

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	s 🗹 No If Yes.	please 4	nter the file	numhe	r in this ho	x. →	1110 211-00
								410-27-UL
SECTION A . CANDIDATE 2. Last Name	Fi	rst Name	nt att alg Mid	<i>DITCAIDIE DO</i> dle Name	xes as	<i>TUIIY and</i> Nickname	accura	3. Type of Committee (Check one)
Henzman		A i	""			· • · · · · · · · · · · · · · · · ·		✓ Candidate's Principal Committee
	<u></u>	Angela		Vean				☐ Exploratory Committee
4. Mailing Address (number and street, city,	state, and .	ZIP code)		5. FAX (O	otional)		6. E-mail	Address (Optional)
237 Leo Ave				()	_		ange	a. henzman @gmail.com
7. City	State IN	ZIP Code	8. County		1 '	phone (Day)		**
Trail Creek	BIN	46360	Lafe	orte.	(812)	456-14	150	() Not required for an exploratory committee.)
11. Party Affiliation ☑ Democratic ☐ Libertarian ☐ Repu	hlican 🗆	1 Other		12. Office Soug	ht (Includ	e district numbe	er, if any. I	Not required for an exploratory committee.) Ur† Clerk
SECTION B. COMMITTEE			in all an	plicable be	VOC. OC	fully and		taly as possible
13. Full Name of Committee (Do not abo	breviate.)	☐ Check if this is a	new name.	piicabie bo	xes as	iuny and	accura	tery as possible.
Committee to	Ele		4.1	zman				
14. Mailing Address (number and street, city				w address. 15. F	AX (Optio	onal)	16. E-ma	il Address (Optional)
237 Leo Ave		, <u> </u>			1	ŕ	1	la. henzman@gmail.com
17. Clty	State	ZIP Code	18, County	<u> </u>	19. Tele	ephone		20. Committee Organization Date
Trail Creek	N	46360	Lat	orte.	(812	456-14	50	(mm/dd/yy) 1/10/2024
21. Chairperson's Full Name Des	ì	andidate as Chairpersor	i. Che	ck if this is a nev				
Angela Dem U	1	man			por			
22. Mailing Address (number and street, city	state, and	ZIP code) Check if	this is a ne	v address. 23. F	AX (Optio	onal)	24. E-ma	il Address (Optional)
,		, –		,		,		(
25. City	State	ZIP Code	26. County	<u> </u>	27. Tel	ephone (Day)		28. Telephone (Evening)
		İ			, ,	<i></i> /		
29. Bank or Other Depositories (List all	banks or	other depositories in w	hich the con	mittee deposits i	unds, hold	ds accounts. re	nts safetv	deposit boxes or maintains funds 1
. ,					,	, 1		
30. Exploratory Committee (Give brief state	ement expl	laining purpose of an explora	tory committee	only.) 31. Salar	ies and R	Reimbursemen	ts (Will the	committee pay the candidate a salary or
•	•	•	•					n a copy of the contract.) ☐ Yes ☑ No
SECTION C. APPOINTME	NT OF	TREASURER (IC 3-9-1	-14)				
32. I, as Chairperson of the	e fore	going Person Appoir				Signature	of the Co	mmittee Chairperson
committee, appoint the following Treasurer of the Committee.	g perso	on as Angel	a He	enzmal	ว	a	La	2/2-
	ate candi	idate as treasurer.	Check if the		ırer.			- John Stranger
Ì								
34. Mailing Address (number and street, city.	state, and	ZIP code)	this is a nev	v address. 35. F	AX (Optio	nal)	36. E-ma	II Address (Optional)
				\rfloor_{ℓ})			
37. City	State	ZIP Code	38, County		39. Tele	ephone (Day)	·	40. Telephone (Evening)
					())		()
SECTION D. ACCEPTANCE								
41. I give notice that I accept t	he dut	les and responsib	lities of	Treasurer of	this Sig		~~	
Committee. I am not the chairp permitted for a candidate committed	erson (of a campaign fina or IC 3-0-1-7\	nce com	mittee (excep	as	ale	The	n
		F STATEMENT				~~~~		FOR OFFICE USE ONLY
We certify as the candidate and			alrperson	of the Comm	nittee a	nd that we	have	
examined this statement. To the b	est of o	ur knowledge and I	oellef it is	true, correct a	nd com	plete.		FILED
42. Typed or Printed Name of Cha	rperso	n Signature of	hairperso	n		Date (mm/dd/yy)		IN CLERKS OFFICE
Angela Henzmi	27	lyle	Br	n		1/10/2	4	
43. Typed of Printed Name of Can		Signature of C	andidate		ļ	Date (mm/dd/yy)		
Angela Henzm	7~~	Chelle	4 21	nel-		1/10/24	,	JAN 1 0 2024
Warning: State law requires that any c	hange in	this information be rec	orted withi	n ten (10) davs	of the cha	7 7	<u>' </u>	[]
person who knowingly files a fraudulent	report co	mmits a Level 6 D felo	ny (IC 3-14	-1-13). A person	who fails	to file a compl	lete of	1/1051 31
accurate report as required by the Indian subject to civil penalties (IC 3-9-4-16, IC 3			imits a Clas	s B misdemean	or (IC 3-1	4-1-14), and m	nay be	CLERK OF LA PORTE CIRCUIT COURT
								E LINGUII COURT



