



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.

			*****	FILE NUMBER
1. IS THIS AN AMENDMENT? 🔲 Y	res ፟X No If Yes, ple	ase enter the file numi	ber in this box	→ 410-24-18 T
SECTION A. CANDIDATE INF		all applicable boxes		
2. Last Name	First Name	Middle Name	Nickname	3. Type of Committee (Check one) Candidate's Principal Committee
Barenie	Dan	John		Exploratory Committee
. Mailing Address (number and street, city, state, a		5. FAX (Optional	•	E-mail Address (Optional)
4333 Bud Lee		()		lane barenie · net
Michigan City IN			Telephone (Day)	10. Telephone (Evening) 09 (219, 210 1059
1. Party Affiliation	46360		19, 210 105	if any. Not required for an exploratory committee.)
☐ Democratic ☐ Libertarian 🕱 Republican	☐ Other	_ LaPorte	County	Treasurer
SECTION B. COMMITTEE INF	ORMATION: Fill in a	all applicable boxes	as fully and ac	curately as possible.
3. Full Name of Committee (Do not abbrevia The Committee		<i>f1</i>		
4. Mailing Address (number and street, city, state,		an Barenie	Ontional) 16	6. E-mail Address (Optional)
4333 Bud Lee	. .	, , ,		lan @ barenie. net
17. City Stat	te ZIP Code 18.		Telephone	20. Committee Organization Date
Michigan City IN		_ \	19,210 1059	7 (mm/dd/yy)
	e Candidate as Chairperson.	Check if this is a new chair	rperson.	
Dan J Barenie	2	7		
2. Mailing Address (number and street, city, state,	and ZIP code) U Check if this	is a new address. 23. FAX (C		I. E-mail Address (Optional)
4333 Bud Lee	te ZIP Code 26.	() County 27.	Telephone (Day)	lan@barenie.net 28. Telephone (Evening)
Michigan City 1			19, 210 105	
9. Bank or Other Depositories (List all banks				
v. Exploratory Committee (Give brief statement	explaining purpose of an exploratory c			(Will the committee pay the candidate a salary or
		reimbursement		s, attach a copy of the contract.) Yes A No
SECTION C. APPOINTMENT (32. I, as Chairperson of the fo	OF TREASURER (IC	reimbursement 3-9-1-14) Treasurer	for lost wages? If Yes	
SECTION C. APPOINTMENT (32. I, as Chairperson of the fo committee, appoint the following pe	OF TREASURER (IC	reimbursement	for lost wages? If Yes	s, attach a copy of the contract.) ☐ Yes 🙇 No
SECTION C. APPOINTMENT (32. I, as Chairperson of the focommittee, appoint the following perfeasurer of the Committee. 33. Treasurer's Full Name	OF TREASURER (IC pregoing Person Appointed preson as Person Appointed preson as treasurer.	reimbursement 3-9-1-14) Treasurer JDZNICK	for lost wages? If Yes	s, attach a copy of the contract.) ☐ Yes 🙇 No
SECTION C. APPOINTMENT (32. I, as Chairperson of the focommittee, appoint the following perfeasurer of the Committee. 33. Treasurer's Full Name Designate can be called the Column Designate Called Designate Ca	OF TREASURER (IC pregoing Person Appointed inson as Kelly Wandidate as treasurer. Z Ch	reimbursement 3-9-1-14) Treasurer JDZMICCK leck if this is a new treasurer.	Signature of	the Committee Chairperson
SECTION C. APPOINTMENT (32. I, as Chairperson of the forcommittee, appoint the following perfeasurer of the Committee. 33. Treasurer's Full Name Designate can be be be be be be be below to be be be be be below to be be be be below to be be below to be be below to be be be below t	OF TREASURER (IC pregoing Person Appointed inson as Compandidate as treasurer. ZMICK And ZIP code)	reimbursement 3-9-1-14) Treasurer JDZMICCK leck if this is a new treasurer.	Signature of Compositional) 36	the Committee Chairperson i. E-mail Address (Optional)
SECTION C. APPOINTMENT Co. 32. I, as Chairperson of the force committee, appoint the following perfeasurer of the Committee. 33. Treasurer's Full Name Designate can be committee. 44. Mailing Address (number and street, city, state, 2390 Orchard D	OF TREASURER (IC. pregoing Person Appointed prison as Relly Wandidate as treasurer. Zhio Check if this	reimbursement 3-9-1-14) Treasurer JD Zh I Cuk leck if this is a new treasurer. is a new address. 35. FAX (Cuk)	Signature of Gas Optional) 36	is, attach a copy of the contract.) Yes ANO the Committee Chairperson is. E-mail Address (Optional) ellywozniak 1218 @ gmail 40. Telephone (Evening)
