

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

(CFA-1)

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.

F							FILE NUMBER
1. IS THIS AN AMENDMENT	Γ?	s PNo #Ye	s, please enter	the file num	ber in this bo	x. →	410-24-01
SECTION A. CANDIDA	TE INFO	RMATION: Fit	ll in all applic	able boxes	as fully and	accura	itely as possible.
2. Last Name	F	irst Name	Middle Na	mė	Nickname		3. Type of Committee (Check one)
Stabosz	- 1	The off	1. 1	ohn			P Candidate's Principal Committee
	<u>. </u>	1/mol	RU U				■ Exploratory Committee
4. Mailing Address (number and street,	city, state, and	HVC.	/	5. FAX (Options ()	10)	, .	Address (Optional)
7. City	State IN	ZIP Code 40350	8. County		Telephone (Day)		10. Telephone (Stening)
La Porte		7475	La POY		19 363-		() Not required for an exploratory committee.)
☐ Democratic ☐ Libertarian ☐ R	epublican [Other	12.0	a Parte	Court	rer, ir eny. i	were & Sin in Dist. 2
			l in all applic	able hoves			itely as possible.
13. Full Name of Committee (Do not	abbreviate.	Check if this is	a new name.	able boxes	as rany and	BCCUra	itery as possible.
Citizens &	2 - 5	ta 6052					
14. Mailing Address (number and street	. city. state, and		of this is a new addr	ress. 15. FAX /	Ontional)	16 F-ma	il Address (Optional)
ical M. I	, ,	1.00				Lak	6 - 6
17. City	State	ZIP Code	18. County	()	Telephone	7570	20. Committee Organization Date
(- 0 - de	121	425	1.00			-,,,,,	(mm/dd/yy) 1/2~/21f
ra lor c	July .	16200	La Por	7e 6	7722	7485	1/2/1/7
21. Chairperson's Full Name 21	Designate C	andidate as Chairpers	ion. Li Check if the	his is a new chai	rperson.		
22. Mailing Address (number and street,	city, state, and	(ZIP code) Check	if this is a new addn	ess. 23. FAX (0	Optional)	24. E-ma	II Address (Optional)
Same OF a	bor	ب		()		+5+	aborz cyches com
25. City	State	ZIP Code	26. County	27.	Telephone (Day)	1, 2,	28. Telephone (Eyening)
5 mil			1	,			
29. Bank or Other Depositories (List	ali banks or	other depositories in	which the committee	deposits funds.	holds accounts in	ents safety	deposit boxes or maintains funds)
Home	. /	1 8			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
30. Exploratory Committee (Give brief	statement on	aloing purpose of an evolu	ratory committee only)	31 Salarios ar	d Raimhursamo	de Mill the	committee pay the candidate a salary or
		and a property of all origins	tiony derinization clay.				a copy of the contract.) Yes PNo
SECTION C. APPOINTM	AENT OF	TOFACUECO	// 2 0 4 44				
32. I, as Chairperson of		TREASURER			Signature	of the Car	mmittee Chairpegson
committee, appoint the follow			. 10 1	K a	1300000	7	7 / /
reasurer of the Committee.		con	id devi	<u> </u>	Low	2/4	4 A place
3. Treasurer's Full Name 🛮 🗷 Des	ignate candi	date as treasurer.	☐ Check if this is a	new treasurer.			
4. Mailing Address (number and street,	city, state, and	ZIP code)	if this is a new addre	958. 35. FAX (C	optional)	36. E-mai	il Address (Optional)
Same al	Now	Y		- I/ \		1	
7. City	State	ZIP Code	38. County	39.	Telephone (Day)	<u> </u>	40. Telephone (Evening)
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SECTION D. ACCEPTAR	NCE OF	ADDOINTMEN	T (IC 3 9 1 46	1	J		.1
11. I give notice that I accep					Signature of D	reon Acc	canting Appointment
Committee. I am not the cha					7 n	1	//////////////////////////////////////
permitted for a candidate comm				, 4	Jomes 1/2	1 <i>d 1</i>	or Cross
SECTION E. CERTIFICA	TION O	FSTATEMENT					FOR OFFICE USE ONEY
We certify as the candidate a						have	F I L OFFICE
xamined this statement. To the				correct and c	omplete.		IN CLERKS OFFICE
2. Typed or Printed Name of C	hairpersor	n Signature of	Chairperson	. 4	Date (mm/dd/yy	١١.	
Tiles and they	7.Gb(1032 Juna	In a do	20_	11/5/0	-44	1 2004
13. Typed or Printed Name of C		Signature of	Candidate -	7	Date (mm/dd/yy	 	JAN 1 0 2024
1). 1	01 C		11.10 A	2	1/6/	100	1
1 mo Thy ()1	7445	54 Dell	vuy ork	27	1 4 712	-7	
Naming: State law requires that an	y change in	this information be re	eported within ten ((10) days of the	change (IC 3-9-1	-107. A	CLERK OF LA PORTE CIRCUIT COLIF
erson who knowingly files a fraudule occurate report as required by the in-	diana Camo	aign Finance Law co	iony (io <i>3-14-1-13).</i> Immits a Class B m	isdemeanor (/C	3-14-1-14), and r	nay be	CLERK OF LA PORTE CIRCUIT COS.
which to skill possition (IC 2-0-4-16)					,	· 1	CUNS