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?									46-24-02
SECTION A . CANDIDATE 2. Last Name	INFO	DRMATION: Fill First Name	in all a	a <i>pplicabl</i> Middle Name	le box	es as fu	ully and a	accura	
[["	~		Nik	:Kname		3. Type of Committee (Check one) Candidate's Principal Committee
Hennan	\bot	Angela		Dear					☐ Exploratory Committee
4. Mailing Address (number and street, city, s	state, and	I ZIP code)		5. F	FAX (Opt	ional)		6. E-mail	Address (Optional)
237 Leo Ave)				
7. City T 1 C 1	State		8. Coun	· .		9. Teleph	• • • • • • • • • • • • • • • • • • • •		10. Telephone (Evening)
Irail Crock	IN_	46360	Lo	Porte		(818)	<u>456-14</u>	50	()
11. Party Affiliation ☑ Democratic ☐ Libertarian ☐ Repub	blican [□ Other		12. Office	e Sought	t (include a	fistrict numbe	r, if any. N	Not required for an exploratory committee.)
The state of the s			in all	annlicah	la hay	es as f	ullyand	400UV2	tely as possible.
13. Full Name of Committee (Do not abb	breviate.	Check if this is a	new nar	ne.	e bux	es as re	Jiny amor	1CCUra	tely as possible.
Committee to Flea									
14. Mailing Address (number and street, city,				new address	. 15. FA	X (Options	af)	16. E-mai	il Address (Optional)
237 100 Are		, =],		"		
17. City_	State	ZIP Code	18. Cou	nty	1) 19. Telepi	hone		a. nermon @gmail.com 20. Committee Organization Date
Trail Creek	IN	46360		Porte		•	456-14		(mm/dd/yy) 1/10/2024
21. Chairperson's Full Name Desi		Candidate as Chairperso		Check if this is	is a new o	, ,		30	111010001
1 1 1 1 1	11.	, in the second		F1'	• • • • • • • • • • • • • • • • • • • •	A. (A.) b			
22. Mailing Address (number and street, city,		nd ZiP code) ☐ Check if	f this is a	new address.	23. FA	X (Options	ın I	24. F-mai	il Address (Optional)
237 100 AVA		., _					"		(Spacinal)
25. City	State	ZIP Code	26. Cou	ntv		27. Telepi	hone (Day)		28. Telephone (Evening)
Trail Copek	W	46360		Porto		-	156-145	?	
29. Bank or Other Depositories (List all t	ì				nosits fu				denosit hoves or maintains funds)
5/2 Book				,	po 0	140,	20000	no ource,	reposit boxes of managins range,
30. Exploratory Committee (Give brief state	ement exp	plaining purpose of an explori	atory commi	ittee only.) 31	. Salarie	s and Rel	nbursement	s (Will the	committee pay the candidate a salary or
-			•						a copy of the contract.) ☐ Yes ☑ No
SECTION C. APPOINTMEN	NT O	F TREASURER (IC 3-9	-1-14}					
32. I, as Chairperson of the	e fore	egoing Person Appol					Signature	of the Cor	mmlttee Chairperson
committee, appoint the following Treasurer of the Committee.	j pers	ion as Angel	~ L	Lama	20		12	1.	21,,
33. Treasurer's Full Name Designa	ate cand	didate as treasurer.	Checki	if this is a new	v treasur	er.	Vig	ui ,	Mr.
$A \mid D = 1$	/a	ema	. =						,
34. Mailing Address (number and street, city,			this is a r	new address.	35. FA	X (Optiona	d)	36. E-mal	I Address (Optional)
- · · · · · · · · · · · · · · · · · · ·		· —	-		,		"		· · · · · · · · · · · · · · · · · · ·
37. City	State	ZIP Code	38. Cour	nty	1) 39. Telepi	none <i>(Day)</i>		40. Telephone (Evening)
		f	ĺ	•					,
SECTION D. ACCEPTANC	E OF	APPOINTMENT	/IC 3:	9-1-15)					.1(
41. I give notice that I accept the	he dut	ties and responsib	ilities o	f Treasure	er of th	nis Signa	ture of Pe	rson Acc	cepting Appointment
Committee. I am not the chairpe	erson	of a campaign fina	ance co	mmittee (e	except	as		 .	
permitted for a candidate committee									TOP OFFICE HOPERSTAY
SECTION E. CERTIFICATION We certify as the candidate and			-irmore/	- of the	Cammi	4 and	46-4 140		FOR OFFICE USE DINLY
examined this statement. To the be	est of	our knowledge and	Airperso belief it	in or the listrue, cor	rect an	ttee and d comple	tnat we-	nave r	V CLERKS OFFICE
42. Typed or Printed Name of Chair					••••		te (mm/dd/yy)	11	1 CLEKING
Angela Henzm		1 16.6	? 4	/ 			4/11/12	4	
43. Typed or Printed Name of Cand		Signature of C	andida	te		Dat	te (mm/dd/N)	7-1	APR 1 6 2024
A ())		1/	21				11. 1	.	APR ' "
Angela Henzmar	<u>)</u>	VIM	1110	<u></u>			/16/07		
Warning: State law requires that any che person who knowingly files a fraudulent reaccurate report as required by the Indian subject to civil penalties (IC 3-9-4-16, IC 3-9-4	nange in report or	n this information be rep commits a Level 6 D felt	Jorfed wit	thin ten (10) -14-1-13). A t	days of	the chang	je (IC 3-9-1)1 file a compli	10). A L	1 JEAGUE STURES
accurate report as required by the Indian	ia Cami	paign Finance Law con	ımits a C	lass B misde	emeanor	(IC 3-14-1	(-14), and m	ay be	EDY OF IA POPTE CIRCUIT
subject to civil 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) **Summary Sheet** FILE NUMBER

