

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? Yes No

(CFA-4)
Summary Sheet

FILE NUMBER

40-24-40

TOTAL PAGES IN ENTIRE CFA-4 REPORT

COMMITTEE INFORMATION					
Friends of Blair Milo 1. Full Name of Committee (as on Statement of Organization) Check if this is a new	name.				
2. Acronym or Abbreviated Name (if any) 3. Committee Telephone Number (219) 363-6296					
4. Mailing Address (Address where all campaign finance correspondence is received.) 1712 Michigan Ave.		this is a new			
5. City, State, ZIP Code	6. Pa	rty Affiliation	(if applicable)		
La Porte, IN, 46350 Republican					
CANDIDATE INFORMATION (For Candidate's (Commit	tees Only)			
7. Full Name of Candidate (Include any nickname.)	8. Par	ty Affiliation	or If Independe	nt Candidate	
9. Office Sought (Include district number, if any. Not required for exploratory committee.)	10. Ca	ounty of Res	idence		
TYPE OF REPORT			CONVENTIO	N CANDIDATES ONLY	
11. Check one:			Check one:	A SANSIBATES ONLY	
Pre-Primary Pre-Election Annual Nomination Other		· · <u>- · · · · · · · · · · · · · · · · ·</u>	Pre-Conv	rention .	
Final / Disbands Committee (Lines 18, 19, and 20 must be *0".) Outgoing Treasurer (Within ten (10) days amend Sta	tement of O	rganization.)	Post-Con		
12. Reporting Period (mm/dd/yy):			LUMN A	COLUMN B	
From: 01/01/24 Through: 3/31/24				Year to Date	
13. Cash on hand and investments at the beginning of this reporting period.			33,400.17		
14. Cash on hand and investments January 1, current year.				33,400.17	
CONTRIBUTIONS AND RECEIPTS					
(Note: these amounts include in-kind contributions and loans, as well as cash contributions.) 15a. Itemized (Use Schedule A.)					
15b. Unitemized	····		0.00	0.00	
AS-ALLE AS-ALLE	OTAL	 	0.00	0.00	
16 Add Sec. 42 and 45 in Oil 10 and 1	•	<u> </u>			
EXPENDITURES	TOTAL		0.00	0.00	
(Note: These amounts include in-kind expenditures and loan repayments.)					
17a. Itemized (Use Schedule B.) (Public Question: use Schedule C.)	4		33,400.17	33,400.17	
17b. Uniternized	·	<u> </u>	0.00	0.00	
17c. Add lines 17a and 17b in both columns.	TOTAL		33,400.17	33,400.17	
18. Cash on hand and investments at close of this reporting period (Subtract 17c from 16 in both columns.)	TOTAL		0.00	0.00	
19. Debts OWED BY the committee (Use Schedule D.)			0.00		
20. Debts OWED TO the committee (Use Schedule E.)			0.00		
CERTIFICATION				OF OFFICE USE ONLY	
CERTIFY THAT I HAVE EXAMINED THIS STATEMENT. TO THE BEST OF MY KNOWLEDGE AND BELIEF IT IS THE	RUE, CORI	RECT AND CO	MPLETE.	IN CLERKS OFFICE	
Title 18 £ 05 1 R 79	1	Date (mm/dit	m) [4 0001	
Signature of Candidate (if applicable)	- 1	Date (mm/dd	2/20	A111 1 -	
WARNING: Any information contained jearne report may not be corried for sale or used for any commercial purpose. (iles a fraudulent report commits a Level 6 felony. (IC 3-14-1-13) A person who fails 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)	e report a	A person who s required by	. Knowinaly	ERK OF LA PORTE CIRCUIT C	



