



CANDIDATE'S STATEMENT OF ORGANIZATION AND DESIGNATION OF PRINCIPAL COMMITTEE OR EXPLORATORY COMMITTEE

(CFA-1)

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.

| | |
|--|---|
| 1. IS THIS AN AMENDMENT? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>If Yes, please enter the file number in this box. →</i> | FILE NUMBER 46-24-10 |
|--|---|

SECTION A. CANDIDATE INFORMATION: Fill in all applicable boxes as fully and accurately as possible.

| | | | | |
|--|------------------------------|------------------------------|---|--|
| 2. Last Name Stevens | First Name Heather | Middle Name | Nickname | 3. Type of Committee (Check one) <input checked="" type="checkbox"/> Candidate's Principal Committee <input type="checkbox"/> Exploratory Committee |
| 4. Mailing Address (number and street, city, state, and ZIP code) 5277 W 1475S | | 5. FAX (Optional) | | 6. E-mail Address (Optional) heatherstevens2012@gmail.com |
| 7. City Hanna | State IN | ZIP Code 46340 | 8. County LaPorte | 9. Telephone (Day) (219) 851-8401 |
| 11. Party Affiliation <input type="checkbox"/> Democratic <input type="checkbox"/> Libertarian <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Other | | | 12. Office Sought (include district number, if any. Not required for an exploratory committee.) _____ | |

SECTION B. COMMITTEE INFORMATION: Fill in all applicable boxes as fully and accurately as possible.

| | | | | |
|--|--------------------|--|------------------------------|---|
| 13. Full Name of Committee (Do not abbreviate.) <input type="checkbox"/> Check if this is a new name. The Committee to Elect Heather Stevens | | | | |
| 14. Mailing Address (number and street, city, state, and ZIP code) <input type="checkbox"/> Check if this is a new address. 5277 W 1475S | | 15. FAX (Optional) _____ | | 16. E-mail Address (Optional) _____ |
| 17. City Hanna | State IN | ZIP Code 46340 | 18. County LaPorte | 19. Telephone (219) 851-8401 |
| 21. Chairperson's Full Name <input checked="" type="checkbox"/> Designate Candidate as Chairperson. <input type="checkbox"/> Check if this is a new chairperson. Heather Stevens | | 20. Committee Organization Date (mm/dd/yy) 01/01/2019 | | |
| 22. Mailing Address (number and street, city, state, and ZIP code) <input type="checkbox"/> Check if this is a new address. 5277 W 1475S | | 23. FAX (Optional) _____ | | 24. E-mail Address (Optional) _____ |
| 25. City Hanna | State IN | ZIP Code 46340 | 26. County LaPorte | 27. Telephone (Day) (219) 851-8401 |
| 28. Bank or Other Depositories (List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.) Horizon Bank | | | | |
| 30. Exploratory Committee (Give brief statement explaining purpose of an exploratory committee only.) _____ | | 31. Salaries and Reimbursements (Will the committee pay the candidate a salary or reimbursement for lost wages? If Yes, attach a copy of the contract.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | |

SECTION C. APPOINTMENT OF TREASURER (IC 3-9-1-14)

| | | |
|---|---|--|
| 32. I, as Chairperson of the foregoing committee, appoint the following person as Treasurer of the Committee. | Person Appointed Treasurer Kari Barenie | Signature of the Committee Chairperson Heather Stevens |
| 33. Treasurer's Full Name <input type="checkbox"/> Designate candidate as treasurer. <input checked="" type="checkbox"/> Check if this is a new treasurer. Kari Barenie | | |
| 34. Mailing Address (number and street, city, state, and ZIP code) <input type="checkbox"/> Check if this is a new address. 4333 Buddle | | 35. FAX (Optional) _____ |
| 37. City Michigan City | State IN | ZIP Code 46360 |
| 38. County LaPorte | 39. Telephone (Day) (219) 85448-0851 | |

SECTION D. ACCEPTANCE OF APPOINTMENT (IC 3-9-1-15)

| | |
|---|--|
| 41. I give notice that I accept the duties and responsibilities of Treasurer of this Committee. I am not the chairperson of a campaign finance committee (except as permitted for a candidate committee under IC 3-9-1-7). | Signature of Person Accepting Appointment Kari Barenie |
|---|--|

SECTION E. CERTIFICATION OF STATEMENT

| | | |
|---|--|------------------------------------|
| We certify as the candidate and the duly appointed Chairperson of the Committee and that we have examined this statement. To the best of our knowledge and belief it is true, correct and complete. | | |
| 42. Typed or Printed Name of Chairperson Heather Stevens | Signature of Chairperson Heather Stevens | Date (mm/dd/yy) 2-2-2024 |
| 43. Typed or Printed Name of Candidate Heather Stevens | Signature of Candidate Heather Stevens | Date (mm/dd/yy) 2-2-2024 |

FOR OFFICE USE ONLY
IN CLERKS OFFICE

FEB - 2 2024

Heather Stevens
CLERK OF LA PORTE CIRCUIT COURT

Warning: State law requires that any change in this information be reported within ten (10) days of the change (IC 3-9-1-10). A person who knowingly files a fraudulent report commits a Level 6 D 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, and IC 3-9-4-18).