46-24-02

TOTAL PAGES IN ENTIRE CFA-4 REPORT

(CFA-4)

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			L	
	COMMITTEE INFORMATION				
1. Full Name of Committee (as on Statement of Organization Committe to Elect Angela H		name.			
2. Acronym or Abbreviated Name (if any)	<u> </u>	3. Co	mmittee Telepho	ne Number	
		(8	1a) 456	- 1450	5
4. Mailing Address (Address where all campaign finance of 237 Leo Avo	orrespondence is received.)	Check if	this is a new add	dress.	
5. City, State, ZIP Code	·	6. Pa	rty Affiliation (if a		
Trail Creek, IN 46360	· · · · · · · · · · · · · · · · · · ·		Lemocrat	_	
	FORMATION (For Candidate's C				
7. Full Name of Candidate (Include any nickname.)		8. Pa	rty Affiliation or II		nt Candidate
9. Office Sought (Include district number, if any. Not require	and for evaluation, sometimes	10.0	Democ		
LaPorte County Circuit Court C		10.0	ounty of Resider LaPort		
TYPE OF				_	N CANDIDATES ONLY
11. Check one:				heck one:	
Pre-Primary Pre-Election Annual Nomination	Other		c	Pre-Con	vention
Final / Disbands Committee (Lines 18, 19, and 20 must be "0".)	ntgoing Treasurer (Within ten (10) days amend Sta	tement of C	Organization.)	Post-Cor	evention
12. Reporting Period (mm/dd/yy):	11/2 / 21		COLUM		COLUMN B
From: 11124 Through			This Pe	eriod	Year to Date
13. Cash on hand and investments at the beginning of this)	
14. Cash on hand and investments January 1, current year. CONTRIBUTIONS AND					0
(Note: these amounts include in-kind contributions and loan					·
15a. Itemized (Use Schedule A.)			237	,03	237.03
15b. Unitemized)	0
15c. Add lines 15a and 15b in both columns.	SUB.	TOTAL	237	.03	237.03
16. Add lines 13 and 15c in Column A and lines 14 and 15c	in Column B.	TOTAL	237.	03	237.03
EXPENDITUR			_		
(Note: These amounts include in-kind expenditures and load	n repayments.)				
17a. Itemized (Use Schedule B.) (Public Question: use Sch	edule C.)		17,1	<i>'</i> 2	17.12
17b. Unitemized			C	2	
17c. Add lines 17a and 17b in both columns.		TOTAL	17,		17.12
18. Cash on hand and investments at close of this reporting period (Subtract 17c from 16 in both columns.)	TOTAL	219.	9/	219.91
19. Debts OWED BY the committee (Use Schedule D.))	
20. Debts OWED TO the committee (Use Schedule E.)			C	<u> </u>	
CER	TIFICATION			F	OR OFFICE USE ONLY
I CERTIFY THAT I HAVE EXAMINED THIS STATEMENT. TO THE BES		RUE, CO	RRECT AND COMP	[F])	CLERKS OFFICE
Signature of Treasurer	Title		Date (mm/dd/yy	4	
Signature of Candidate (if applicable)				4 11	PR 1 6 2024
WARNING: Any information conjuined in this report may not be copied files a fraudulent report commits a Level 6 felony. (IC 3-14-1-13) A p Campaign Finance Law commits a Class B misdemeanor, (IC 3-14-1-14)	erson who fails to file a complete or accura	te report	as required by the	indiana (VIAOU STUURS DE LA PORTE CIRCUIT COURT