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

(CFA-4 SCHEDULE B) ITEMIZED EXPENDITURES

FILE NUMBER				
Page _	1	_ of _	1	

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 (he specific)	PERIOD	YEAR-TO-DATE	(mm.dd'yy)
Code C Mitch Daniels Leadership Foundation 880 W Monon Green Blvd. #101 Carmel, IN 46032		Direct In-Kind Payment of Debt Returned Contribution Other Purpose: Leadership development	\$25,000.00	\$25,000.00	3/25/24
Code C Lugar Series 303 Alabama St. Indianapolis, IN 46024		Direct In-Kind Payment of Debt Returned Contribution Other Purpose: Leadership development	\$2,900.17	\$2,900.17	3/25/24
Code C Sea Cadets 2300 Wilson Blvd, Suite 200 Arlington, VA 22201		Direct In-Kind Payment of Debt Returned Contribution Other Purpose: Leadership development	\$5,000.00	\$5,000.00	3/25/24
Niemeyer for Congress PO Box 727 Cedar Lake, IN 46303	U.S. House of Representatives - IN-1	Direct In-Kind Payment of Debt Returned Contribution Other Purpose: Candidate support	\$500.00	\$500.00	3/25/24
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 PAGE	E OF SCHEDULE B	\$ 33,400.17		
TOTAL OF ALL PAG	GES OF SCHEDULE B ON THE (Enter total on ITEM 17a of the	LAST PAGE ONLY	\$ 33,400.17		
					



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 V No

	±'* ₹ .,	CF	A-4)	ı
2111	$\mathbb{M}_{2}(\mathbb{R}^{n})$	(CF imma		
	St	ımma	iry S	neet

FILE NUMBER

TOTAL PAGES IN ENTIRE CFA-4 REPORT

	L ¹			
COMMITTEE INFORMATION				
1. Full Name of Committee (as on Statement of Organization) Check if this is a new not remark the committee of the committee (as on Statement of Organization) Check if this is a new not remark the committee of the committee o	ame. •			
2. Acronym or Abbreviated Name (if any)		nittee Telephone Number		
	(219) 36	3-6296		
4. Mailing Address (Address where all campaign finance correspondence is received.) 1712 Michigan Ave.	neck if this is a new	w address.		
5. City, State, ZIP Code	6. Party Affiliation	(if applicable)	• •	
La Porte, IN, 46350	Republican			
CANDIDATE INFORMATION (For Candidate's Co				
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. County of Re	sidence	r _ r 1	
Section 1997 AND Control of the Cont	•	Programme II		
TYPE OF REPORT		CONVENTION	CANDIDATES ONLY	
11. Check one:		Check one:	<u>,</u>	
Pre-Primary Pre-Election Annual Nomination Other		Pre-Conve		
Final / Disbands Committee (Lines 18, 19, and 20 must be "0".) Outgoing Treasurer (Within ten (10) days amend States	ment of Organization.)	☐ Post-Conve	ention , +	
12. Reporting Period (mm/dd/yy):		OLUMN A	COLUMN B	
From: 01/01/23 Through: 12/31/23	Ti	nis Period	Year to Date	
13. Cash on hand and investments at the beginning of this reporting period.		39,160.17		
14. Cash on hand and investments January 1, current year.			39,160.17	
CONTRIBUTIONS AND RECEIPTS				
(Note: these amounts include in-kind contributions and loans, as well as cash contributions.)		0.00	0.00	
15a. Itemized (Use Schedule A.)		0.00	0.00	
15b. Uniternized	OT41	0.00	0.00	
15c. Add lines 15a and 15b in both columns.		0.00	0.00	
10. Add lifes 13 and 130 in Column A and lifes 14 and 150 in Column A	OTAL	0.00	0.00	
EXPENDITURES				
(Note: These amounts include in-kind expenditures and loan repayments.)		5 700 00	E 760.00	
17a. Itemized (Use Schedule B.) (Public Question: use Schedule C.)		5,760.00	5,760.00	
17b. Uniternized		0.00	0.00	
Tre. Add the Strate of the Str	OTAL	5,760.00	5,760.00	
18. Cash on hand and investments at close of this reporting period (Subtract 17c from 16 in both columns.)	TOTAL	33,400.17	33,400.17	
19. Debts OWED BY the committee (Use Schedule D.)	-,	0.00		
20. Debts OWED TO the committee (Use Schedule E.)		0.00		
CERTIFICATION		FO	R OFFICE USE ONLY	
CERTIFICATION	RUE CORRECT AND		FILE	