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) Summary Sheet

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.

| |
|------------------------------------|
| FILE NUMBER |
| 416-24-10 |
| TOTAL PAGES IN ENTIRE CFA-4 REPORT |
| 10 |

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. <u>The Committee to Elect Heather Stevens</u> | |
| 2. Acronym or Abbreviated Name (if any) | 3. Committee Telephone Number <u>(219) 851-8401</u> |
| 4. Mailing Address (Address where all campaign finance correspondence is received.) <input type="checkbox"/> Check if this is a new address. <u>5277 West 1475 South</u> | |
| 5. City, State, ZIP Code <u>Hanna IN 46340</u> | 6. Party Affiliation (if applicable) <u>Republican</u> |

CANDIDATE INFORMATION (For Candidate's Committees Only)

| | |
|---|---|
| 7. Full Name of Candidate (Include any nickname.) <u>Heather Stevens</u> | 8. Party Affiliation or If Independent Candidate <u>Republican</u> |
| 9. Office Sought (Include district number, if any. Not required for exploratory committee.) <u>Circuit Court Clerk</u> | 10. County of Residence <u>La Porte</u> |

TYPE OF REPORT

| | |
|--|---|
| 11. Check one: <input type="checkbox"/> Pre-Primary <input checked="" type="checkbox"/> Pre-Election <input type="checkbox"/> Annual <input type="checkbox"/> Nomination <input type="checkbox"/> Other _____ <input type="checkbox"/> Final / Disbands Committee (Lines 18, 19, and 20 must be '0') <input type="checkbox"/> Outgoing Treasurer (Within ten (10) days amend Statement of Organization.) | CONVENTION CANDIDATES ONLY Check one: <input type="checkbox"/> Pre-Convention <input type="checkbox"/> Post-Convention |
|--|---|

| | | |
|---|-------------------------|--------------------------|
| 12. Reporting Period (mm/dd/yy): From: <u>January 1, 2024</u> Through: <u>April 12, 2024</u> | COLUMN A This Period | COLUMN B Year to Date |
| 13. Cash on hand and investments at the beginning of this reporting period. | <u>147.53</u> | |
| 14. Cash on hand and investments January 1, current year. | | <u>147.53</u> |

CONTRIBUTIONS AND RECEIPTS

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

| | | |
|--|----------------|----------------|
| 15a. Itemized (Use Schedule A.) | <u>5415.00</u> | <u>5415.00</u> |
| 15b. Unitemized | <u>-</u> | <u>-</u> |
| 15c. Add lines 15a and 15b in both columns. SUBTOTAL | <u>5415.00</u> | <u>5415.00</u> |
| 16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B. TOTAL | <u>5562.53</u> | <u>5562.53</u> |

EXPENDITURES

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

| | | |
|--|----------------|----------------|
| 17a. Itemized (Use Schedule B.) (Public Question: use Schedule C.) | <u>1915.90</u> | <u>1915.90</u> |
| 17b. Unitemized | <u>-</u> | <u>-</u> |
| 17c. Add lines 17a and 17b in both columns. SUBTOTAL | <u>1915.90</u> | <u>1915.90</u> |
| 18. Cash on hand and investments at close of this reporting period (Subtract 17c from 16 in both columns.) TOTAL | <u>3646.63</u> | <u>3646.63</u> |
| 19. Debts OWED BY the committee (Use Schedule D.) | <u>-</u> | |
| 20. Debts OWED TO the committee (Use Schedule E.) | <u>-</u> | |

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 <u>Kari Bannic</u> | Title <u>Treasurer</u> | Date (mm/dd/yy) <u>04/15/24</u> |
| Signature of Candidate (if applicable) <u>Heather Stevens</u> | | Date (mm/dd/yy) |

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IN CLERKS OFFICE

APR 16 2024

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)

Heather Stevens
CLERK OF LA PORTE CIRCUIT COURT



**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 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.

FILE NUMBER
Page 2 of 10

| CONTRIBUTOR'S FULL NAME AND OCCUPATION 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. Tom & Jackie Dermody 1658 S. Willow Bend Dr LaPorte IN 46350 Contributor's Occupation <i>(if required)</i> | Contributions: <input checked="" 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> | 250.00 | 250.00 | 1-25-2024 H. Stevens |
| 2. Kathy & Pat Meany 4076W Schultz Road LaPorte IN 46350 Contributor's Occupation <i>(if required)</i> | Contributions: <input checked="" 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> | 150.00 | 150.00 | 1-25-2024 B. Miller |
| 3. Randall Veatch Address Unknown Contributor's Occupation <i>(if required)</i> | Contributions: <input checked="" 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> | 500.00 | 500.00 | 1-25-2024 B. Miller |
| 4. Sean Fagan Address Unknown Contributor's Occupation <i>(if required)</i> | Contributions: <input checked="" 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> | 250.00 | 250.00 | 1-25-2024 B. Miller |
| 5. Kurt Earnst Address Unknown Contributor's Occupation <i>(if required)</i> | Contributions: <input checked="" 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> | | | 1-25-2024 B. Miller |
| SUBTOTAL THIS PAGE OF SCHEDULE A | | \$ 1225.00 | | |
| TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY <i>(Enter total on ITEM 15a of the Summary Sheet.)</i> | | \$ | | |