REPORT OF RECEIPTS AND EXPENDITURES OF A POLITICAL COMMITTEE

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.

M

(CFA-4) Summary Sheet

FILE NUMBER

10-24-01

TOTAL PAGES IN ENTIRE CFA-4 REPORT

COMMITTEE INFORMATION					
1. Full Name of Committee (as on Statement of Organization)	name.				
Citizens for Stabosz	100	(Mar. 97-14-14-14-14-14-14-14-14-14-14-14-14-14-			
2. Acronym or Abbreviated Name (if any)		nittee Telephone Number	r85		
	(219	, , , , , ,	785		
4. Mailing Address (Address where all campaign finance correspondence is received.)	Check if thi	s is a new address.			
5. City, State, ZiP Code	6. Party	Affiliation (if applicable)			
LP, IN 46350		Kepublica	4		
CANDIDATE INFORMATION (For Candidate's C	ommitte	es Only)			
7. Full Name of Candidate (include any nickname.)	8. Party	Affiliation or If Independent	Candidate		
TimesThey John Stabes Z		Kepublic	99		
9. Office Sought (Include district number, if any. Not required for exploratory committee.)	10. Cou	nty of Residence			
TYPE OF REPORT		CONVENTION	CANDIDATES ONLY		
11. Check one:		Check one:	CANDIDATES ONE!		
Pre-Primary Pre-Election Annual Nomination Other		Pre-Conver	ntion		
Final / Disbands Committee (Lines 18, 19, and 20 must be "0".) Utgoing Treasurer (Within ten (10) days amend State	tement of Orga		i		
12. Reporting Period (pm/dd/yy):		COLUMN A	COLUMN B		
From: 1/1/24 Through: 4/12/24		This Period	Year to Date		
13. Cash on hand and investments at the beginning of this reporting period.		0			
14. Cash on hand and investments January 1, current year.			0		
CONTRIBUTIONS AND RECEIPTS					
(Note: these amounts include in-kind contributions and toans, as well as cash contributions.)					
15a. Itemized (Use Schedule A.)		10,000	10,00-0		
15b. Unitemized		0			
Too. 7 tab lines 100 and 100 mostly control	TOTAL	10,000	10,000		
To. Add thes To allo footh column reals this Transfer	TOTAL	10,000	10,000		
EXPENDITURES					
(Note: These amounts include in-kind expenditures and loan repayments.)		2.16 200	0826211		
17a. Itemized (Use Schedule B.) (Public Question: use Schedule C.)		9876-14	701634		
17b. Unitemized		0	216-716		
176, 74d illios 17d dile 17d illiosit occident	TOTAL	9876.34	90 (4-37)		
18. Cash on hand and investments at close of this reporting period (Subtract 17c from 16 in both columns.)	TOTAL	123.66	123.66		
19. Debts OWED BY the committee (Use Schedule D.)		0			
20. Debts OWED TO the committee (Use Schedule E.)		0			
CERTIFICATION		E 0	R OFFICE USE ONLY		
I CERTIFY THAT I HAVE EXAMINED THIS STATEMENT. TO THE BEST OF MY KNOWLEDGE AND BELIEF IT IS T	RUE, CORF	(LO) 1010 OOM LE LIV.	RKS OFFICE		
Signature of Treasurer Title	D	ate (mm/dd/yy)	\ \		
,		APR	1 8 2024		
Signature of Candidate (if applicable)		4/11/24			
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 falls to file a complete or accura	. (IC 3-9-4-5)	Alperson who knowingly	LOTE STEVENS		
files a fraudulent report commits a Level 6 felony. (IC 3-14-1-13) A person who falls to file a complete or accurate 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	14-17, IC 3-9 4-18) CLERK OF LA	PORTE CIRCUIT COURT		