CER	TIFICATION	
I CERTIFY THAT I HAVE EXAMINED THIS STATEMENT. TO THE BES	T OF MY KNOWLEDGE AND BELIEF IT IS TRUE, C	ORRECT AND COMPLETE.
Signature of Treasurer	THE TOFA (NA FR	Date (mm/dd/yy)
Signature of Candidate (if applicable)	ye	Date (mm/dd/yy)/
WARNING: Any information contained in this report may not be copied files a fraudulent report commits a Level 6 felony. (IC 3-14-1-13) A programming in a class B misdemeanor. (IC 3-14-1-14)	erson who tails to tile a complete of accurate repo	US SECULIAR DE LINE PROPERTY I

OR OFFICE USE ONLY

FILE
IN CLERKS OFFIC

APR - 1 2024

CLERK OF LA PORTE CIRCUIT



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

(CFA-4 SCHEDULE B) ITEMIZED EXPENDITURES

		NUMB		
Page _	1	of	2	

RECIPIENT'S NAME AND MAILING ADDRESS (streef. number. city. state, ZIP code)	RECIPIENT'S OCCUPATION	TYPE OF EXPENDITURE - and	COLUMN A AMOUNT THIS	COLUMN B	DATE OF
,	OFFICE SOUGHT (if applicable)	PURPOSE (be specific)	PERIOD	YEAR-TO-DATE	EXPENDITURE (mm/dd/yy)
Code C Committee to Elect Tom Dermody PO Box 1642 La Porte, IN 46352	City of La Porte Mayor	Payment of Debt ☐ Returned Contribution ☐ Other ☐ Purpose: Candidate support	\$1,000.00	\$1,000.00	01/18/23
Code C Committee to Elect Courtney Parthun 1533 Michigan Ave., La Porte, IN 46350	City of La Porte Clerk Treasurer	Direct In-Kind Payment of Debt Returned Contribution Other Purpose: Candidate support	\$100.00	\$100.00	03/10/23
Code C Lugar Series 303 Alabama St., Indianapolis, IN 46024		☐ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other ☐ Purpose: Leadership development	\$1,000.00	\$1,000.00	04/12/23
Code C La Porte County GOP 814 Jefferson Ave., La Porte, IN 46350		Direct In-Kind Payment of Debt Returned Contribution Other Purpose: Lincoln Day Dinner	\$160.00	\$160.00	05/08/23
Code C Neighbors for Bob Starkey Dyer, IN 46311	Town of Dyer Town Council	Direct In-Kind Payment of Debt Returned Contribution Other Purpose: Candidate support	\$250.00	\$250.00	05/26/23
Code C Zay for Congress PO BOX 5343 HUNTINGTON, IN 46750	U.S. House of Representatives IN-3	Direct In-Kind Payment of Debt Returned Contribution Other Purpose: Candidate support	\$500.00	\$500.00	09/06/23
Code C Friends of Natalie Goodwin Indianapolis, IN 46356	City-County Council Indianapolis	Direct In-Kind Payment of Debt Returned Contribution Other Purpose: Candidate support	\$250.00	\$250.00	09/20/23
	SUBTOTAL THIS PAG	E OF SCHEDULE B	\$ 3,260.00		
TOTAL OF ALL PA	GES OF SCHEDULE B ON THE				<u> 1</u>
, OTAL OF AME I A	(Enter total on ITEM 17a of ti		\$		



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

(CFA-4 SCHEDULE B) ITEMIZED EXPENDITURES

FILE NUMBER				
Page _	2	_ of _	2	

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 C Mitch Daniels Leadership Foundation 880 W Monon Green Blvd. #101 Carmel, IN 46032		Direct	\$1,000.00	\$1,000.00	10/16/23	
Code C Lopez for Indiana 484 E. Carmel Drive #241, Carmel, IN 46032	Indiana State Representative District 39	Direct In-Kind Payment of Debt Returned Contribution Other Purpose: Candidate support	\$1,000.00	\$1,000.00	12/08/23	
Code C Niemeyer for Congress PO Box 727. Cedar Lake, IN 46303	U.S. House of Representatives IN-1	☐ Direct ☐ In-Kind☐ Payment of Debt☐ Returned Contribution☐ Other☐ Purpose: Candidate support	\$500.00	\$500.00	12/19/23	
Code		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:				
Code		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:				
Code		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:				
Code		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:				
TOTAL OF ALL PAG	SUBTOTAL THIS PAGE OF SCHEDULE B TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY (Enter total on ITEM 17a 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? Yes

