



REPORT OF RECEIPTS AND EXPENDITURES OF A POLITICAL COMMITTEE

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

(CFA-4)
Summary Sheet

FILE NUMBER
46-22-06
TOTAL PAGES IN ENTIRE CFA-4 REPORT

INSTRUCTIONS: Please type or print legibly in **BLACK INK** all information on this form. For assistance in completing this form, see instructions on the reverse side.

IS THIS AN AMENDMENT? Yes No

COMMITTEE INFORMATION	
1. Full Name of Committee (as on Statement of Organization) <input type="checkbox"/> Check if this is a new name. COMMITTEE TO ELECT RICH MROZINSKI	
2. Acronym or Abbreviated Name (if any)	3. Committee Telephone Number (219) 716-1399
4. Mailing Address (Address where all campaign finance correspondence is received.) <input type="checkbox"/> Check if this is a new address. 2303 E. 150N.	
5. City, State, ZIP Code LAPORTE IN 46350	6. Party Affiliation (if applicable) REPUBLICAN

CANDIDATE INFORMATION (For Candidate's Committees Only)	
7. Full Name of Candidate (Include any nickname.) RICHARD J. (MOSE) MROZINSKI JR	8. Party Affiliation or If Independent Candidate REPUBLICAN
9. Office Sought (Include district number, if any. Not required for exploratory committee.) COUNTY COMMISSIONER DIST. 2	10. County of Residence LAPORTE

TYPE OF REPORT	CONVENTION CANDIDATES ONLY
11. Check one: <input type="checkbox"/> Pre-Primary <input type="checkbox"/> Pre-Election <input checked="" 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

Reporting Period (mm/dd/yy):	COLUMN A This Period	COLUMN B Year to Date
From: 12-31-20 Through: 12-31-21		
13. Cash on hand and investments at the beginning of this reporting period.	7538.00	
14. Cash on hand and investments January 1, current year.		7538.00

CONTRIBUTIONS AND RECEIPTS		
<i>(Note: these amounts include in-kind contributions and loans, as well as cash contributions.)</i>		
15a. Itemized (Use Schedule A.)	—	—
15b. Unitemized	—	—
15c. Add lines 15a and 15b in both columns. SUBTOTAL	—	—
16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B. TOTAL	7538.00	7538.00

EXPENDITURES		
<i>(Note: These amounts include in-kind expenditures and loan repayments.)</i>		
17a. Itemized (Use Schedule B.) (Public Question: use Schedule C.)	—	—
17b. Unitemized	—	—
17c. Add lines 17a and 17b in both columns. SUBTOTAL	—	—
18. Cash on hand and investments at close of this reporting period (Subtract 17c from 16 in both columns.) TOTAL	7538.00	7538.00
19. Debts OWED BY the committee (Use Schedule D.)	—	
20. Debts OWED TO the committee (Use Schedule E.)	—	

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 Severly Mrozinski	Title TREASURER	Date (mm/dd/yy) 01 06 2022
Signature of Candidate (if applicable) Richard J. Mrozinski Jr		Date (mm/dd/yy) 01 06 2022
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)		

FOR OFFICE USE ONLY
FILED IN CLERKS OFFICE
JAN 11 2022
<i>Laura J. Stevens</i>

Summary Sheet

FILE NUMBER

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.

TOTAL PAGES IN ENTIRE CFA-4 REPORT

3

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. COMMITTEE TO ELECT RICHARD J. MROZINSKI JR	
2. Acronym or Abbreviated Name (if any) MOSE	3. Committee Telephone Number (219) 716-1399
4. Mailing Address (Address where all campaign finance correspondence is received.) <input type="checkbox"/> Check if this is a new address. 2303 E LEON	
5. City, State, ZIP Code LA PORTE IN 46350	6. Party Affiliation (if applicable) REPUBLICAN

CANDIDATE INFORMATION (For Candidate's Committees Only)

7. Full Name of Candidate (Include any nickname.) RICHARD J. (MOSE) MROZINSKI JR	8. Party Affiliation or if Independent Candidate REPUBLICAN
9. Office Sought (Include district number, if any. Not required for exploratory committee.) COUNTY COMMISSIONER DIST. 2	10. County of Residence LA PORTE

TYPE OF REPORT

CONVENTION CANDIDATES ONLY

11. Check one: <input type="checkbox"/> Pre-Primary <input type="checkbox"/> Pre-Election <input checked="" 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
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12. Reporting Period (mm/dd/yy): From: JAN 1, 2022 Through: DEC 31, 2022	COLUMN A This Period	COLUMN B Year to Date
13. Cash on hand and investments at the beginning of this reporting period.	7348.00	
14. Cash on hand and investments January 1, current year.		5198.00

CONTRIBUTIONS AND RECEIPTS

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

15a. Itemized (Use Schedule A.)		
15b. Unitemized		
15c. Add lines 15a and 15b in both columns. SUBTOTAL		
16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B. TOTAL		

EXPENDITURES

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

17a. Itemized (Use Schedule B.) (Public Question: use Schedule C.)	2150.00	
17b. Unitemized	-	
17c. Add lines 17a and 17b in both columns. SUBTOTAL	2150.00	
18. Cash on hand and investments at close of this reporting period (Subtract 17c from 16 in both columns.) TOTAL	2150.00	5198.00
19. Debts OWED BY the committee (Use Schedule D.)	-	
20. Debts OWED TO the committee (Use Schedule E.)	-	

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 Bevly Mrozinski	Title TREASURER	Date (mm/dd/yy) 12-31-22
Signature of Candidate (if applicable) Richard J. Mrozinski Jr		Date (mm/dd/yy) 12-31-22

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)

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IN CLERKS OFFICE

DEC 20 2022

Leanne Stevens
CLERK OF LA PORTE CIRCUIT COURT

INSTRUCTIONS FOR



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

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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>C</u> LAPORTE KIWANIS CLUB		<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:	200. ⁰⁰	200. ⁰⁰	4-2-22
Code <u>C</u> RELAY FOR LIFE		<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:	100. ⁰⁰	300. ⁰⁰	5-2-22
Code <u>C</u> LEADERSHIP LAPORTE COUNTY		<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:	320. ⁰⁰	620. ⁰⁰	5-20-22
Code <u>C</u> LAPORTE RELAY FOR LIFE		<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:	300. ⁰⁰	920. ⁰⁰	5-27-22
Code <u>C</u> FRIENDS OF SUZANNE CHURCH		<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:	250. ⁰⁰	1170. ⁰⁰	8-21-22
Code <u>C</u> NAVORS SPECIAL EVENTS		<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:	440. ⁰⁰	1610. ⁰⁰	8-26-22
Code <u>C</u> THE COMMITTEE TO ELECT RON HEEC	LAPORTE CO. SHERIFF	<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:	400. ⁰⁰	2010. ⁰⁰	9-5-22
SUBTOTAL THIS PAGE OF SCHEDULE B			\$2010		
TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY <i>(Enter total on ITEM 17a of the Summary Sheet.)</i>			\$2150		



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 3 of 3

RECIPIENT'S NAME AND MAILING ADDRESS <i>(street, number, city, state, ZIP code)</i>	RECIPIENT'S OCCUPATION	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>
	OFFICE SOUGHT <i>(if applicable)</i>				
Code <u>5</u> LP Co. 4-16 Poultry		<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:	140. ⁰⁰	2150. ⁰⁰	10-22-22
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:			
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:			
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			\$ 2150		
TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY <i>(Enter total on ITEM 17a of the Summary Sheet.)</i>			\$ 2150		