

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.

(CFA-1)

									FILE NUMBER
1. IS THIS AN AMENDMENT?] Yes	No If Yes,	pleas	e enter the	file nu	mber in t	his box.	→	46-24-13
SECTION A. CANDIDATE II	NFO	RMATION: Fill	in all	applicable	boxe	s as full	v and a	ccurat	elv as possible.
2. Last Name		rst Name		Middle Name		Nickn			3. Type of Committee (Check one)
1) N. C. a. I		Class		T					Candidate's Principal Committee
Holifield		Stev€		J					Exploratory Committee
4. Mailing Address (number and street, city, sta	te, and a	(IP code)		5. F#	X (Optic	nal)		6. E-mail /	Address (Optional)
6782 E. 100	ς			,	,			SAPO	chall Calda Live con
7. City	State	ZIP Code	8. Cour	ntv		. Telephon	e (Dav)	2400	thulifielde live. (un 10. Telephone (Evening)
	IN	111.31.6	1	Purk		Dr /		2	S A . A .
		46767	h		(<u> </u>	08-0	208	of required for an exploratory committee.)
11. Party Affiliation		Other		12, Office	Sought	(incluae alst	nci numbel	r, ir any. N	or required for an exploratory committee.)
									115+11(+ 2
SECTION B. COMMITTEE I 13. Full Name of Committee (Do not abbre			in all	applicable	e poxe	is as tuli	iy and a	iccurat	ely as possible.
13. Full Name of Committee (Do not abbre	eviate.j		new na		N 4				
Commi Hec to 14. Mailing Address (number and street, city, s	>	<u> { \رد +) +</u>	eue -	<u>1+01+16</u>	<u>17</u>		· · · ·		
14. Mailing Address (number and street, city, s	tate, and	/ZIP code) 🔲 Check i	f this is a	new address.	15. FA)	(Optional)	ľ	16. E-mail	Address (Optional)
6782 E. 101	، ۶ د				()				
17. City 5	State	ZIP Code	18. Co	unty	······	19. Telephor	ne		20. Committee Organization Date
Mill Creek !	TN	41.21.5	1_	Parte		214 6	18-00	208	mm/dd/yy)-1-24
21. Chairperson's Full Name P Desig			L				0. 0	-00	
• – •									
5 teve 115 1 22. Mailing Address (number and street, city, s	<u>i </u>	e14					r		
		(ZIP code) 🛛 🗌 Check i	this is a	new address.	23. FA)	(Optional)		24. E-mai	Address (Optional)
6782 E. 100	5 .								
25. City 5	State		26. Co	unty	1	27. Telepho	ne (Day)		28. Telephone (Evening)
Min Creek	TΝ	46365	La	Parte		219,6	08-07	108	GAME
29. Bank or Other Depositories (List all ba									leoosit boxes or maintains funds)
	arms or	other appositoned in a		00111111100 00,		uo, monue uo.	•••••		- - ,
FNC									
30. Exploratory Committee (Give brief staten	nent exp.	laining purpose of an explore	tory com						committee pay the candidate a salary or a copy of the contract.)
								,	
SECTION C. APPOINTMEN									
32. I, as Chairperson of the			nted Tre	easurer		5	Signature o	of the Cor	nmittee Chairperson
committee, appoint the following	perse	on as							
Treasurer of the Committee. 33. Treasurer's Full Name T Designat	e cand	idate as treasurer	1 Check	if this is a new	treasure			-	
33. Treasurer S Full Name 🜌 Designat	e vanu				0003010				
								00 E	
34. Mailing Address (number and street, city, s	tate, and	IZIP code) L Check i	this is a	new address.	35. FAJ	(Optional)		36. E-mai	Address (Optional)
									· · · · · · · · · · · · · · · · · · ·
37. City	State	ZIP Code	38. Co	unty		39. Telepho	ne (Day)		40. Telephone (Evening)
						,)			()
SECTION D. ACCEPTANCE				.9.1.15)		· · · · ·			
41. I give notice that I accept th	a dui	les and responsit	lilties	of Treasure	or of th	Is Signat	ure of Pe	rson Aco	epting Appointment
Committee. I am not the chairpe	rson	of a campaign fin	ance c	ommittee (e	xcept	as			······································
permitted for a candidate committe	e und	er IC 3-9-1-7).			•				
SECTION E. CERTIFICATIO	O NC	F STATEMENT							FOR OFFICE USE ONLY
We certify as the candidate and	the d	duly appointed Ch	airpers	son of the	Commi	tee and 1	that we	have	FILED
examined this statement. To the be	st of d	our knowledge and	belief i	t is true, cor	rect an	d complet	e		IN CLERKS OFFICE
42. Typed or Printed Name of Chair		n Signature of	Chairp	erson /			(mm/dd/yy)		
Steve Huli fiel	1	I M	· [,	111		2	-13-2	24	1 I
43. Typed or Printed Name of Cand		Signature of	VI Candid				(mm/dd/yy)		
		Signature of	⊽anuid ∖	7				11	FEB 1 3 2024
Steve Holifiel	1	102	W	K. J		2	-12-2	<u> </u>	
Warning: State law requires that any ch	ange ir	this information be re	ported v	whin ten (10)	days of	the change	(IC 3-9-1-	10). A	
person who knowingly files a fraudulent re	nort co	ommits a Level 6 D fel	ony (IC	3-14-1-13). A I	person w	ho fails to fi	ile a compl	ete or il	Alearne Stevers
accurate report as required by the Indiana subject to civil penalties (IC 3-9-4-16, IC 3-	9-4-17	paign Finance Law col and IC 3-9-4-18).	nmits a	Class B misde	emeanor	10 3-14-1-	<i>₁₄)</i> , ano m		CLERK OF LA PORTE CIRCUIT COUR
Jubico. 10 civil portonico (10 0-3-7-10, 10 0-	,								

