

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 | ? 🔲 Ye | s TNo If Yes | , please | enter the file | number in t | his box. \rightarrow | 410-74-01 |
| SECTION A . CANDIDAT | | | | | | | ately as possible |
| 2. Last Name | F | irst Name | M | iddle Name | Nickn | ame | 3. Type of Committee (Check one) |
| Stabosz | | Twent | 1. | Talain | | | Candidate's Principal Committee |
| 4. Mailing Address (number and street, cit | hi stata and | 7/10 code) | ny | OOMY | | ··· | ☐ Exploratory Committee |
| / CO) AA A | y, siale, and | ZIP code) | | 5. FAX (C | ptional) | | III Address (Optional) |
| 7. City / // / / / / / / / / / / / / / / / / | 2 V | 7TVE - | 10.0 | | | 15 | tabosz p galwo.com |
| 1 | State | 1/() (0) | 8. Count | y 0. [| 9. Telephone | | 10. Telephone (Évening) |
| 11. Party Affiliation | | 146350 | La | porte | (219) 36 | 3-74-85 | ' () |
| ☐ Democratic ☐ Libertarian ☐ Rep | oublican [| 1 Other | | 12. Office Soug | int (include distri | ict number, if any. | Not required for an exploratory committee.) |
| | | | in all a | policable be | voc ac full | 19 G | ately as possible. |
| 13. Full Name of Committee (Do not a | bbreviate.) | ☐ Check if this is | a new name | <i>ppiicable bo</i> e. | xes as lull | y and accur | ately as possible. |
| Citizeus fo | ~ 5 | Fabos 2 | | | | | |
| 14. Mailing Address (number and street, o | ity, state, and | 1 ZIP code) ☐ Check | if this is a n | ew address. 15, i | AX (Optional) | 16. E-m | ail Address (Optional) |
| 1501 Michie | - Train | Airo | |], | , | 1 / / | · · |
| 17. City | State | ZIP Code | 18. Coun | ty | 19. Telephon | 1/ 5 / 6 | 20, Committee Organization Date |
| LaPorte | IN | 46350 | La | Porte | 200 26 | 3-7485 | (mm/dd/yy) 1/5/24 |
| 21. Chairperson's Full Name | signate Ca | andidate as Chairperso | n. □ Ci | neck if this is a nev | chaimerson | 2 /10 | 1//// |
| | | | | | ondii personi. | | |
| 22. Mailing Address (number and street, co | ty, state, and | ZIP code) | f this is a ne | ew address. 23. F | AX (Optional) | 24 F-m | all Address (Optional) |
| 500,000 | 1-on | · — | | | | i z | |
| 25. City | State | ZIP Code | 26. Count | l(| 27. Telephone | - 7 5 7 | 28. Telephone (Efrening) |
| Same | | | | • | | - () | 20. Telephone (Liperary) |
| 29. Bank or Other Depositories (List a | il banks or. | other depositories in w | hich the co | mmittee denosits t | inds holds acce | nunte mate enfah | (dopposit boyon or maintains to a fact |
| 110000 | . // | And B | | | | somo, rema darery | ocposit boxes of manifestis funos.) |
| 30. Exploratory Committee (Give brief st. | n atement expla | aining purpose of an explore | atory committee | e only.) 31. Salar | es and Reimbu | reements (M/ill th | e committee pay the candidate a salary or |
| | | , | | reimburse | ement for lost wa | iges? If Yes, attac | th a copy of the contract.) Yes No |
| SECTION C. APPOINTME | NT OF | TREASURER | IC 3-9-1 | -14) | | | |
| 32. I, as Chairperson of the | ne forec | oina Person Appoi | nted Treas | urer | Sig | ggature of the Co | pmmittee Chairpegson |
| committee, appoint the following Treasurer of the Committee. | ng perso | n as Con | 2.1 | at o | 7 | = 7 | 1 |
| | nate candi | date as treasurer. | Check if t | his is a new treasu | rer | m) | 9/10/23 |
| | | | | ino io a tiott trouse | | | |
| 34. Mailing Address (number and street, cit | y, state, and | ZIP code) | this is a ne | w address. 35. F | AX (Ontional) | 36 F-ma | nil Address (Optional) |
| <u></u> | alon | • | | , | | 30.2411 | m Address (Optional) |
| 37. City | State | ZIP Code | 38. Count | v (| 39. Telephone | (Day) | 40. Telephone (Evening) |
| | | | | • | | (22)) | |
| SECTION D. ACCEPTAN | CE OE | APPOINTMENT | /IC 3.9 | 1.15) | .[() | | |
| 41. I give notice that I accept | the dutie | es and responsib | ilities of | Treasurer of t | his Signatur | e of Person Ac | centing Appointment |
| Committee. I am not the chair | berson o | of a campaign fina | ince com | mittee (except | as 🗡 | T) | 152(20- |
| permitted for a candidate commit | tee unde | r IC 3-9-1-7). | | | Jomes | 114/1/ | |
| SECTION E. CERTIFICAT We certify as the candidate an | d the di | STATEMENT | oi space o e | of the Comm | ittee and the | | FOR OFFICE USE ONLY |
| examined this statement. To the l | est of ou | ur knowledge and i | belief it is | true, correct a | iittee and tha nd complete. | at we have | IN CLERKS OFFICE |
| 42. Typed or Printed Name of Cha | irperson | Signature of C | | | | nm/dd/yy) | IN CLERKS 9 |
| Townstly 1 | `~ ~ (| ou Trust | V2-1 | Bolo | 1110 | 10 H | |
| 43. Typed or Printed Name of Car | ريماري Ididate | Signature of C | andidate | Over | Date (m | poladiai | JAN 1 0 2024 |
| Dune of a | 71_ f | | 7, , 1 | 276 | 1 Sale (III | 6 | JAN , |
| mo y lug C) is | TAYA | 34 New | uf a | D HOD | | 711-4 | |
| Warning: State law requires that any operson who knowingly files a fraudulent | change in t report con | this information be rep | ortet withi | n ten (10) days o | f the change (i) | C 3-9-1-TOT. A | 1 / work Stores |
| | | | | | who faile to file | | |
| accurate report as required by the India subject to civil penalties (IC 3-9-4-16, IC | ına Campa | aign Finance Law com | mits a Cla | ss B misdemeano | who fails to file : r <i>(IC 3-14-1-14)</i> | , and may be | CLERK OF LA PORTE CIRCUIT COUP |



