REPORT OF RECE OF A POLITICAL C State Form 4606 (R17 / 8-23) Indiana Election Division (IC 3-9-5-14			Summ	FA-4) ary Sheet
INSTRUCTIONS: Please type or print legibly IN assistance in completing this form, see instruct			46-22 TOTAL PAGES IN	3-US ENTIRE CFA-4 REPORT
IS THIS AN AMENDMENT? [Yes 🖌 No	J		
	COMMITTEE INFORMAT	TION	-	
1. Full Name of Committee (as on Statemet N/A	nt of Organization)	a new name.		
2. Acronym or Abbreviated Name (if any)	÷	3. Co	ommittee Telephone Nur	nber
	·····	()	
4. Mailing Address (Address where all camp	paign finance correspondence is received.)	Check i	this is a new address.	
5. City, State, ZIP Code		6. Pa	rty Affiliation (if applicab	le)
CA	NDIDATE INFORMATION (For Candida	te's Commi	ttees Only)	
7. Full Name of Candidate (Include any nick			rty Affiliation or If Indepe	ndent Candidate
John Arthur Kocher			ependent	
9. Office Sought (Include district number, if a Town Council	any. Not required for exploratory committee.		ounty of Residence	
	TYPE OF REPORT		·	TION CANDIDATES ONLY
11. Check one:			Check or	
Pre-Primary 🗹 Pre-Election 🗋 Annual 📃	Nomination Dther		Pre-4	Convention
Final / Disbands Committee (Lines 18, 19, and 20 m	ust be *0*.) 🔲 Outgoing Treasurer (Within ten (10) days an	nend Statement of (Organization.) Drganization.)	-Convention
12. Reporting Period (mm/dd/yy): From: 01/01/23	Through: 10/18/23		COLUMN A This Period	COLUMN B Year to Date
13. Cash on hand and investments at the be			0.	00
14. Cash on hand and investments January	······································			0.00
	UTIONS AND RECEIPTS			
	utions and loans, as well as cash contributions.	.)	_	
15a. Itemized (Use Schedule A.)			756.0	00 756.00
15b. Unitemized				
15c. Add lines 15a and 15b in both columns.	······································	SUBTOTAL	756.0	
16. Add lines 13 and 15c in Column A and lines	XPENDITURES	TOTAL	756.0	00 756.00
(Note: These amounts include in-kind expen			· .	
17a. Itemized (Use Schedule B.) (Public Que			756.0	756.00
17b. Unitemized			730.0	130.00
17c. Add lines 17a and 17b in both columns.	· · · · · · · · · · · · · · · · · · ·	SUBTOTAL	756.0	0 756.00
18. Cash on hand and investments at close of this	reporting period (Subtract 17c from 16 in both columns			
19. Debts OWED BY the committee (Use Sc	······································		0.0	
20. Debts OWED TO the committee (Use Sc			0.0	
CERTIEV THAT I HAVE EVANINED THIS STATEN	CERTIFICATION			FOR OFFICE LISE ONLY
Signature of Treasurer	ENT. TO THE BEST OF MY KNOWLEDGE AND BELIEF Title		Date (mm/dd/yy)	IN CLERKS OFFICE
Julin to lan	Treasurer		10/18/23	
Signature of Candidate (if applicable)			Date (mm/dd/yy) 10/18/23	OCT 1 8 2023

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WARNING: Any information contained in this report may not be copied for sale or used for any commercial purpose. (IC 3-94-5) 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 3-94-16, IC 3-94-17, IC 3-94-18)

CLERK OF LA PORTE CIRCUIT COLIRT



(CFA-4 SCHEDULE A-1) CONTRIBUTIONS BY INDIVIDUALS

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

Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY INDIVIDUALS ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from individuals OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee). A contributor's occupation is required if an individual makes at least \$1,000 in contributions during the calendar year. Otherwise, this is optional.

