

(CFA-4)

Summary Sheet FILE NUMBER

46-24-66 **TOTAL PAGES IN ENTIRE CFA-4 REPORT**

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

COMMITTEE INFORMATION						
1. Full Name of Committee (as on Statement of Organization) Libertarian Party of La Porte County Check if this is a new name.						
Acronym or Abbreviated Name (if any) LPLaP		Committee Telephone Number 855) 455-5757				
4. Mailing Address (Address where all campaign finance correspondence is received.) P. O. Box 564 Check if this is a new address.						
5. City, State, ZIP Code LaPorte, IN 46352-0564		6. Party Affiliation <i>(if applicable)</i> Libertarian				
CANDIDATE INFORMATION (For Candidate's Committees Only)						
7. Full Name of Candidate (Include any nickname.)	8. Party	8. Party Affiliation or If Independent Candidate				
9. Office Sought (Include district number, if any. Not required for exploratory committee.)	10. Co.	County of Residence				
TYPE OF REPORT			CONVENTION	CANDIDATES ONLY		
11. Check one: Pre-Primary Pre-Election Annual Nomination Other			Check one:			
Final / Disbands Committee (Lines 18, 19, and 20 must be "0".) Outgoing Treasurer (Within ten (10) days amend Statement of Organization.)						
12. Reporting Period (mm/dd/yy): From: 03/26/2024 Through: 04/15/2024			LUMN A	COLUMN B Year to Date		
13. Cash on hand and investments at the beginning of this reporting period.			1124.62			
14. Cash on hand and investments January 1, current year.				1186.62		
CONTRIBUTIONS AND RECEIPTS						
(Note: these amounts include in-kind contributions and loans, as well as cash contributions.)						
15a. Itemized (Use Schedule A.)			0 25	0 375		
15b. Unitemized	BTOTAL		25	375		
	TOTAL		1149.62	1561.62		
16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B. EXPENDITURES	TOTAL		1149.02	1501.02		
(Note: These amounts include in-kind expenditures and loan repayments.)						
17a. Itemized (Use Schedule B.) (Public Question: use Schedule C.)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		0	0		
17b. Unitemized			0	`412		
17c. Add lines 17a and 17b in both columns.	IBTOTAL		0	412		
18. Cash on hand and investments at close of this reporting period (Subtract 17c from 16 in both columns.)	TOTAL		1149.62	1149.62		
19. Debts OWED BY the committee (Use Schedule D.)			0			
20. Debts OWED TO the committee (Use Schedule E.)			0			

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 Damelson	Title Treasurer	Date (mm/dd/yy) 04/15/2024				
Signature of Candidate (if applicable)		Date (mm/dd/yy)				
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. (JC 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, (JC 3-14-1-14) and may be subject to civil penalties. (JC 3-9-4-16, JC 3-9-4-17, JC 3-9-4-18)