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

40-24-01

TOTAL PAGES IN ENTIRE CFA-4 REPORT

| | COMMITTEE INFORMATION | | | |
|---|---|--|-------------------------------|---------------------|
| 1. Full Name of Committee (as on Statement of Organization | on) Check if this is a new r | name. | | |
| Citizens for Stabo | SZ. | <u>.</u> : | | |
| 2. Acronym or Abbreviated Name (if any) | vi. _ | 3. Committee (219) | Telephone Number 363 - 74 | 185 |
| 4. Mailing Address (Address where all campaign finance co | prrespondence is received.) | Check if this is a r | | |
| 5. City, State, ZIP Code | 1000 | · | ion (if applicable) | |
| / | 6350 | · | epublica | 4 |
| | FORMATION (For Candidate's C | ** | | |
| 7. Full Name of Candidate (Include any nickname.) | Stabasz | 8. Party Affiliat | ion or if Independent (C | Candidate QU |
| 9. Office Sought (Include district number, if any. Not requir | ed for exploratory committee.) | 10. County of | Residence | _ ′ |
| Contra Commi | 5812, DUT. 2 | | a port | 2 |
| TYPE OF | REPORT | | CONVENTION | CANDIDATES ONLY |
| 11. Check one: | | | Check one: | |
| Pre-Primary Pre-Election Annual Nomination | Other | | Pre-Conver | ntion |
| Final / Disbands Committee (Lines 18, 19, and 20 must be "0".) Ou | tgoing Treasurer (Within ten (10) days amend State | ement of Organization. | Post-Conve | ention |
| 12. Reporting Period (mm/dd/yy): | K/12/24 | | COLUMN A | COLUMN B |
| From: ///24 Throu | - // - / - | | This Period | Year to Date |
| 13. Cash on hand and investments at the beginning of this | | | 0 | |
| 14. Cash on hand and investments January 1, current year | | | | \mathcal{O} |
| CONTRIBUTIONS AND (Note: these amounts include in-kind contributions and loar | *** | | | ! |
| 15a, Itemized (Use Schedule A.) | · | | 10,000 | 10,000 |
| 15b. Uniternized | | | 0 | 7,900 |
| 15c. Add lines 15a and 15b in both columns. | SUBT | TOTAL | | |
| 16. Add lines 13 and 15c in Column A and lines 14 and 15c | | TOTAL | 10,000 | 10,000 |
| EXPENDITUR | | IOIAL | 10,000 | 14)000 |
| (Note: These amounts include in-kind expenditures and loa | | | ł | |
| <u></u> | | | 0.026.20 | 987/24 |
| 17a. Itemized (Use Schedule B.) (Public Question: use Sch | edule C.) | _ | 9876.34 | 101051 |
| 17b. Unitemized | CID | TOTAL | 0.00(20) | 9876.34 |
| 17c. Add lines 17a and 17b in both columns. | • | | 9876.34 | |
| 18. Cash on hand and investments at close of this reporting period (| Subtract 1/c from 16 in both columns.) | TOTAL | 123.66 | 129.66 |
| 19. Debts OWED BY the committee (Use Schedule D.) | | | <u>O</u> | e |
| 20. Debts OWED TO the committee (Use Schedule E.) | , | . 4 | • • | |
| | RTIFICATION | | | R OFFICE ONLY |
| I CERTIFY THAT I HAVE EXAMINED THIS STATEMENT. TO THE BES | | | | RKS OFFICE |
| Signature of Treasurer | Title | Date (m | m/dd/yy) | |
| Signature of Candidate (if applicable) | L | Data /m | m/dd/yy) APR | 1 8 2024 |
| Signature of Candidate (if applicable) | , | 47 | 77/24 | |
| 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 perso | on who knowingly | LOW Stovers |
| files a fraudulent report commits a Level 6 febony. (IC 3-14-1-13) A Campaign Finance Law commits a Class B misdemeanor, (IC 3-14-1-14) | person who fails to file a complete or accura () and may be subject to civil penalties. (IC 3-9- | ite report as require -4-16. IC 3-9-4-17. I | ed by the Indiana CLERK OF LA | PORTE CIRCUIT COURT |



