

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.

				FILE NUMBER
1. IS THIS AN AMENDMENT	? ☐ Yes ☑ No if Ye	s, please enter the file i	number in this box. —	410-24-28
SECTION A. CANDIDAT	EINFORMATION: FI	ll in all applicable bo.	xes as fully and acc	
2. Last Name	First Name	Middle Name	Nickname	Type of Committee (Check one) Candidate's Principal Committee
OMITH	Martin	<u>.</u> C.		Exploratory Committee
4. Mailing Address (number and street, of	ity, state. and ZIP code)	5. FAX (O)	,	mali Address (Optional)
7. City 100X 20	State ZIP Code	8. County		csmith 13 @ comcast.net
Rolling Prairie	IN 46371	laPorte	9. Telephone (Day) (2)9 \ (A)2-1105	10. Telephone (Evening)
11. Party Affiliation	1 1140-11	<u> </u>		ny. Not required for an exploratory committee.)
☐ Democratic ☐ Libertarian ☐ Rep				· 1
SECTION B. COMMITTE 13. Full Name of Committee (Do not a	EINFORMATION: Fi	ll in all applicable bo.	xes as fully and acc	urately as possible.
The Mytin So	noth for co	mmissioner 7	District 2 1	manittee
14. Mailing Address (number and street, c	city, state, and ZIP code)	k if this is a new address. 15. F.	AX (Optional) 16. E	-mail Address (Optional)
PO BOX 23	<u>55</u>		,	·
17. City	State ZIP Code	18. County	19. Telephone	20. Committee Organization Date
21. Chairperson's Full Name De	110140211	Laporte	1219,608-1105	03/13/2024
Moutin	esignate Candidate as Chairpen	son. Check if this is a new	chairperson.	· '
22. Mailing Address (number and street, or	ity, state, and ZIP code) Check	k if this is a new address. 23. F.	AX (Optional) 24. E	-mail Address (Optional)
PO BOX TO	35	(\	(
26. City	State ZIP Code	26. County	27. Telephone (Day)	28. Telephone (Evening)
Kolliny Hourse	IN 146371	Latorte	()	()
29. Bank or Other Depositories (List a	all banks or other depositories in	which the committee deposits fu	inds, holds accounts, rents sai	fety deposit boxes or maintains funds.)
30. Exploratory Committee (Give brief st	tatement explaining numose of an expl	oratory committee only 1 31 Salari	es and Reimbursements (Mi	il the committee pay the candidate a salary or
,				ttach a copy of the contract.) Yes No
	ENT OF TREASURER			
32, I, as Chairperson of the committee, appoint the following		pinted Treasurer	Signature of the	Committee Chairperson
Treasurer of the Committee.				
33. Treasurer's Full Name Di Desig	nate candidate as treasurer.	Check if this is a new treasu	rer.	
34. Mailing Address (number and street, cit	ity, state, and ZiP code) Check	If this is a new address. 36. F/	X (Optional) 36. E	mail Address (Optional)
PO BOX 03	35)	
37. City	State ZIP Code	38. County	39. Telephone (Day)	40. Telephone (Evening)
Kolury France	IN 46371	Laporte	(219) 608-1103	5 ()
SECTION D. ACCEPTAN 41. I give notice that I accept			hia Rianguay of Barnan	According Appalators
Committee. I am not the chain				Accepting Appointment
permitted for a candidate commit		*		FOR OFFICE USE ONLY
SECTION E. CERTIFICAT We certify as the candidate an			ittee and that we have	
examined this statement. To the i	best of our knowledge and	i belief it is true, correct a	nd complete.	IN CLERKS OFFICE
42. Typed or Printed Name of Chi	-11	Chairperson	Date (mm/dd/yy) ス/パンプル	
43. Typed or Printed Name of Car		Candidata	Data (montalitae)	MAR 1 3 2024
43. Typed of Printed Name of Car	unicata Signature or	- Carrendate	3/13/24	MARI I J LUCA
Warning: State Java requires that any	change in this information to	anorted within fam (40) days -	17-12-1	
Warning: State law requires that any person who knowingly files a fraudulent	t report commits a Level 6 D fe	elony (IC 3-14-1-13). A person v	vho fails to file a complete or	LUBONIC DIVERS
accurate report as required by the India subject to civil panelties (IC 3-9-4-16 IC		ommits a Class B misdemeano	r (IC 3-14-1-14), and may be	CIERK OF LA PORTE CIRCUIT COURT

シで

opened by the Latate County Election Board.



