REPORT OF RECEIPTS AND EXPENDITURES OF A POLITICAL COMMITTEE State Form 4606 (R15 / 5-19) Indiana Election Division (IC 3-9-5-14)	1	(CFA-4) Summary Sheet	
<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.		46-23- TOTAL PAGES IN ENTIF	2
IS THIS AN AMENDMENT? Ves V No			
		0 - 1 - 1 - 1	
1. Full Name of Committee (as on Statement of Organization) Check if this is a new Libertarian Party of La Porte County	name.		
2. Acronym or Abbreviated Name <i>(if any)</i> LPLaP	3. Committee Telephone Number ( 855 ) 455-5757		
4. Mailing Address (Address where all campaign finance correspondence is received.)	Check if t	his is a new address.	
5. City, State, ZIP Code LaPorte, IN 46352-0564	6. Party Affiliation <i>(if applicable)</i> Libertarian		
CANDIDATE INFORMATION (For Candidate's (	Committ	tees 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.)	10. Co	ounty of Residence	
TYPE OF REPORT		CONVENTION	CANDIDATES ONLY
11. Check one:		Check one:	
Pre-Primary Pre-Election Annual Nomination Conter	Pre-Convention		
Final / Disbands Committee (Lines 18, 19, and 20 must be "0".) Outgoing Treasurer (Within ten (10) days amend Sta	tement of Or	ganization.)	ention
12. Reporting Period (mm/dd/yy): From: 04/01/2023 Through: 04/14/2023		COLUMN A This Period	COLUMN B Year to Date
13. Cash on hand and investments at the beginning of this reporting period.		1300	
14. Cash on hand and investments January 1, current year.			1350
CONTRIBUTIONS AND RECEIPTS			
(Note: these amounts include in-kind contributions and loans, as well as cash contributions.) 15a. Itemized (Use Schedule A.)			0
15b. Unitemized		50	350
	TOTAL	50	350
	TOTAL	1350	1350
16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B. EXPENDITURES	TOTAL	1350	1350
(Note: These amounts include in-kind expenditures and loan repayments.)			
17a. Itemized (Use Schedule B.) (Public Question: use Schedule C.)		0	0
17b. Unitemized		0	0
17c. Add lines 17a and 17b in both columns. SUE	TOTAL	. 0	0
18. Cash on hand and investments at close of this reporting period (Subtract 17c from 16 in both columns.)	TOTAL	1350	1350
19. Debts OWED BY the committee (Use Schedule D.)		0	
20. Debts OWED TO the committee (Use Schedule E.)		0	
CERTIFICATION			CLERKS OFFICE
Signature of Treasurer		Date (mm/dd/yy)	CLENKO
Jasli Mandler, Treasurer		Date (mm/dd/yy) 04/14/2023	1 2023
Signature of Candidate (if applicable)		1 1	APR 1 4 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 accura Campaign Finance Law commits a Class B misdemeanor, (IC 3-14-1-14) and may be subject to civil penalties. (IC 3-9	ate report a	5) A person who knowingly as required by the Indiana -9-4-17, IC 3-9-4-18)	1.4 Laone Sturns OF LA PORTE CIRCUIT COU 11:4 Sam - (I)
		CIERK	11:45am - (I)
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Star Form 4400 (R19/5 149)  Median Edeborn Division (U 3 a 5 - 14)  ILE NUMBER  LIE NUMBE			(CF	A-4)	
Triana Electic Disko (1): 36 - 19      ELE NUMBER      STRUCTORS: Prices type or priori ligibly IN BLACK INK all information on this form. For      aliana to complete the form on an advance on the revent adve.      STHIS AN AMENDMENT?     Yes      No      COMMITTEEINFORMATION      Accommon of Advencedulation on this form. For      aliana to complete the son of advencedulation on this form. For      aliana to complete the son of advencedulation on this form. For      aliana to complete the son of advencedulation on this form. For      aliana to complete the son of advencedulation on this form. For      aliana to complete the son of advencedulation on this form. For      aliana to complete the son of advencedulation on this form. For      aliana to complete the son of advencedulation on this form. For      aliana to complete the son of advencedulation on this form. For      aliana to complete the son of advencedulation on this form. For      aliana to complete the son of advencedulation on the son.      Accommittee the son of advencedulation of any inclusion      Accommittee Telephone Number      (         855 ) 455-5757      (         855 ) 455      (         855 ) 455      (         855 ) 455      (         855 ) 455      (         855 ) 455      (         855 ) 455      (         855 ) 455      (         855 ) 455      (         855 ) 455      (         855	OF A POLITICAL COMMITTEE State Form 4606 (R15 / 5-19)		· -		