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75.00
75.00
CLERK OF LA PORTE CIRCUIT COURT



**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 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.

FILE NUMBER _____

Page 3 of 10

| CONTRIBUTOR'S FULL NAME AND OCCUPATION 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. Mike Rosenbaum Address Unknown Contributor's Occupation (if required) _____ | Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) _____ Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify) _____ | 75.00 | 75.00 | 1-25-2024 B. Miller |
| 2. Regina Ruddell and Richard Wornhoff 103 Jackpine Drive Michigan City IN 46360 Contributor's Occupation (if required) _____ | Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) _____ Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify) _____ | 150.00 | 150.00 | 1-25-2024 B. Miller |
| 3. Laureen Hoffman 112 Woodward Street LaPorte IN 46350 Contributor's Occupation (if required) _____ | Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) _____ Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify) _____ | 75.00 | 75.00 | 1-25-2024 B. Miller |
| 4. Lynn Swanson Address Unknown Contributor's Occupation (if required) _____ | Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) _____ Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify) _____ | 75.00 | 75.00 | 1-25-2024 B. Miller |
| 5. Broody Shoffner Address Unknown Contributor's Occupation (if required) _____ | Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) _____ Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify) _____ | 75.00 | 75.00 | 1-25-2024 B. Miller |
| SUBTOTAL THIS PAGE OF SCHEDULE A | | \$ 450.00 | | |
| TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY <i>(Enter total on ITEM 15a of the Summary Sheet.)</i> | | \$ | | |

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APR 16 2024
W. J. Owens
CLERK OF LA PORTE CIRCUIT COURT



**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 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.

FILE NUMBER _____

Page 4 of 10

| CONTRIBUTOR'S FULL NAME AND OCCUPATION 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. Steve Holifield Address Unknown Contributor's Occupation (if required) _____ | Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) _____ Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify) _____ | 75.00 | 75.00 | 1-25-2024 B. Miller |
| 2. Yola Espar Address Unknown Contributor's Occupation (if required) _____ | Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) _____ Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify) _____ | 180.00 | 180.00 | 1-25-2024 B. Miller |
| 3. Randy Niemeyer and Jessica Meuler Address Unknown Contributor's Occupation (if required) _____ | Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) _____ Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify) _____ | 200.00 | 200.00 | 1-25-2024 B. Miller |
| 4. Andrew Jones Address Unknown Contributor's Occupation (if required) _____ | Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) _____ Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify) _____ | 500.00 | 500.00 | 1-25-2024 K. Barenie |
| 5. Ronald Heeg Address Unknown Contributor's Occupation (if required) _____ | Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) _____ Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify) _____ | 100.00 | 100.00 | 1-25-2024 K. Barenie |
| SUBTOTAL THIS PAGE OF SCHEDULE A | | \$ 1055.00 | | |
| TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY <i>(Enter total on ITEM 15a of the Summary Sheet.)</i> | | \$ | | |

FILED
IN CLERKS OFFICE
APR 18 2024
100.00 Johnson Stevens
CLERK OF LA PORTE CIRCUIT COURT



**REPORT OF RECEIPTS AND EXPENDITURES
OF A POLITICAL COMMITTEE**

State Form 4806 (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.

FILE NUMBER

Page 5 of 10

| CONTRIBUTOR'S FULL NAME AND OCCUPATION 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. John Rust Address Unknown Contributor's Occupation (if required) _____ | Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify) | 150.00 | 150.00 | 1-25-2024 K. Barenie |
| 2. Adam Koronka Address Unknown Contributor's Occupation (if required) _____ | Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify) | 150.00 | 150.00 | 1-25-2024 K. Barenie |
| 3. Ella Builderback Address Unknown Contributor's Occupation (if required) _____ | Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify) | 75.00 | 75.00 | 1-25-2024 K. Barenie |
| 4. Ron & Suzanne Schafer Address Unknown Contributor's Occupation (if required) _____ | Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify) | 150.00 | 150.00 | 1-25-2024 K. Barenie |
| 5. Christine Zabel Address Unknown Contributor's Occupation (if required) _____ | Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify) | 150.00 | 150.00 | 1-25-2024 K. Barenie |
| SUBTOTAL THIS PAGE OF SCHEDULE A | | \$ 675.00 | | |
| TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY <i>(Enter total on ITEM 15a of the Summary Sheet.)</i> | | \$ | | |