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 | NUMBE | R | |
|------|------|-------|---|--|
| | | | | |
| Page | 2 | of | 3 | |

| 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 |
| 1. 7 4 21 (1) | Contributions: Direct | | | 2/04 |
| 1 / 1 mathy Juny Stayo52 | In-Kind (describe) | | | 9/01/24 |
| 1501 Ridugan Ave | 4 | 10,000 | 10,000 | |
| r 0 1 By 46350 | Other Receipts: | , | ' | 9 |
| Timothy Jun Stabosz 1501 Michigan Ave. La Portes DN 46350 | Miscellaneous (specify) | | | Jey |
| Contributor's Occupation (if required) County Adutor | | | | Stron |
| 2. | Contributions: | | | |
| | In-Kind (describe) | | | |
| | | | | |
| | Other Receipts: Interest Loan | | | |
| | Miscellaneous (specify) | | | |
| Contributor's Occupation (if required) | | | | |
| 3. | Contributions: | | | |
| | In-Kind (describe) | | | |
| | | | | |
| | Other Receipts: Interest Loan | | | |
| | Miscellaneous (specify) | | | |
| Contributor's Occupation (if required) | | | | |
| 4. | Contributions: | | | |
| | In-Kind (describe) | | | |
| | Other Branciston | | | |
| | Other Receipts: Interest Loan | | _ | |
| | Miscellaneous (specify) | | ED | |
| Contributor's Occupation (if required) | | | TA OFFICE | \ \ \ \ \ \ \ \ \ \ \ \ \ |
| 5. | Contributions: | E IN | LERKS OFFICE | \ \ |
| | ☐ In-Kind (describe) | \ \ | 1 48 6 | \ \ |
| | Other Receipts: | \ \ | APR | N2 (20) |
| | ☐ Interest ☐ Loan | \\. | LOOK ORC | II COUNT |
| | Miscellaneous (specify) | \ | APR 1 JLONDIA CORTE CHICK | |
| Contributor's Occupation (if required) | | | | |
| SUBTOTAL TOTAL OF ALL PAGES OF SCHEDULE | THIS PAGE OF SCHEDULE A | \$ 6 000 | | |
| | 1 15a of the Summary Sheet.) | \$ 60,000 | | |



State Form 4606 (R15 / 5-19) 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 _ | 3 | _ of _ | 3 | |

| 0.00.0000000000000000000000000000000000 | | | | age or | |
|---|--|---|-----------------------------------|--|--------------------------------------|
| RECIPIENT'S NAME AND MAILING ADDRESS (street, number, city, state, ZIP code) | RECIPIENT'S OCCUPATION OFFICE SOUGHT (if applicable) | TYPE OF EXPENDITURE and PURPOSE (be specific) | COLUMN A AMOUNT THIS PERIOD | COLUMN B CUMULATIVE YEAR-TO-DATE | DATE OF EXPENDITURE (mm/dd/yy) |
| Code A Capital Promotions 2362 Oakdok Glenside JA 1903 | sigh maker N/A | Direct In-Kind Payment of Debt Returned Contribution Other Purpose: | 377050 | 3770.50 | 3/21/24 |
| BIZ Lincolnway LR IN 46350 | office supplies | Direct In-Kind Payment of Debt Returned Contribution Other Purpose: badge | 16-05 | 1605 | 3/26/24 |
| La Porte, IN 46350 | US Govt. | Direct In-Kind Payment of Debt Returned Contribution Other Purpose: | 136.00 | 136.00 | 3/26/29 |
| 215 Lincolnway LR IN 46350 | printer | Direct In-Kind Payment of Debt Returned Contribution Other Purpose: | 742.58 2374.09 | 742,58 3116.67 | 3/27/24 |
| MODE PADIO MODE LINCO huvay #5 LH IN 46350 | radio station | Payment of Debt Returned Contribution Other Purpose: | | | 4/1/24 |
| 2924 Nucligan Blod M.C. IN 46360 | printer | Direct In-Kind Payment of Debt Returned Contribution Other Purpose: | (1630 | 116.30 | 4/3/24 |
| Code O USPS IN CLERKS OFFICE TO THE | US Gort | Direct In-Kind Payment of Debt Returned Contribution Other Purpose: | 2310.82 | -244682 | 4/10/24 |
| TOTAL OF ALL P ALLOCAL STURMS CIERK OF LA PORTE CIRCUIT COURT | SUBTOTAL THIS PAG AGES OF SCHEDULE B ON THI (Enter total on ITEM 17a of to | E LAST PAGE ONLY | s 9876.34 s 9 976.34 | | |



SUPPLEMENTAL "LARGE CONTRIBUTION" REPORT BY A CANDIDATE'S COMMITTEE (\$1,000 CONTRIBUTIONS OR MORE) State Form 48492 (R7 / 8-23) Indiana Election Division (IC 3-9-5-20.1; 3-9-5-22)

(CFA-11)

INSTRUCTIONS: Only candidates receiving a "large contribution" are required to file this report. 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