S THIS AN AMENDMENT?       Yes       No         COMMITTEE INFORMATION         Full Name of Committee (as on Statement of Organization)         Check II this is a new name.       Check II this is a new name.         Accorgy nor Abbrovalaed Name (f any)       3. Committee Telephone Number         PLaP       (BS5 ) 4555-5757         Nating Address (Address them al compasign finance correspondence is needwed.)       Check II this is a new address.         Cover State, ZIP Code       8. Party Millistion (f applicable)         Libertarian       CANDIDATE INFORMATION (For Candidate's Committee)         Full Name of Candidate (finctude argy nickname.)       8. Party Millistion (f applicable)         Full Name of Candidate (finctude argy nickname.)       8. Party Millistion (f applicable)         Full Name of Candidate for compasition (for Gandidate's Committee)       10. County of Residence         Conce       TYPE OF REPORT       Convention         Colsci None       Preconvention       Part-Convention         Find Diabado Gamille (and state and number, if any: Not required for exploratory committee)       10. County of Residence         Control of ministry;       Through: 10/19/2023       Tool preconvention         Find Diabado Gamille (and state and Josen, as well as cash contributions.)       Ool unit of the county of the profile         S. Carin on hand and in	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	3-24 NURE CEA-4 REPORT	
In the proof Committee (as on Statement of Organization)       □ Check if this is a new andres.         Ibertarian Party of La Porte County       3. Committee Telephone Number         Aconym or Abdowated Name (if any)       □ Statemate         PLaP       □ Check if this is a new address.         C. Box 564       □ Check if this is a new address.         C. Box 564       □ Check if this is a new address.         C. Box 564       □ Check if this is a new address.         C. Box 564       □ Check if this is a new address.         C. Box 564       □ Check if this is a new address.         C. Box 564       □ Check if this is a new address.         C. Box 564       □ Dispected in the address of the annual is a new address.         C. Box 564       □ Dispected in the address of the annual is a new address.         Coffice Sought (Include district number, if any. Not required for exploratory committee.)       10. County of Residence         1. Check one:       □ Pre-Free REPORT       Colvectnion         1. Check one:       □ Dispect Convention       □ Pre-Free REPORT       Colvectnion         1. Check one:       □ Dispect Convention       □ Dispect Convention       □ Pre-Free REPORT       Colvention         1. Check one:       □ Dispect Convention       □ Dispect Convention       □ Pre-Free REPORT       Colvect one:	IS THIS AN AMENDMENT? 🗌 Yes 🔽 No				
Libertarian Party of La Porte County         Accommon a Abbreviated Name of comparison finance correspondence is received)         O. Box S64         City, Site, ZiP Code         a.Portle, IN 46352-0564         Libertarian         CANDIDATE INFORMATION (For Candidate's Committees Only)         Full Name of Candidate (Include any nickname.)         B. Party Affinition or if Independent Candidate         Office Sought (Include district number, if any. Not required for exploratory committee)         10. County of Residence         Image of Candidate (Include district number, if any. Not required for exploratory committee)         11. Check one:         Pre-Many []         Pre-Many []         Pre-Exploring Period (Innividity):         COLUMN 8         Control (Innividity):					
PLaP       ( 855 ) 455-6757         Mailing Address (Address where all campaign finance correspondence is received)       check fiths is a new address.         . O. Box S64       6. Party Affinition (if appliable)         . City, State, ZIP Code       6. Party Affinition (if appliable)         . Clay, State, ZIP Code       6. Party Affinition (if appliable)         . Clay, State, ZIP Code       10. County of Residence         . Clay, State, ZIP Code       10. County of Residence         . Office Sought (include district number, if any. Not required for exploratory committee).       10. County of Residence         1. Check one:       TYPE OF REPORT       Convention         . Check one:       Pre-Convention       Pre-Convention         . Party Affinition or II Independent Candidate       Pre-Convention       Pre-Convention         . Calk on hand and investments at the beginning of this reporting period.       1350       Collumn 8         3. Cash on hand and investments at the beginning of this reporting period.       1350       1350         4. Cash on hand and investments at the beginning of this reporting period.       1350       1475         6. Add lines 15 and 15 in both rolumns.       SUBTOTAL       125       475         6. Add lines 15 and 15 in both rolumns.       SUBTOTAL       125       475         6. Add lines 15 and 15 in both rolumns.	1. Full Name of Committee (as on Statement of Organization) Check if this is Libertarian Party of La Porte County	s a new name.			