CLERK OF LA PORTER CIRCUIT COURT
APR 16 2024
150.00
150.00



**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 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.

FILE NUMBER _____

Page 6 of 10

| CONTRIBUTOR'S FULL NAME AND OCCUPATION FULL MAILING ADDRESS <small>(street, number, city, state, ZIP code)</small> | TYPE OF CONTRIBUTION OR OTHER RECEIPT | COLUMN A AMOUNT THIS PERIOD | COLUMN B CUMULATIVE YEAR-TO-DATE | DATE RECEIVED <small>mm dd yy</small> RECEIVED BY |
|---|---|-----------------------------------|--|---|
| 1. Drew Buchanan Address Unknown Contributor's Occupation (if required) _____ | Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) _____ Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify) _____ | 100.00 | 100.00 | 1-25-2024 K. Barenie |
| 2. Rhonda Graves Address Unknown Contributor's Occupation (if required) _____ | Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) _____ Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify) _____ | 75.00 | 75.00 | 1-25-2024 K. Barenie |
| 3. Brett Kessler Address Unknown Contributor's Occupation (if required) _____ | Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) _____ Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify) _____ | 75.00 | 75.00 | 1-25-2024 K. Barenie |
| 4. Tim Stabosz Address Unknown Contributor's Occupation (if required) _____ | Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) _____ Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify) _____ | 75.00 | 75.00 | 1-25-2024 K. Barenie |
| 5. Jim & Becky Pressel Address Unknown Contributor's Occupation (if required) _____ | Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) _____ Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify) _____ | 00.00 | 100.00 | 1-25-2024 H. Stevens |
| SUBTOTAL THIS PAGE OF SCHEDULE A | | \$ 425.00 | | |
| TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY <small>(Enter total on ITEM 15a of the Summary Sheet.)</small> | | \$ | | |

IN CLERK'S OFFICE
APR 16 2024
H. Stevens
CLERK OF LA POINTE CIRCUIT COURT



**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 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.

FILE NUMBER

Page 7 of 10

| CONTRIBUTOR'S FULL NAME AND OCCUPATION 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. Kae Stewart Address Unknown Contributor's Occupation (if required) _____ | Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify) | 100.00 | 100.00 | 1-25-2024 H. Stevens |
| 2. Rudy Yakum Address Unknown Contributor's Occupation (if required) _____ | Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify) | 500.00 | 500.00 | 1-25-2024 H. Stevens |
| 3. Gene & Bonnie Vestel Address Unknown Contributor's Occupation (if required) _____ | Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify) | 250.00 | 250.00 | 1-25-2024 H. Stevens |
| 4. Duane & Bonnie Miller Address Unknown Contributor's Occupation (if required) _____ | Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify) | 250.00 | 250.00 | 1-25-2024 H. Stevens |
| 5. Dan & Kari Barenie 4333 Bud Lee Drive Michigan City IN 46360 Contributor's Occupation (if required) _____ | Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify) | 150.00 | 150.00 | 1-25-2024 B. Miller |
| SUBTOTAL THIS PAGE OF SCHEDULE A | | \$ 1250.00 | | |
| TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY <i>(Enter total on ITEM 15a of the Summary Sheet.)</i> | | \$ | | |

FILED
IN CLERKS OFFICE
APR 16 2024
150.00
Clerk of LaPorte County Court



**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 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.

| FILE NUMBER |
|----------------------------|
| |
| Page <u>8</u> of <u>10</u> |

| CONTRIBUTOR'S FULL NAME AND OCCUPATION 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. Al Stevens 5277 West 1475 South Hanna IN 46340 Contributor's Occupation (if required) _____ | Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) _____ Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify) _____ | 85.00 | 85.00 | 1-25-2024 K. Barenie |
| 2. Contributor's Occupation (if required) _____ | Contributions: <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) _____ Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify) _____ | | | |
| 3. Contributor's Occupation (if required) _____ | Contributions: <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) _____ Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify) _____ | | | |
| 4. Contributor's Occupation (if required) _____ | Contributions: <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) _____ Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify) _____ | | | |
| 5. Contributor's Occupation (if required) _____ | Contributions: <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) _____ Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify) _____ | | | |
| SUBTOTAL THIS PAGE OF SCHEDULE A | | \$ 85.00 | | |
| TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY <i>(Enter total on ITEM 15a of the Summary Sheet.)</i> | | \$ 5165.00 | | |

FILED
IN CLERK'S OFFICE
APR 16 2024
Alison Stevens
CLERK OF INDIANA PORTER CIRCUIT COURT



**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 A-2)
CONTRIBUTIONS BY CORPORATIONS
Itemized Contributions and Other Receipts**

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY CORPORATIONS 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 corporations 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).

