

CANDIDATE'S STATEMENT OF ORGANIZATION AND DESIGNATION OF PRINCIPAL COMMITTEE OR EXPLORATORY COMMITTEE

State Form 4604 (R15 / 5-19) Indiana Election Division (IC 3-9-1-3; IC 3-9-1-4; IC 3-9-1-5)

PLEASE TYPE OR PRINT LEGIBLY IN BLACK INK. SEE INSTRUCTIONS ON REVERSE SIDE.

							FILE NUMBER
1. IS THIS AN AMENDMENT	? 🗌 Yes	∭ No If Ye	s, please ente	r the file	number in this bo	x. →	46-23-12
SECTION A. CANDIDAT						accurate	ely as possible.
2. Last Name		st Name	Middle		Nickname /		3. Type of Committee (Check one)
Zimmer	/	Ronald	J	ohn	n/α		☐ Exploratory Committee
4. Mailing Address (number and street, ci	ly, state, and Zi	P code)	<u> </u>	5. FAX (O)	otional) N / A	ł.	Address (Optional)
7. City.	State	ZJP Code	8. County		9. Telephone (Day)		10. Telephone (Evening)
LaPorte	IN	46350	LaPor		219,324-	2773	219,324-2773
11. Party Affiliation ☐ Democratic ☐ Libertarian ☐ Re	oublican 🔲	Other	12.	Office Soug	nt (include district numb	er, it any. No	of required for an exploratory committee.)
13. Full Name of Committee (Do not a	abbreviate.)	☐ Check if this is	II in all appli s a new name,	cable bo	xes as fully and		
14. Mailing Address (number and street,	city, state, and i	ZIP code) LI Checi	k if this is a new ad	Idress. 15. F	AX (Optional)	16. E-mail	Address (Optional)
17. City	State	ZIP Code	18. County		19. Telephone		0. Committee Organization Date nm/dd/yy)
21. Chairperson's Full Name 🔲 D	esignate Car	ndidate as Chairpers	son. 🔲 Check	if this is a nev	() v chairperson.	<u>_</u>	
22. Mailing Address (number and street,	city, state, and i	ZIP code)	cif this is a new ac	Idress. 23. F	AX (Optional)	24. E-mail	Address (Optional)
25. City	State	ZIP Code	26. County		27. Telephone (Day)	1	28. Telephone (Evening)
29. Bank or Other Depositories (List	all banks or	other depositories in	which the commit	tee deposits	funds, holds accounts, re	ents safety d	eposit boxes or maintains funds.)
30. Exploratory Committee (Give brief	itatement expla	ining purpose of an expl	oratory committee only				committee pay the candidate a salary or a copy of the contract.) Yes No
SECTION C. APPOINTM						-	
32. I, as Chairperson of committee, appoint the follow Treasurer of the Committee.		n as Roud	ointed Treasurer	Zimu.	Signature		mittee Chairperson
33. Treasurer's Full Name Desi		ale as lieasurer.	☐ Check if this is	a new treas	urer.	448040	7
Ronald John ZI 34: Mailing Address (number and street, o	mme	ZID and a) D Oh and	k if this is a new ac	Idvana 2E	AV (Optional)	36 E mail	Address (Optional)
, , ,			CH UNS IS A HEW AC	GIESS. 39. F	n/a	Jo. Equal	/ (i
1407 2nd 8	State	ZiP Code	38. County		39. Telephone (Day)		40. Telephone (Evening)
LaPorte	IN	46350	LaPar	rte	(219, 324-	2773	219,324-2773
SECTION D. ACCEPTAN	ICE OF	APPOINTMEN	NT (IC 3-9-1-	15)			
41. I give notice that I accept Committee. I am not the chair	t the dutie	es and respons	ibilities of Tre	asurer of	this Signature of P	erson Acc	epting Appointment
permitted for a candidate comm	ittee unde	r IC 3-9-1-7}.	mance commi	tee (excep	X		·
SECTION E. CERTIFICA	TION OF	STATEMEN	Ť	A			FOR OFFICE USE ONLY
We certify as the candidate a	nd the di	uly appointed C	hairperson of	the Com	mittee and that we	have	FILED
examined this statement. To the 42, Typed or Printed Name of Cl	best of or	ur knowledge an Signature o	d belief it is tru f Chairperson	e, correct	Date (mm/dd/y	vi H	IN CLERKS OFFICE
0 11 1 7'			2/1/1 0	j	02/01/20	" i l	
Kouald J. ZIWW 43. Typed or Printed Name of Co		Signature of	f Candidate	mysey	Date (mm/dd/y		FEB 1 2023
Royald J. Zimm		b B	ll d	Bedonie	osloils.	23	
Warning: State law requires that an	v change in	this information be	reported within to	المهونية المورية (10) days	of the change (IC 3-9-	1-10). A	Laore Stevers
person who knowingly files a fraudule accurate report as required by the Inc.	nt report cor tiana Campa	nmits a Level 6 D (aign Finance Law o	ielonv <i>(IC 3-14-1-</i>	13). A persor	who fails to file a com	plete dr!	CLERK OF LA PORTE CIRCUIT COURT
subject to civil penalties (IC 3-9-4-16, I	C 3-9-4-17, 8	and IC 3-9-4-18).				1	