46-24-01 TOTAL PAGES IN ENTIRE CFA-11 REPORT

| IS THIS AN AMENDMENT? 🗌 Yes 📗 | No | | | | И |
|---|--|--------------------------------------|-------------------------------|--|---|
| | | EE INFORMATIO | | | |
| 1. Full Name of Candidate (Include any nickname.) | Stabosz | | Telephone Nur 3 <i>6</i> 3 | nber 7485 | |
| 3. Mailing Address (Address where all campaign t | ······································ | | f this is a new a | , , , , | |
| _ · | hinance correspondence is recu hi 920 Aug | _ | rtnisisa new a | uaress. | |
| 4. City | State ZIP Code | <u> </u> | 5. Party Affilia | Mgn or if independent C | andidate |
| LaPorte | DN 4 | 6350 l | | Kenublica | ٤٣ |
| 6. Office Sought (Include district number, If any. N | lot required for exploratory co | mmittee.) | 7. County of R | Residence | |
| Corney Comm | igainer that | t. 2 | (| _a Porte | |
| 8. Reporting Period (mft/dd/yy): | A.C. | 2 () 66 | | | |
| From: 4/13/24 | Through: 4/2 | | | | |
| For classification, enter INDV for individual; PAC for political | l action committee: CORP for corpora | ation; LAB for labor orgai | nization; OTHER f | for all entries which are not or | |
| CONTRIBUTOR'S FULL NAME AND FULL MAILING ADDRES (street, number, city, state, Z | SS | TYPE OF CONTRI OR OTHER REC | | COLUMN A AMOUNT OF CONTRIBUTION | |
| Classification 1, | C1 0 0 | Contributions: | | | |
| Most Trusty TV | in Stayo52 | In-Kind (describe) | | | 4/22/24 |
| MDV Thusthy TVI | an Ave | | : | 10 833 |] ' |
| | | Other Receipts: | | 16,833 | |
| Labrie, I | N 46350 1 | ☐ Interest ☐ Loan | | | m m |
| | | ☐ Miscellaneous (spe | эсіту) | | Stabosa |
| Contributor's Occupation (if applicable) Laforfe | County Additory | Contributions | | | |
| Classification 2. | i i | Contributions: Direct | | | |
| | | ☐ In-Kind (describe) | | | |
| | | | | | |
| | ļ | Other Receipts: | | | |
| | | ☐ Interest ☐ Loan | | | l l |
| | | ☐ Miscellaneous (spe | eciry) | | |
| Contributor's Occupation (if applicable) | | | | | |
| Classification 3. | | Contributions: Direct | İ | | 1 |
| | | ☐ In-Kind (describe) | | | |
| | | | | | |
| | | Other Receipts: |] | | |
| | | ☐ Interest ☐ Loan | | | |
| | | ☐ Miscellaneous (spe | ecify) | | |
| Contributor's Occupation (if applicable) | | | .]. | | D D |
| I CERTIFY THAT I HAVE EXAMINED THIS S | CERTIFICATION STATEMENT, TO THE BEST | OF MY KNOWLE | DGE AND BE | LIEFITIS (| IN CLERKS OFFICE |
| TRUE, CORRECT AND COMPLETE. | - Luis | | | | |
| Signature of Treasurer | Title | | Date (mm/dd/yy | ' II 1 | APR 2 4 2024 |
| Signature of Candidate (if anniverties) | | | Date (mm/dd/yy | , | HIII |
| Signature of Candidate (if applicable) | / | | 4/0 | | 1 / |
| Warning: Any information contained in this report r | may not be covied for sale or use | ed for any commercial | purpose. (IC 3- | 94-5) A CI | LLACIU CITUMS ERK OF LA PORTE CIRCUIT COURT |
| person who knowingly files a fraudulent report comm report as required by the Indiana Campaign Finance | nits a Level 6 felony. (IC 3-14-1-1 | A person who fails | to file a comple | te or accurate | |
| penalties. (IC 3-9-4-16, IC 3-9-4-17, and IC 3-9-4-18) |) | icalioi (10 3-14-1-14), | and may be sur | ojoot to civii | |

SUPPLEMENTAL "LARGE CONTRIBUTION" REPORT BY A CANDIDATE'S COMMITTEE

(\$1,000 CONTRIBUTIONS OR MORE)

State Form 48492 (R6 / 5-19)

Indiana Election Division (IC 3-9-5-20.1; 3-9-5-22)

INSTRUCTIONS: Only candidates receiving a "large contribution" are required to file this report. 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