FILE NUMBER				
Page	2	of	10	

CONTRIBUTOR'S FULL NAME AND OCCUPATION FULL MAILING ADDRESS	TYPE OF CONTRIBUTION	COLUMN A	COLUMN B	DATE RECEIVED (mm/dd/yy)
(street, number, city, state, ZIP code)	OR OTHER RECEIPT	AMOUNT THIS	CUMULATIVE YEAR-TO-DATE	RECEIVED BY
^{1.} John A. Kocher, Candidate	Contributions:			
2235 Lakeshore Drive				10/11/00
Long Beach, IN 46360	In-Kind (describe)			10/11/23
	Other Receipts;	\$756.00	\$756.00	
	🔲 Interest 🔲 Loan			
	Miscellaneous (specify)			Self
Contributor's Occupation (if required) Attorney	<u> </u>	•		
2.	Contributions:			
	Direct Direct			
	Other Receipts:			
	Interest Loan			
	Miscellaneous (specify)			
Contributor's Occupation (il required)				
3.	Contributions:			
	In-Kind (describe)			
	Other Receipts:			
	Interest Loan			
	Miscellaneous (specify)			
Contributor's Occupation (if required)				
4.	Contributions:			
	In-Kind (describe)			
	Other Receipts:			
	Miscellaneous (specify)			
Contribute de Occurrenties d'Annandes				
Contributor's Occupation (if required)	Contributions:			
	Direct			
	in-Kind (describe)			
	Other Receipts:			
	Miscellaneous (specify)			
Contributor's Occupation (il required)				
	HIS PAGE OF SCHEDULE A	\$ 756.00		
TOTAL OF ALL PAGES OF SCHEDULE A	ON THE LAST PAGE ONLY	100.00		
(Enter total on ITEM	15a of the Summary Sheet.)	\$ 756.00		

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).

FILE NUMBER				
Page	3	of	10	

CONTRIBUTOR'S FULL NAME AND FULL MAILING ADDRESS	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS	COLUMN B	DATE RECEIVED (mm/dd/yy)
(street, number, city, state, ZIP code)		PERIOD	CUMULATIVE YEAR-TO-DATE	RECEIVED BY
1. N/A	Contributions: Direct In-Kind (describe) Other Receipts: Interest Loan Miscellaneous (specify)			
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)			
SUBTOTAL	THIS PAGE OF SCHEDULE A	\$ 0.00		
TOTAL OF ALL PAGES OF SCHEDULE (Enter total on ITEN)	A ON THE LAST PAGE ONLY 1 15a of the Summary Sheet.)	\$		

(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).

FILE NUMBER				
Page _	4	of	10	

CONTRIBUTOR'S FULL NAME AND	TYPE OF CONTRIBUTION	COLUMN A	COLUMN B	DATE RECEIVED
FULL MAILING ADDRESS (street, number, city, state, ZIP code)	OR OTHER RECEIPT	AMOUNT THIS	CUMULATIVE	(mm/dd/yy)
	Contributions;	PERIOD	YEAR-TO-DATE	RECEIVED BY
N/A	Direct			1
	In-Kind (describe)			
	Other Receipts:			
	Interest Loan			
	Miscellaneous (specify)			
	<u> </u>			
2	Contributions:			
	Direct			
	Other Receipts;	-		
	Interest Loan			
	Miscellaneous (specify)			
3.	Contributions:		·	
	Direct			
	In-Kind (describe)			
	<u> </u>			
	Other Receipts:			
	Interest Loan			ļ
	Miscellaneous (specify)			
4.	Contributions:			
	In-Kind (describe)			
	Other Receipts:			
	Interest Loan		ļ	
	Miscellaneous (specify)			
5.	Contributions:			
	Direct			
	In-Kind (describe)			
	<u> </u>			
	Other Receipts:		Ē	
	Miscellaneous (specify)			
			ĺ	
TOTAL OF ALL PAGES OF SCHEDULE A	HIS PAGE OF SCHEDULE A	\$ 0.00		
(Enter total on ITEM	ON THE LAST PAGE ONLY 15a of the Summary Sheet.)	\$		

(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 <u>lotaled on ITEM 15a</u> 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 <u>repartless of amount</u> from political action committees MUST be itemized on this schedule. All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee).