SECTION C. APPOINTMENT (32. I, as Chairperson of the forcommittee, appoint the following per Treasurer of the Committee. 33. Treasurer's Full Name Designate can KULY KOLY WO 34. Mailing Address (number and street, city, state, 39. OV Charo D 37. City State	OF TREASURER (IC. pregoing Person Appointed Firson as Relief Wardington and Identification of the Person Appointed William (IC.) Wardington and Identification of the Relief William (IC.) Wardington and Identification of the Identification of	reimbursement 3-9-1-14) Treasurer JD Zh Cook leck if this is a new treasurer. is a new address. 35. FAX (Cook) County 39.	Signature of GAS Optional) 36 Telephone (Day)	is, attach a copy of the contract.) Yes ANO the Committee Chairperson is. E-mail Address (Optional) ellywozniak 1218 @ gmail 40. Telephone (Evening)
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Kelly Kacyc Wo 34. Mailing Address (number and street, city, state, 390 Or Chard D 37. City SECTION D. ACCEPTANCE O 41. I give notice that I accept the c Committee. I am not the chairperso permitted for a candidate committee un	OF TREASURER (IC pregoing Person Appointed prison as Rell Wandidate as treasurer. In the control of the control	reimbursement 3-9-1-14) Treasurer JDZMI CK eck if this is a new treasurer. is a new address. 35. FAX (County 39. County 39. COUNTY 39. COUNTY 39. COUNTY 39. COUNTY 39.	Signature of Pers	i. E-mail Address (Optional) 40. Telephone (Evening) (219, 874-2146) on Accepting Appointment
SECTION C. APPOINTMENT (32. I, as Chairperson of the force of the committee, appoint the following perfeasurer of the Committee. 33. Treasurer's Full Name Designate of Kelly Koly Work (34. Mailing Address (number and street, city, state, and the chairperson opermittee). I am not the chairperson permitted for a candidate committee up SECTION E. CERTIFICATION	OF TREASURER (IC pregoing Person Appointed Frson as Rell Wandidate as treasurer. In Check if this Provided It is and ZIP code In Check if this Provided It is and responsibilities and responsibilitie	reimbursement 3-9-1-14) Treasurer JD ZN CK leck if this is a new treasurer. is a new address. 35. FAX (County 39. County 39	Signature of Amount of Pers	the Committee Chairperson Server 6. E-mall Address (Optional) 40. Telephone (Evening) 10. Accepting Appointment WOM GREE FOR OFFICE USE ONLY
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SECTION C. APPOINTMENT (32. I, as Chairperson of the forcemultee, appoint the following pereson of the forcemultee, appoint the following pereson who knowingly files a fraudulent report accurate report as required by the Indiana Caroning security of the Indiana Caroning is security of the Indiana Ind	oregoing Person Appointed Person as Person Appointed Person Appointed Person Appointed Person as Person Appointed Person as Person Appointed Person as Person Appointed Person Pe	reimbursement 3-9-1-14) Treasurer JD ZN Coccept as a new address. 35. FAX (Coccept as a new address) 35. FAX (Coccept as a new address) 35. FAX (Coccept as a new address) 36. Treasurer of this accommittee (except as a new address) 39-1-15) 39-1-15) 39-1-15) 39-1-15) 39-1-15 39	Signature of Case Diptional 36 Telephone (Day) Gase and that we have be a complete. Date (mm/dd/yy) change (IC 3-9-1-1b fails to file a complete	the Committee Chairperson i. E-mall Address (Optional) elly WOZNIAK (2180 gmail) 40. Telephone (Evening) on Accepting Appointment WOM GK FOR OFFICE USE ONLY ave FEB 1 6 2024
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REPORT OF RECEIPTS AND EXPENDITURES OF A POLITICAL COMMITTEE

