REPORT OF RECEIPTS AND EXPENDITURES OF A POLITICAL COMMITTEE State Form 4606 (R15 / 5-19) Indiana Election Division (IC 3-9-5-14)	J	(CFA-4) Summary Sheet File NUMBER	
INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this form. For essistance in completing this form, see instructions on the reverse side.		40-24 TOTAL PAGES IN FI	1-71 NTIRE CFA-4 REPORT
IS THIS AN AMENDMENT?		(1	
COMMITTEE INFORMATION			
1. Full Name of Committee (as on Statement of Organization)			
2. Acronym ar Abbreviated Name (il any) MCMD	Crofic PAC 3. Committee Telephone Number (219) 229 - 2740		
4. Mailing Address (Address where all campaign finance correspondence is received.)	Check if t	his is a new address.	
5. City, State, ZIP Code Michigan Ciby, IN 46361	6, Party Affiliation (if applicable)		
CANDIDATE INFORMATION (For Candidate's	Committ	tees Only)	
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. Co	ounty of Residence	
TYPE OF REPORT		CONVENT	TON CANDIDATES ONLY
		Check one	:
Pre-Primary Pre-Election Annual Nomination Other Annual Pre-t			onvention
Final / Disbands Committee (Unes 18, 19, and 20 must be 10".) Dutgoing Treasurer (Within Ion (10) days amend St	atoment of Or	rganization.)	Convention
12. Reporting Period (mm/dd/yy):		COLUMN A	COLUMN B
From: 01/01/24 Through: 04/19/24		This Period	Year to Date
13. Cash on hand and investments at the beginning of this reporting period.		1.003.21	
14. Cash on hand and investments January 1, current year.			\bigcirc
CONTRIBUTIONS AND RECEIPTS			
(Note: these amounts include in-kind contributions and loans, as well as cash contributions.)		-	
15a. Itemized (Use Schedule A.)			
15b. Unitemized			<u> </u>
	TOTAL		
16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B.	TOTAL		Q
EXPENDITURES			
(Note: These amounts include in-kind expenditures and loan repayments.)			
17a. Itemized (Use Schedule B.) (Public Question: use Schedule C.)		<u> </u>	
17b. Unitemized		<u> </u>	
	BTOTAL	1002 01	
18. Cash on hand and investments at close of this reporting period (Subtract 17c from 16 in both columns.)	TOTAL	1003.21	1003.21
19. Debts OWED BY the committee (Use Schedule D.)		<u> </u>	
20. Debts OWED TO the committee (Use Schedule E.)			
CERTIFICATION			FOR OFFICE USE ONLY
I CERTIFY THAT I HAVE EXAMINED THIS STATEMENT. TO THE BEST OF MY KNOWLEDGE AND BELIEF IT IS	TRUE, CO	RRECT AND COMPLETE.	
Signature of Treasurer Charles Title Treasurer		Date (mm/dd/yy)	IN CLERKS OFFICE
Signature of Candidate (if applicable)		Date (mm/dd/yy)	APR 2 5 2024
WARNING: Any information contained in this report may not be copied for sale or used for any commercial purpos files a fraudulent report commits a Level 6 felony. (IC 3-14-1-13) A person who fails to file a complete or accu	e. (IC 3-9-4- rate report	-5) A person who knowingly as required by the Indiana	
files a traudulent report commits a Level 6 ferony. (IC 3-14-1-13) A person who have to the a Complete of accur 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	3-9-4-17, IC 3-9-4-18)	LILAOU Otwas
		TV)	9:32am

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