FILE NUMBER				
Page	5	of	10	

CONTRIBUTOR'S FULL NAME AND	TYPE OF CONTRIBUTION		COLUMN B	DATE RECEIVED
FULL MAILING ADDRESS	OR OTHER RECEIPT	AMOUNT THIS	CUMULATIVE	
(streel, number, city, state, ZIP code)	Contributions;	PERIOD	YEAR-TO-DATE	RECEIVED BY
(^{'.} N/A	Direct	1		
	In-Kind (describe)			
	Other Receipts:			
	Loan			
	Miscellaneous (specify)	1		
2	Contributions:			
	Direct			
	In-Kind (describe)			
	Other Receipts:			
	Miscellaneous (specify)			
3.				
з.	Contributions:			
	In-Kind (describe)	1		
	Other Receipts;		ł	
	Interest 🗌 Loan			
	Miscellaneous (specify)			
	[
4.	Contributions:			·····
	In-Kind (describe)			
	Other Receipts:			
	Miscellaneous (specify)			
5.	Contributions:			
	Direct			
	In-Kind (describe)			
	Other Receipts:		F	
	Interest Loan			
·	Miscellaneous (specify)			
	HIS PAGE OF SCHEDULE A	\$ 0.00		
TOTAL OF ALL PAGES OF SCHEDULE A	ON THE LAST PAGE ONLY	\$		
(Enter total on ITEM	15a of the Summary Sheet.)	•		



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

(CFA-4 SCHEDULE A-5) CONTRIBUTIONS BY OTHER ORGANIZATIONS

Itemized Contributions and Other Receipts

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

	FILE	NUMBE	R	
Page	6	of	10	

	CONTRIBUTOR'S FULL NAME AND	TYPE OF CONTRIBUTION	COLUMN A	COLUMN B	DATE RECEIVED
	FULL MAILING ADDRESS (street, number, city, state, ZIP code)	OR OTHER RECEIPT	AMOUNT THIS	CUMULATIVE	(mm/dd/yy) ; RECEIVED BY
1.	N/A	Contributions:	PERIOD	YEAR-TO-DATE	
		Direct			
		In-Kind (describe)			
				1	
í		Other Receipts:			·
		🔲 Interest 🔲 Loan	1		
		Miscellaneous (specify)			
2.		Contributions:			
		Direct			1
İ		In-Kind (describe)			
		Other Receipts:			
		Interest Loan			
		Miscellaneous (specify)			
	······································				
3.		Contributions:			
		In-Kind (describe)			
		Other Receipts;			
		Miscellaneous (specify)			
4.	· · · · · · · · · · · · · · · · · · ·	Contributions:		<u>.</u>	
		Direct			
		In-Kind (describe)		ĺ	
		Other Receipts:		ŀ	
		🔲 Interest 🔲 Loan			
		Miscellaneous (specify)		1	
5.		Contributions:			
		Direct	ļ		
		In-Kind (describe)			
		Other Receipts:		Ì	
		Interest Loan		1	
		Miscellaneous (specify)		ľ	
	······································				
	SUBTOTA	L THIS PAGE OF SCHEDULE A	\$ 0.00		
	TOTAL OF ALL PAGES OF SCHEDUL	E A ON THE LAST PAGE ONLY			
		EM 15a of the Summary Sheet.)	\$		



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. 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 ection, or regular party committees) MUST be itemized on this schedule.

(CFA-4 SCHEDULE B) ITEMIZED EXPENDITURES

FILE NUMBER						
Page _	7	of	10			

RECIPIENT'S NAME AND MAILING ADDRESS (street. number, city, state, ZIP code)	RECIPIENT'S OCCUPATION	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 The Beacher 911 Franklin Street Michigan City, IN 46360	Newspaper Publisher	Direct In-Kind Payment of Debl Returned Contribution Other Purpose:	\$435.00	\$435.00	10/11/23
Code A JT Shirt Shack 315 Northwest Street Winamac, IN 46996	Printer	Direct In-Kind Payment of Debt Returned Contribution Other Purpose:	\$321.00	\$321.00	10/01/23
Code		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:			
Code		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:			
_Code		Direct In-Kind Payment of Debl Returned Contribution Other Purpose:			
Code		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:			
Code		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:			
	SUBTOTAL THIS PAG		\$ 756.00		
TOTAL OF ALL PAG	\$ 756.00				