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

FILE NUMBER						
Page	<u></u> of	4				

		·		
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 Patricia Boy 218 Southwood Dr	Contributions: Direct In-Kind (describe)	LINOS	TEAN-TO-DATE	
Michigan City, IN 46360 Contributor's Occupation (if required) State Rep	Other Receipts: Interest Loan Miscellaneous (specify)	\$100.00	\$100,00	
2 Angela Henzman 237 Leo Ave Trail Geek, IN 46360	Contributions: Direct In-Kind (describe)	\$17.12	\$17.12	
Contributor's Occupation (# required) Voter's Registration				
3.	Contributions: Direct In-Kind (describe) Other Receipts: Interest Loan Miscellaneous (specify)	·		
Contributor's Occupation (if required)	Miscellaneous (specify)			
4.	Contributions: Direct In-Kind (describe)			
Contributor's Occupation (# required)	Other Receipts: Interest Loan Miscellaneous (specify)	121	I L E IN CLERKS OFF	D CE
5.	Contributions: Direct In-Kind (describe)		APR 1 6 20	
Contributor's Occupation (if required)	Other Receipts: Interest Loan Miscellaneous (specify)	C	LLACOU STU ERK OF LA FORTE CIRC	IT COURT
	HIS PAGE OF SCHEDULE A	\$ 117 to		
TOTAL OF ALL PAGES OF SCHEDULE A		\$ 117.12 \$ —		



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 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 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 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 _	3	_ of	4			

CONTRIBUTOR'S FULL NAME AND FULL MAILING ADDRESS	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS	COLUMN B	DATE RECEIVED (mm/dd/yy)
(street, number, city, state, ZIP code)	Contributions:	PERIOD	YEAR-TO-DATE	RECEIVED BY
Act Blue	Direct In-Kind (describe)			2/6/24
PO BOX 441146				216129
Somerville, MA 02144	Other Receipts: Interest Loan Miscellaneous (specify)	\$119.91	\$119.91	
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)			1
			ERKS OFFICE	
	Other Receipts: Interest Loan	I	ERKS OFFICE	
	Miscellaneous (specify)	IN P	2024	
5.	Castribution	1 1 1	, h ~ 1	
	Contributions: Direct	\ \	APR JUANUSTECH	I COURT
	In-Kind (describe)	\ \	1 LA PORTE CIRC	
	Other Receipts:	_	LERKO	
	☐ Interest ☐ Loan ☐ Miscellaneous (specify)			
	HIS PAGE OF SCHEDULE A	\$ 119.91		
TOTAL OF ALL PAGES OF SCHEDULE A (Enter total on ITEM	ON THE LAST PAGE ONLY 15a of the Summary Sheet.)	\$ 237.03		



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

(CFA-4 SCHEDULE B) ITEMIZED EXPENDITURES

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)
code A Office Max		Direct In-Kind Payment of Debt Returned Contribution Other Purpose: Business Card S	\$17.12	8/7,12	4/1/24
Code		Direct In-Kind Payment of Debt Returned Contribution Other Purpose.			
Code		Direct In-Kind Payment of Debt Returned Contribution Other Purpose			
Code	-	Direct In-Kind Payment of Debt Returned Contribution Other Purpose:			
Code		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:	FI	I E D	
Code	·	Direct In-Kind Payment of Debt Returned Contribution Other Purpose:	APR	1 6 2024	OURT
Code		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:	CLERKO	A ROKIE CINCOL	
TOTAL OF ALL PA	SUBTOTAL THIS PAG GES OF SCHEDULE B ON THE (Enter total on ITEM 17a of th	LAST PAGE ONLY	\$ 17.12 \$ 17.12	.	