(CFA-4)
Summary Sheet

FILE NUMBER

TOTAL PAGES IN ENTIRE CFA-4 REPORT

CLERK OF LA PORTE CIRCUIT

	L				
COMMITTEE INFORMATION					
Full Name of Committee (as on Statement of Organization) Check if this is a new Friends of Blair Milo Check if this is a new Friends of Blair Milo	name.				
2. Acronym or Abbreviated Name (if ariy)	3. Cor	mmittee Telephone Number			
	(2	19) 363-6296			
4. Mailing Address (Address where all campaign finance correspondence is received.) 1712 Michigan Ave.	Check if t	this is a new address.	·		
5. City, State, ZIP Code 6. Party Affiliation (if applicable)					
La Porte, IN, 46350		ublican	ч		
CANDIDATE INFORMATION (For Candidate's (Committ	ees Only)			
7. Full Name of Candidate (Include any nickname.)	8. Pari	ly Affiliation or If Independe	ent Candidate		
9. Office Sought (Include district number, if any. Not required for exploratory committee.)	10. Co	ounty of Residence			
TYPE OF REPORT		CONVENTION	ON CANDIDATES ONLY		
11. Check one:		Check one:	SIT GANGIDATES ONET		
Pre-Primary Pre-Election Annual Nomination Other		Pre-Con	vention		
Final / Disbands Committee (Lines 18, 19, and 20 must be "0".) Outgoing Treasurer (Within ten (10) days amend Sta		nvention			
12. Reporting Period (mm/dd/yy):		COLUMN A	COLUMN B		
From: 01/01/22 Through: 12/31/22		This Period	Year to Date		
13. Cash on hand and investments at the beginning of this reporting period.		39,160.17			
14. Cash on hand and investments January 1, current year.			39,160.17		
CONTRIBUTIONS AND RECEIPTS					
(Note: these amounts include in-kind contributions and loans, as well as cash contributions.) 15a. Itemized (Use Schedule A.)		2.00	1		
15b. Unitemized		0.00	0.00		
		0.00	0.00		
40.4412.40.440.40.40.40.40.40.40.40.40.40.40.40	TOTAL	/ 0.00			
EXPENDITURES	TOTAL	′ 0.00	0.00		
(Note: These amounts include in-kind expenditures and loan repayments.)					
17a. Itemized (Use Schedule B.) (Public Question: use Schedule C.)		0.00	0.00		
17b. Unitemized	· · · · · ·	0.00	0.00		
	TOTAL	0.00	0.00		
18. Cash on hand and investments at close of this reporting period (Subtract 17c from 16 in both columns.)	TOTAL		0.00		
19. Debts OWED BY the committee (Use Schedule D.)	39,160.17	39,160.17			
20. Debts OWED TO the committee (Use Schedule E.)		0.00			
20. Debts OVED 10 the committee (Use Scriedule E.)		0.00			
CERTIFICATION		r-f	OR OFFICE HEE ONLY		
I CERTIFY THAT I HAVE EXAMINED THIS STATEMENT. TO THE BEST OF MY KNOWLEDGE AND BELIEF IT IS TO		RECT AND COMPLETE.	IN CLERKS OFFI		
Signature of Treasurer Title JOSEASNRER	3	Date (mm/dd/yy)			
Signature of Candidate (if applicable)	Ε	Date (mm/dd/yy)	APR - 1 202		

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 who knowingly files a fraudulent report commits a Level 6 felony. (IC 3-14-1-13) A person who fails to file a complete or accurate report as required by the Indiana Campaign Finance Law commits a Class B misdemeanor, (IC 3-14-1-14) and may be subject to civil penalties. (IC 3-9-4-16, IC 3-9-4-17, IC 3-9-4-18)