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? Tyes V N

(CFA-4)
Summary Sheet

FILE NUMBER
46-24-28
TOTAL PAGES IN ENTIRE CFA-4 REPORT

COMMITTEE INFORMATION)N		
Full Name of Committee (as on Statement of Organization) Check if this is a ne	ew name.		
MARTIN SMITH FOR COMMISSIONER PIST. 2 COMMITTEE	E.	·	
2. Acronym or Abbreviated Name (if any)	3. Comr	nmittee Telephone Number	_ !
80	(219	9 608-1105	<u>, </u>
4. Mailing Address (Address where all campaign finance correspondence is received.) P.0. Box 235		his is a new address.	4.
	, <u> </u>	y Affiliation (if applicable)	
RAILING PRAIRIE, IN 46311		PUBLICANT	
CANDIDATE INFORMATION (For Candidate's			
7. Full Name of Candidate (Include any nickname.)		ty Affiliation or If Independe	ent Candidate
MARTIN C. SMITH		PUBLICAN	
9. Office Sought (Include district number, if any. Not required for exploratory committee.)	10. Cov	ounty of Residence	
COUNTY COMMISSIONER DIST. 2	الما	a porte	ONLY
TYPE OF REPORT			ION CANDIDATES ONLY
11. Check one:		Check one:	
Pre-Primary Pre-Election Annual Nomination Other			onvention
Final / Disbands Committee (Lines 18, 19, and 20 must be '0'.) Outgoing Treasurer (Within len (10) days amend	d Statement of Org	rgaruzauon./	Convention
12. Reporting Period (mm/dd/yy):	,	COLUMN A This Period	COLUMN B Year to Date
From: Through:		This remod	Tear to Sale
13. Cash on hand and investments at the beginning of this reporting period.			
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.)			27.0,-
15a, Itemized (Use Schedule A.)		\$3635 -	33625
15b. Unitemized		\$500 -	\$ 500
15c. Add lines 15a and 15b in bour columns.	SUBTOTAL	4125	\$ 4125
16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B.	TOTAL	4125	9 4125
EXPENDITURES			
(Note: These amounts include in-kind expenditures and loan repayments.)			
17a, Itemized (Use Schedule B.) (Public Question: use Schedule C.)			
17b. Unitemized			
	SUBTOTAL		
18. Cash on hand and investments at close of this reporting period (Subtract 17c from 16 in both columns.)	s.) TOTAL	· · ·	
	/	,	
19. Debts OWED BY the committee (Use Schedule D.)			
20. Debts OWED TO the committee (Use Schedule E.)			
CERTIFICATION			FOR OFFICE USE CALY
I CERTIFY THAT I HAVE EXAMINED THIS STATEMENT. TO THE BEST OF MY KNOWLEDGE AND BELIEF IT	IT IS TRUE, COF	TITLE COM SET SET	IN CLERKS OFFICE
Signature of Treasurer Title		Date (mm/dd/yy)	
Signature of Candidate (if applicable) Mushu Simt	1	Date (mm/dd/yy) 4-19-24	APR 1 9 2024
WARNING: Any information contained in this report may not be copied for sale or used for any commercial purp files a fraudulent report commits a Level 6 felony. (IC 3-14-1-13) A person who fails to file a complete or at Campaign Finance Law commits a Class B misdemeanor. (IC 3-14-1-14) and may be subject to civil penalties. (IC	accurate report a	as required by the Indiana [1	HEADY CHURS
			CLERK OF LA PORTE CIRCON GE
•			0:47 am



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 (aver \$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
46.	24-28
Page	of