2. O. Box 564       S. Party Affiliation (# applicable)         Libertarian       CANDIDATE INFORMATION (For Candidate's Committees Only)         Full Name of Candidate (Include district number, if any: Not required for exploratory committee)       10. County of Residence         Office Sought (Include district number, if any: Not required for exploratory committee)       10. County of Residence         Include district number, if any: Not required for exploratory committee)       10. County of Residence         Include district number, if any: Not required for exploratory committee)       10. County of Residence         Include district number, if any: Not required for exploratory committee)       10. County of Residence         Include district number, if any: Not required for exploratory committee)       10. County of Residence         Include district number, if any: Not required for exploratory committee)       10. County of Residence         Include district number, if any: Not required for exploratory committee)       10. County of Residence         Include district number, if any: Not required for exploratory committee)       10. County of Residence         Include district number, if any: Not required for exploratory committee)       0. County of Residence         Include district number, if any: Not required for exploratory committee)       0. County of Residence         Include district number, if any: Not required for exploratory committee)       0. County of Residence)         Include di	2. Acronym or Abbreviated Name <i>(if any)</i> LPLaP		•	er	
aPorte, IN 46352-0564       Libertarian         CANDIDATE INFORMATION (For Candidate's Committees Only)         Full Name of Candidate (Include any nickname.)       8. Party Affiliation or II Independent Candidate         Office Sought (Include district number, II any. Not required for exploratory committee.)       10. County of Residence         Image: Comparison of the independent Candidate       Image: Comparison of the independent Candidate         Include any nickname.)       10. County of Residence         Image: Comparison of the independent Candidate       Chack one:         Image: Delende Carnible (levels 11 # and 26 marks 01.)       Other         Image: Delende Carnible (levels 11 # and 26 marks 01.)       Other         Image: Delende Carnible (levels 11 # and 26 marks 01.)       Other         Image: Delende Carnible (levels 11 # and 26 marks 01.)       Collumn A         2. Reporting Particul (Inmoddiry):       Convention         Image: Delende Carnibulions and lows, as well as cash contributions.)       1350         3. Cash on hand and investments and and lows. As well as cash contributions.)       125         3. Lemized       0       0         5. Add lines 15 and 150 in both columns.       SUBTOTAL       125         6. Add lines 15 and 150 in both columns.       SUBTOTAL       1475         7. Itemized       0       0       0	4. Mailing Address (Address where all campaign finance correspondence is received.) P. O. Box 564	Check if	this is a new address.		
CANDIDATE INFORMATION (For Candidate's Committees Only)         Full Name of Candidate (Include any nickname.)       8. Party Afficiation or if Independent Candidate         Office Sought (Include district number, if any. Not required for exploratory committee.)       10. County of Residence         I Office Sought (Include district number, if any. Not required for exploratory committee.)       10. County of Residence         I Office Sought (Include district number, if any. Not required for exploratory committee.)       10. County of Residence         I Office Sought (Include district number, if any. Not required for exploratory committee.)       10. County of Residence         I Office Sought (Include any nickname)       Other	5. City, State, ZIP Code				
Full Name of Candidate (include any nickname.)       8. Party Affiliation or if Independent Candidate         Office Sought (include district number, if any. Not required for exploratory committee.)       10. County of Residence         Office Sought (include district number, if any. Not required for exploratory committee.)       10. County of Residence         I Check one:       Convention       Check one:         Pre-Print/Diabands Committee (Lees 18, 19, and 70 must by 01)       Outging Treasurer (White ten (if) days aread Satement of Operator)       Convention         Preid Diabands Committee (Lees 19, 24 of 70 must by 01)       Outging Treasurer (White ten (if) days aread Satement of Operator)       Col UMN B         Year to Date       Col UMN A       Year to Date       Col UMN B         Year to Date       1350       Col UMN A       Year to Date         3. Cash on hand and investments at the beginning of this reporting period.       1350       1350         4. Cash on hand and investments include in-kind contributions and Joans, as well as cash contributions.)       Statemized (Lines 156 and 150 in Dottin oolumns.       SUBTOTAL       125       4775         5c. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B.       TOTAL       1475       1475         14. This Period       O       O       O       O       O         7b. Uniternized       O       O       O       O </td <td></td> <td></td> <td colspan="3">Libertarian</td>			Libertarian		