410-24-01 TOTAL PAGES IN ENTIRE CFA-11 REPORT

| State Constitution Contributions Contr |
|--|
| Full Name of Candidate (Include any nickname) Check II this is a new name. 2. Committee Tolephone Number 12(9) 363 - 7465 |
| Mode Mark |
| 3. Mailing Address (Address where all campaign finance correspondence is received.) Check if this is a new address. Colty |
| A. City A. City State ZIP Code TWA G. Office Sought (Include district number, If any. Not required for exploratory committee.) 6. Office Sought (Include district number, If any. Not required for exploratory committee.) 7. County of Residence Commy Commy Committee of the shore categories. From: #12 # 2 # Through: From: #12 # 2 # Through: From: #12 # 2 # Through: For dissification, enter INDV for/individual; PAC for political action committee: CORP for corporation; LAB for labor organization; OTHER for all entries which are not one of the above categories. CONTRIBUTOR'S FULL NAME AND OCCUPATION FULL MAILING ADDRESS (Street, number, city, state, ZiP code) TYPE OF CONTRIBUTION OR OTHER RECEIPT CONTRIBUTION AMOUNT OF CONTRIBUTION RECEIVED BY CONTRIBUTION TYPE OF CONTRIBUTION OR OTHER RECEIPT CONTRIBUTION CONTRIBUTION CONTRIBUTION TWA AMOUNT OF CONTRIBUTION RECEIVED BY CONTRIBUTION CONTRIBUTION TWA CONTRIBUTION CONTRIBUTION CONTRIBUTION CONTRIBUTION CONTRIBUTION CONTRIBUTION TWA CONTRIBUTION CONTRI |
| A. City A. City State ZIP Code TWA G. Office Sought (Include district number, If any. Not required for exploratory committee.) 6. Office Sought (Include district number, If any. Not required for exploratory committee.) 7. County of Residence Commy Commy Committee of the shore categories. From: #12 # 2 # Through: From: #12 # 2 # Through: From: #12 # 2 # Through: For dissification, enter INDV for/individual; PAC for political action committee: CORP for corporation; LAB for labor organization; OTHER for all entries which are not one of the above categories. CONTRIBUTOR'S FULL NAME AND OCCUPATION FULL MAILING ADDRESS (Street, number, city, state, ZiP code) TYPE OF CONTRIBUTION OR OTHER RECEIPT CONTRIBUTION AMOUNT OF CONTRIBUTION RECEIVED BY CONTRIBUTION TYPE OF CONTRIBUTION OR OTHER RECEIPT CONTRIBUTION CONTRIBUTION CONTRIBUTION TWA AMOUNT OF CONTRIBUTION RECEIVED BY CONTRIBUTION CONTRIBUTION TWA CONTRIBUTION CONTRIBUTION CONTRIBUTION CONTRIBUTION CONTRIBUTION CONTRIBUTION TWA CONTRIBUTION CONTRI |
| State PW G |
| 5. Office Sought (Include district number, If any. Not required for exploratory committee.) 6. Office Sought (Include district number, If any. Not required for exploratory committee.) 7. County of Residence Control Cont |
| 6. Office Sought (Include district number, If any. Not required for exploratory committee.) 2. County of Residence Can for Congress of Reporting Period (Inmiddlyry): From: #24 / 24 |
| Elassification 2. Landy Comman Pist 2 La Porte Through: #/2 9/24 For classification, enter INDV for/individual; PAC for political action committee: CORP for corporation; LAB for labor organization; OTHER for all entries which are not one of the above categories. COLUMN A AMOUNT OF COLUMN A AMOUNT OF CONTRIBUTION OR OTHER RECEIPT CONTRIBUTION FULL MAILING ADDRESS (street. number, city, state, ZIP code) Thus Thy July Stabo SZ Contributions: La Porte, IN 46358 Other Receipts: Interest Loan Miscellaneous (specify) Throughting the policable) County Addrer Contributor's Occupation (if applicable) County Addrer Contributor's Occupation 2. |
| 8. Reporting Period (mm/dd/yy): From: #/2 #/ 2 # Through: #/2 8/ 29 For classification, enter INDV for individual; PAC for political action committee: CORP for corporation; LAB for labor organization; OTHER for all entries which are not one of the above categories. CONTRIBUTOR'S FULL NAME AND OCCUPATION FULL MAILING ADDRESS (strock, number, city, state, 2/P code) Contributions: (strock, number, city, state, 2/P code) TWO Thy July Stabos2 Contributions: (Third Thy July Stabos2 Contributions: (Third (describe) Contributor's Occupation (if applicable) Cos unity, Adultor Contributions: Contributions |
| 8. Reporting Period (Imm/dd/yy): From: ## 2 4 2 4 Through: ## 2 3 2 4 For classification, enter INDV for individual; PAC for political action committee: CORP for corporation; LAB for labor organization; OTHER for all entries which are not one of the above categories. CONTRIBUTION: FULL NAME AND OCCUPATION FULL NAME AND OCCUPATION OR OTHER RECEIPT CONTRIBUTION: STULL NAME AND OCCUPATION OR OTHER RECEIPT CONTRIBUTION: AMOUNT OF CONTRIBUTION FULL MAILING ADDRESS (street, number, city, state, ZIP code) Contributions: |
| From: # 2 # 2 # Through: # 7 & \$ 2 # Through: # 7 & |
| For classification, enter INDV for individual; PAC for political action committee: CORP for corporation; LAB for labor organization; OTHER for all entries which are not one of the above categories. CONTRIBUTIOR SEULL NAME AND OCCUPATION FULL MAILING ADDRESS (Stroot, number, city, state, ZIP code) Contributions: Co |
| CONTRIBUTION'S FULL NAME AND OCCUPATION FULL MAILING ADDRESS (street, number, city, state, ZIP code) TYPE OF CONTRIBUTION OR OTHER RECEIPT CONTRIBUTION OTHER RECEIPT |
| Contributor's Occupation Contributions: Contributor's Occupation Contributions: Classification Contributor's Occupation Contributions: Classification Contributions: |
| FULL MAILING ADDRESS (street, number, city, state, ZIP code) 1. Thus Thy Dry Stato 52 In-Kind (describe) La horte, IN 46358 Interest Loan Miscellaneous (specify) Contributor's Occupation (if applicable) County Addrer Classification 2. |
| Contributions: State Contributions Contributions Contributions |
| Contributor's Occupation (if applicable) Co unity Addor Classification 2. Thus Thy Drive Stabos? In-Kind (describe) |
| Thus Thy Dry Stasos2 In-Kind (describe) The Contributor's Occupation (if applicable) County Addror Contributions: Direct |
| Contributor's Occupation (if applicable) County Addor Classification 2. |
| Contributor's Occupation (if applicable) County Addor Classification 2. |
| Contributor's Occupation (if applicable) County Addor Classification 2. |
| Contributor's Occupation (if applicable) County Address Classification 2. Miscellaneous (specify) Stable Contributions: Direct |
| Contributor's Occupation (if applicable) County Address Classification 2. Miscellaneous (specify) Stable Contributions: Direct |
| Classification 2. Contributions: |
| Classification 2. Contributions: |
| Classification 2. |
| |
| |
| |
| , |
| Other Receipts: |
| □ Interest □ Loan |
| ☐ Miscellaneous (specify) |
| |
| Contributor's Occupation (if applicable) Contributions: |
| Classification 3. |
| ☐ In-Kind (describe) |
| |
| Other Describer |
| Other Receipts: |
| ☐ Miscellaneous (specify) |
| |
| Contributor's Occupation (# applicable) |
| 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 Tressurer Title Date (mm/dd/yr) |
| Signature of freasurer |
| Signature of Candidate (if applicable) a Date (punddlyy) APR 2 9 2024 |
| Signature of Candidate (if applicable) Date (grandidate) APR 2 9 2024 |
| (my 5 m d) 8 taly 22 1/29/24 |
| Warning: Any information contained in this report may not be copied for sale or used for any commercial purpose. (IC 3-9-4-1) A |
| |
| 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 peport 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 |