REPORT OF RECEIPTS AND EXPENDITURES OF A POLITICAL COMMITTEE

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 catendar 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 catendar 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 catendar year. Otherwise, this is optional.

	FILE NUMBER			
Page	2	of	3	

CONTRIBUTOR'S FULL NAME AND OCCUPATION FULL MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED (mm/dd/yy) RECEIVED BY
1. Timothy Dyn Stabosz 150/Medigan Ave. La Porte, DN 46350 Contributor's Occupation (Frequired) County Auditor	Contributions: Direct In-Kind (describe) Other Receipts: Interest Loan Miscellaneous (specify)	10,000	10,000	3/21/24 Jein Strbons
2.	Contributions: Direct In-Kind (describe) Other Receipts:			
Contributor's Occupation (if required)	Interest Loan Miscellaneous (specify)			
3.	Contributions: Direct In-Kind (describe)			
Contributor's Occupation (if required)	Other Receipts: Interest Loan Miscellaneous (specify)			
4.	Contributions: Direct In-Kind (describe)			
Contributor's Occupation (if required)	Other Receipts: Interest Loan Miscellaneous (specify)		LERKS OFFICE	
5.	Contributions: Direct In-Kind (describe)	\ \	1 4 8 co.	\
Contributor's Occupation (if required)	Other Receipts: Interest Loan Miscellaneous (specify)		APR LILANDE OND ERKOFIA PORTE OND	II COURT
I and the second	THIS PAGE OF SCHEDULE A	\$ 10,000		
TOTAL OF ALL PAGES OF SCHEDULE (Enter total on ITEL	A ON THE LAST PAGE ONLY If 15a of the Summary Sheet.)	2 60,000		



REPORT OF RECEIPTS AND EXPENDITURES OF A POLITICAL COMMITTEE

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, legislative caucus, political action, or regular party committees) MUST be itemized on this schedule.

	FILE NUMBER				
Page _	3	_ of _	3		

RECIPIENT'S NAME AND MAILING ADDRESS (street, number, city, state, ZIP code)	RECIPIENT'S OCCUPATION OFFICE SOUGHT (if applicable)	TYPE OF EXPENDITURE and PURPOSE (be specific)	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE OF EXPENDITURE (mm/dd/yy)
Code A Capital Promotions 2362 Oakdok Glenside PA 1903	sigh maker N/A	Direct In-Kind Payment of Debt Returned Contribution Other Purpose: 519 M 5	377050	3770.50	3/21/24
BIZ Lincolnway LR EN 46350	office supplies	Direct In-Kind Payment of Debt Returned Contribution Other Purpose: badge	16-05	1605	3/26/24
Code (1) USP5 La Porte, IN 46350	US Gout.	Direct In-Kind Payment of Deb1 Returned Contribution Other Purpose:	136.00	(36-00	3/26/29
315 Lincolnway LR DN 46350	printer N/A	Direct In-Kind Payment of Debt Returned Contribution Other Purpose:			3/27/24
MODE LINCO LINCO LINCO LA SN 46350	radio station N/A	Direct In-Kind Payment of Debt Returned Contribution Other Purpose			4/1/24
2924 Michigan Blod M.C. IN 46360	printer	Payment of Debt Returned Contribution Other Purpose:		116.30	4/3/24
Code O USPS INCLERKS OFFICE TO TO THE INCLERKS OFFICE TO THE INCLERK	US Gort	Direct In-Kind Payment of Debt Returned Contribution Other Purpose:	2310.87	294692	4/10/24
TOTAL OF ALL PA	SUBTOTAL THIS PAGES OF SCHEDULE B ON TH (Enter total on ITEM 17a of the second	E LAST PAGE ONLY	\$ 9876.34 \$ 9 876.34		