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REPORT OF RECEIPTS AND EXPENDITURES OF A POLITICAL COMMITTEE State Form 4606 (R15 / 5-19) Indiana Election Division (IC 3-9-5-14)			A-4) ry Sheet ^{UMBER}
NSTRUCTIONS: 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.		46-24-	13 NTIRE CFA-4 REPORT
S THIS AN AMENDMENT? 🔲 Yes 🗹 No			
	ION		
I. Full Name of Committee (as on Statement of Organization)	new name.		
Cummittee to Elect Steve Hulifield			·
2. Acronym or Abbreviated Name (if any)	3. Com	nittee Telephone Numb	ЭЭГ
		<u> </u>	· · · · · · · · · · · · · · · · · · ·
4. Mailing Address (Address where all campaign finance correspondence is received.) んておユービューノロント.		is is a new address.	
City State 71P Code	6. Party	Affiliation (if applicable))
Mill Creek, IN 46365		Republican	
CANDIDATE INFORMATION (For Candidat			
7. Full Name of Candidate (Include any nickname.)		Affiliation or If Independ	dent Candidate
Steve Holifield D. Office Sought (Include district number, if any. Not required for exploratory committee.)		hty of Residence	
Commission District 2		LcPute	
TYPE OF REPORT			ION CANDIDATES ONLY
1. Check one:		Check one	
Pre-Primary Pre-Election Annual Nomination Other		🗹 Pre-Co	onvention
Final / Disbands Committee (Lines 18, 19, and 20 must be "0".) 🔲 Outgoing Treasurer (Within ten (10) days amo	end Statement of Org	anization.)	Convention
12. Reporting Period (mm/dd/yy):		COLUMN A	COLUMN B
From: Jan 11 2024 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. CONTRIBUTIONS AND RECEIPTS			0
(Note: these amounts include in-kind contributions and loans, as well as cash contributions.	.)		
15a. Itemized (Use Schedule A.)		475.00	47.5.03
15b. Uniternized			
15c. Add lines 15a and 15b in both columns.	SUBTOTAL	475.00	475,00
16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B.	TOTAL	475.00	475,00
EXPENDITURES			
(Note: These amounts include in-kind expenditures and loan repayments.)			
	<u></u>	<u>0-1396.71</u>	se139677
17b. Unitemized re		ن م م م م	
17c. Add lines 17a and 17b in both columns. (כלט רוא)	SUBTOTAL .	<u>d 13</u> 967.378	
18. Cash on hand and investments at close of this reporting period (Subtract 17c from 16 in both columns	is.) TOTAL	- 921.00	- 920.76
19. Debts OWED BY the committee (Use Schedule D.)		0	
		0	
20. Debts OWED TO the committee (Use Schedule E.)			IFOR OFFICETUSE ONLY
CERTIFICATION			IN CLERKS OFFIC
CERTIFICATION CERTIFY THAT I HAVE EXAMINED THIS STATEMENT. TO THE BEST OF MY KNOWLEDGE AND BELIEF		1 1	
CERTIFICATION CERTIFY THAT I HAVE EXAMINED THIS STATEMENT. TO THE BEST OF MY KNOWLEDGE AND BELIEF Signature & Treasurer / Title	C)ate (<i>mm/dd/yy</i>)	
CERTIFICATION CERTIFY THAT I HAVE EXAMINED THIS STATEMENT. TO THE BEST OF MY KNOWLEDGE AND BELIEF Signature of Treasurer Title Treasurer	C	Date (mm/dd/yy) 1-13-21	APR 1 6 2024
CERTIFICATION CERTIFY THAT I HAVE EXAMINED THIS STATEMENT. TO THE BEST OF MY KNOWLEDGE AND BELIEF Signature & Treasurer / Title		Date (mm/dd/yy) (3-27 Date (mm/dd/yy) -4-13-24	APR 1 6 2024