Office Sought (Include district number, if any. Not required for exploratory committee.)       10. County of Residence         I Ohick Sought (Include district number, if any. Not required for exploratory committee.)       10. County of Residence         I Ohick One:       Pre-Primary [] Pre-Betton [] Annual [] Nomination [] Other []       Check one:         Pre-Primary [] Pre-Betton [] Annual [] Nomination [] Other []       Check one:       Pre-Convention []         Pre-Primary [] Pre-Betton [] Annual [] Nomination [] Other []       Prough: 10/19/2023       Coll.UMN A trace-Convention []         2. Reporting Period (Intrudy(y)):       Through: 10/19/2023       Coll.UMN A trace-Convention []       Post-Convention []         2. Reporting Period dimeters at the beginning of this reporting period.       1350       1350       Coll.UMN B trace-Convention []         2. Reporting Period dimeters at the beginning of this reporting period.       1350       1350       1350         3. Cash on hand and investments at the beginning of this reporting period.       125       475         5. Untermitted (Use Schedule A)       0       0       0         5. Untermitted (Use Schedule C)       0       0       0         6. Add lines 15 and 15b in both columns.       SUBTOTAL       1475       1475         6. Add lines 15 and 15b in both columns.       SUBTOTAL       0       0         7a. Hemized (Us					
TYPE OF REPORT       CONVENTION CANDIDATES ONLY         1. Check one:       Pre-Primary [] Pre-Election [] Annual [] Momination [] Other []       Pre-Primary [] Pre-Election [] Annual [] Momination [] Other []       Pre-Convention []         2. Reporting Period (mm/ddfy); rom_OVAT/52Q23       Through: 10/19/2023       Column A rough: 10/19/2023       Column A Veror to Date         3. Cash on hand and investments at the beginning of this reporting period.       1350       Column A Veror to Date         4. Cash on hand and investments at the beginning of this reporting period.       1350       0         5. Contributionts Abn ZefCeIPTS       0       0         Note: these amounts include in-kind contributions and loans, as well as cash contributions.)       0       0         5.a. Itemized (Use Schedule A)       0       0       0         5.b. Unitemized       125       475         5.c. Add lines 15 and 15b in both columns.       SUBTOTAL       125       475         6. Add lines 15 and 15b in both columns.       SUBTOTAL       0       0         7.a. Itemized (Use Schedule B.) (Public Question: use Schedule C.)       0       0       0         7.a. Itemized (Use Schedule B.) (Public Question: use Schedule C.)       0       0       0       0         7.a. Itemized (Use Schedule B.) (Public Question: use Schedule C.)       0       0       0 </td <td>7. Full Name of Candidate (Include any nickname.)</td> <td>8. Pa</td> <td>ty Affiliation or If Independ</td> <td>dent Candidate</td>	7. Full Name of Candidate (Include any nickname.)	8. Pa	ty Affiliation or If Independ	dent Candidate	
TYPE OF REPORT       CONVENTION CANDIDATES ONLY         1. Check one:       Pre-Primary [] Pre-Election [] Annual [] Momination [] Other []       Pre-Primary [] Pre-Election [] Annual [] Momination [] Other []       Pre-Convention []         2. Reporting Period (mm/ddfy); rom_OVAT/52Q23       Through: 10/19/2023       Column A rough: 10/19/2023       Column A Veror to Date         3. Cash on hand and investments at the beginning of this reporting period.       1350       Column A Veror to Date         4. Cash on hand and investments at the beginning of this reporting period.       1350       0         5. Contributionts Abn ZefCeIPTS       0       0         Note: these amounts include in-kind contributions and loans, as well as cash contributions.)       0       0         5.a. Itemized (Use Schedule A)       0       0       0         5.b. Unitemized       125       475         5.c. Add lines 15 and 15b in both columns.       SUBTOTAL       125       475         6. Add lines 15 and 15b in both columns.       SUBTOTAL       0       0         7.a. Itemized (Use Schedule B.) (Public Question: use Schedule C.)       0       0       0         7.a. Itemized (Use Schedule B.) (Public Question: use Schedule C.)       0       0       0       0         7.a. Itemized (Use Schedule B.) (Public Question: use Schedule C.)       0       0       0 </td <td></td> <td></td> <td></td> <td></td>					
1. Check one:	9. Onice Sought (include district number, it any. Not required for exploratory committe	Be.) 10. C	ounty of Residence		