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? Yes V No

(CFA-4) Summary Sheet

FILE NUMBER

TOTAL PAGES IN ENTIRE CFA-4 REPORT

COMMITTEE INFORMATION					
Friends of Blair Milo 1. Full Name of Committee (as on Statement of Organization) Check if this is a new	name.		2		
2. Acronym or Abbreviated Name (if any) 3. Committee Telepho (219) 363-62					
4. Mailing Address (Address where all campaign finance correspondence is received.) 1712 Michigan Ave.					
5. City, State, ZIP Code	6. Parl	y Affiliation <i>(if ap</i>	plicable)		
La Porte, IN, 46350	Repu	blican			
CANDIDATE INFORMATION (For Candidate's C	Committ	ees Only)			
7. Full Name of Candidate (Include any nickname.)	8. Part	y Affiliation or If	Independen	at Candidate	
9. Office Sought (Include district number, if any. Not required for exploratory committee.)	10. Co	unty of Residence	X8		
TYPE OF REPORT		CC	DNVENTION	N CANDIDATES ONLY	
11. Check one:		Ch	eck one:		
Pre-Primary ☐ Pre-Election ☑ Annual ☐ Nomination ☐ Other		🗆	Pre-Conv	ention	
Final / Disbands Committee (Lines 18, 19, and 20 must be "0".) Outgoing Treasurer (Within ten (10) days amend Sta	tement of On	ganization.)	Post-Com	vention	
12. Reporting Period (mm/dd/yy): From: 01/01/21 Through: 12/31/21		COLUM: This Per		COLUMN B Year to Date	
13. Cash on hand and investments at the beginning of this reporting period.		39	9,160.17		
14. Cash on hand and investments January 1, current year.		, ,	2, 100.77	39,160.17	
CONTRIBUTIONS AND RECEIPTS				33,100.17	
(Note: these amounts include in-kind contributions and loans, as well as cash contributions.)					
15a. Itemized (Use Schedule A.)			0.00	0.00	
15b. Unitemized		-	0.00	0.00	
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		0.00	0.00	
EXPENDITURES					
(Note: These amounts include in-kind expenditures and loan repayments.)					
17a. Itemized (Use Schedule B.) (Public Question: use Schedule C.)			0.00	0.00	
17b. Unitemized			0.00	.0.00	
	TOTAL		0.00	0.00 م	
18. Cash on hand and investments at close of this reporting period (Subtract 17c from 16 in both columns.)	TOTAL	39	9,160.17	39,160.17	
19. Debts OWED BY the committee (Use Schedule D.)			0.00		
20. Debts OWED TO the committee (Use Schedule E.)			0.00		
CERTIFICATION			FO	OR OFFICE USE ONLY	
I CERTIFY THAT I HAVE EXAMINED THIS STATEMENT. TO THE BEST OF MY KNOWLEDGE AND BELIEF IT IS T	RUE, COR	RECT AND COMPLI		FILE	
Signature of Treasurer Title JR EDSWR FR		Date (mm/dd/yy)	,	IN CLERKS OF STO	
Signature of Candidate (if applicable)	ſ	Date (mm/dd/yy)	<i>y</i>	APR -1 20 24	
WARNING: Any information contained in this seport 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-	(IC 3-9-4-5) te report as	A person who knows required by the In	wingly diana	Lleanu Stur	
The second section of the second section in the sect	. 70, 10 0-3	· · · · · · · · · · · · · · · · · · ·		CLERK OF LA PORTE CIRCUIT	