State Form 4606 (R15 / 5-19) Indiana Election Division (IC 3-9-5-14)

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

IS THIS AN AMENDMENT? Yes N

(CFA-4) Summary Sheet

COMMITTEE INFORMATION			
1. Full Name of Committee (as on Statement of Organization)	name.		
Acronym or Abbreviated Name (if any)	3. Committee Te	lephone Number	
	()		
4. Mailing Address (Address where all campaign finance correspondence is received.)	Check if this is a ne	w address.	
5. City, State ZIP Code La Porte IN 46350	6. Party Affiliation		
LaPorte IN 40300	DEMOC	RATIC	
CANDIDATE INFORMATION (For Candidate's C	ommittees Only)	
7. Full Name of Candidate (Include any nickname.)	1 1 1	n or If Independent	Candidate
RONALD J. ZIMMER-RON	DEMOC		
9. Office Sought (Include district number, if any. Not required for exploratory committee.)	10. County of Re		
MAYOR TYPE OF REPORT	THOR		CANDIDATES ONLY
11, Check one:		Check one:	CANDIDATES ONLY
Pre-Primary Pre-Election Annual Nomination Other		Pre-Conve	ntion
Final / Disbands Committee (Lines 18, 19, and 20 must be "0".) Outgoing Treasurer (Within ten (10) days amend State	iomant of Ovacnization	Post-Conve	
12. Reporting Period ($mm/dd/yy$): From: $\frac{3}{20/3}$ Through: $\frac{3}{25/23}$		OLUMN A nis Period	COLUMN B Year to Date
13. Cash on hand and investments at the beginning of this reporting period.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			
15c, Add lines 15a and 15b in both columns.	TOTAL		
16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B.	TOTAL		
EXPENDITURES			
(Note: These amounts include in-kind expenditures and loan repayments.)			
17a. Itemized (Use Schedule B.) (Public Question: use Schedule C.)			
17b. Unitemized	-9	482.18	
17c. Add lines 17a and 17b in both columns.	TOTAL 🔏	482.18	
18. Cash on hand and investments at close of this reporting period (Subtract 17c from 16 in both columns.)	TOTAL \$\mathcal{S}^{\pi} \tag{2}	482.18	
19. Debts OWED BY the committee (Use Schedule D.)			
20. Debts OWED TO the committee (Use Schedule E.)			
CERTIFICATION			D OFFICE HISE ONLY
CERTIFICATION I CERTIFY THAT I HAVE EXAMINED THIS STATEMENT. TO THE BEST OF MY KNOWLEDGE AND BELIEF IT IS T	RUE, CORRECT AND	AAME	POFFICE USEONLY
Signature of Treasurer Title	Date (mm/		CLERKS OFFICE
Ronald a Roman TRRASURER	04-1	0+23	
Signature of Candidate (iffapplicable)	Date (mm/	/dd/yy) AF	R 1 0 2023
WARNING: Any information confidence in this report may not be copied for sale or used for any commercial purpose.		9 12/2	
files a fraudulent report commits a Level 6 felony. (IC 3-14-1-13) A person who fails to file a complete or accura-	ite report as required l	by the Indiana 🔝	Laone Stevens
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	OA A KON LAKAN	LA PORTE CIRCUIT COUI

Flyers (Mayoral race)

\$300

Ron Zimmer paid

\$300

Anytime Fitness

59 Pine Lake Avenue

LaPorte, IN 46350

LUSTOM STANAGE



CrazyCheapPoliticalSigns.com Packing List

CrazyCheapPoliticalSigns.com 11550 Stonehollow Dr. Suite 160 Austin, TX 78758 855-487-6771

Thanks for your Order!