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

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

IS THIS AN AMENDMENT? Yes No

(CFA-4) Summary Sheet

FILE NUMBER

46-24-02

TOTAL PAGES IN ENTIRE CFA-4 REPORT

COMMITTEE INFORMATIO	N		
1. Full Name of Committee (as on Statement of Organization) Check if this is a n	ew name.		
Committee to Elect Angela Henzman			•
2. Acronym or Abbreviated Name (if any)	3. Com	mittee Telephone Number	
	(8	12) 456-1450	2
4. Mailing Address (Address where all campaign finance correspondence is received.)	Check if th	nis is a new address.	
5. City, State, ZIP Code		A getty	
Trail Creek, IN 46360	6. Party	y Affiliation (if applicable)	
CANDIDATE INFORMATION (For Candidate'	s Committe	acc Only)	
7. Full Name of Candidate (Include any nickname.)			t O l'Atata
Angela Henzman	o. Faity	Affiliation or If Independer	it Candidate
9. Office Sought (Include district number, if any. Not required for exploratory committee.)	10. Cou		
Latorte County Circuit Court Clerk		Laferte	
TYPE OF REPORT			N CANDIDATES ONLY
11. Check one:		Check one:	
Pre-Primary Pre-Election Annual Nomination Other		Pre-Conv	rention
Final / Disbands Committee (Lines 18-19 and 20 must be '0'.) Utgoing Treasurer (Within ten (10) days amend	Statement of Org	enization.) Dost-Con	vention
12. Reporting Period (mm/dd/yy):		COLUMN A	COLUMN B
From: 4/13/24 Through: 10/11/24		This Period	Year to Date
13. Cash on hand and investments at the beginning of this reporting period.		219.91	
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.)			
15a. Itemized (Use Schedule A.)		5474.12	5711.15
15b. Unitemized		0	O
	JBTOTAL	5474.12	5711.15
16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B.	TOTAL	5694,03	5111.15
EXPENDITURES			
(Note: These amounts include in-kind expenditures and loan repayments.)			
17a. Itemized (Use Schedule B.) (Public Question: use Schedule C.)		4705,75	4722,87
17b. Unitemized		0	0
17c. Add lines 17a and 17b in both columns.	UBTOTAL	4705.75	4722,87
18. Cash on hand and investments at close of this reporting period (Subtract 17c from 16 in both columns.)	TOTAL	988.28	988.28
19. Debts OWED BY the committee (Use Schedule D.)		0	
20. Debts OWED TO the committee (Use Schedule E.)		Ŏ	
CERTIFICATION	<u>'</u>		OR OFFICE USE ONLY

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

Title

Codidate

Date (mm/dd/yy)

IOI 17 | 3 4

WARNING: By information continued 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)

Received
0CT 1 8 2024
US Election
Board



State Form 4606 (R16 / 6-23) Indiana Election Division (IC 3-9-5-14)

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

Itemized Contributions and Other Receipts

FILE NUMBER						
	46-	24-	02			
Page _	2	of	15			

CONTRIBUTOR'S FULL NAME AND OCCUPATION FULL MAILING ADDRESS	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A	COLUMN B	DATE RECEIVED (mm/dd/yy)
(street, number, city, state, ZIP code)	OK OTTIER RECEIPT	AMOUNT THIS PERIOD	YEAR-TO-DATE	RECEIVED BY
1. Connie Lile	Contributions: Direct			
	In-Kind (describe)			4/24/24
905 Tyler St Laborte, IN 46350	Other Receipts:		300,0	<u>.</u>
ţ	interest Loan Miscellaneous (specify)	300,00	300,0	AH
Contributor's Occupation (if required) Office Clerk				7417
Beverly Henzman	Contributions:			
J	In-Kind (describe)			5/15/24
	Other Receipts:	300,00	3∞.00	
	Interest Loan Miscellaneous (specify)			AH
Contributor's Occupation (if required) Retired				7111
Sarah Ferraro	Contributions: Direct			
11617 Rhode Island Pl	In-Kind (describe)			6/28/24
Crown Point, IN 46307	Other Receipts:		20,24	
,	☐ Interest ☐ Loan ☐ Miscellaneous (specify)	a0.24	80,01	A
Contributor's Occupation (if required) Political Consultant		·		AH
Larry Zimmer	Contributions: Direct			
Larry Zimmer 110 Elmood Dr	In-Kind (describe)			6/28/24
Michigan City, IN 46360	Other Receipts:	to == ===	100,00	
y . 11000	☐ Interest ☐ Loan ☐ Miscellaneous (specify)	100,00	· ·	Air
Contributor's Occupation (if required)	-		ode County	AH
5 Darlene Vance	Contributions: Direct	1	J bece, July	
114 Warson St	☐ In-Kind (describe)		OCT 10 Election	6/28/24
114 Warsaw St. LaPorte, IN 46350	Other Receipts:	IS.co	Election 15 Co	/
.,	☐ Interest ☐ Loan ☐ Miscellaneous (specify)		N	111
Contributor's Occupation (if required)		i		AH
SUBTOTAL T	HIS PAGE OF SCHEDULE A	\$ 735,24		
TOTAL OF ALL PAGES OF SCHEDULE A	ON THE LAST PAGE ONLY 15a of the Summary Sheet.)	\$		
Enter total on HEW	ive vi die summery sheet)	•		