(CFA-4 SCHEDULE C) OF A POLITICAL COMMITTEE State Form 4606 (R17 / 8-23) **ITEMIZED EXPENDITURES** Indiana Election Division (IC 3-9-5-14) **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 reverse side. All cumulative expenses or transfers-out, regardless of FILE NUMBER amount paid to political committees supporting or opposing a public question, MUST be itemized on this schedule. Page 8 10 of PUBLIC QUESTION INFORMATION Enter Text of Public Question. N/A Type of Question: Statewide Local Position: Supported Opposed TYPE OF EXPENDITURE COLUMN A COLUMN B DATE OF **RECIPIENT'S OCCUPATION** RECIPIENT'S NAME AND MAILING ADDRESS and AMOUNT THIS CUMULATIVE EXPENDITURE (street, number, city, state, ZIP code) PURPOSE (be specific) PERIOD YEAR-TO-DATE (mm/dd/yy) Direct In-Kind Code Payment of Debt Returned Contribution C Other Purpose: Direct In-Kind Code Payment of Debt Returned Contribution Other_ Purpose: Direct In-Kind Code Payment of Debt Returned Contribution Other_ Purpose: Direct Direct In-Kind Code Payment of Debt Returned Contribution Other_ Purpose: Direct In-Kind Code Payment of Debt Returned Contribution Other Purpose: Direct In-Kind Code Payment of Debt Returned Contribution Other_ Purpose: SUBTOTAL THIS PAGE OF SCHEDULE C \$

TOTAL OF ALL PAGES OF SCHEDULE C ON THE LAST PAGE ONLY

(Enter total on ITEM 17a of the Summary Sheet.)

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REPORT OF RECEIPTS AND EXPENDITURES



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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 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 credit 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.

	FILE	NUMBE	R	
Page	9	of	10	

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	DATE DEBT INCURRED (mm/dd/yy)	CUMULATIVE PAID YEAR-TO-DATE	OUTSTANDING BALANCE THIS PERIOD
N/A		· · · · · · · · · · · · · · · · · · ·			
LENDER'S OCCUPATION:					
LENDER'S OCCUPATION					
LENDER'S OCCUPATION;					
LENDER'S OCCUPATION					
LENDER'S OCCUPATION					
LENDER'S OCCUPATION:					
LENDER'S OCCUPATION					
		SUBTOTAL	. THIS PAGE OF	SCHEDULE D	\$
	TOTAL OF ALL	PAGES OF SCHEDULE (Enter total on IT	D ON THE LAS	T PAGE ONLY	\$

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(CFA-4 SCHEDULE E) DEBTS OWED TO THIS COMMITTEE

		FILE	NUMBE	7	
l					
	Page	10	of	10	

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.

AND MAILING ADDRESS	CO-SIGNER'S NAME AND MAILING ADDRESS (if any) (street, number, city, state, ZIP code)	ORIGINAL AMOUNT	DATE DEBT INCURRED (mm/dd/yy)	CUMULATIVE PAID YEAR-TO-DATE	OUTSTANDING BALANCE THIS PERIOD
N/A					
		· · · · · · · · · · · · · · · · · · ·		1	
			÷		
					1
SUBTOTAL THIS PAGE OF SCHEDULE E					
	TOTAL OF A	LL PAGES OF SCHEDUL			\$
(Enter total on ITEM 20 of the Summary Sheet.)					