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? Yes

(CFA-4) **Summary Sheet**

FILE NUMBER

TOTAL PAGES IN ENTIRE CFA-4 REPORT

COMMITTEE INFORMATION		-			
Friends of Blair Milo 1. Full Name of Committee (as on Statement of Organization) Check if this is a new		¥			
2. Acronym or Abbreviated Name (if any)	Acronym or Abbreviated Name (if any) 3. Committee Telephone Number				
+	(21	9) 363-6296			
4. Mailing Address (Address where all campaign finance correspondence is received.) 1712 Michigan Ave.	Check if th	is is a new address.			
5. City, State, ZIP Code		rty Affiliation (if applicable)*			
La Porte, IN, 46350	Repu	· · · · · · · · · · · · · · · · · · ·			
CANDIDATE INFORMATION (For Candidate's	Committe	es Only)			
7. Full Name of Candidate (Include any nickname.)	8. Party	Affiliation or If Independen	t Candidate		
9. Office Sought (Include district number, if any. Not required for exploratory committee.)	10. Cou	inty of Residence	4		
TYPE OF REPORT		CONVENTION	CANDIDATES ONLY		
11. Check one:		Check one:			
Pre-Primary Pre-Election Annual Nomination Other		Pre-Conve	ention		
Final / Disbands Committee (Lines 18, 19, and 20 must be "0".) Uoutgoing Treasurer (Within ten (10) days amend St	tatement of Org	anization.) Dost-Com	ention		
12. Reporting Period (mm/dd/yy):		COLUMN A	COLUMN B		
From: 01/01/20 Through: 12/31/20		This Period	Year to Date		
13. Cash on hand and investments at the beginning of this reporting period.		39,160.17			
14. Cash on hand and investments January 1, current year.			39,160.17		
CONTRIBUTIONS AND RECEIPTS					
(Note: these amounts include in-kind contributions and loans, as well as cash contributions.)					
15a. itemized (Use Schedule A.)		0.00	0.00		
15b. Unitemized		0.00	0.00		
15c. Add lines 15a and 15b in both columns.	STOTAL				
16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B.	TOTAL	0.00	0.00		
EXPENDITURES					
(Note: These amounts include in-kind expenditures and loan repayments.)		,			
17a. Itemized (Use Schedule B.) (Public Question: use Schedule C.)		0.00	0.00		
17b. Unitemized		0.00	0.00		
	BTOTAL	0.00	0.00		
18. Cash on hand and investments at close of this reporting period (Subtract 17c from 16 in both columns.)	TOTAL	39,160.17	39,160.17		
19. Debts OWED BY the committee (Use Schedule D.)		0.00			
20. Debts OWED TO the committee (Use Schedule E.)		0.00			
CERTIFICATION		FO	OR OFFICE USE ONLY		

I CERTIFY THAT I HAVE EXAMINED THIS STATEMENT. TO THE BE	EST OF MY KNOWLEDGE AND BELIEF IT IS TRUE, C	ORRECT AND COMPLETE.			
Signature of Treasurer	Title	Date (mm/dd/yy)			
LIA UKZ	I TREDCAR EN	13/25/24 1			
Signature of Candidate (if applicable)	11/2	Date (mm/dd/yy)			
	<u> </u>	43/25/24			
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 who knowingly					
files a fraudulent report commits a Level 6 felony. (IC 3-14-1-13) A person who fails to file a complete or accurate report as required by the Indiana					
Campaign Finance Law commits a Class B misdemeanor (IC 3-14-14) and may be subject to civil penalties. (IC 3-9-4-16, IC 3-9-4-17, IC 3-9-4-18)					