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
CASH DONATION DURING FUND RAISER	Contributions: Direct In-Kind (describe) Other Receipts: Interest Loan Miscellaneous (specify)	#500 -		
Contributor's Occupation (it required) 2. GREG HUNT P.O.BOX 189 Rolling Prairie, In 46371 Contributor's Occupation (it required) WELL DRILLER	Contributions: Direct In-Kind (describe) Other Receipts: Interest Loan Miscellaneous (specify)	1000		
ALICIA BARNHART 1109 PAULETTE BR LAPORTE, IN 46350	Contributions: Direct In-Kind (describe) Other Receipts: Interest Loan Miscellaneous (specify)	¥25.~		
Contributor's Occupation (if required) A. RICHARD & CATHERINE KNOLL 2706 & 900 N LAPORTO, IN 46350 Contributor's Occupation (if required)	Contributions: Direct In-Kind (describe) Other Receipts: Interest Loan Miscellaneous (specify)	\$100.	IN CLERYS	E DEFICE
Contributor's Occupation (it required) 5. GEBALD & KAREN VANDER VELDEN 5822 W 350 N LA PORTE, IN 46350 Contributor's Occupation (it required)	Contributions: Direct In-Kind (describe) Other Receipts: Interest Loan Miscellaneous (specify)	150	APR APR CLERKOF	9 2024 OUN CONCURRENCE A PORTE CIRCUIT COUNTY
	THIS PAGE OF SCHEDULE A	\$		
TOTAL OF ALL PAGES OF SCHEDULE (Enter total on ITER	A ON THE LAST PAGE ONLY (1) 15a of the Summary Sheet.)	\$		



State Form 4606 (R17 / 8-23) Indiana Election Division (IC 3-9-5-14)

(CFA-4 SCHEDULE A-4) CONTRIBUTIONS BY POLITICAL ACTION COMMITTEES

Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY POLITICAL ACTION COMMITTEES ON THIS SCHEDULE. Please type or print tegibly 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 political action committees OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All transfers-in and in-kind contributions regardless of amount from political action committees MUST be itemized on this schedule. All cumulative receipts, (such as toan 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	
46-24-28	
Pageof	

CONTRIBUTOR'S FULL NAME AND	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS	COLUMN B CUMULATIVE	DATE RECEIVED (mm/dd/yy)
FULL MAILING ADDRESS (street, number, city, state, ZIP code)	OK OTHER REGIE	PERIOD	YEAR-TO-DATE	RECEIVED BY
HORTHERN INDIANA OPERATORS ENGINEERS WEAL 150	Contributions: Direct In-Kind (describe)	2,000	·	4/10/24
2193 WEST BUTH PLACE MERRILLVILLE, IN 46410	Other Receipts: Interest Loan Miscellaneous (specify)			
20 464 10				
2.	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest Loan Miscellaneous (specify)			
3.	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest Loan Miscellaneous (specify)			
4.	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest Loan Miscellaneous (specify)	F	CLERKS OFFICE	
5.	Contributions: Direct In-Kind (describe)		OR 1 9 2024	
·	Other Receipts: Interest Loan Miscellaneous (specify)		LALADA CORC	
	THIS PAGE OF SCHEDULE A	\$ 2000.00		
TOTAL OF ALL PAGES OF SCHEDULE (Enter total on ITEM	A ON THE LAST PAGE ONLY I 15a of the Summary Sheet.)	\$		



State Form 4606 (R15 / 5-19) 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		
46-24-28			
Page of			

CONTRIBUTOR'S FULL NAME AND OCCUPATION FULL MAILING ADDRESS	TYPE OF CONTRIBUTION	COLUMN A	COLUMN B	DATE RECEIVED (mm/dd/yy)
(street, number, city, state, ZIP code)	OR OTHER RECEIPT	AMOUNT THIS PERIOD	CUMULATIVE YEAR-TO-DATE	RECEIVED BY
BRETT EMIGH 512 E MICHIGAN ST.	Contributions: ☑ Direct ☐ In-Kind (describe)		•	
ROLLING PRAIRIE, IN 46371	Other Receipts: Interest Loan Miscellaneous (specify)	#50		
Contributor's Occupation (if required)				
KENNETH & RITA LAYTON 1498 W 500 S	Contributions: Direct In-Kind (describe)	\$		
LAPORTE, IN 46371	Other Receipts: Interest Loan Miscellaneous (specify)	*100.T		
Contributor's Occupation (if required)	Contributions:			
CHARLES KIM & PATRICIA SAUERS	Direct In-Kind (describe)			
LAPORTE, IN 46350	Other Receipts: Interest Loan Miscellaneous (specify)	* 100		
Contributor's Occupation (f required)				
BRIAN CHALIK	Contributions: Direct in-Kind (describe)			
LA PORTE, IN 46350	Other Receipts:	\$ 200.0c		
	Miscellaneous (specify)		IN CLERKS	EICE
Contributor's Occupation (if required)	Contributions:		CLERKS	1
	☐ Direct ☐ In-Kind (describe)	\	1 2 19	3 2024 / V
	Other Receipts: Interest Loan Miscellaneous (specify)		APR 1	A CORCUT COURT
Contributor's Occupation (if required)		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	CLERK OF IAL	
	THIS PAGE OF SCHEDULE A	\$ 450.		
TOTAL OF ALL PAGES OF SCHEDULE	A ON THE LAST PAGE ONLY	\$		