SUPPLEMENTAL "LARGE CONTRIBUTION" REPORT BY A CANDIDATE'S COMMITTEE (\$1,000 CONTRIBUTIONS OR MORE)

State Form 48492 (R7 / 8-23) Indiana Election <u>Division (IC 3-9-5-20.1; 3-9-5-22)</u>

INSTRUCTIONS: Only candidates receiving a "large contribution" are required to file this report. 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.

FILE NUMBER

46-24-01 TOTAL PAGES IN ENTIRE CFA-11 REPORT

IS THIS AN AMENDMENT? 🔲 Yes 🔲 No					H	
**	COMMITT	EE INFORMATIO	ON			
1. Full Name of Candidate (Include any nickname.) Check if this is a new name. 2. Committee Telephone Number						
Timothe John	Stabosz	(219)	36	-7485		ł
3. Mailing Address (Address where all campaign finance con	ZI	_	this is a new a	idaress.		
(51) Michega,	1 me	2				
4. City 5. Party Affiliation or If Independent Candidate						
La Porte IN 46350 Republican						
5. Office Sought (Include district number, if any. Not required for exploratory committee.) 7. County of Residence						
	un As	+ 2	f	Porte	•	į
Comy low misco	The local			_ a 10.10		
8. Reporting Period (mfs/dd/yy):	4/2	3/24				
From: 4//3/24 Through	gn: //	3/0-			 	
For classification, enter INDV for Individual; PAC for political action comm	nittee: CORP for corpor	ation; LAB for labor organ	nization; OTHER	for all entries which are r	ot one of the above	DATE RECEIVED &
CONTRIBUTOR'S FULL NAME AND OCCUPAT	107	TYPE OF CONTRI	BUTION	COLUMN AMOUNT		ACCEPTED
FULL MAILING ADDRESS (street, number, city, state, ZIP code)		OR OTHER REC	CEIPT	CONTRIBU		(mm/dd/yy) RECEIVED BY
		Contributions:				N-O-ING-D
Classification 1.	The A-C2	Direct				16/22/20
more Thusthy July	5)200>4	☐ In-Kind (describe)				4/22/24
MAN Thusthy July 1501 Medigan A	ا ميا			11 00	2	1
1501 bulearigan 1	,,,,	Other Receipts:		16,83	<i>></i>	}
1 0 0 0 1	1200	☐ Interest ☐ Loan		·		Du
Lakofe DN 4	ا در م	☐ Miscellaneous (spe	ecify)		1	
T			.,		i	Stabos 4
Contributor's Occupation (if applicable) Laforte Con	Ty Malila					
Classification 2.		Contributions:			İ	
		tn-Kind (describe)				
		TI II HAIR (GOSSINDO)				
}		Other Receipts:			1	
		☐ Interest ☐ Loan ☐ Miscellaneous (spe	nothi)		1	
	į	☐ (Aliacellariecos (abe			1	ļ
Contributor's Occupation (if applicable)						
Classification 3.		Contributions:				
		Direct				1
 		☐ In-Kind (describe)				
		Other Receipts:				
		☐ Interest ☐ Loan				
		☐ Miscellaneous (spe	ecity)			
Contributor's Occupation (if applicable)						
CER	TIFICATION				FOR OFFIC	E USE DNIT
I CERTIFY THAT I HAVE EXAMINED THIS STATEME!		TOF MY KNOWLE	DGE AND B	ELIEF IT IS	IN CLERI	KS OFFICE
TRUE, CORRECT AND COMPLETE. Signature of Treasurer	Title		Date (mm/dd/y	y) 		
Signature of freasurer				\[\]	APR &	2 4 2024
		 .	Date (mm/dd/y	, 	,,,,,,	
Signature of Candidate (if applicable)			LLIA	"4/216	L	
From the Holdres		1718	1/24	CIEDY OF IA P	ORTE CIRCUIT COURT	
Warning: Any information contains at this table in the same of the						
Trenot as required by the Indiana Campaign Finance Law comm	its a Class B misden	neanor (IC 3-14-1-14),	and may be s	ubject to civif		
penalties. (IC 3-9-4-16, IC 3-9-4-17, and IC 3-9-4-18)						