REPORT OF RECEIPTS AND EX 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 inform assistance in completing this form, see instructions on the reverse sid IS THIS AN AMENDMENT?	nation on this form. For		41	Sumr Fil	nar ENU 3-	A-4) y Sheet IMBER - (05) TIRE CFA-4 REPORT
C	OMMITTEE INFORMATION					
1. Full Name of Committee (as on Statement of Organization) N/A	Check if this is a new r	name.				
2. Acronym or Abbreviated Name (if any)		3. Co	mmittee Teler	ohone Ni	umber	· · · · · · · · · · · · · · · · · · ·
4. Mailing Address (Address where all campaign finance corresp	ondence is received.)	heck if	this is a new a	address.		
5. City, State, ZIP Code		6. Par	ty Affiliation (if applica	ible)	
	MATION (For Candidate's C					
7. Full Name of Candidate (Include any nickname.) John Arthur Kocher	MATION (For Canadate's Co	8. Par	ty Affiliation o	r If Indep	bende	nt Candidate
9. Office Sought (Include district number, if any. Not required fo. Town Council	r exploratory committee.)	10. Co	ounty of Resid	ience		
TYPE OF REPO	ORT		ſ	CONVE	INTIO	N CANDIDATES ONLY
11. Check one: Pre-Primary Pre-Election Annual Nomination Other_ Final / Disbands Committee (Lines 18, 19, end 20 must be '0'.)				Ξ	e-Conv	vention
	Treasurer (within ten (10) days amend State	ement of Or	ganization.)		51-001	restaon
12. Reporting Period (mm/dd/yy): From: 10/18/23 Through: 1				UMN A Period		COLUMN B Year to Date
13. Cash on hand and investments at the beginning of this report	ng period.	••• •••			0.00	
14. Cash on hand and investments January 1, current year. CONTRIBUTIONS AND REC						0.00
(Note: these amounts include in-kind contributions and loans, as						
15a. Itemized (Use Schedule A.)				().00	756.00
15b. Unitemized	•		+			100.00
15c. Add lines 15a and 15b in both columns.	SUBT	OTAL	 			
16. Add lines 13 and 15c in Column A and lines 14 and 15c in Co	lumn B. T	OTAL	<u> </u>	C	00.0	756.00
EXPENDITURES						
(Note: These amounts include in-kind expenditures and loan repa	yments.)					
17a. Itemized (Use Schedule B.) (Public Question: use Schedule	C.)			C	00.00	756.00
17b. Unitemized						
17c. Add lines 17a and 17b in both columns.	SUBT	OTAL		0	.00	756.00
18. Cash on hand and investments at close of this reporting period (Subtrat	t 17c from 16 in both columns.)	TOTAL		0	.00	0.00
19. Debts OWED BY the committee (Use Schedule D.)				0	.00	
20. Debts OWED TO the committee (Use Schedule E.)				0	.00	
CERTIFIC	ATION				F	OR OFFICE USE ONLY
I CERTIFY THAT I HAVE EXAMINED THIS STATEMENT. TO THE BEST OF M		ue, cor	RECT AND COM	WPLETE		
Signature of Treasurer Title	asurer	1	Date (mm/dd/ //-/5-2_	(11)	- 	IN CLERKS OFFICE
Signature of Candidate (if applicable)	······································		Date (mm/dd/		-1	

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WARRING: Any information contained in this report may not be copied for sale or used for any commercial purpose. (IC 3-94-5) 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 3-94-16, IC 3-94-17, IC 3-94-18)

CLERK OF LA PORTE CIRCUIT COURT

NOV 1 6 2023

(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 <u>totaled on ITEM 15a</u> 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	NUMBE	R	
Page	2	of	10	