1. Check one:	TYPE OF REPORT		CONVENT	ION CANDIDATES ONLY	
Pre-Primary Q Pre-Election   Annual   Nomination   Other         Pre-Convention         Field / Disbands Committee ( <i>Lines</i> 16, 19, and 20 must be '0')   Outgoing Treasurer (Within len (10) days anneed Statement of Orgenization)       Pre-Convention         2. Reporting Period (mm/ddfyg): rom: Od/15/2023       COLUMN A Vear to Date       COLUMN A Vear to Date         3. Cash on hand and investments at the beginning of this reporting period.       1350         4. Cash on hand and investments January 1, current year.       1350         Scale on hand and investments January 1, current year.       0         5. Convention       125         Write: these amounts include in-find contributions and leans, as well as cash contributions.       125         5. Add lines 15a and 15b in both columns.       SUBTOTAL       125         6. Add lines 15a and 15b in both columns.       SUBTOTAL       1475         7. Itemized       0       0         7. Itemized (Use Schedule B.)       0       0         7. Add lines 17a and 15b in both columns.       SUBTOTAL       1475         8. Cash on hand and investments at close of this reporting period (Subtract 17c from 16 in both columns.)       0       0         7. Add lines 17a and 17b in both columns.       SUBTOTAL       0       0         8. Cash on hand and investments (Use Schedule D.)       0       0       0	11. Check one:			· ·	
□ Final / Disbands Contriltee (lives ft, ft), and 20 must be '0'.]       □ Outgoing Treasurer (Within ten (ft) days amend Statement of Organization)       □ Post-Convention         2. Reporting Period (mm/dd/yy):       COLUMN A       COLUMN A         7. Reporting Period (mm/dd/yy):       Through: 10/19/2023       COLUMN A         3. Cash on hand and investments at the beginning of this reporting period.       1350         4. Cash on hand and investments January 1, current year.       1350         8. Cash on hand and investments January 1, current year.       1350         8. Itemized (Use Schedule A)       0       0         9. Unitemized       125       475         8. Lemized (Use Schedule A)       0       0       0         9. Contraited (Use Schedule A)       0       0       0         9. Cadd lines 15 and 15b in both columns.       SUBTOTAL       125       475         8. Add lines 15 and 15b in both columns.       SUBTOTAL       1475       1475         9. Cash on hand and investments include in-kind coultino: use Schedule C.)       0       0       0         7. Add lines 17 and 15b in both columns.       SUBTOTAL       0       0       0         8. Cash on hand and investments dicase of this reporting period (Subtract 17c from 16 in both columns.)       TOTAL       1475       1475         9					
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Sa. Itemized (Use Schedule A.)       0       0         Sb. Unitemized       125       475         Sc. Add lines 15a and 15b in both columns.       SUBTOTAL       125       475         6. Add lines 15a and 15b in both columns.       SUBTOTAL       125       475         6. Add lines 15a and 15b in both columns.       SUBTOTAL       1475       1475         SexPENDITURES         Note: These emounts include in-kind expenditures and loan repayments.)         7a. Itemized (Use Schedule B.) (Public Question: use Schedule C.)         7a. Itemized (Use Schedule B.) (Public Question: use Schedule C.)       0       0         7b. Unitemized       0       0       0         7c. Add lines 17a and 17b in both columns.       SUBTOTAL       0       0         8. Cash on hand and investments at close of this reporting period (Subtract 17c from 16 in both columns.)       TOTAL       1475       1475         9. Debts OWED BY the committee (Use Schedule D.)       0       0       0       0         CERTIFICATION         CERTIFICATION         CERTIFICATION         CERTIFICATION         CERTIFICATION         CERTIFICATION         CIERTIFICATION	CONTRIBUTIONS AND RECEIPTS				
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CERTIFY THAT I HAVE EXAMINED THIS STATEMENT. TO THE BEST OF MY KNOWLEDGE AND BELIEF IT IS TRUE, CORRECT AND COMPLETE.         ignature of Treasurer       Title       Date (mm/dd/yy)       IO/19/2023         ignature of Candidate ( <i>if applicable</i> )       Date (mm/dd/yy)       IN CLERKS OFFICE         ARNING: Any information contained in this report may not be copied for sale or used for any commercial purpose. ( <i>IC</i> 3-9-4-5) A person who knowingly       OCT 2 () 2023         ARNING: Any information contained in this report may not be copied for sale or used for any commercial purpose. ( <i>IC</i> 3-9-4-16, <i>IC</i> 3-9-4-17, <i>IC</i> 3-9-4-18)       OCT 2 () 2023	20. Debts OWED TO the committee (Use Schedule E.)		_ <u>}</u>	0	
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