(CFA-11)

SUPPLEMENTAL "LARGE CONTRIBUTION" REPORT BY A CANDIDATE'S COMMITTEE

(\$1,000 CONTRIBUTIONS OR MORE)

State Form 48492 (R6 / 5-19)

Indiana Election Division (IC 3-9-5-20.1; 3-9-5-22)

INSTRUCTIONS: Only candidates receiving a "large contribution" are required to file this report. 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.

FILE NUMBER

410-24-01

TOTAL PAGES IN ENTIRE CFA-11
REPORT

IS THIS AN AMENDMENT? Yes No	TEC INCORMA TION		
COMMIT	TEE INFORMATION 2. Committee Telephone No.	umber	
1. Full Name of Candidate (Include any nickname.) Check if this is a new ner	26	3-7485	
3. Mailing Address (Address where all campaign finance correspondence is re		<u> </u>	
1501 Mcchican Ave.			
State ZIP Cod		iztion or If Independent Candidate	
Le Purpe DN 4	6350 Re	publicas	
6. Office Sought (Include district number, if any. Not required for exploratory c	ommittee.) 7. County of	ά Λ Λ	
County Comma Pist 2		a Port	
B. Reporting Period (mm/dd/yy):	9/20		
From: Through: Through: For classification, enter INDV for/individual; PAC for political action committee: CORP for corpo	Of LT	toy all entries which are not one of the at	sove catedories.
	Military DAD for 1800s Organizations of 1744	COLUMN A	DATE RECEIVED
CONTRIBUTOR'S FULL NAME AND OCCUPATION FULL MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	AMOUNT OF CONTRIBUTION	(mm/dd/yy) RECEIVED BY
Character 1.	Contributions:		
1501 Michigan Are La Porte, IN 46358	☐ Cirect ☐ In-Kind (describe)		14/26/20
Roll Michigan Are.		-20.00	11/20/1
6 1 6 -0/1663	Other Receipts:	F2215	120 1
La Porte, IN 76756	Interest Loan		1/1/4
a c A dithan	Miscellaneous (specify)		Stahs2
Contributor's Occupation (il applicable) County (Wallow)	Contributions:		+
Cinestication 2.	Direct	ļ	1 1
	☐ In-Kind (describe)		1
			1
	Other Receipts:		
	☐ Miscellaneous (specify)		
a state of the second on the contraction			
Contributor's Occupation (if applicable) Cleanification 3.	Contributions:		
ATTO BILLIAN WITH	☐ Direct ☐ In-Kind (describe)		
	Other Receipts:		1 1
	☐ Interest ☐ Loan	1	
	☐ Miscellaneous (specify)		1 1
Contributor's Occupation (If applicable)		FOR OFF	ICE USE ONLY
CERTIFICATION I CERTIFY THAT I HAVE EXAMINED THIS STATEMENT. TO THE BE	ST OF MY KNOWLEDGE AND	RELIEFITIST TO T	LED
TRUE, CORRECT AND COMPLETE.	Date (mm/d		RKS OFFICE
Signature of Treasurer Title		11 (- one4
Signature of Eprididate (if applicable)	Date (gunto	am) APR	2 9 2024
June 7 d gtolygo	4/29	/24	
Warning: Any information contained in this report may not be copied for sale or person who knowingly files a fraudulent report commits a Level 6 felony fit 3-14-	1,13) A person who fails to life a com	3-9-4-\$/ A plete or accurate	PORTE CIRCUIT COURT
person who knowingly lifes a irraudulem/proof commits a Level of lenting AIC 3-14- report as required by the Indiana Cempaign Finance Law commits a Class B misd penalties. (IC 3-9-4-16, IC 3-9-4-17, and IC 3-9-4-18)	emeanor (IC 3-14-1-14), and may be	subject to civilCLERK OF LA	TOKIE CIRCOII COMI
Epotiones, to organic, to desert, and to organic			