Call 855-487-6771.

Packaged by David

If we can help in any way, please give us a call at 855-487-6771, or contact us on our website at CrazyCheapPoliticalSigns.com. Please see your email Order Confirmation, sent from service@CrazyCheapPoliticalSigns.com for an invoice of your order complete with pricing information.

Order Information		<u>Shipping</u>	Shipping			
Order Number: 791344 Package Ref. Number: Order Date: 3/20/2023 Shipping Method: Grou	7913 4-4 72 a	Ron Zimmer 1407 Second Street 1407 2nd Street La Porte IN 46350 United States				
10 \$ 182.18	Ron Zimmer Demands MORE Progress for Mayor	Custom Sign (888734521) Two Sided 18" x 24" DoubleSided, Corrugated Plastic	HVTable			

This shipment completes your order.

Thank you for choosing CrazyCheapPoliticalSigns.com! We are always working harder to deliver the highest quality signs at the lowest possible price!

Box: Personal Pizza (18x24x2)

79134472

APR 10 2023

APR 10 2023

APR 10 2023

CIERK OF LA PORTE CIRCUIT COURT



State Form 4606 (R15 / 5-19) 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 NUMBER	
		
Page	of	

CONTRIBUTOR'S FULL NAME AND OCCUPATION	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)	Contribution	PERIOD	YEAR-TO-DATE	RECEIVED BY
1.	Contributions: Direct		•	
	☐ In-Kind (describe)		•	
				,
	Other Receipts:			
	☐ Interest ☐ Loan			
	Miscellaneous (specify)			
Contributor's Occupation (if required)				
2.	Contributions:			
-	Direct			
	In-Kine (describe)			
	Other Receipts:	•		
	nterest Loran			
	thiscellaneous (specify)			
Contributor's Occupation (if required)				
3.	Contributions:			
1	Direct			
\	In-Kind (describe)	į		
\			•	
1 /	Other Receipts:			
<i>h</i> /	Interest Loan			
 	Miscellaneous (specify)			İ
Contributor's Occupation (if required)				
4.	Contributions:			
\\	Direct			
V	In-Kind (describe)			
	Other Receipts: Interest Loan			
	Miscellaneous (specify)			
Contributor's Occupation (if required)				
5.	Contributions:			
	☐ In-Kind (describe)			
	Internal focusions		i	
	Other Receipts:			
	Interest Loan			
	Miscellaneous (specify)			
Contributor's Occupation (if required)				
	HIS PAGE OF SCHEDULE A	\$		
TOTAL OF ALL PAGES OF SCHEDULE A				
	15a of the Summary Sheet.)	\$		



State Form 4606 (R15 / 5-19) 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	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.	Contributions: Direct In-Kind (describe) Other Receipts: Interest Loan Miscellaneous (specify)			
2.	Contributions: Direct In-Kind (describe)			
3.	Other Receipts: Interest Loan Miscellaneous (specify) Contributions:			
	Direct In-Kind (describe) Other Receipts: Interest Loan			
4.	Miscellaneous (specify) Contributions: Direct			
	☐ In-Kind (describe) Other Receipts: ☐ Interest ☐ Loan			
5.	Miscellaneous (specify) Contributions: Direct			
	Other Receipts: Interest Loan Miscellaneous (specify)			
SUBTOTAL TOTAL OF ALL PAGES OF SCHEDULE	THIS PAGE OF SCHEDULE A	\$		



State Form 4606 (R15 / 5-19) 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 totaled on ITEM 15a 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 NUMBER
Page _	of

CONTRIBUTOR'S FULL NAME AND FULL MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED (mm/dd/yy) RECEIVED BY
1.	Contributions: Direct In-Kind (describe)	PENIOD	TEANTO-DATE	
	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 Recelpts: Interest Loan Miscellaneous (specify)			
5.	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest Loan Miscellaneous (specify)			
TOTAL OF ALL PAGES OF SCHEDULE	THIS PAGE OF SCHEDULE A	\$		



State Form 4606 (R15 / 5-19) Indiana Election Division (IC 3-9-5-14)