State Form 4606 (R15 / 5-19) 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

46-24-28

TOTAL PAGES IN ENTIRE CFA-4 REPORT

COMMITTEE INFORMATION			
	name		
I. Pull Hallie of Collistate (as on Catalonian at Sugarian)	TIGHTE.	MITTEE	,
MAKIN SMITH FOR COMING 1331014CE DIST		MITTEE nittee Telephone Num	
2. Acronym or Abbreviated Name (if any)	(21	3) 608-1	105
4. Malling Address (Address where all campaign finance correspondence is received.)		s is a new address.	
5 City State 7IP Code		Affiliation (if applicab	le)
RALLINA PRAIRIE IN 4637/		PUBLICAN	
CANDIDATE INFORMATION (For Candidate's	Committe	es Only)	
7. Full Name of Candidate (Include any nickname.)		Affiliation or If Indepe	endent Candidate
LARRING SMITH		Publican .	<u> </u>
9. Office Sought (include district number, if any. Not required for exploratory committee.)		inty of Residence	
COUNTY COMMISSIONER DIST. 2	ما	PORTE	NTION CANDIDATES ONLY
TYPE OF REPORT			
11. Check one:	_	Check o	
Pre-Primary Pre-Election Annual Nomination Other	<u> </u>		Convention
Final / Disbands Committee (Lines 18, 19, and 20 must be "0".) Outgoing Treasurer (Within ten (10) days emend S	tatement of Org	anization) L Pos	t-Convention
12. Reporting Period (mm/dd/yy):		COLUMN A This Period	COLUMN B Year to Date
From: 1-1-24 Through: 4-12-24		THIS FEHOU	Tost to Bins
13. Cash on hand and investments at the beginning of this reporting period. — 0 —			
14. Cash on hand and investments January 1, current year. ~ 0 ~			
CONTRIBUTIONS AND RECEIPTS			
(Note: these amounts include in-kind contributions and loans, as well as cash contributions.)		d.co-	54 as
15a. Itemized (Use Schedule A.)		4125	7423
15b. Unitemized *	D-0741	1115	4125
1 15c. Add lines 15a and 15b in both coldmis.	BTOTAL	4125	4125
16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B.	TOTAL	4125	912)
EXPENDITURES			
(Note: These amounts include in-kind expenditures and loan repayments.)		10	
17a. Itemized (Use Schedule B.) (Public Question: use Schedule C.)		1704.19	
17b. Unitemized		1 10	
17c. Add lines 17a and 17b in both columns.	JBTOTAL	1704.19	
18. Cash on hand and investments at close of this reporting period (Subtract 17c from 16 in both columns.)	TOTAL	2420.8	
19. Debts OWED BY the committee (Use Schedule D.)			
20. Debts OWED TO the committee (Use Schedule E.)			
			EOR OFFICE HER ONLY
CERTIFICATION I CERTIFY THAT I HAVE EXAMINED THIS STATEMENT. TO THE BEST OF MY KNOWLEDGE AND BELIEF IT IS	S TRUE COR	RECT AND COMB ETE	FOR OFFICE USE ONLY
Signature of Treasurer Title		Date (mm/dd/yy)	FILED
Signature of reasoner	1.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	IN CLERKS OFFICE
Signature of Candidate (if applicable)		Date (mm/dd/sy)	APR 1 9 2024
WARNING: Any information contained in this report may not be copied for sale or used for any commercial purpor files a fraudulent report commits a Level 6 felony. (IC 3-14-1-13) A person who fails to file a complete or accompanies a Class B misdemeanor, (IC 3-14-1-14) and may be subject to civil penalities. (IC 3-14-1-14)			AIN TO EVE
· ·	•	100	Llean Stres
*	•		KALBUM CHINOS

