



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) Summary Sheet

FILE NUMBER

416-24-604

TOTAL PAGES IN ENTIRE CFA-4 REPORT

5

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

COMMITTEE INFORMATION

1. Full Name of Committee (as on Statement of Organization) <input type="checkbox"/> Check if this is a new name. <i>Friends of Joe</i>	
2. Acronym or Abbreviated Name (if any)	3. Committee Telephone Number <i>(219) 440-2547</i>
4. Mailing Address (Address where all campaign finance correspondence is received.) <input type="checkbox"/> Check if this is a new address. <i>2695 W. Joint Rd</i>	
5. City, State, ZIP Code <i>La Porte, IN 46350</i>	6. Party Affiliation (if applicable) <i>Republican</i>

CANDIDATE INFORMATION (For Candidate's Committees Only)

7. Full Name of Candidate (Include any nickname.) <i>JOSEPH HANBY "Joe"</i>	8. Party Affiliation or If Independent Candidate <i>REPUBLICAN</i>
9. Office Sought (Include district number, if any. Not required for exploratory committee.) <i>County Commissioner, La Porte, Dist 3</i>	10. County of Residence <i>La Porte</i>

TYPE OF REPORT

11. Check one:

Pre-Primary Pre-Election Annual Nomination Other _____

Final / Disbands Committee (Lines 18, 19, and 20 must be "0") Outgoing Treasurer (Within ten (10) days amend Statement of Organization.)

CONVENTION CANDIDATES ONLY

Check one:

Pre-Convention

Post-Convention

12. Reporting Period (mm/dd/yy): From: <i>01-01-2024</i> Through: <i>04-12-2024</i>	COLUMN A This Period	COLUMN B Year to Date
13. Cash on hand and investments at the beginning of this reporting period.	<i>\$6391.10</i>	
14. Cash on hand and investments January 1, current year.		<i>\$6,391.10</i>

CONTRIBUTIONS AND RECEIPTS

(Note: these amounts include in-kind contributions and loans, as well as cash contributions.)

15a. Itemized (Use Schedule A.)	<i>400</i>	<i>400</i>
15b. Unitemized	<i>—</i>	<i>—</i>
15c. Add lines 15a and 15b in both columns. SUBTOTAL	<i>400</i>	<i>400</i>
16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B. TOTAL	<i>\$6,791.10</i>	<i>\$6,791.10</i>

EXPENDITURES

(Note: These amounts include in-kind expenditures and loan repayments.)

17a. Itemized (Use Schedule B.) (Public Question: use Schedule C.)	<i>1,594.41</i>	<i>1,594.41</i>
17b. Unitemized	<i>—</i>	<i>—</i>
17c. Add lines 17a and 17b in both columns. SUBTOTAL	<i>1,594.41</i>	<i>1,594.41</i>
18. Cash on hand and investments at close of this reporting period (Subtract 17c from 16 in both columns.) TOTAL	<i>5,196.69</i>	<i>5,196.69</i>
19. Debts OWED BY the committee (Use Schedule D.)	<i>—</i>	<i>—</i>
20. Debts OWED TO the committee (Use Schedule E.)	<i>\$600.00</i>	

CERTIFICATION

I CERTIFY THAT I HAVE EXAMINED THIS STATEMENT. TO THE BEST OF MY KNOWLEDGE AND BELIEF IT IS TRUE, CORRECT AND COMPLETE.

Signature of Treasurer <i>[Signature]</i>	Title <i>Candidate</i>	Date (mm/dd/yy) <i>4/15/24</i>
Signature of Candidate (if applicable) <i>[Signature]</i>		Date (mm/dd/yy) <i>4/15/24</i>

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)

FOR OFFICE USE ONLY

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APR 16 2024

Maaron Stevens
CLERK OF LA PORTE CIRCUIT COURT



**(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, 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 2 of 5

CONTRIBUTOR'S FULL NAME AND FULL MAILING ADDRESS <i>(street, number, city, state, ZIP code)</i>	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED <i>(mm/dd/yy)</i>
				RECEIVED BY
1. Citizens for a Better Tomorrow 2095 W. Walnut Rd La Porte, IN 46350	Contributions: <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind <i>(describe)</i> _____ Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input checked="" type="checkbox"/> Miscellaneous <i>(specify)</i> <u>Loan Repayment</u>	\$400 -	\$400 -	4/11/24 J D H
2.	Contributions: <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind <i>(describe)</i> _____ Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous <i>(specify)</i> _____			
3.	Contributions: <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind <i>(describe)</i> _____ Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous <i>(specify)</i> _____			
4.	Contributions: <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind <i>(describe)</i> _____ Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous <i>(specify)</i> _____			
5.	Contributions: <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind <i>(describe)</i> _____ Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous <i>(specify)</i> _____			
SUBTOTAL THIS PAGE OF SCHEDULE A		\$ 400 -		
TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY <i>(Enter total on ITEM 15a of the Summary Sheet.)</i>		\$ 400 -		