(CFA-4 SCHEDULE A-4) CONTRIBUTIONS BY POLITICAL ACTION COMMITTEES

Itemized Contributions and Other Receipts

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

FILE NUMBER	
Pageof	

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) RECEIVED BY
(street, number, city, state, ZIP code)	Contributions:	PERIOD	YEAR-TO-DATE	RECEIVED BY
,	Direct			
	n-Kind (describe)			
	Other Receipts:			
	☐ Interest ☐ Loan			
	Miscellaneous (specify)			
2.	Contributions:		_	
	Direct			
	☐ In-Kind (describe)			
	Other Receipts:			
	Miscellaneous (specify)			
3.	Contributions:			
	☐ In-Kind (describe)			
	Other Receipts:			
	☐ Interest ☐ Loan			
	Miscellaneous (specify)			
4.	Contributions:			
	Direct			
	In-Kind (describe)		i	
			:	
	Other Receipts: Interest Loan			
	Miscellaneous (specify)			
5.	Contributions:			
•	Direct			
	n-Kind (describe)		!	
	Other Receipts:			
	☐ Interest ☐ Loan			
	Miscellaneous (specify)			1
SUBTOTAL 1	HIS PAGE OF SCHEDULE A	\$		
TOTAL OF ALL PAGES OF SCHEDULE A	ON THE LAST PAGE ONLY 15a of the Summary Sheet.)	\$		



State Form 4606 (R15 / 5-19) 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, rebales, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee).

	FILE NUMBER
Page _	of

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



State Form 4606 (R15 / 5-19) 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, tegislative 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	TYPE OF EXPENDITURE and	COLUMN A AMOUNT THIS	COLUMN B CUMULATIVE	DATE OF EXPENDITURE
,	OFFICE SOUGHT (if applicable)	PURPOSE (be specific)	PERIOD	YEAR-TO-DATE	(mm/dd/yy)
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 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 Debt Returned Contribution Other Purpose:			
	SUBTOTAL THIS PAG		\$		
TOTAL OF ALL PA	AGES OF SCHEDULE B ON THE (Enter total on ITEM 17a of to		\$		



State Form 4606 (R15 / 5-19) 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. All cumulative expenses or transfers-out, regardless of amount paid to political committees supporting or opposing a public question, MUST be itemized on this schedule.

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

	FILE NUMBER
Page _	of

PUBLIC QUESTION INFORMATION Enter Text of Public Question. Type of Question: Statewide Local Position: Supported Opposed COLUMN A TYPE OF EXPENDITURE **COLUMN B** DATE OF RECIPIENT'S OCCUPATION RECIPIENT'S NAME AND MAILING ADDRESS **AMOUNT THIS** and CUMULATIVE **EXPENDITURE** (street, number, city, state, ZIP code) PURPOSE (be specific) YEAR-TO-DATE (mm/dd/yy) PERIOD ☐ 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: ☐ 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.)



State Form 4606 (R15 / 5-19) 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, <u>regardless of the amount</u>. **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 NUMBER			
Page	of		

CREDITOR'S OR LENDER'S NAME AND MAILING ADDRESS	ENDORSER'S OR VENDOR'S NAME AND MAILING ADDRESS (if any)	AMOUNT	DATE DEBT INCURRED	CUMULATIVE PAID	OUTSTANDING BALANCE THIS
(street, number, city, state, ZIP code)	(street, number, city, state, ZIP code)	NATURE OF DEBT	(mm/dd/yy)	YEAR-TO-DATE	PERIOD
:					
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 D ON THE LAST PAGE ONLY (Enter total on ITEM 19 of the Summary Sheet.)					\$



(CFA-4 SCHEDULE E) DEBTS OWED TO 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 TO the committee during the reporting period. Include all amounts the committee has loaned to others.

FILE NUMBER				
Page	of			

BORROWER'S NAME AND MAILING ADDRESS	CO-SIGNER'S NAME AND MAILING ADDRESS (if any)	ORIGINAL AMOUNT	DATE DEBT INCURRED	CUMULATIVE PAID YEAR-TO-DATE	OUTSTANDING BALANCE THIS PERIOD
(street, number, city, state, ZIP code)	(street, number, city, state, ZIP code)	NATURE OF DEBT	(mm/dd/yy)	TEAK-TO-DATE	PERIOD
	•				
	, , , , , , , , , , , , , , , , , , , ,				
	·				
			i		
	•				
		_			
		,, =,			
		SUBTOTA	AL THIS PAGE O	F SCHEDULE E	\$
	TOTAL OF A	ALL PAGES OF SCHEDUL	E E ON THE LAS	ST PAGE ONLY	\$
	(Enter total on ITEM 20 of the Summary Sheet.)				