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

46-24-18

TOTAL PAGES IN ENTIRE CFA-4 REPORT

COMMITTEE INFORMATION				
1 Full Name of Committee (as on Statement of Organization) Check if this is a new note that the following the part of the committee of the com				
2. Acronym or Abbreviated Name (if any)	3. Com	mittee Telephone イ) 入()	Number	59
4. Mailing Address (Address where all campaign finance correspondence is received.) ☐ C	heck if th	nis is a new addre	SS. 	
5. City, State, ZIP Code MICHIACIN CITY, IN 46360	Re	Affiliation (if app COUDIC		
CANDIDATE INFORMATION (For Candidate's C				
7. Full Name of Candidate (Include any nickname.) Daniel Barante (Dan)	Ker	Affiliation or If In	<u>.M</u>	nt Candidate
9. Office Sought (Include district number, if any. Not required for exploratory committee.) LAPOPTE COUNTY TYEA SUPER	10. Cot	unty of Residence	Lar	orte
TYPE OF REPORT		COI	VENTIO:	N CANDIDATES ONLY
11. Check one:		Che	ck one:	
Pre-Primary Pre-Election Annual Nomination Other			Pre-Conv	rention
Final / Disbands Committee (Lines 18, 19, and 20 must be *0".) Utgoing Treasurer (Within ten (10) days amend State	ement of Org	ganization.)	Post-Con	vention
12. Reporting Period (mm/dd/yy): From: (01 01 2024 Through: 04 19 2024		COLUMN This Peri		COLUMN B Year to Date
13. Cash on hand and investments at the beginning of this reporting period.		Λ		
14. Cash on hand and investments January 1, current year. CONTRIBUTIONS AND RECEIPTS				
(Note: these amounts include in-kind contributions and loans, as well as cash contributions.)				
		11 500	Λ	11511111
15a. Itemized (Use Schedule A.)		7,000	$\frac{1}{2}$	45000
15b. Unitemized	OTAL	11 500	$\frac{00}{00}$	11 500 00
		H, 500.	$\frac{00}{00}$	9,500.00
10. Year into 10 and 100 in Solarin 77 and into 77 and 100 in Solarin 77 and into 77 and into 100 in Solarin 77 and in Solarin 77	TOTAL	4 500	OO	4.500-00
EXPENDITURES				
(Note: These amounts include in-kind expenditures and loan repayments.)		11 01=	0.0	I OF OA
17a. Itemized (Use Schedule B.) (Public Question: use Schedule C.)		4,015	<u>ීතිහි </u>	4,015,88
17b. Unitemized		0.	<u>QO</u>	0.00
17c. Add lines 17a and 17b in both columns.	TOTAL	4,015	<u>පිපි</u>	4,015,88
18. Cash on hand and investments at close of this reporting period (Subtract 17c from 16 in both columns.)	TOTAL	1 484	.12	484.12
19. Debts OWED BY the committee (Use Schedule D.)		0.0	\circ	
20. Debts OWED TO the committee (Use Schedule E.)		0.0	0	
CERTIFICATION			F	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 COMPLE		
Stanature of Treasurer Title IR OSUTEV OF		Date (mm/dd/yl/)	11	I L E D
Signature of Candidate (if applicable)		Date (mm/dd/yy)		APR 1 8 2024
WARNING: Any information commined in this report 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 accurate report 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 3-9-4-16, IC 3-9-4-16).	as require	d by the Indiana Caln	יון קיפיייי	At II
Thinging can commiss a class of misuamental, (10 5-17-1-17) and may be student to drift perialises. (10 5-5-4-10, 10 5-	- 1 11,101			Heady Stores
•		1	CLER	K OF LA PORTE CIRCUIT COUR



State Form 4606 (R17 / 8-23) Indiana Election Division (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.