FULL MAILING ADDRESS OR OTHER RECEIPT AMOUNT THIS PERIOD CUMULATIVE YEAR-TO-DATE (mm/dd/yy) RECEIVED BY 1. John A. Kocher, Candidate 2235 Lakeshore Dr Long Beach, IN 46360 Contributions: Direct PERIOD YEAR-TO-DATE RECEIVED BY 0 ther Receipts: In-Kind (describe) Direct 10/11/23 10/11/23 Contributor's Occupation (if required) Attorney Contributions: Direct S756.00 \$756.00 2 Contributor's Occupation (if required) Attorney Contributions: Direct Direct In-Kind (describe) 3. Contributions: Direct Direct Direct In-Kind (describe) In-Kind (describe) 3. Contributions: Direct Direct Direct In-Kind (describe) In-Kind (describe)
1. John A. Kocher, Candidate Contributions: Image: Contribution in the contributicon
2235 Lakeshore Dr Long Beach, IN 46360 Direct 10/11/23 Other Receipts: Interest Loan \$756.00 \$756.00 Contributor's Occupation (if required) Attorney
Contributor's Occupation (if required) Attorney \$756.00 \$756.00 2 Contributions: Direct Direct Self 0 Interest Loan Interest Interest 0 Interest Loan Interest 1 Interest Loan Interest 0 Interest Loan Interest Interest 0 Interest Loan Interest Loan 0 Miscellaneous (specify) Interest Interest Interest 3. Contributions: Direct Interest Interest
Contributor's Occupation (if required) Attorney Interest [] Loan 2 Contributions: Direct In-Kind (describe) Other Receipts: Interest [] Loan Interest [] Loan Miscellaneous (specify) 3. Contributions:
Contributor's Occupation (if required) Attorney Interest [] Loan 2 Contributions: Direct In-Kind (describe) Other Receipts: Interest [] Loan Interest [] Loan Miscellaneous (specify) 3. Contributions:
Contributor's Occupation (il required) Attorney Miscellaneous (specify) Self 2 Contributions: Direct Direct In-Kind (describe) Other Receipts: Interest Loan Other Receipts: Direct 0 Miscellaneous (specify) 3. Contributions: Direct
Contributor's Occupation (if required) Attorney
2. Contributions: Direct Direct In-Kind (describe)
In-Kind (describe)
Contributor's Occupation (if required) Contributions: 3. Contributions:
Contributor's Occupation (il required) Interest Loan Miscellaneous (specify)
Contributor's Occupation (il required) Interest Loan Miscellaneous (specify)
Contributor's Occupation (if required) Miscellaneous (specify) 3. Contributions: Direct Direct
Contributor's Occupation (if required)
3. Contributions:
In-Kind (describe)
Other Receipts:
Interest Loan
Miscellaneous (specity)
Contributor's Occupation (if required)
4. Contributions:
In-Kind (describe)
Other Receipts:
🛄 Interest 🔲 Loan
Miscellaneous (specify)
Contributor's Occupation (il required)
5. Contributions:
Other Receipts:
🗋 Interest 🔲 Loan
Miscellaneous (specify)
Contributor's Occupation (if required)
SUBTOTAL THIS PAGE OF SCHEDULE A \$ 756.00
TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY (Enter total on ITEM 15a of the Summary Sheet.) \$ 756.00

(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).

	FIL	E NUME	BER	
Page	3	of	10	

CONTRIBUTOR'S FULL NAME AND FULL MAILING ADDRESS	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS	COLUMN B CUMULATIVE	DATE RECEIVED
(street, number, city, state, ZIP code)		PERIOD	YEAR-TO-DATE	RECEIVED BY
¹ N/A	Contributions: Direct In-Kind (describe)			
	Other Receipts; Interest Loan Miscellaneous (specify)			
2	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest Loan Miscellaneous <i>(specify)</i>			
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:		-	
SUBTOTAL T	HIS PAGE OF SCHEDULE A	\$ 0.00		
TOTAL OF ALL PAGES OF SCHEDULE A		\$ 0.00 \$		

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

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 <u>totaled on ITEM 15a</u> of the Summary Sheet. All cumulative contributions from tabor 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).