FILE NUMBER

Page 9 of 10

| CONTRIBUTOR'S FULL NAME AND FULL MAILING ADDRESS (street, number, city, state, ZIP code) | TYPE OF CONTRIBUTION OR OTHER RECEIPT | COLUMN A AMOUNT THIS PERIOD | COLUMN B CUMULATIVE YEAR-TO-DATE | DATE RECEIVED (mm, dd, yy) RECEIVED BY |
|--|---|--------------------------------|-------------------------------------|--|
| 1. Cotter Bowen Law Firm Address Unknown | Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify) | 250.00 | 250.00 | 1-25-2024 K. Barenie |
| 2. | Contributions: <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify) | | | |
| 3. | Contributions: <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify) | | | |
| 4. | Contributions: <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify) | | | |
| 5. | Contributions: <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify) | | | |
| SUBTOTAL THIS PAGE OF SCHEDULE A | | \$ 250.00 | | |
| TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY (Enter total on ITEM 15a of the Summary Sheet.) | | \$ 250.00 | | |

FILED
IN CLERK'S OFFICE
APR 16 2024
Alison Esters
CLERK OF LA PORTE CIRCUIT COURT



**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 10 of 10

| RECIPIENT'S NAME AND MAILING ADDRESS <i>(street number city state ZIP code)</i> | RECIPIENT'S OCCUPATION <i>OFFICE SOUGHT (if applicable)</i> | 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> |
|---|--|---|-----------------------------------|--|---|
| Code <u>0</u> Horizon Bank Jan-Feb-March Bank Fee's | | <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: Bank Fee | 30.00 | 30.00 | Jan. Feb. March |
| Code <u>0</u> Horizon Bank Check's Ordered | | <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: Bank Fee | 28.95 | 28.95 | 2-13- 2024 |
| Code <u>A</u> Kiwanis Club of LaPorte | | <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: Advertising | 300.00 | 300.00 | 2-17- 2024 |
| Code <u>F</u> Heather Stevens | Clerk Clerk | <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 Reimbursement Purpose: Fundraiser | 556.95 | 556.95 | 2-26- 2024 |
| Code <u>C</u> LaPorte County GOP | | <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: Lincoln Day | 1000.00 | 1000.00 | 4-6- 2024 |
| 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 | | | \$ 1915.90 | | |
| TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY <i>(Enter total on ITEM 17a of the Summary Sheet.)</i> | | | \$ 1915.90 | | |



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)
Summary Sheet

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

| FILE NUMBER |
|------------------------------------|
| 46-2470 |
| TOTAL PAGES IN ENTIRE CFA-4 REPORT |
| 10 |

COMMITTEE INFORMATION

| | |
|--|---|
| 1. Full Name of Committee (as on Statement of Organization) <input type="checkbox"/> Check if this is a new name. <u>The Committee to Elect Heather Stevens</u> | |
| 2. Acronym or Abbreviated Name (if any) | 3. Committee Telephone Number <u>(219) 851-8401</u> |
| 4. Mailing Address (Address where all campaign finance correspondence is received.) <input type="checkbox"/> Check if this is a new address. <u>5277 W 1475 S</u> | |
| 5. City, State, ZIP Code <u>Hanna, 46340</u> | 6. Party Affiliation (if applicable) <u>Republican</u> |

CANDIDATE INFORMATION (For Candidate's Committees Only)

| | |
|---|---|
| 7. Full Name of Candidate (Include any nickname.) <u>Heather Stevens</u> | 8. Party Affiliation or if Independent Candidate <u>Republican</u> |
| 9. Office Sought (Include district number, if any. Not required for exploratory committee.) <u>Circuit Court Clerk</u> | 10. County of Residence <u>LaPorte</u> |

TYPE OF REPORT

CONVENTION CANDIDATES ONLY

| | | | |
|---|--|---|--------------------------|
| 11. Check one: <input checked="" type="checkbox"/> Pre-Primary <input type="checkbox"/> Pre-Election <input type="checkbox"/> Annual <input type="checkbox"/> Nomination <input type="checkbox"/> Other _____ <input type="checkbox"/> Final / Disbands Committee (Lines 18, 19, and 20 must be "0"). <input type="checkbox"/> Outgoing Treasurer (Within ten (10) days amend Statement of Organization.) | | Check one: <input type="checkbox"/> Pre-Convention <input type="checkbox"/> Post-Convention | |
| 12. Reporting Period (mm/dd/yy): From: <u>January 1, 2024</u> Through: <u>April 12, 2024</u> | | COLUMN A This Period | COLUMN B Year to Date |
| 13. Cash on hand and investments at the beginning of this reporting period. | | <u>147.63</u> | |
| 14. Cash on hand and investments January 1, current year. | | | <u>147.53</u> |

CONTRIBUTIONS AND RECEIPTS

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

| | | | |
|--|--|----------------|----------------|
| 15a. Itemized (Use Schedule A.) | | <u>5415.00</u> | <u>5415.00</u> |
| 15b. Unitemized | | <u>-</u> | <u>-</u> |
| 15c. Add lines 15a and 15b in both columns. SUBTOTAL | | <u>5415.00</u> | <u>5415.00</u> |
| 16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B. TOTAL | | <u>5562.53</u> | <u>5562.53</u> |