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

FILE NUMBER				
46-24-02				
Page	3	of	15	

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
Larry Brown 3005 Loma Portal	Contributions: Direct In-Kind (describe)			6/28/24
Michigan City, IN 46360 Contributor's Occupation (# required) Retired	Other Receipts: Interest Loan Miscellaneous (specify)	100.00	100,00	AH
Teresa Massa	Contributions: Direct In-Kind (describe)			6/28/24
470 Pokagon Dr. Michigna Shores, DV 46360 Contributor's Occupation (it required) Retired	Other Receipts Interest Loan Miscellaneous (specify)	100,00	100,00	AH
Sarah Haefner 5268 E Stugony Trail Rolling Provider	Contributions: Direct In-Kind (describe)			6/28/24
Contributor's Occupation (if required) Refined	Other Receipts. Interest Loan Miscellaneous (specify)	40.00	40,00	АН
Susan Culberson 826 Park St.	Contributions: Direct In-Kind (describe)			6/28/24
LaPorte, IN 46350 Contributor's Occupation (if required) Refraed	Other Receipts: Interest Loan Miscellaneous (specify)	10.00	10.00 ore County ore County	AH
Georgetta Cox 2903 Oriote Trail Long Beach, IN 46360	Contributions: Direct In-Kind (describe)		OCT 18 200A OCT 18 200A	6/28/24
Long Beach, IN 46360 Contributor's Occupation (if required) Doctor	Other Receipts: Interest Loan Miscellaneous (specify)	75,00	75,00°	AH
	HIS PAGE OF SCHEDULE A	\$ 375.00		
TOTAL OF ALL PAGES OF SCHEDULE A	ON THE LAST PAGE ONLY 15a of the Summary Sheet.)	\$ ——		



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

	FILE	NUMB	ER	
46-24-02				
Page	4	of	15	

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	COLUMN B CUMULATIVE	DATE RECEIVED (mm/dd/yy)
Jomes Macalka 2009 Marioe St. LaPorte, IV 46350 Contributor's Occupation (Frequired) Athorney	Contributions: Direct In-Kind (describe) Other Receipts: Interest Loan Miscellaneous (specify)	PERIOD	YEAR-TO-DATE	AH
2. Angie Nelson Devitch 126 Lady In Michigan City, IN 46360 Contributor's Occupation (il required) Mayor	Contributions: Direct In-Kind (describe) Other Receipts: Interest Loan Miscellaneous (specify)	75,00	75,00	6/28/24 AH
Don Briggs 300 Madison St. Michigan City, IN 46360 Contributor's Occupation (il required) Religad	Contributions: Direct In-Kind (describe) Other Receipts. Interest Loan Miscellaneous (specify)	40,00	4,00	6/28/24 AH
Noncy Conzalez 2813 Oak St. Michigon City, DV 46360 Contributor's Occupation (# required) Retired	Contributions: Direct In-Kind (describe) Other Receipts: Interest Loan Miscellaneous (specify)	<i>35.∞</i>	one County	6/28/24 AH
Shany Stimley 3205 Tilden Are Michigan City, IN 46360 Contributor's Occupation (it required)	Contributions: Direct In-Kind (describe) Other Receipts: Interest Loan Miscellaneous (specify)	∂5.∞	Peceine 100 A OCT 18 Election Election AS. CO	, 6/28/24 AH
TOTAL OF ALL PAGES OF SCHEDULE A	HIS PAGE OF SCHEDULE A ON THE LAST PAGE ONLY 15a of the Summary Sheet.)	\$ 265,00		