	FILE	NUMBE	R	
Page	4	of	10	

	CONTRIBUTOR'S FULL NAME AND	TYPE OF CONTRIBUTION		COLUMN B	DATE RECEIVED
	FULL MAILING ADDRESS (street, number, city, state, ZIP code)	OR OTHER RECEIPT	AMOUNT THIS	CUMULATIVE	(mm/dd/yy)
1.		Contributions;	PERIOD	YEAR-TO-DATE	RECEIVED BY
^{1.} N/A	N	Direct		ļ	-
		In-Kind (describe)			
				1	
Ì		Other Receipts:			
		Interest Loan		1	
1		Miscellaneous (specify)			
				1	
2.		Contributions:			
-					
		In-Kind (describe)		ĺ	1
		Other Receipts:			
		Interest Loan			ļ
		Miscellaneous (specify)		}	
3.		Contributions:			
					i
		In-Kind (describe)			
			1		
		Other Receipts:			
		Miscellaneous (specity)	ļ		
		wiscenarieous (specify)			
4.		Contributions:			
		In-Kind (describe)			
		Other Receipts:		l î	
		Interest Loan			
		Miscellaneous (specify)			
5.		Contributions:			
		Direct			
		In-Kind (describe)			
		Other Receipts:		ſ	
		Interest Loan			
		Miscellaneous (specify)		1	
	SUBTOTAL	THIS PAGE OF SCHEDULE A	\$ 0.00		
	TOTAL OF ALL PAGES OF SCHEDULE	A ON THE LAST PAGE ONLY	\$		
	(Enter total on ITE	M 15a of the Summary Sheet.)	>		



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 totated 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 <u>regardless of amount</u> 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	NUMBE	ER	
Page _	_5	of	10	

CONTRIBUTOR'S FULL NAME AND	TYPE OF CONTRIBUTION		COLUMN B	I DATE RECEIVED
FULL MAILING ADDRESS (street, number, city, state, ZIP code)	OR OTHER RECEIPT	AMOUNT THIS	CUMULATIVE	(mm/dd/yy)
^{1.} N/A	Contributions:	PERIOD	YEAR-TO-DATE	RECEIVED BY
	Direct			
	In-Kind (describe)			
	Other Receipts:			
	Interest Loan			
	Miscellaneous (specify)			
2.	Contributions:			· · · · · · · · · · · · · · · · · · ·
	In-Kind (describe)			
	Other Receipts:			
	Interest Loan			
	Miscellaneous (specify)			
3.	Contributions:			
	Direct			
	In-Kind (describe)			
		1		
	Other Receipts:			
	🔲 Interest 🔲 Loan			
	Miscellaneous (specify)			
	ļ <u> </u>			
4.	Contributions:			
		i i		
	In-Kind (describe)			
			Ĺ	
	Other Receipts:			
	Miscellaneous (specify)			
5.	Contributions:			
	Direct			
	In-Kind (describe)			
	Other Receipts:		-	
	Interest Loan			
	Miscellaneous (specify)		ł	
SUBTOTAL	THIS PAGE OF SCHEDULE A	\$ 0.00		
TOTAL OF ALL PAGES OF SCHEDULE	A ON THE LAST PAGE ONLY	\$		
(Enter total on ITE	M 15a of the Summary Sheet.)	-		



(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 contributions receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from other entities OVER \$100 per contributions receipts of amount from candidate's, legislative caucus, and regular party committees. MUST be itemized on this schedule. All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee).

	FILE	NUMBE	R	
Page	6	of	10	

CONTRIBUTOR'S FULL NAME AND	TYPE OF CONTRIBUTION	COLUMN A	COLUMN B	DATE RECEIVED
FULL MAILING ADDRESS	OR OTHER RECEIPT	AMOUNT THIS	CUMULATIVE	(mm/dd/yy)
(street, number, city, state, ZIP code)		PERIOD	YEAR-TO-DATE	RECEIVED BY
) " N/A	Contributions:			
	In-Kind (describe)			
	L_1 (introd (describe)			i
				·
	Other Receipts:			
	Miscellaneous (specify)	Í		
	inistenaneuus (specity)		1	
2.	Contributions:			
		ĺ		
	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)	1		
			į	
	Other Receipts:		ſ	
	Miscellaneous (specify)			
	Miscellaneous (specify)	} 1	Ì	
5.	Contributions:			
	In-Kind (describe)	{		
	<u> </u>			
	Other Receipts:		ļ.	
	Interest Loan			
	Miscellaneous (specify)			
				1
SUBTOTA	THIS PAGE OF SCHEDULE A	\$ 0.00		
TOTAL OF ALL PAGES OF SCHEDULI		······		
	M 15a of the Summary Sheet.)	^{\$} 756.00		



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. 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 ection, or regular party committees) MUST be itemized on this schedule.