SUPPLEMENTAL "LARGE CONTRIBUTION" REPORT BY A CANDIDATE'S COMMITTEE

(\$1,000 CONTRIBUTIONS OR MORE)

State Form 48492 (R6 / 5-19) Indiana Election Division (IC 3-9-5-20.1; 3-9-5-22)

INSTRUCTIONS: Only candidates receiving a "large contribution" are required to file this report. 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.

(CFA-11)

FILE NUMBER

16-24-0 TOTAL PAGES IN ENTIRE CFA-11 REPORT

| IS THIS AN AMENDMENT? Yes No | | | |
|---|--|--|--|
| COMMI | TTEE INFORMATION | | |
| 1. Full Name of Candidate (Include any nickname.) Check if this is a new n | ame. 2. Committee Telephone N | lumber | ļ |
| True the Thy Stabe | 3 - + 1 1 1 1 1 | 3-7485 | |
| 3. Mailing Address (Address where all campaign finance correspondence is | recelved.) Check if this is a new | address. | 1 |
| (50) Michiga Me | | | |
| 4. City State ZIP Co | ode 5. Party Affi | liation or if independent Candidate | |
| La Parte IN | 46 35V Le | publicas | |
| 6. Office Sought (Include district number, if any. Not required for exploratory | committee.) 7. County of | 1 4 4 | |
| County Courses Dist | 2 | Carorte | |
| 8. Reporting Period (mm/dd/yy): From: 4129/24 Through: | 13/24 | | |
| From: Inrough: For classification, enter INDV for Individual; PAC for political action committee: CORP for cor | | R for all entries which are not one of the a | bove categories. |
| | | COLUMN A | DATE RECEIVED |
| CONTRIBUTOR'S FULL NAME AND OCCUPATION FULL MAILING ADDRESS (street, number, city, state, ZIP code) | TYPE OF CONTRIBUTION OR OTHER RECEIPT | AMOUNT OF CONTRIBUTION | (mm/ad/yy) RECE(VED BY |
| Classification 1. | Contributions: | | |
| Trusty John Stages | Direct Control | | 5/2/24 |
| 5 - A - | ☐ in-Kind (describe) | \$1460 | 17/1 |
| (50) Michigan Me | | 91760 | |
| (50) Nich yan And Caforte, DN 46350 | Other Receipts: | | 170. |
| Lafore, - 1475 | ☐ Interest ☐ Loan | | // // |
| | ☐ Miscellaneous (specify) | | 5-125052 |
| Contributor's Occupation (# applicable) La Porte CompoArdibe | vt | | |
| | Contributions: | | |
| [7/V]X/] | 1 Direct | | 13/3/24 |
| See #1 above | ☐ In-Kind (describe) | 1 | / / / |
| | | 3825.07 | İ |
| | Other Receipts: | | |
| | ☐ Interest ☐ Loan | | 1100 |
| | Miscellaneous (specify) | | St. 6002 - |
| Contributor's Occupation (if applicable) | | | 512032 |
| Classification 3. | Contributions: | | |
| | Direct | 1 . | |
| | ☐ In-Kind (describe) | 1 | |
| | | | |
| • | Other Receipts: | | |
| | ☐ Interest ☐ Loen | | |
| | ☐ Miscellaneous (specify) | | |
| Contributor's Occupation (if applicable) | | | |
| CERTIFICATION | | | ICE USE ONLY |
| I CERTIFY THAT I HAVE EXAMINED THIS STATEMENT. TO THE BE | EST OF MY KNOWLEDGE AND | BELIEF IT IS | |
| TRUE, CORRECT AND COMPLETE. Signature of Treasurer Title | Date (mm/de | IN C | LERKS OFFICE |
| Olificatina ni Hadamai | | | |
| a constitute (Separtication) | Date (mm/de | (vv) | AY - 6 2024 |
| Signature of Candidate (If applicable) | 5/1 | POL I M | A1 - 0 202. |
| Ensomed siller | | 7.7 | |
| Warning: Any information contained in this report may not be copied for sale or person who knowingly files a fraudulent report commits a Level 6 felony. (IC 3-14 | | plete or accurate | LEADY STEVENS OF LA PORTE CIRCUIT COURT |
| report as required by the Indiana Campaign Finance Law commits a Class B mist | demeanor (IC 3-14-1-14), and may be | subject to civil | OF LA PORTE CIRCUIT COURT |
| penalties. (IC 3-9-4-16, IC 3-9-4-17, and IC 3-9-4-18) | | | |



