneous (specify)			
4.	Contributions: Direct In-Kind (describe)			
Centributer's Occupation <i>(il required</i>)	Other Receipts: Interest Loan Miscellaneous (specify)			
S.	Contributions; Direct In-Kind (describe)			
Contributor's Occupation (if required)	Other Receipts: Interest Loain Miscellaneous (specify)			
	THIS PAGE OF SCHEDULE A	\$		
TOTAL OF ALL PAGES OF SCHEDULE ((Enter total on ITER)	A ON THE LAST PAGE ONLY I 15a of the Summary Sheet.)	\$ 3900		

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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. Page of RECIPIENT'S OCCUPATION RECIPIENT'S NAME AND MAILING ADDRESS TYPE OF EXPENDITURE COLUMN A COLUMN B DATE OF (street, number, city, state, ZIP code) AMOUNT THIS PERIOD CUMULATIVE YEAR-TO-DATE and EXPENDITURE OFFICE SOUGHT (if applicable) PURPOSE (be specific) (mm/dd/yy) <u>A</u> Direct Direct In-Kind Payment of Debt United Static 10/12/23 2482.42 Returned Contribution Porm Service C Other Purpose: H-Code Direct Direct In-Kind Payment of Debt 10/10/125 2215 16 Diminut Maria Returned Contribution Other_ Purpose: 🖸 Direct 🚺 In-Kind 646 110 Payment of Debt 11/123 WELANIS MEDIA Returned Contribution D Other _ Purpose: Direct Din-Kind Code Payment of Debt Returned Contribution O Other Purpose: Oirect In-Kind Code Payment of Debt Returned Contribution Other Purpose: Direct Direct In-Kind Code Payment of Debt Returned Contribution D Other _ Purpose: C Direct D In-Kind Code Payment of Debt Returned Contribution Other_ Purpose:

SUBTOTAL THIS PAGE OF SCHEDULE B TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY (Enter total on ITEM 17e of the Summary Sheet.)

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