State Form 4606 (R17 / 8-23)

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

FILE NUMBER 46-23-12 TOTAL PAGES IN ENTIRE CFA-4 REPORT

(CFA-4)

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

IS THIS AN AMENDMENT? Tyes No		· · · · · · · · · · · · · · · · · · ·	
COMMITTEE INFORMATION			
1. Full Name of Committee (as on Statement of Organization) Check if this is a new r	name.	4	
2. Acronym or Abbreviated Name (if any)	elephone Numbe		
	(219)3	324-27	73
4. Mailing Address (Address where all campaign finance correspondence is received.)	Check if this is a ne	ew address.	
5. City, State, ZIP Code	6. Party Affiliation		
LA PORTE IN 46350		2RATIC	-
CANDIDATE INFORMATION (For Candidate's C			
7. Full Name of Candidate (Include any nickname.)	8. Party Affiliation	on or If Independ	ent Candidate
RONALD J. ZIMMEK - RON		RATE	
9. Office Sought (Include district number, if any. Not required for exploratory committee.) MAYOL	10. County of R	TE	
TYPE OF REPORT		CONVENT	ON CANDIDATES ONLY
11. Check one:	"	Check one:	
Pre-Primary Pre-Election Annual Nomination Other		_ 🔲 Pre-Co	nvention
Final / Disbands Committee (Lines 18, 19, and 20 must be "0".) Utgoing Treasurer (Within ten (10) days amend State	tement of Organization.)	Post-C	onvention
12. Reporting Period (mm/dd/yy): From: APRIL 10, 2023 Through: SEYT, 13, 2023	C T	OLUMN A his Period	COLUMN B Year to Date
13. Cash on hand and investments at the beginning of this reporting period.			
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			
15c. Add lines 15a and 15b in both columns.	TOTAL		
16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B.	TOTAL		
EXPENDITURES			
(Note: These amounts include in-kind expenditures and loan repayments.)			
17a. Itemized (Use Schedule B.) (Public Question: use Schedule C.)			
17b. Unitemized	73	3,70	1215.88
17c. Add lines 17a and 17b in both columns.	TOTAL 7	3370	1215,88
18. Cash on hand and investments at close of this reporting period (Subtract 17c from 16 in both columns.)	TOTAL 72	33.70	1215,88
19, Debts OWED BY the committee (Use Schedule D.)			
20. Debts OWED TO the committee (Use Schedule E.)			
CERTIFICATION			FOR OFFICE USE ONLY
I CERTIFY THAT I HAVE EXAMINED THIS STATEMENT. TO THE BEST OF MY KNOWLEDGE AND BELIEF IT IS T	RUE, CORRECT AN	COMPLETE:	FILED
Signature of Treasurer Title	Date (mn		IN CLERKS OFFICE
Canal TREATURER		6-23	
Signature of Candidate (if applicable)	Date (mn		007 16 2023
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	6-2023	OCT 1 6 2023
lifles a fraudulent report commits a Level 6 felony, (IC 3-14-1-13) A person who fails to file a complete or accura	ate 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)	L/LOOPU CITURES
		1 6	TERK OF LA PORTE CIRCUIT COU



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 NUMBER				
Page	of			

CONTRIBUTOR'S FULL NAME AND OCCUPATION	TYPE OF CONTRIBUTION	COLUMN A	COLUMN B	DATE RECEIVED (mm/dd/yy)
FULL MAILING ADDRESS (street, number, city, state, ZIP code)	OR OTHER RECEIPT	AMOUNT THIS	CUMULATIVE YEAR-TO-DATE	RECEIVED BY
1.	Contributions: Direct In-Kind (describe)	PERIOD	TEAR-TO-DATE	
On the Arch Organization (Compiled	Other Receipts: Interest Loan Miscellaneous (specify)			
Contributor's Occupation (d required)		<u></u>		
2.	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest Loan Miscellaneous (specify)			
Contributor's Occupation (if required)	/			
, \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Contributions: Direct In-Kind (describe) Other Receipts: Discriber Loan Miscellaneous (specify)			
Contributor's Occupation (if required)				
	Contributions: Direct In-Kind (describe) Other Receipts: Interest Loan Miscellaneous (specify)			
Contributor's Occupation (if required)				
5.	Contributions: Direct In-Kind (describe)			
Contributor's Occupation (il required)	Other Receipts: Interest Loan Miscellaneous (specify)			
	THIS PAGE OF SCHEDULE A	\$		
TOTAL OF ALL PAGES OF SCHEDULE	ON THE LAST PAGE ONLY	\$		
	15a of the Summary Sheet.)	•		