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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 committees*). 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 5

RECIPIENT'S NAME AND MAILING ADDRESS <i>(street, number, city, state, ZIP code)</i>	RECIPIENT'S OCCUPATION	TYPE OF EXPENDITURE and PURPOSE <i>(be specific)</i>	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE OF EXPENDITURE <i>(mm/dd/yy)</i>
	OFFICE SOUGHT <i>(if applicable)</i>				
Code _____ Doll'ow Tree 1410 SR 2 La Porte, IN 46350		<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: <u>Supplier</u> <u>for Sr. Pat Parade</u>	\$13.39	\$13.39	2/14/24
Code _____ Committee to Elect Elu Bilaw Bulk 1127 Indiana Ave La Porte IN 46350	County Recorder County Recorder	<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: <u>Donation</u>	\$100 -	\$100 -	2/15/24
Code _____ Domingos Pizzeria 725 J. Street La Porte IN 46350		<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: <u>Meat &</u> <u>grill @ GOP HQ</u>	\$67.31	\$67.31	2/29/24
Code _____ FORDS inc. online Charger Brook, PA		<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: <u>Domain</u> <u>JDofokipure.com</u>	\$17-	\$17-	3/11/24
Code _____ WalMart SRid La Porte IN 46350		<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: <u>Candy</u> <u>for Parade St. Pat</u>	\$43.74	\$43.74	3/11/24
Code _____ Letters for A Better Tomorrow 2450 Juliet Rd La Porte IN 46350	County Treasurer (Candidate) County Treasurer	<input type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input checked="" type="checkbox"/> Other <u>Loan</u> Purpose: <u>Loan</u>	\$1,000 -	\$1,000 -	3/11/24
Code _____ EBAY on line San Jose, CA		<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: <u>Sign</u> <u>Staloz</u>	\$310.18	\$310.18	3/13/24
TOTAL THIS PAGE OF SCHEDULE B			\$1551.62		
TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY <i>(Enter total on ITEM 17a of the Summary Sheet.)</i>			\$		

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 APR 16 2024
 L. J. STEVENS
 CLERK OF CIRCUIT COURT



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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 <u>4</u> of <u>5</u>

RECIPIENT'S NAME AND MAILING ADDRESS <i>(street, number, city, state, ZIP code)</i>	RECIPIENT'S OCCUPATION	TYPE OF EXPENDITURE and PURPOSE <i>(be specific)</i>	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE OF EXPENDITURE <i>(mm/dd/yy)</i>
	OFFICE SOUGHT <i>(if applicable)</i>				
Code _____ Supplies from on line		<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: <i>comprison CN ds</i>	\$42.79	\$42.79	3-29-24
Code _____		<input type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: _____			
Code _____		<input type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: _____			
Code _____		<input type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: _____			
Code _____		<input type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: _____			
Code _____		<input type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: _____			
Code _____		<input type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: _____			
SUBTOTAL THIS PAGE OF SCHEDULE B			\$ 42.79		
TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY <i>(Enter total on ITEM 17a of the Summary Sheet.)</i>			\$ 1594.41		

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**(CFA-4 SCHEDULE E)
DEBTS OWED TO THIS COMMITTEE**

FILE NUMBER

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.

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BORROWER'S NAME AND MAILING ADDRESS <small>(street, number, city, state, ZIP code)</small>	CO-SIGNER'S NAME AND MAILING ADDRESS <i>(if any)</i> <small>(street, number, city, state, ZIP code)</small>	ORIGINAL AMOUNT	DATE DEBT INCURRED <small>(mm/dd/yy)</small>	CUMULATIVE PAID YEAR-TO-DATE	OUTSTANDING BALANCE THIS PERIOD
		NATURE OF DEBT			
Citizen for a Better Tomorrow 2695 W. Toliet Rd LaPorte IN 46350		\$1,000-	03/11/24	\$400	\$600
		Loan			
SUBTOTAL THIS PAGE OF SCHEDULE E					\$ 600-
TOTAL OF ALL PAGES OF SCHEDULE E ON THE LAST PAGE ONLY <small>(Enter total on ITEM 20 of the Summary Sheet.)</small>					\$ 600-

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