(CFA-4 SCHEDULE B) ITEMIZED EXPENDITURES

	FILE	NUMB	ER	
Page _	7	of	10	

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)
<u>code A</u> The Beacher 911 Franklin Street Michigan City, IN 46360	Newspaper Publisher	Direct In-Kind Payment of Debt Returned Contribution Other Purpose:	\$0.00	\$435.00	10/11/23
<u>code A</u> JT's Shirt Shack 315 Northwest Street Winamac, IN 46996	Printer	Direct In-Kind Payment of Debt Returned Contribution Other Purpose:	\$0.00	\$321.00	10/01/23
Code		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:			
Code		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:			
Code		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:			
Code		Direct In-Kind Payment of Debi Returned Contribution Other Purpose:			
Code		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:			
	SUBTOTAL THIS PAGE		\$ 756.00		
TOTAL OF ALL PAG	LAST PAGE ONLY	\$ 756.00			

Code ____

Code

Code

Code

Code

Code

DI INSTRUCTIONS: completi amount p

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

ompleting this schedule, see instructions on the r mount paid to political committees supporting or op	everse side. All cumulative exponses a	or transform out reportions of		FILE NUMBER		
	PUBLIC OUSST		Page	8of	10	
nter Text of Public Question. N/A	FUBLIC QUESTI	ON INFORMATION				
pe of Question: Statewide sition: Supported Oppos				÷ .		
CIPIENT'S NAME AND MAILING ADDRESS (street, number, city, state, ZIP code)	RECIPIENT'S OCCUPATION	TYPE OF EXPENDITURE and PURPOSE (be specific)	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR TO DATE	DATE OF EXPENDITURE (mm/dd/yy)	
de		Direct II In-Kind Payment of Debt Returned Contribution Other Purpose:				
ie		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:		·····		
e]		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:			·	
	SUBTOTAL THIS PAG		\$ 0.00			
IDTAL OF ALL PAGES	S OF SCHEDULE C ON THE inter total on ITEM 17a of t	ELAST PAGE ONLY	\$ 0.00			



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 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 credit 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.

	FILE	NUMBE	R	
Page	9	of	10	

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
N/A					
			-		
LENDER'S OCCUPATION:					
LENDER'S OCCUPATION:			·	· 	
LENDER'S OCCUPATION		l 			
LENDER'S OCCUPATION:					
LENDER'S OCCUPATION:					
	-				
LENDER'S OCCUPATION					
	F				
LENDER'S OCCUPATION:					
		SUBTOTAL	THIS PAGE OF		\$ 0.00
	TOTAL OF ALL				\$ 0.00 \$ 0.00
TOTAL OF ALL PAGES OF SCHEDULE D ON THE LAST PAGE ONLY (Enter total on ITEM 19 of the Summary Sheet.)					

(CFA-4 SCHEDULE E) DEBTS OWED TO THIS COMMITTEE

	FILE	NUMBE	R	
Page _	10	of	10	

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, <u>regardless of the amount</u>, **OWED TO** the committee during the reporting period. Include all amounts the committee has loaned to others.

BORROWER'S NAME AND MAILING ADDRESS (street, number, city, state, ZIP code)	CO-SIGNER'S NAME AND MAILING ADDRESS (if any) (street, number, city, state, ZIP code)	ORIGINAL AMOUNT	DATE DEBT INCURRED (mm/dd/yy)	CUMULATIVE PAID YEAR-TO-DATE	OUTSTANDING BALANCE THIS PERIOD
N/A					
			4		
				:	
				· · · · · · · · · · · · · · · · · · ·	
	-				
	-				
					\$ 0.00
TOTAL OF ALL PAGES OF SCHEDULE E ON THE LAST PAGE ONLY (Enter total on ITEM 20 of the Summary Sheet.)					