	FIL	E NUMBE	ER	
Page _	1	of	1	

CONTRIBUTOR'S FULL NAME AND OCCUPATION FULL MAILING ADDRESS	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS	COLUMN B CUMULATIVE	DATE RECEIVED (mm/dd/yy)
(street, number, city, state, ZIP code)	OK OTHER REGENT	PERIOD	YEAR-TO-DATE	RECEIVED BY
1 Kelly and Al Wozniak	Contributions:			malaalaa
2399 Orchard Drive	Direct In-Kind (describe)	\$100.00		03/08/24
Michigan City to 111.21	I I I I I I I I I I I I I I I I I I I	100.00		•
Michigan City. In 46360	Other Receipts:			Valle
	Interest Loan			Kelly
	Miscellaneous (specify)			Wožniak
Contributor's Occupation (# required)				
2 Dan Barenic,	Contributions:			3/08/24
4333 Rudler Drive	In-Kind (describe)	184,400.00)	
4333 Budler Drive Michigan City, In 46360		', '		
mongan ar 9,111 40360	Other Receipts:		Rus	Vella
	l		1 ¹⁶ 45/1/2.00	Kelly Wozniak
	Miscellaneous (specify)			WOZNIAK
Contributor's Occupation (if required)				
3.	Contributions:			
	n-Kind (describe)			
	Other Receipts:			-
	Interest Loan Miscellaneous (specify)			
	[1		
Contributor's Occupation (if required)	Contributions:		· · · · · ·	
4.	Direct			
	☐ In-Kind (describe)			
	Other Receipts:			\wedge
	Miscellaneous (specify)			Ď \
		Į.	Ti affl	
Contributor's Occupation (if required)	Contributions:		F ERKS OF	
, -	Direct	E	NY CLES	150 /
	☐ In-Kind (describe)	\ \	181	
			MCLERYS OFFIC	COM NO ONE
	Other Receipts:		1.00	t ORCHIE
	Miscellaneous (specify)	\		
Contributor's Occupation (if required)		\	APR 18 C	
	THIS PAGE OF SCHEDULE A	\$4,500.00		
TOTAL OF ALL PAGES OF SCHEDULE	ON THE LAST PAGE ONLY	\$4,500.00		
	1 15a of the Summary Sheet.)	[*4,500.00		



REPORT OF RECEIPTS AND EXPENDITURES OF A POLITICAL COMMITTEE

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		of	Ъ	

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)
Wood Forest Bank 333 Buyd Blvd. LaPorte, IN 46350		Direct In-Kind Payment of Debt Returned Contribution Other Purpose: Debt Card Fee	15,00	15.00	3/9/
Canva 3212 E. Cesar Chavez Bldg. 1, suite (300 Austin, TX 78702		Direct In-Kind Payment of Debt Returned Contribution Other Purpose: Campoli G \(\) Adverns (4)	120.00	135.00	3/11/ 2024
Office Max 118 Dunes Plaza Michigan City, In 4636	2	Direct In-Kind Payment of Debt Returned Contribution Other Purpose: Campaign Adventsing	26.75	161.75	3/16/ 2024
Signs on The Cheap 11825 Stonehalbur Dr Austin, TX 78758	•	Direct In-Kind Payment of Debt Returned Contribution Other Purpose CAMONION Adult 15/104	627.12	788.87	3/23/ 2024
1201 Lincolnway La Porte, IN 46350		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:	136.00	924.87	3/27/ 2024
Dan Barenie 4333 Bud Lex Drive Michigan atyln 46360		Direct In-Kind Payment of Debt Returned Contribution Other Purpose: RLIMBUYS.	1,899.81 e	2324.68	3/28/ 2024
Gerard Media, LLC 685 E. 1675 N. Michigan City 19	INCLERKS OFFICE APR 1 8 2024	Direct In-Kind Payment of Debt Returned Contribution Other Purpose: Radio Adventising	414.00	3238.68	4/12/
TOTAL OF ALL PA	SUBTOTAL THIS PAR GES OF SCHEDULE BON THE (Enter to b) on ITEM 17a of to	E LAST PAGE ONLY	\$3 <i>33</i> 5.66 \$		



REPORT OF RECEIPTS AND EXPENDITURES OF A POLITICAL COMMITTEE

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_	a	_ of _	а	

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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)
WoodForest Bank 333 Boyd Blvd. LaPorte, IN146350		Direct In-Kind Payment of Debt Returned Contribution Other Purpose: Debit COVA Fee	15.00	3253. (2	3/29/
Spoon River Media 1700 Linkolnway Pl. Sulte 5 LaPorte, IN 46350		Direct In-Kind Payment of Debt Returned Contribution Other Purpose: RACIO Adviced Adviced In-Kind In-Kind	762.20	4,015.68	4/17/
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	L OFFICE	Direct In-Kind Payment of Debt Returned Contribution Other Purpose:			
Code	APR 8 2024 APR SOME CHEWARD SIMPLE THIS PACE	Direct In-Kind Payment of Debt Returned Contribution Other Purpose:			
	SUBTOTAL THIS PAC	SE OF SCHEDULE B	\$777.20		
TOTAL OF ALL PA	GES OF SCHEDULE BON THI (Enter total on ITEM 17a of to		\$4,015.26		