EXPENDITURES

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

| | | | |
|--|--|----------------|----------------|
| 17a. Itemized (Use Schedule B.) (Public Question: use Schedule C.) | | <u>1915.90</u> | <u>1915.90</u> |
| 17b. Unitemized | | <u>-</u> | <u>-</u> |
| 17c. Add lines 17a and 17b in both columns. SUBTOTAL | | <u>1915.90</u> | <u>1915.90</u> |
| 18. Cash on hand and investments at close of this reporting period (Subtract 17c from 16 in both columns.) TOTAL | | <u>3646.63</u> | <u>3646.63</u> |
| 19. Debts OWED BY the committee (Use Schedule D.) | | <u>-</u> | |
| 20. Debts OWED TO the committee (Use Schedule E.) | | <u>-</u> | |

CERTIFICATION

FOR OFFICE USE ONLY

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 <u>Kate Buerie</u> | Title <u>Treasurer</u> | Date (mm/dd/yy) <u>4-19-2024</u> |
| Signature of Candidate (if applicable) <u>Heather Stevens</u> | | Date (mm/dd/yy) <u>4-19-2024</u> |

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)

FILED
IN CLERKS OFFICE
APR 19 2024

Heather Stevens
CLERK OF LA PORTE CIRCUIT COURT
9:51am



**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 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.

FILE NUMBER

Page 2 of 10

| CONTRIBUTOR'S FULL NAME AND OCCUPATION 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. Tom + Jackie Dermody 1658 S. Willow Bend Dr LaPorte, IN 46350 Contributor's Occupation (if required) <u>Mayor</u> | Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify) | \$ 250.00 | \$ 250.00 | 1-25-2024 H. Stevens |
| 2. Kathy + Pat Mearney 4076 W Schultz Rd LaPorte, IN 46350 Contributor's Occupation (if required) <u>Retired</u> | Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify) | \$ 150.00 | \$ 150.00 | 1-25-2024 B. Miller |
| 3. Randall Veatch 4177 W. Schultz Rd LaPorte, IN 46350 Contributor's Occupation (if required) <u>Unknown</u> | Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify) | \$ 500.00 | \$ 500.00 | 1-25-2024 B. Miller |
| 4. Sean Fagan 11232 S. 1050W. Wandaoh, IN 46390 Contributor's Occupation (if required) <u>Prosecutor</u> | Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify) | \$ 250.00 | \$ 250.00 | 1-25-2024 B. Miller |
| 5. Kurt Earnst 4664 W. merlot Ct LaPorte, IN 46350 Contributor's Occupation (if required) <u>Attorney</u> | Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify) | \$ 75.00 | \$ 75.00 | 1-25-2024 B. Miller |
| SUBTOTAL THIS PAGE OF SCHEDULE A | | \$ 1225.00 | | |
| TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY <i>(Enter total on ITEM 15a of the Summary Sheet.)</i> | | \$ | | |

INCL. IN SERVICE
APR 19 2024



**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 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.

FILE NUMBER

Page 3 of 10

| CONTRIBUTOR'S FULL NAME AND OCCUPATION 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. Mike Rosenbaum 1515 Indiana Ave LaPorte IN 46350 Contributor's Occupation (if required) <u>CPA</u> | Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify) | \$75.00 | \$75.00 | 1-25-2024 B. Miller |
| 2. Regina Ruddell and Richard Wornhoff 103 Jaekpine Dr Michigan City, IN 46360 Contributor's Occupation (if required) <u>Retired</u> | Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify) | \$150.00 | \$150.00 | 1-25-2024 B. Miller |
| 3. Lauren Huffman 112 Woodward Ave LaPorte IN 46350 Contributor's Occupation (if required) <u>INDOT</u> | Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify) | \$75.00 | \$75.00 | 1-25-2024 B. Miller |
| 4. Lynn Swanson 6248 N 16400 W Michigan City IN 46360 Contributor's Occupation (if required) <u>Coroner</u> | Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify) | \$75.00 | \$75.00 | 1-25-2024 B. Miller |
| 5. Brody Shoffner Address unknown Contributor's Occupation (if required) <u>Attorney</u> | Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify) | \$75.00 | \$75.00 | 1-25-2024 B. Miller |
| SUBTOTAL THIS PAGE OF SCHEDULE A | | \$450.00 | | |
| TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY <i>(Enter total on ITEM 15a of the Summary Sheet.)</i> | | \$ | | |