10:39 am



State Form 4606 (R15 / 5-19) Indiana Election Division (IC 3-9-5-14)

(CFA-4 SCHEDULE A-4) CONTRIBUTIONS BY POLITICAL ACTION COMMITTEES

Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY POLITICAL ACTION COMMITTEES 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 political action committees OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular perty committee). All transfers-in and in-kind contributions regardless of amount from political action committees MUST be itemized on this schedule. All cumulative receipts, (such as loan proceeds and repayments, refunds, rebites, 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	
46-	24-28	
Page	of	

CONTRIBUTOR'S FULL NAME AND 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)	Cognibutions:	PERIOD	YEAR-TO-DATE	RECEIVED BY
Neptile Pal Tarol Asia Maria	☑ Direct			4/10/24
NORTHERN INDIANA DAGRATURS	In-Kind (describe)			,10101
ENGINEERS LOCAL 150	Other Receipts:	#2000.T		
2193 WEST BYTH PLACE	Miscellaneous (specify)			
merriville, IN 46410				
2	Contributions:			
	In-Kind (describe)			
	Other Receipts:			
	☐ Interest ☐ Loan ☐ Miscellaneous (specify)			
3.	Contributions:			
	☐ In-Kind (describe)		,	
	Other Receipts:			
	Interest Loan Miscellaneous (specify)			
4.	Contributions:			
	In-Kind (describe)			
	Other Receipts:			
	Interest Loan Miscellaneous (specify)	19	I L E CLERKS OFFIC	D
				{
5.	Contributions:		APR 1 9 202	
	In-Kind (describe)	1 1	[_
	Other Receipts:		COF LA PORTE CIRCU	COURT
	Interest Loan	CLER	K OF LA PURIE CIACO	
	Miscellaneous (specify)			
SUBTOTAL	THIS PAGE OF SCHEDULE A	: 2000		
TOTAL OF ALL PAGES OF SCHEDULE / (Enter total on ITEM	ON THE LAST PAGE ONLY 15a of the Summary Sheet.)	\$		



State Form 4606 (R15 / 5-19) Indiana Election Division (IC 3-9-5-14)

(CFA-4 SCHEDULE A-1) CONTRIBUTIONS BY INDIVIDUALS

Itemized Contributions and Other Receipts

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	FILE NUMBER	
76-	24 <i>-</i> 28	
Page	of	

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)		PERIOD	YEAR-TO-DATE	RECEIVED BY
CASH DONATIONS DURING	Contributions: Direct In-Kind (describe)			
NAMES UNKNOWN	Other Receipts: Interest Loan Miscellaneous (specify)	年500-		
Contributor's Occupation (if required)				
GREG HUNT PO.BOX 189	Centributions: Direct In-Kind (describe)	#1000-		
ROLLING PRAIRIE, IN 46371	Other Receipts: Interest Loan Miscellaneous (specify)	1000		
3.	Contributions:			
ALICIA BARNHART	In-Kind (describe)			
LA PORTE, IN 46350	Other Receipts: Interest Loan Miscellaneous (specify)	#25		
•				
Contributor's Occupation (if required)	Contributions: Direct In-Kind (describe)			
RICHARD & CATHERINE KNOLL 2006 & 900 N	Other Receipts:	#100 -		
LAPORTE, IN 46356	Miscellaneous (specify)		IN CLERKS	ED
Contributor's Occupation (if required)	Contributions:		TIN CLERKS	1
GERALDE KAREN VANDER VELDEN	☑ Direct ☐ In-Kind (describe)	\$150-	APR 1	9 2024
5823 W 250 N	Other Receipts:	30		
5822 W 250 N LA PORTE, IN 46350	Miscellaneous (specify)		THE OF LA	TONTE CIRCUIT COURT
Contributor's Occupation (if required)	THIS PAGE OF SCHEDULE A	\$ 1675	Quality Control	1
TOTAL OF ALL PAGES OF SCHEDULE		140.73		
	W 15a of the Summary Sheet.)	\$		