State Form 4606 (R17 / 8-23) 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	of	

	CONTRIBUTOR'S SULL NAME AND	TYPE OF CONTRIBUTION	COLLIBANIA	COLUMNIS	DATE RECEIVED
	CONTRIBUTOR'S FULL NAME AND FULL MAILING ADDRESS	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS	COLUMN B CUMULATIVE	(mm/dd/yy)
	(street, number, city, state, ZIP code)		PERIOD	YEAR-TO-DATE	RECEIVED BY
1.		Contributions:			
		In-Kind (describe)			
		Other Receipts:			
		interest Loan			
		Miscellaneous (specify)			
2.		Contributions:			
		Direct			
		☐ In-Kind (describe)			
		Other Receipts:			
		Interest Loan		i	
·		Miscellaneous (specify)			
3.		Contributions:			
•		Direct			
		☐ In-Kind (describe)			
	•				
		Other Receipts: Interest Loan		_	
		Miscellaneous (specify)		*	
		0			
4.		Contributions:			
		In-Kind (describe)			
	•				
		Other Receipts:			
		☐ Interest ☐ Loan ☐ Miscellaneous (specify)			
		☐ Miscellaneous (specify)			
5.		Contributions: Direct			
		in-Kind (describe)			
		Other Receipts:			
	·	☐ Interest ☐ Loan			
		Miscellaneous (specify)			
	SUBTOTAL	THIS PAGE OF SCHEDULE A	\$		
	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-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	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.		Contributions: Direct In-Kind (describe)	TEMOS		
		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)			
		THIS PAGE OF SCHEDULE A	\$		
İ	TOTAL OF ALL PAGES OF SCHEDULE	A ON THE LAST PAGE ONLY	\$		



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

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

FILE NUMBER					
Page _	of				

	CONTRIBUTOR'S FULL NAME AND FULL MAILING ADDRESS	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS	COLUMN B	DATE RECEIVED (mm/dd/yy)
	(street, number, city, state, ZIP code)	OR OTHER RECEIFT	PERIOD	YEAR-TO-DATE	RECEIVED BY
1.	(Street, Hamber, City, State, 21F Code)	Contributions: Direct In-Kind (describe) Other Receipts: Interest Loan Miscellaneous (specify)	PENIOD	CARTODATE	
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 1	THIS PAGE OF SCHEDULE A	\$		
	TOTAL OF ALL PAGES OF SCHEDULE		\$		



(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 contributior, 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 sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee).

FILE NUMBER				
Page _	of			

			* -	
CONTRIBUTOR'S FULL NAME AND FULL MAILING ADDRESS	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
1.	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 tn-Kind (describe) Other Receipts:			
	Interest Loan Miscellaneous (specify)			
5.	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest Loan Miscellaneous (specify)	_		
SUBTOTAL 1	THIS PAGE OF SCHEDULE A	\$		
TOTAL OF ALL PAGES OF SCHEDULE A	ON THE LAST PAGE ONLY 15a of the Summary Sheet.)	\$		



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 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	-	Direct In-Kind Payment of Debt Returned Contribution Other Purpose:			
Code		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:			
Code		Direct hn-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 Debt Returned Contribution Other Purpose:			
Code		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:			
	SUBTOTAL THIS PAG		\$		
TOTAL OF ALL PA	AGES OF SCHEDULE B ON TH (Enter total on ITEM 17a of t	E LAST PAGE ONLY he Summary Sheet.)	\$		



State Form 4606 (R17 / 8-23) 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. All cumulative expenses or transfers-out, regardless of amount paid to political committees supporting or opposing a public question, MUST be itemized on this schedule.