SUPPLEMENTAL "LARGE CONTRIBUTION" REPORT BY A CANDIDATE'S COMMITTEE

(\$1,000 CONTRIBUTIONS OR MORE) State Form 48492 (R8 / 5-19) Indiana Election Division (IC 3-9-5-20.1; 3-9-5-22)

INSTRUCTIONS: Only candidates receiving a "large contribution" are required to file this report. 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.

(CFA-11)

FILE NUMBER

HO-24-01 TOTAL PAGES IN ENTIRE CFA-11 REPORT

IS THIS AN AMENDMENT? Yes No						
COMMIT	TEE INFORMATION					
1. Full Name of Candidate (Include any nickname.) Check if this is a new na	1 2~	3-7485				
Trusthe John Stabo	52 1219, 36	9-1103				
3. Mailing Address (Address where all campaign finance correspondence is re	celved.)	address.				
4. City State ZIP Co	de 5. Party Affil	liation or if independent Candidate				
La Porte IN G	FG 35D Re	publicacy				
6. Office Sought (Include district number, If any. Not required for exploratory of	7. County of	La Port				
8. Reporting Period (mm/dd/yy):	13/24					
From: Through: For classification, enter iNDV for Individual; PAC for political action committee: CORP for corp	oration: LAB for labor organization; OTHE	R for all entries which are not one of the abo	ve categories.			
		COLUMN A	DATE RECEIVED			
CONTRIBUTOR'S FULL NAME AND OCCUPATION FULL MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	AMOUNT OF CONTRIBUTION	(mm/adiyy) RECEIVED BY			
Classification 1.	Contributions:					
Trustry John Stabosz	☑ Direct ☐ In-Kind (describe)		5/2/24			
150) Nich yan And	C therma (cosmoo)	\$ 1460	' / '			
130/ medican	Other Consists	9 1 1 6				
Caforfe, DN 46350	Other Receipts:		1 7 m			
	☐ Miscellaneous (specify)		5725052			
Contributor's Occupation (If epplicable) La Porte CompoArdiba	/ 		714792			
Classification 2.	Contributions:					
71/1/1	☐ In-Kind (describe)		3 <i>/9</i> /24			
See #1 above	C Wetalia (accompa)	2000	' '			
	Other Receipts:	3825.07				
	☐ Interest ☐ Loan		17m			
	☐ Miscellaneous (specify)		C 1-00			
Contributor's Occupation (if applicable)			Sta5054-			
Classification 3.	Contributions:					
	☐ Direct	,				
	☐ In-Kind (describe)					
•	Other Receipts:					
	☐ Miscellaneous (specify)					
A of the de Connection of analysis in						
Contributor's Occupation (if applicable)CERTIFICATION		FOR OFFIC	E USE ONLY			
I CERTIFY THAT I HAVE EXAMINED THIS STATEMENT. TO THE BE	ST OF MY KNOWLEDGE AND I	BELIEF IT IS	T. E. D			
TRUE, CORRECT AND COMPLETE. Signature of Treasurer Title	Date (mn/dd	m INCL	ERKS OFFICE			
~						
Signature of Candidate (if applicable)	Date (mm/dd	MA"	y - 6 2024			
15/6/24 1 15/6/24 1 1 mm						
Warning: Any information confained in this report may not be copied for sale or used for any commercial purpose. (IC 3-9-4-5) A person who knowingly files a frauditient report commits a Level 6-felony. (IC 3-14-1-13) A person who falls 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 CLERK OF LA PORTE CIRCUIT COURT						
person who knowingly files a fraudtlent report commits a Level Felony. (IC 3-74- report as required by the Indiana Campaign Finance Law commits a Class B misde		subject to civil	LA PORTE CIRCUIT COURT			
Tanables MC 2.0.4.16 IC 3.0.4.17 and IC 3.9-4-18)		CLERK OI				