State Form 4606 (R15 / 5-19) Indiana Election Division (IC 3-9-5-14)

(CFA-4 SCHEDULE A-1) CONTRIBUTIONS BY INDIVIDUALS

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F	FILE NUMBER
46.	24-28
Page	of

CONTRIBUTOR'S FULL NAME AND OCCUPATION FULL MAILING ADDRESS	TYPE OF CONTRIBUTION	COLUMN A	COLUMN B CUMULATIVE	DATE RECEIVED (mm/dd/yy)
(street, number, city, state, ZIP code)	OR OTHER RECEIPT	AMOUNT THIS PERIOD	YEAR-TO-DATE	RECEIVED BY
BRETT EMIGH 512 E MICHIGAN ST. ROlling PRAIRIE, IN 46371 Contributor's Occupation (# required)	Contributions: Direct	^{a)} 50-		
REMNETH & RITA LAYTON 1448 W 500 S LAPORTE, IN 46350 Contributor's Occupation (if required)	Contributions: Direct In-Kind (describe) Other Receipts: Interest Loan Miscellaneous (specify)	#100 -		
CHARLES KIM & PATRICIA SAVERS LITTE 800 N LA PORTE IN 46350 Contributor's Occupation (if required)	Contributions: Direct In-Kind (describe) Other Receipts: Interest Loan Miscellaneous (specify)	\$100 -		
BRIAND CHALIK 2029 MICHIGAN AVE LAPORTE, IN 46350 Contributor's Occupation (if required)	Contributions: Direct In-Kind (describe) Other Receipts: Interest Loan Miscellaneous (specify)	⁴ 200 -	CIERIS OFFICE	
5. Contributor's Occupation (if required)	Contributions: Direct In-Kind (describe) Other Receipts: Interest Loan Miscellaneous (specify)	\ \ \	APR 1 9 2024 LILAGUE CHE FEX OF LA PONTE CHE	
	THIS PAGE OF SCHEDULE A	\$ 450-		
TOTAL OF ALL PAGES OF SCHEDULE	A ON THE LAST PAGE ONLY	\$		



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, tabor 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, ragardless 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			

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 (nim/dd/yy)
KARAHTESS CLOTHING 517 STATE ST LABORE, IN 46350		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:	\$4, 88		319124
KARAHTESS CLOTHING 517 STATE ST. LAPORTE, IN 46350		Orect In-Kind Payment of Debt Returned Contribution Other Purpose:	*149,80	234.68	3/25/24
Code A HAWKING PEINT SHOP 315 KINCOLNUMAY LAPORTE, IN 46350		M Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other Purpose:	*121.23		3/26/24
VICTORY STORE		☐ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other Purpose:	41343, ²⁸		413/24
Code		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:			1
Code		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:	I IN CLERK	S OFFICE	
Code		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:	CLERKOF	A PORTE CIRCUIT C	OURT
TOTAL OF ALL BA	SUBTOTAL THIS PAG AGES OF SCHEDULE B ON THI		s1704.19		
IUIAL OF ALL PA	GES OF SCHEDULE BON 171 Enter total on ITEM 17a of the		\$		





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.