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

FILE NUMBER					
Page	of				

			Page _	of _	
	PUBLIC QUESTION	NINFORMATION			
Enter Text of Public Question.					
Type of Question: Statewide Dopoition: Supported Dopoition	Local sed				
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		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 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:			
	SUBTOTAL THIS PAG	GE OF SCHEDULE C	\$		
TOTAL OF ALL PAG	SES OF SCHEDULE C ON THE (Enter total on ITEM 17a of t	E LAST PAGE ONLY he Summary Sheet.)	\$		



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 NUMBER						
Page	of					

CREDITOR'S OR LENDER'S NAME AND MAILING ADDRESS	ENDORSER'S OR VENDOR'S NAME AND MAILING ADDRESS (if any)	AMOUNT	DATE DEBT INCURRED	CUMULATIVE PAID	OUTSTANDING BALANCE THIS
(street, number, city, state, ZIP code)	(street, number, city, state, ZIP code)	NATURE OF DEBT	(mm/dd/yy)	YEAR-TO-DATE	PERIOD
LENDER'S OCCUPATION:					
LENDER'S OCCUPATION					
LENDER'S OCCUPATION:					
LENDER'S OCCUPATION					
LENDER'S OCCUPATION:					
Back (1994) 1 of Spondard (1991) 1977					
	,				
LENDER'S OCCUPATION:					
			<u> </u>		
LENDER'S OCCUPATION:			. =====================================		
SUBTOTAL THIS PAGE OF SCHEDULE D					\$
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

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.

FILE NUMBER				
Page	of			

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
			· · · · · · · · · · · · · · · · · · ·		
					i
	•				·
				!	
				:	
SUBTOTAL THIS PAGE OF SCHEDULE E					\$
TOTAL OF ALL PAGES OF SCHEDULE E ON THE LAST PAGE ONLY (Enter total on ITEM 20 of the Summary Sheet.)					\$



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

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

IS THIS AN AMENDMENT? Tyes No

(CFA-4) Summary Sheet

FILE NUMBER

40-23-12

TOTAL PAGES IN ENTIRE CFA-4 REPORT

	L		<u> </u>	
COMMITTEE INFORMATION				
1. Full Name of Committee (as on Statement of Organization)	ıme.			
RON ZIMMER FOR MAYOR				
	3. Committee Telephone Number			
	(219) 324 - 2773			
1407 2ND ST.	eck if this is a			
5. City, State, ZIP Code LA PORTE IN 46350 6. Party Affiliation (if applicable) DEMICKATIC)	
CANDIDATE INFORMATION (For Candidate's Col	mmittees Or	ıly)		
7. Full Name of Candidate (Include any nickname.) RONALD J. ZIMMER - RON	8. Party Affiliation or If Independent Candidate DEMUCR ATIC			
The state of the s	10. County of Residence			
TYPE OF REPORT	JE /4) C	1	TION CANDIDATES ONLY	
11. Check one:		Check one		
Pre-Primary Pre-Election Annual Nomination Other		I	Convention	
Final / Disbands Committee (Lines 18, 19, and 20 must be "0".) Dutgoing Treasurer (Within ten (10) days amend Statem	ent of Organization.,	Post-	Convention	
12. Reporting Period (mm/dd/yy):		COLUMN A	COLUMN B	
From: SEPTI 13,2073 Through: Jav. 8, 20:24		This Period	Year to Date	
13. Cash on hand and investments at the beginning of this reporting period.				
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				
15c. Add lines 15a and 15b in both columns.	TAL			
16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B.	TAL			
EXPENDITURES				
(Note: These amounts include in-kind expenditures and loan repayments.)				
17a. Itemized (Use Schedule B.) (Public Question: use Schedule C.)		8.00	200	
17b. Unitemized		0.00	0.00	
17c. Add lines 17a and 17b in both columns.	DTAL .	0.00	0.00	
18. Cash on hand and investments at close of this reporting period (Subtract 17c from 16 in both columns.)	OTAL	0.00	0.00	
19. Debts OWED BY the committee (Use Schedule D.)				
20. Debts OWED TO the committee (Use Schedule E.)				
CERTIFICATION			FOR OFFICE USE ONLY	
I CERTIFY THAT I HAVE EXAMINED THIS STATEMENT. TO THE BEST OF MY KNOWLEDGE AND BELIEF IT IS TRU	JE, CORRECT AN	ID COMPLETE.	T I I	
Signature of Treasurer Title	Date (m	****	IN CLERKS OFFICE	
Regnaly Jimme TREASURIA		8-2002		
Signature of Candidate of applicable)		111-2007	JAN - 8 2024	
WARNING: Any information contained in this report may not be copied for sale or used for any commercial purpose. (IC 8-14-1-13) A person who fails to file a complete or accurate	report as require	d 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-	10, 10 J-9-4-77, 10	J-Y-4-10)	Lycom Chicas	