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

	FILE	NUMBI	ER
	46-	24-	02
Page	5	of	15

CONTRIBUTOR'S FULL NAME AND OCCUPATION	TYPE OF CONTRIBUTION	COLUMN A	COLUMN B	DATE RECEIVED
FULL MAILING ADDRESS	OR OTHER RECEIPT	AMOUNT THIS	CUMULATIVE	(mm/dd/yy)
(street, number, city, state, ZIP code)	O and the officers	PERIOD	YEAR-TO-DATE	RECEIVED BY
Mike Schultz	Contributions: Direct			
300 12	n-Kind (describe)			8/21/24
308 John St.				9/01/24
LaPorte, IN 46350	Other Receipts: Interest Loan	50,00	50,00	
_	Miscellaneous (specify)			AH
Contributor's Occupation (# required) Assessor				7,117
2. 4.1 0	Contributions:			
Mike Beach	Direct In-Kind (describe)		:	, ,
3872 N 50 W	[_] In-Kind (describe)	·		8/01/24
	Other Receipts.	1000,00	loon on	
Laforte, IN 46350	Interest Loan	100,00	1000,00	
	Miscellaneous (specify)			AH
Contributor's Occupation (if required) Retired			<u></u>	• /
Oard Aland	Contributions: Direct			
David Alexander	In-Kind (describe)		:	c/ /
3756 Claret Til				8/31/24
LaPorte, IN 46350	Other Receipts	25,00	25,00	, ,
7 +1 76350	Interest Loan Miscellaneous (specify)	00,00		
Oaks 1	in in its control of the control of			AH
Contributor's Occupation (if required) Retired	O - A - A - A - A - A - A - A - A - A -			· · · · · · · · · · · · · · · · · · ·
Noncy Moldenhauer	Contributions: Direct			
1000 Made	In-Kind (describe)			8/21/24
Michigan City, IN 46360		:		0/21/24
Michigan Ct. The 4120	Other Receipts:	250,00	250,00	
10360	Miscellaneous (specify)		County	1.
Ch. Curil				AH
Contributor's Occupation (if required) Lifty Cauck!	Contributions:	<u> </u>	Received /	\
Form Manne	Direct	\	OCT 18 TOTA	1
Tige male	In-Kind (describe)	\	OCI Fiection	10/4/24
				14/1/24
	Other Receipts: Interest Loan	100.00	100.00	
	Miscellaneous (specify)	·		ALI
Contributor's Occupation (if required) Rediced				
	THIS PAGE OF SCHEDULE A	\$ 1425,00		
TOTAL OF ALL PAGES OF SCHEDULE		1		
(Enter total on ITEN	1 15a of the Summary Sheet.)	\$		



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

	FILE	NUMB	ER
	46-	24-	<i>0</i> 2
Page	6	_ of	15

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. Angre Nelson Devitch 126 Lady La Michigan City, IN 46360 Contributor's Occupation (if required) Mayor	Contributions: Direct In-Kind (describe) Lorge Sto 1 S Other Receipts: Interest Loan Miscellaneous (specify)	116,00	91.∞	7/11/24 AH
Sarah Haemer 5268 E Saugary Trail Rolling Prairie, IN 46371 Contributor's Occupation (if required, Retired	Contributions: Direct In-Kind (describe) Other Receipts Interest Loan Miscellaneous (specify)	30,00	70.00	8/21/24 AH
3. Dr. Vidya Kara 105 Wasdside Pr. Michigan City, IN 46360 Contributor's Occupation (il required) Doctor	Contributions: Direct In-Kind (describe) Other Receipts: Interest Loan Miscellaneous (specify)	∂0D.Œ	200,00	10/11/24 AH
4. Amy Migs 2775 N Jong Knd Pak LaPark, IN 46350 Contributor's Occupation (# required)	Contributions: Direct In-Kind (describe) Other Recelpts: Interest Loan Miscellaneous (specify)	∂5, W	25, CO Softe County Pecceived	10/11/24 AH
5 Connie Lile 905 Tyler St. LaBrite, IN 46350	Contributions: Direct In-Kind (describe) Other Receipts: Interest Loan Miscellaneous (specify)	75,00	Receive OCT 18 2024 OCT 18 2024 Board 335,60) 10/11/24 AH
TOTAL OF ALL PAGES OF SCHEDULE	THIS PAGE OF SCHEDULE A A ON THE LAST PAGE ONLY 1 15a of the Summary Sheet.)	\$ 146.60 \$ 3301.00		



State Form 4606 (R16 / 6-23) 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 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 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 loan proceeds and repayments, retunds, 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			
46-24-02			
Page _	7	of	15