					ILE NUMBER
1. IS THIS AN AMENDMENT? ✓ Yes	☐ No If Yes, plea	ase enter the file nu	mber in this box.	→ 410	1-24-28
SECTION A. CANDIDATE INFOR	RMATION: Fill in a	Il applicable boxe	s as fully and a	ccurately as	possible.
	st Name	Middle Name	Nickname		pe of Committee (Check one)
SMITH 1	MARTIN	C	MART	U	andidate's Principal Committee kploratory Committee
4. Mailing Address (number and street, city, state, and Z	IP code)	5. FAX (Option	inal)	i. E-mail Address	(Optional)
7. City State	ZIP Code 8. C	ounty (3. Telephone (Day)	10. Tele	phone (Evening)
Rolling Prairie In	مانسمنست مثدا	APORTE	214 808-1	105 ()	(_10.00)
11. Party Affiliation ☐ Democratic ☐ Libertarian ☑ Republican ☐	Othor	12. Office Sought	(Include district number	, if any. Not require	d for an exploratory committee.)
SECTION B. COMMITTEE INFOR		— applicable boy	e ac fully and a	courately as	possible
13. Full Name of Committee (Do not abbreviate.)	☐ Check if this is a new	name.	s as runy and a	ccuratery as	possible.
THE COMMITTEE TO I	ELECT MARI	IN SMITH			
14. Mailing Address (number and street, city, state, and PO BOX 235			((Optional)	6. E-mail Address	(Optional)
17. City State	ZIP Code 18.0	County	19. Telephone	20. Comr	nittee Organization Date
Rolling Prairie IN	46371 1	a Porte	219,608-110	ويهزين والما	•
21. Chairperson's Full Name す Designate Ca MARTIN SM(TH	ndidate as Chairperson. [☐ Check if this is a new c	nairperson.	_	
22. Mailing Address (number and street, city, state, and	ZIP code)	s a new address. 23. FAX	(Optional)	24. E-mail Addres:	(Optional)
POBOX 235					
Rolling PRAIRIE IN	ZIP Code 26. (A	27. Telephone (Day) 219) <i>(</i> 008~11		phone (Evening)
29. Bank or Other Depositories (List all banks or	other depositories in which t	<u> </u>	7 4 4 5		xes or maintains funds.)
30. Exploratory Committee (Give brief statement expla	nining purpose of an exploratory co				e pay the candidate a salary or the contract.)
SECTION C. APPOINTMENT OF	,	,			
32. I, as Chairperson of the foreg		Treasurer	Signature o	f the Committee C	hairperson
committee, appoint the following perso Treasurer of the Committee.	n as Martin S	MITH	MAL	Tal Suta	<i>t</i> \ \
33. Treasurer's Full Name 👿 Designate candid	date as treasurer. Che	eck if this is a new treasure	r.		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
34. Mailing Address (number and street, city, state, and	7/P code)	e a now address 35 EA\	(Ontional)	6. E-mail Address	· (Ontional)
34. Maining Address (hornoer and sheet, bity, state, and	Zir wdej	s a new address. 35.1 Ad	(Орионан)	ov. L-man Augres:	(Optional)
37. City State	ZIP Code 38. 0	County	39. Telephone <i>(Day)</i>	40. Tele	phone (Evening)
			,	()	
SECTION D. ACCEPTANCE OF	APPOINTMENT (IC	3-9-1-15)			
41. I give notice that I accept the duti	es and responsibilitie	s of Treasurer of th		son Accepting	Appointment
Committee. I am not the chairperson of permitted for a candidate committee unde	of a campaign finance or (C 3-9-1-7)	committee (except a	ıs		
SECTION E. CERTIFICATION OF				FOR	OFFICE USE ONLY
We certify as the candidate and the d	uly appointed Chairpe			nave F	ILED
examined this statement. To the best of or 42. Typed or Printed Name of Chairperson			d complete. Date (mm/dd/yy)		CLERKS OFFICE
MARTIN SMITH	Signature of Chair		Date (minutaryy)		
43. Typed or Printed Name of Candidate	Signature of Cano		Date (mm/dd/yy)		LAV 2 2004
ANARTIN SMITH	Martin X	With	Sate (mileuceyy)		IAY - 3 2024
Warning: State law requires that any change in				0). A	 _
person who knowingly files a fraudulent report col accurate report as required by the Indiana Camp	aign Finance Law commits			ete pr ay tie <u>CLERK C</u>	FLAPORTE CIRCUIT COURT
subject to civil penalties (IC 3-9-4-16, IC 3-9-4-17, a	anu 10 3- 3-4- 10j.				

In Kind Contribution

To: Martin Smith for Commissioner

Amount: \$430.00

Date: 4/15/24

Description: Room space, appetizers

From: Friends of Jim Pressel

1772 N Lofgren Rd. Rolling Prairie IN. 46371

This is an In-Kind contribution from Friends of Jim Pressel. Please present this to the treasurer of your committee.

Authorized Signature