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

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

IS THIS AN AMENDMENT? Yes

(CFA-4) Summary Sheet

FILE NUMBER

UG-24-01

TOTAL PAGES IN ENTIRE CFA-4 REPORT

4

| COMMITTEE INFORMATION | | | | |
|---|--|--------------------|------------------------------|-------------------------|
| 1. Full Name of Committee (as on Statement of Organization | | v name. | | |
| Citizens for) | tabos2 | 1 4 4 | T. 1 | |
| Acronym or Abbreviated Name (if any) | | 3, Comm | nittee Telephone Number | 7485 |
| 4. Mailing Address (Address where all campaign finance co | orrespondence is received.) | Check if this | s is a new address. | |
| 5. City, State, ZIP Code | 6350 | | Affiliation (if applicable) | , |
| | FORMATION (For Candidate's | Committee | es Only) | |
| 7. Full Name of Candidate (Include any nickname.) | St86052 | 8. Party | Affiliation or If Independen | |
| 9. Office Sought (Include district number, if any. Not requi | red for exploratory committee.) | 10. Coup | ity of Residence | |
| Comby Commission | er Dist. 2 | | a porte | |
| TYPE OF | REPORT | | CONVENTIO | N CANDIDATES ONLY |
| 11. Check one: | | | Check one: | |
| Pre-Primary Pre-Election Annual Nomination | | | Pre-Conv | |
| Final / Disbands Committee (Lines 18, 19, and 20 must be "0".) | utgoing Treasurer (Within ten (10) days amend S | Statement of Organ | nization.) Post-Con | vention |
| 12. Reporting Period (mm/dd/yy): | 1-1-12-0 | | COLUMN A | COLUMN B |
| From: T//3/4 Throu | igh: 10/11/24 | | This Period | Year to Date |
| 13. Cash on hand and investments at the beginning of this | reporting period. | | /23.66 | |
| 14. Cash on hand and investments January 1, current year | | | | O |
| CONTRIBUTIONS AND (Note: these amounts include in-kind contributions and loan | | | | |
| 15a. Itemized (Use Schedule A.) | ns, as well as cash contributions. | | 31,529.41 | 45 639.41 |
| 15b. Uniternized | | | 1) 30 1-11 | |
| 15c. Add lines 15a and 15b in both columns. | SUI | BTOTAL | 31 529-41 | 4101841 |
| 16. Add lines 13 and 15c in Column A and lines 14 and 15c | c in Column B. | TOTAL | 31.653-07 | 41.529.41 |
| EXPENDITUR | *** | | 31,677 | (/ 1 30): 11 |
| (Note: These amounts include in-kind expenditures and loa | an repayments.) | | | |
| 17a. Itemized (Use Schedule B.) (Public Question: use Sci | hedule C.) | | 31,653.07 | 41,529.41 |
| 17b. Unitemized | | | 0 | 0 |
| 17c. Add lines 17a and 17b in both columns. | ŞU | BTOTAL | 31,653,07 | 41.529.41 |
| 18. Cash on hand and investments at close of this reporting period | (Subtract 17c from 16 in both columns.) | TOTAL | 0 | 0 |
| 19. Debts OWED BY the committee (Use Schedule D.) | , | | 0 | |
| 20. Debts OWED TO the committee (Use Schedule E.) | | | Ð | |
| | PERMIT | | - | OD OFFICE LISE ONLY |
| I CERTIFY THAT I HAVE EXAMINED THIS STATEMENT. TO THE BE | RTIFICATION STOR MY KNOWLEDGE AND RELIEF IT IS | TRUE COPP | • | OR OFFICE USE ONLY |
| Signature of Treasurer | Title | | ate (mm/dd/yy) | one County |
| Signature of Candidate (if Applicable) | 1027 | / | 9/3/27 I | Received OCT 16 2024 |
| WARNING: Any information contained in this report may not be copied files a fraudulent report commits a Level of felony. (IC 3-14-1-13) A | d for sale or deed fo r any commercial purpos | se. (IC 3-9-4-5) | reperson true teronaligit | Election |