FOR OFFICE USE ONLY

FILE IN CLERKS OFFICE

APR -1 2024

LLAGUE Stevens CLERK OF LA PORTE CIRCUIT CO



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? Yes V No

(CFA-4)
Summary Sheet

FILE NUMBER

TOTAL PAGES IN ENTIRE CFA-4 REPORT

COMMITTEE INFORMATION			•
Friends of Blair Milo 1. Full Name of Committee (as on Statement of Organization) Check if this is a new in the committee (as on Statement of Organization) Check if this is a new in the committee (as on Statement of Organization).	name.		
2. Acronym or Abbreviated Name (if any)	mmittee Telephone Number	ſ	
4. Mailing Address (Address where all campaign finance correspondence is received.) 1712 Michigan Ave.	heck if	this is a new address.	
5. City, State, ZIP Code La Porte, IN, 46350	1	ty Affiliation (if applicable) ublican	
CANDIDATE INFORMATION (For Candidate's C	ommit	tees Only)	
7. Full Name of Candidate (Include any nickname.)		ty Affiliation or If Independe	nt Candidate
9. Office Sought (Include district number, if any. Not required for exploratory committee.)	10. Co	ounty of Residence	
TYPE OF REPORT		CONVENTIO	N CANDIDATES ONLY
11. Check one:		Check one:	
Pre-Primary Pre-Election Annual Nomination Other		Pre-Con	vention
Final / Disbands Committee (Lines 18, 19, and 20 must be '0'.) Utgoing Treasurer (Within ten (10) days amend State	ment of O		}
12. Reporting Period (mm/dd/yy):			
From: 01/01/19 Through: 12/31/19		COLUMN A This Period	COLUMN B Year to Date
13. Cash on hand and investments at the beginning of this reporting period.		39,583.58	tear to bate
14. Cash on hand and investments January 1, current year.		39,363.36	20 502 50
CONTRIBUTIONS AND RECEIPTS			39,583.58
(Note: these amounts include in-kind contributions and loans, as well as cash contributions.)			
15a. Itemized (Use Schedule A.)		0.00	0.00
15b. Uniternized		0.00	0.00
15c. Add lines 15a and 15b in both columns.	DTAL		·
16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B.	OTAL	0.00	0.00
EXPENDITURES		0.00	0.00
(Note: These amounts include in-kind expenditures and loan repayments.)			
17a. Itemized (Use Schedule B.) (Public Question: use Schedule C.)		423.41	423.41
17b. Uniternized		0.00	0.00
17c. Add lines 17a and 17b in both columns.	OTAL	423.41	423.41
40 Code - bad - discount of the code - code	TOTAL	39,160.17	39,160.17
19. Debts OWED BY the committee (Use Schedule D.)		0.00	00,100.17
20. Debts OWED TO the committee (Use Schedule E.)		0.00	
		0.00	
CERTIFICATION		F	OR OFFICE USE ONLY
Signature of Treasurer Title TREASURER TO THE BEST OF MY KNOWLEDGE AND BELIEF IT IS TREASURER TITLE TREASURER TO THE BEST OF MY KNOWLEDGE AND BELIEF IT IS TREASURER THE BEST OF MY KNOW		RECT AND COMPLETE. Date (mm/dd/yy)	FILE IN CLERKS OFFICE
Signature of Candidate (if applicable)	- 14	Date (mm/dd/yy) D3 25 24	APR -1 2024
WARNING: Any information contained in this report may not be copied for sale or used for any commercial purpose. (If since a fraudulent report commits a Level 6 felony. (IC 3-14-1-13) A person who fails 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 3-9-4-1-14) and may be subject to civil penalties.	report a	s required by the Indiana	L/LOONU Sturns



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

(CFA-4 SCHEDULE B) ITEMIZED EXPENDITURES

FILE NUMBER					
Page _	1	_ of _	1		

·				age 0i	
RECIPIENT'S NAME AND MAILING ADDRESS istreet, number, city, state, ZIP code)	RECIPIENT'S OCCUPATION OFFICE SOUGHT (if applicable)	TYPE OF EXPENDITURE and PURPOSE (he specific)	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE OF EXPENDITURE (mm. dd yy)
Lugar Series 303 Alabama St, Indianapolis, IN 46204		Direct In-Kind Payment of Debt Returned Contribution Other Purpose: C	\$423.41	\$ 423.41	03/26/19
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 tn-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 PAGE	F OF SCHEDULE B	\$ 422.44		
TOTAL OF ALL PA	GES OF SCHEDULE B ON THE	LAST PAGE ONLY	\$ 423.41		
	(Enter total on ITEM 17a of th		\$ 423.41		