REPORT OF RECEIPTS AND EXPENDITURES OF A POLITICAL COMMITTEE State Form 4606 (R13/11-05) Indiana Election Commission (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				
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Page	of			

 Petr Kelitha Petr Kelitha Operational Witchista (14) TN Interest □ Loan Misc. (geoly) Contributor Computing (1900) Contributor Computin	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 RECEIVED BY
Michigen (14) FN Other Receipts: Loan Michigen (1700) Y (0360 Trepy not (1700) Zeatheutor Occupation (1700) Type (1752) Direct 2 Charby TN Other Receipts: Receipts: 2 AParty TN Direct Direct 3 Contributors Occupation (1700) Contributors: Contributors: 2 AParty TN Other Receipts: Instand (describe) 2 AParty TN Direct Instand (describe) 2 AParty TN Contrinutors: <td>Pete Nellta</td> <td>Direct</td> <td>100 00</td> <td></td> <td></td>	Pete Nellta	Direct	100 00		
2 Chablet Totlen 7878 N. 1752. Lefted TV 1030 Contributors Occupation (Frequired) 3. Michael Conf. Frequired) Contributors Occupation (Frequired) 3. Michael Conf. Frequired) Contributors Occupation (Frequired) Contributors Occupation (Frequired) Control Compation (Frequired) Contributors Occu	46360	🔲 Interest 🔲 Loan			tregun-
LePhy TLM UB30 In Interest in Loan Misc. (specify) 2 Contributor's Occupation (if required) Contributons: 3. Michael cut Kathy S Priling 2 G & R N. 3 SD E : Rulling Privile, TM Other Receipts: Interest in Loan Misc. (specify) 2 G & R N. 3 SD E : Rulling Privile, TM Other Receipts: Interest in Loan Misc. (specify) Contributor's Occupation (if required) Contributons: 4. Scalera + Dourd Sur ma /O S, Walnut RJ. Other Receipts: Rulling Privile, TN Interest in Loan Misc. (specify) Interest in Loan Korm (enkish Other Receipts: Binterest in Loan Misc. (specify) Contributor's Occupation (if required) Contributons: S. Korm (enkish 306 N. Mein St. Other Receipts: Binterest in Loan Misc. (specify) Contributor's Occupation (if required) Contributons: Subtor's Dispary, TM Interest in Loan Misc. (specify) APR 1 6 2024 Contributor's Occupation	2. Chable Totlen 7878 N. 1752.	Direct	00.02		
 Michael and Kathy SParking Contributions: Direct In-Kind (describe) (U, U) Rulling Prairile, TN Ubart Rolling Prairile,	· ·	Interest Loan	20,00		trojum
Contributor's Occupation (# required) 4. Sand r h + David Sur Ma /O S, Walnut RJ. Rulling Prinit, IN y6371 Contributor's Occupation (# required) 5. Karin (enkush Job N. Main St. Kingsbury, IN Gontributor's Occupation (# required) Contributor's Occupation (# required) Substant His Page of Schedule A on the LAST PAGE ONLY Substant His Page of Schedule A on the LAST PAGE ONLY	3. Michael and Kathy Sperling 2987 N. 350 E.	Direct In-Kind (describe)	10.00		
10 S. Walnut RJ. Rulling Privity IN Other Receipts: 100.00 Yebstin Misc. (specify) 403.00 Contributor's Occupation (if required) Misc. (specify) 403.00 S. Korin (an Kush Direct 100.00 S. Contributor's Occupation (if required) Filler Filler S. Korin (an Kush Direct 100.00 Job N. Main St. Direct 100.00 Misc. (specify) Job N. APR 16 2024 APR 16 2024 Wisc. (specify) Misc. (specify) Main Network Stures) stures CHERK OF LA PORTE CIRCUIT Conter of stures) stures Subtortal this page of schedule A stures Stures of schedule A stures Stures of schedule A stures Stures of schedule A stures	Contributor's Occupation (if required)	Contributions:			tresure
46371 Image: Misc. (specify) Frequired) S. Contributor's Occupation (if required) Contributions: S. Contributions: Image: Contribution (frequired) Job N. Macm St. Image: Contribution (frequired) Job N. Macm St. Image: Contributor's Occupation (frequired) Contributor's Occupation (frequired) United (describe) Image: Contributor's Occupation (frequired) Subtrotal THIS PAGE OF SCHEDULE A S	10 S. Walnut RJ.	In-Kind (describe) Other Receipts:	100.00		
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REPORT OF RECEIPTS AND EXPENDITURES OF A POLITICAL COMMITTEE State Form 4606 (R14 / 10-17) Election Division (IC 3-9-5-14)