375.00
F I L E
IN CLERKS OFFICE
APR 19 2024
CLERK OF DA...



**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 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.

FILE NUMBER

Page 4 of 10

| CONTRIBUTOR'S FULL NAME AND OCCUPATION 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. Steve Holifield 6782 E 100 S Mill Creek, IN 46365 Contributor's Occupation (if required) <u>Farmer</u> | Contributions: <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify) | \$75.00 | \$75.00 | 1-25-2024 B. Miller |
| 2. Yola Espar 112 Garden Trl Michigan City IN 46360 Contributor's Occupation (if required) <u>Unknown</u> | Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify) | \$180.00 | \$180.00 | 1-25-2024 |
| 3. Randy Niemeyer and Jessica Mueller Cedar Lake, IN 46303 Contributor's Occupation (if required) <u>Unknown</u> | Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify) | \$200.00 | \$200.00 | 1-25-2024 B. Miller |
| 4. Andrew Jones Address unknown Contributor's Occupation (if required) <u>Attorney</u> | Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify) | \$500.00 | \$500.00 | 1-25-2024 K. Barenie |
| 5. Ronald Neep 5161 N Campus Lafayette IN 46350 Contributor's Occupation (if required) <u>Sheriff</u> | Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify) | \$100.00 | \$100.00 | 1-25-2024 K. Barenie |
| SUBTOTAL THIS PAGE OF SCHEDULE A | | \$ 1055.00 | | |
| TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY <i>(Enter total on ITEM 15a of the Summary Sheet.)</i> | | \$ | | |

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 APR 19 2024
 CLERK OF INDIANA SUPREME COURT



**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 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.

FILE NUMBER

Page 5 of 10

| CONTRIBUTOR'S FULL NAME AND OCCUPATION 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. John Rust Address unknown Contributor's Occupation (if required) <u>Unknown</u> | Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) _____ Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify) _____ | \$150.00 | \$150.00 | 1-25-2024 K. Barenie |
| 2. Adam Koronka 2202 Mustang Dr LaPorte, IN 46350 Contributor's Occupation (if required) <u>Engineer</u> | Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) _____ Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify) _____ | \$150.00 | \$150.00 | 1-25-2024 K. Barenie |
| 3. Ela Bilderback 1127 Indiana Ave LaPorte IN 46350 Contributor's Occupation (if required) <u>Recorder</u> | Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) _____ Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify) _____ | \$75.00 | \$75.00 | 1-25-2024 K. Barenie |
| 4. Ron + Suzanne Schaffer 1566 E. Glacier Bend LaPorte, IN 46350 Contributor's Occupation (if required) <u>Retired</u> | Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) _____ Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify) _____ | \$150.00 | \$150.00 | 1-25-2024 K. Barenie |
| 5. Christen Zabel. 2777 W. 1650's. Hanna IN 46340 Contributor's Occupation (if required) <u>Voter's Reg.</u> | Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) _____ Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify) _____ | \$150.00 | \$150.00 | 1-25-2024 K. Barenie |
| SUBTOTAL THIS PAGE OF SCHEDULE A | | \$675.00 | | |
| TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY <i>(Enter total on ITEM 15a of the Summary Sheet.)</i> | | \$ | | |

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 APR 19 2024
 CLERK OF LA PORTE CIRCUIT COURT



**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 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.

FILE NUMBER

Page 6 of 10

| CONTRIBUTOR'S FULL NAME AND OCCUPATION 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. Drew Buchanan 2108 Woodlawn Dr LaPorte, IN 46350 Contributor's Occupation (if required) <u>Council LPCity</u> | Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify) | \$100.00 | \$100.00 | 1-25-2024 K. Barenie |
| 2. Rhonda Graves 4957 n. Remington Sq LaPorte, IN 46350 Contributor's Occupation (if required) <u>Chief Dep Auditor</u> | Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify) | \$75.00 | \$75.00 | 1-25-2024 K. Barenie |
| 3. Brett Kessler 4189 W SR2 LaPorte, IN 46350 Contributor's Occupation (if required) <u>Farmer</u> | Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify) | \$75.00 | \$75.00 | 1-25-2024 K. Barenie |
| 4. Tim Stabosz 1501 Michigan Ave LaPorte, IN 46350 Contributor's Occupation (if required) <u>Auditor</u> | Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify) | \$75.00 | \$75.00 | 1-25-2024 K. Barenie |
| 5. Jim & Becky Pressel 1826 n. Loggier Rd Rolling Prairie IN 46371 Contributor's Occupation (if required) <u>State Rep 20</u> | Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify) | \$100.00 | \$100.00 | 1-25-2024 H. Stewens |
| SUBTOTAL THIS PAGE OF SCHEDULE A | | \$ 425.00 | | |
| TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY <i>(Enter total on ITEM 15a of the Summary Sheet.)</i> | | \$ | | |

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APR 9 2024
Lillian Jones
CLERK OF LA PORTE COUNTY COURT