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? Yes V No

(CFA-4)
Summary Sheet

FILE NUMBER

TOTAL PAGES IN ENTIRE CFA-4 REPORT

CLERK OF LA PORTE CIRCUIT COI

COMMITTEE INFORMATION				
Friends of Blair Milo 1. Full Name of Committee (as on Statement of Organization) Check if this is a new	name.		t.	
2. Acronym or Abbreviated Name (if any) 3. Committee Telephone Number (219) 363-6296				
4. Mailing Address (Address where all campaign finance correspondence is received.) 1712 Michigan Ave.	Check if t	this is a new	address.	-
5. City, State, ZIP Code	6. Par	ty Affiliation	(if applicable)	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
La Porte, IN, 46350		ublican	,	
CANDIDATE INFORMATION (For Candidate's C	ommitt	tees Only)		
7. Full Name of Candidate (Include any nickname.)	8. Par	ty Affiliation	or If Independer	nt Candidate
9. Office Sought (Include district number, if any. Not required for exploratory committee.)	10. Co	ounty of Res	idence	
TYPE OF REPORT			CONVENTIO	N CANDIDATES ONLY
11. Check one:			Check one:	
Pre-Primary Pre-Election Annual Nomination Other			Pre-Conv	ention
Final / Disbands Committee (Lines 18, 19, and 20 must be "0".) Outgoing Treasurer (Within ten (10) days amend Sta.	tement of Or	ganization.)	Post-Con	vention
12. Reporting Period (mm/dd/yy):		COL	UMN A	COLUMN B
From: 01/01/18 Through: 12/31/18			Period	Year to Date
13. Cash on hand and investments at the beginning of this reporting period.			40,086.08	
14. Cash on hand and investments January 1, current year.				40,086.08
CONTRIBUTIONS AND RECEIPTS				
(Note: these amounts include in-kind contributions and loans, as well as cash contributions.)				
15a. Itemized (Use Schedule A.) 15b. Unitemized			0.00	0.00
45 Alle 45 445444	TOTAL .		0.00	0.00
40 AMP 40 MT 1 0 M 1 M 1 M 1 M 1 M 1 M 1 M 1 M 1 M 1	TOTAL	<u> </u>		
EXPENDITURES	TOTAL		0.00	0.00
(Note: These amounts include in-kind expenditures and loan repayments.)				
17a. Itemized (Use Schedule B.) (Public Question: use Schedule C.)			500.00	500.00
17b. Unitemized		,	2.50	2.50
17c. Add lines 17a and 17b in both columns.			502.50	502.50
18. Cash on hand and investments at close of this reporting period (Subtract 17c from 16 in both columns.)	TOTAL	 	39,583.58	39,583.58
19. Debts OWED BY the committee (Use Schedule D.)	TOTAL		0.00	39,303.30
20. Debts OWED TO the committee (Use Schedule E.)			0.00	
		<u>[</u>		
CERTIFICATION I CERTIFY THAT I HAVE EXAMINED THIS STATEMENT. TO THE BEST OF MY KNOWLEDGE AND BELIEF IT IS THE	RUE, CORI	RECT AND CO		R OFFICE USE ONLY
Signature of Treasurer Signature of Candidate (if applicable)	5	Date (mm/dd	m) 24	F I L E I IN CLERKS OFFICE
WARNING: Any information contained in this export may not be copied for sale or used for any commercial purpose. (files a fraudulent report commits a Level 6 felony. (file 3-14-1-13) A person who fails to file a complete or accurat Campaign Finance Law commits a Class B misdemeanor, (file 3-14-1-14) and may be subject to civil penalties. (file 3-9-14-1-14)	(IC 3-9-4-5) e report as	3 Z5 A person who s required by	knowingly	APR -1 2024



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

(CFA-4 SCHEDULE B) ITEMIZED EXPENDITURES

	FILE	NUMB	ER	
Page _	1	of	1	_

				<u> </u>	
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	COLUMN B CUMULATIVE	DATE OF EXPENDITURE
Code La Porte County GOP 814 Jefferson Ave, La Porte, IN 46350		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:	\$500.00	YEAR-TO-DATE	(mm:dd/yy) 04/06/18
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 PAGE	OF SCHEDULE R	\$ 500.00		
TOTAL OF ALL PAG	ES OF SCHEDULE B ON THE	AST PAGE ONLY			
	(Enter total on ITEM 17a of the	Summary Sheet.)	\$ 500.00		