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 | NUMB | ER | |
|--------|------|------|----|--|
| | | | | |
| Page _ | 2 | of | 4 | |

| 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 |
| 1501 Michigan Ave. LP, IN 46350 | Contributions: Direct In-Kind (describe) Other Receipts: Interest Loan Miscellaneous (specify) | 16,833 | 26,833 | 1/24/29 Dun Stabosz |
| Contributor's Occupation (if required) County acclutor 2. | Contributions: | | | J, 43.36 |
| (Same) as above | Direct In-Kind (describe) Other Receipts: Loan | 2215 | 29048 | 4/26/24 |
| a your | Miscellaneous (specify) | | | 1m Stabes 2 |
| 3. Sawe as a Gove) | Contributions: Direct In-Kind (describe) | fuc s | 30,500 | TT/: A |
| Contributor's Occupation (if required) | Other Receipts: Interest Loan Miscellaneous (specify) | 1460 | 30,300 | 714 5 AS052 |
| 4. | Contributions: | | | |
| (Sauce as 1 bere) | Direct In-Kind (describe) Other Receipts: | 3925-07 | 34,3320 | 5/3/24 |
| Contributor's Occupation (if required) | ☐ Interest ☐ Loan ☐ Miscellaneous (specify) | | | Mus Staboox |
| 5. Save as about | Contributions: Direct In-Kind (describe) | 7/96.34 | 9) South | 5/8/24 |
| Contributor's Occupation (if required) | Other Receipts: Interest Loan Miscellaneous (specify) | | Received OCT 16 2024 OCT 16 2024 | 9 ta 50 52 |
| | THIS PAGE OF SCHEDULE A | \$ 31,529.41 | | |
| TOTAL OF ALL PAGES OF SCHEDULE (Enter total on ITEM | A ON THE LAST PAGE ONLY I 15a of the Summary Sheet.) | \$ 31,529.81 | | |



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 _ | 3 | of_\(\big(\) | |

| RECIPIENT'S NAME AND MAILING ADDRESS (street, number, city, state, ZIP code) | RECIPIENT'S OCCUPATION OFFICE SOUGHT (if applicable) | TYPE OF EXPENDITURE and PURPOSE (be specific) | COLUMN A AMOUNT THIS PERIOD | COLUMN B CUMULATIVE YEAR-TO-DATE | DATE OF EXPENDITURE (mm/dd/yy) |
|---|--|---|-----------------------------------|--|--|
| Code A WCOE 1700 Lincolnway LP, FN 46350 | Broadcaster | Poirect In-Kind Payment of Debt Returned Contribution Other Purpose: On Time ad | 333 | 743 | 4/22/24 |
| 103 E St. Wash., DC 2003 | J. Contraction of the contractio | Direct In-Kind Payment of Debt Returned Contribution Other Purpose: | 16,500 | 16,500 | 4/23/24 |
| 1903 Springland M.C. FN 46360 | Bronderstar | Direct In-Kind Payment of Debt Returned Contribution Other Purpose: | 987 | 987 | 4/26/24 |
| (see a bove) | Brondcaster | Payment of Debt Returned Contribution Other Purpose: | 1228 | 1971 | 4/26/24 |
| LP, IN 46350 | US Govt | ☐ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other Purpose: | 1460 | 3906-82 | 5/2/24 |
| 315 Lincolnway Ll, IN 46358 | printer | Direct In-Kind Payment of Debt Returned Contribution Other Purpose: | 2350 | 546667_ | 5/3/24 |
| Code D U S PS LP, IN 46350 | US Govt | Purpose: | 1475.07 | 5381.69 | Received No. 1 6 100 A CT 1 6 1 |
| | SUBTOTAL THIS PAG | | 24 225 - | 4/12/ | Elegoard |
| TOTAL OF ALL PA | AGES OF SCHEDULE B ON THI (Enter total on ITEM 17a of to | E LAST PAGE ONLY | 24,323.0° | | |



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 _ | 4 | _ of | 4 | | |

| RECIPIENT'S NAME AND MAILING ADDRESS (street, number, city, state, ZIP code) | RECIPIENT'S OCCUPATION OFFICE SOUGHT (if applicable) | TYPE OF EXPENDITURE and PURPOSE (be specific) | COLUMN A AMOUNT THIS PERIOD | COLUMN B CUMULATIVE YEAR-TO-DATE | DATE OF EXPENDITURE (mm/dd/yy) |
|--|--|--|-----------------------------------|--|--|
| (See above) | Broadcaster | Purpose: | 320 | 1387 | 5/6/24 |
| code O Ragnar Aesea (See above) | ind pollster | Direct In-Kind Payment of Debt Returned Contribution Other Purpose Dolling | 7000 | 23,500 | 5/8/24 |
| Code | r 2 | Direct In-Kind Payment of Debt Returned Contribution Other Purpose: | 1 . | | |
| Code | | Direct In-Kind Payment of Debt Returned Contribution Other Purpose: | | | |
| Code | | Direct In-Kind Payment of Debt Returned Contribution Other Purpose: | | | |
| Code | | Direct In-Kind Payment of Debt Returned Contribution Other Purpose: | | | ke County |
| Code | | Direct In-Kind Payment of Debt Returned Contribution Other Purpose: | | | Received OCT 16 2024 Election Board |
| The state of the s | SUBTOTAL THIS PAG | SE OF SCHEDULE B | \$7320 | | |
| TOTAL OF ALL P | AGES OF SCHEDULE B ON TH | E LAST PAGE ONLY | \$31,653.07 | | |