indiana

(CFA-4 SCHEDULE A-1) CONTRIBUTIONS BY INDIVIDUALS Itemized Contributions and Other Receipts

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

FILE NUMBER						
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Page of						

CONTRIBUTOR'S FULL NAME AND OCCUPATION FULL MAILING ADDRESS	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS	COLUMN B	DATE RECEIVED (mm/dd/yy)
(street, number, city, state, ZIP code)		PERIOD	CUMULATIVE YEAR-TO-DATE	RECEIVED BY
" Montin Brisss	Contributions:			
7495 2. 75'5.	In-Kind (describe)	50,00		
mill Greek, IN	Other Receipts:			fresure
46366	Miscellaneous (specify)			Tresono
Contributor's Occupation (# required)				
² Darbara Miletech	Coptributions:			
loy Apple St.	in-Kind (describe)	10.00		
Walkerton, IN 46574	Other Receipts:			
Contributor's Occupation (if required)	Miscellaneous (specify)			trein
3	Contributions:	· · · · · · · · · · · · · · · · · · ·		
Keith June)				
311 Lesacy Ln 213	In-Kind (describe)	50,00		
LePorts IN Y6350	Other Receipts:			
10330	Miscellaneous (specify)			trecours
Contributor's Occupation (if required)			····-·································	
* Rojar as Mexine Britzke	Contributions:			
3051 S. 300 E.	In-Kind (describe)	25.00	,	
LePurty IN	Other Receipts:			
46350	Interest Loan Miscellaneous (specify)			.
				trezon
Contributor's Occupation (if required)	Contributions:	E I	LEL	· · · · · · · · · · · · · · · · · · ·
" Steve Holifiell.	Direct		LERKS OFFICE	\neg
6782 E. 100 S.	In-Kind (describe)	AU	R 1 6 2024	
Mill Greu, IN	Other Receipts:	10, op AT	11 1 0	1 . 1
46365	Interest Loan Miscellaneous (specify)		LAON Otwers	
Contributor's Occupation (if required)	رويان دي	CLERKC	FLAPORTE CIRCUIT C	OHRITE JUNT
	HIS PAGE OF SCHEDULE A			
TOTAL OF ALL PAGES OF SCHEDULE A		413,00		
	15a of the Summary Sheet.)	\$		

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REPORT OF RECEIPTS AND EXPENDITURES OF A POLITICAL 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. 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 entitles 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 pald to political committees, (such as transfers-out from candidate, legislative caucus, political action, or regular party committees) MUST be itemized on this schedule.

Form 4606 (R14 / 10-17) Election Division (IC 3-9-5-14

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State Indiana

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(CFA-4 SCHEDULE B) **ITEMIZED EXPENDITURES**

· · ·	FILE	NUME	BER	
Page _		of	1	

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 <u>A</u>	Postoffice	Direct In-Kind Payment of Debt Returned Contribution Other Purpose:	544,00		544,00
	Humble Home Cirtt,	Direct In-Kind Payment of Debt Returned Contribution Other Purpose:	115,64		115,64
Code A	Howkins Print Shop	Direct In-Kind Payment of Debt Returned Contribution Other Purpose:	387.14		387.14
Code A	Rich Grammarossa	Direct in-Kind Payment of Debt Returned Contribution Other Purpose:	3 sv, w		750,00
Code		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:		- R	D
Code	•	Direct In-Kind Payment of Debt Returned Contribution Other Purpose:	AF	<u>ERKS OFFIC</u> R 1 6 2024	
<u>Code</u>	·····	Direct In-Kind Payment of Debt Returned Contribution Other		LAOU Otwo FIA PORTE CIRCUIT	COURT
TOTAL OF ALL PA	SUBTOTAL THIS PAG GES OF SCHEDULE B ON THE	LAST PAGE ONLY	1396,78 \$ 10*16.78 \$		
	(Enter total on ITEM 17a of th	e Summary Sheet.)			