**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 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.

FILE NUMBER

Page 7 of 10

| CONTRIBUTOR'S FULL NAME AND OCCUPATION FULL MAILING ADDRESS (street, number, city, state, ZIP code) | TYPE OF CONTRIBUTION OR OTHER RECEIPT | COLUMN A AMOUNT THIS PERIOD | COLUMN B CUMULATIVE YEAR-TO-DATE | DATE RECEIVED (mm/dd/yy) RECEIVED BY |
|--|---|-----------------------------------|--|--|
| 1. Rae Stewart 5942 W. Van Gogh Trl LaPorte IN 46350 Contributor's Occupation (if required) <u>Administrator</u> | Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify) | \$95 \$100.00 | \$100.00 | 1-25-2024 H. Stevens |
| 2. Rudy Yakum Address unknown Contributor's Occupation (if required) <u>Congressman</u> | Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify) | \$500.00 | \$500.00 | 1-25-2024 H. Stevens |
| 3. Gene & Bonnie Vestal Lakeside St LaPorte, IN 46350 Contributor's Occupation (if required) <u>Retired</u> | Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify) | \$250.00 | \$250.00 | 1-25-2024 H. Stevens |
| 4. Duane & Bonnie Miller 605 Lakeside St LaPorte, IN 46350 Contributor's Occupation (if required) <u>Retired</u> | Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify) | \$250.00 | \$250.00 | 1-25-2024 H. Stevens |
| 5. Dana Kari Barenie 4333 Bud Lee Dr Michigan City, IN 46360 Contributor's Occupation (if required) <u>Chief Dep. Clerk</u> | Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify) | \$150.00 | \$150.00 | 1-25-2024 B. Miller |
| SUBTOTAL THIS PAGE OF SCHEDULE A | | \$ 1250.00 | | |
| TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY (Enter total on ITEM 15a of the Summary Sheet.) | | \$ | | |

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 \$250 IN CLERK'S OFFICE
 APR 19 2024
 H. Stevens
 CLERK OF LA PORTE CIRCUIT COURT



**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 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 related 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.

FILE NUMBER

Page 8 of 10

| CONTRIBUTOR'S FULL NAME AND OCCUPATION 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. Al Stevens 5277 W 1475s Hanna, IN 46340 Contributor's Occupation (if required) <u>Rep Party Chair</u> | Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify) | \$75.00 | \$75.00 | 1-25-2024 K. Barone |
| 2. Contributor's Occupation (if required) _____ | Contributions: <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify) | | | |
| 3. Contributor's Occupation (if required) _____ | Contributions: <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify) | | | |
| 4. Contributor's Occupation (if required) _____ | Contributions: <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify) | | | |
| 5. Contributor's Occupation (if required) _____ | Contributions: <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify) | | | |
| SUBTOTAL THIS PAGE OF SCHEDULE A | | \$85.00 | | |
| TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY <i>(Enter total on ITEM 15a of the Summary Sheet.)</i> | | \$5165.00 | | |

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APR 19 2024
Heather Stevens
CLERK OF LA PORTE CIRCUIT COURT



**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 A-2)
CONTRIBUTIONS BY CORPORATIONS
Itemized Contributions and Other Receipts**

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY CORPORATIONS 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 corporations 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).

FILE NUMBER

Page 9 of 10

| 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. Cotter Bowen Law Firm Address Unknown | Contributions: <input checked="" 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> _____ | \$250.00 | \$250.00 | 1-25-2024 K. Barenie |
| 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 | | \$ 250.00 | | |
| TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY <i>(Enter total on ITEM 15a of the Summary Sheet.)</i> | | \$ 250.00 | | |

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IN CLERKS OFFICE
APR 19 2024
Heather Stevens
CLERK OF LA PORTE CIRCUIT COURT



**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 10 of 10

| RECIPIENT'S NAME AND MAILING ADDRESS <i>(street, number, city, state, ZIP code)</i> | RECIPIENT'S OCCUPATION OFFICE SOUGHT <i>(if applicable)</i> | 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> |
|---|--|---|-----------------------------------|--|---|
| Code <u>♡</u> Horizon Bank - LaPorte Jan-Feb-Mar Bank Fees | | <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>Bank fee</u> | \$ 30.00 | \$ 30.00 | Jan Feb Mar |
| Code <u>0</u> Horizon Bank - LaPorte CHECK | | <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>Checks ordered</u> | \$ 28.95 | \$ 28.95 | 2-13-2024 |
| Code <u>A</u> Kiwanis of LaPorte | | <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: <u>Advertising</u> | \$ 300.00 | \$ 300.00 | 2-17-2024 |
| Code <u>F</u> Heather Stevens 5277 W 1475 S Hanna, IN 46634 | Clerk Clerk | <input checked="" 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>Reimbursement</u> Purpose: <u>Fundraiser</u> | \$ 556.95 | \$ 556.95 | 2-26-2024 |
| Code _____ LaPorte County GOP 814 Jefferson Ave LaPorte, IN 46630 | | <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>LinkedIn Post</u> | \$ 1,000.00 | \$ 1000.00 | 4-6-2024 |
| 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 | | | \$ 1915.90 | | |
| TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY <i>(Enter total on ITEM 17a of the Summary Sheet.)</i> | | | \$ 1915.90 | | |

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 Heather Stevens
 CLERK OF LA PORTE CIRCUIT COURT