CONTRIBUTOR'S FULL NAME AND FULL MAILING ADDRESS	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
Act Blue 366 Smmer St. Somerville, MA 00144	Contributions: Direct In-Kind (describe)	76.58	196,49	5/15/24 AH
2 Act Blue	Contributions: Direct In-Kind (describe) Other Receipts:	788.2		5/20/24
	Interest Loan Miscellaneous (specify)	0000	484.70	Ан
Act Blue	Contributions: Direct In-Kind (describe)	_		6/17/24
	Other Receipts: Interest Loan Miscellaneous (specify)	28.66	513,36	AH
Act Blue	Contributions: Direct In-Kind (describe)	47.00		6/18/24
	Other Receipts: Interest Loan Miscellaneous (specify)	47.92	ceived ceived	AH
* Act Blue	Contributions: Direct In-Kind (describe)		Election Board	6/24/24
	Other Receipts: Interest Loan Miscellaneous (specify)		637.86	АH
	HIS PAGE OF SCHEDULE A	\$ 517,95		
TOTAL OF ALL PAGES OF SCHEDULE A (Enter total on ITEM	ON THE LAST PAGE ONLY 15a of the Summary Sheet.)	\$		



State Form 4606 (R16 / 6-23) 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 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 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 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					
L	16-6	34-	٥٦		
Page 8 of 15					

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)	Contails disco	PERIOD	YEAR-TO-DATE	RECEIVED BY
Committee to Elect Pat Bay	Contributions: Direct			, ,
218 CV	In-Kind (describe)		ļ	6/28/24
218 Suthwood Dr.	Other Receipts:	200,00	3.00	
Michigan City, IN 46360	☐ Interest ☐ Loan	00,0	20,00	
	Miscellaneous (specify)			AH
2.	Contributions:		<u> </u>	
Act Blue	Direct		·	, ,
	In-Kind (describe)			6/26/24
	Other Receipts:	22 6.4	(()	76-1
	│	23,84	661.70	
				AH
3.	Contributions:			
Act Blue	in-Kind (describe)			6/27/24
				6141194
	Other Receipts:	47,92	709,62	
	Miscellaneous (specify)		, + -	AH
4.	Contributions:	<u> </u>		
Act Blue	Direct			
	In-Kind (describe)			6/28/24
	Other Receipts:	3001	702.44	1184
	☐ Interest ☐ Loan ☐ Miscellaneous (specify)	J3.84	733,46	_
		ort	County	AH
5.	Contributions: Direct	13 R	ceived 2024	
Act Blue	In-Kind (describe)		1 Ton Asi	7/2/2
	· ·	/ /	Electron (7/2/24
	Other Receipts: Interest Loan	66.95	800,41	
	Miscellaneous (specify)	·	J, 1,	AH
SUBTOTAL TI TOTAL OF ALL PAGES OF SCHEDULE A	HIS PAGE OF SCHEDULE A	\$ 362.55		
	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 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 totated 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 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).

	46-	24-0	りよ	
Page_	9	of	15	

1. Act Blue	Contributions: Direct In-Kind (describe)			7/10/24
·	Other Receipts: Interest Loan Miscellaneous (specify)	240,52	1040,93	AH
2 Act Blue	Contributions: Direct In-Kind (describe)			7/17/24
	Other Receipts: Interest Loan Miscellaneous (specify)	28.66	1069,59	44
3 Act Blue	Contributions: Direct In-Kind (describe)		,	8/1/24
	Other Receipts: Interest Loan Miscellaneous (specify)	240,52	1310,11	AH
* Act Blue	Contributions: Direct In-Kind (describe)			8/5/24
	Other Receipts: Interest Loan Miscellaneous (specify)	23.84	1333.95 County	Ан
Act Blue	Contributions: Direct In-Kind (describe)	20,	18 2024 Lection Board	8/7/24
	Other Receipts: Interest Loan Miscellaneous (specify)	192.14	1526.09	AH-
	HIS PAGE OF SCHEDULE A	\$725,68		
TOTAL OF ALL PAGES OF SCHEDULE A (Enter total on ITEM	ON THE LAST PAGE ONLY 15a of the Summary Sheet.)	\$		



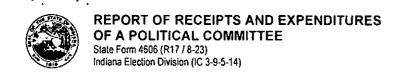
(CFA-4 SCHEDULE A-4) CONTRIBUTIONS BY POLITICAL ACTION COMMITTEES

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 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 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	NUMB	ER
	46-2	24-	<i>0</i>
Page _	10	_ of	15

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. Act Blue	Contributions: Direct In-Kind (describe)	LINOS		8/9/२५
	Other Receipts: Interest Loan Miscellaneous (specify)	98,50	1624,59	АH
2 Act Blue	Contributions: Direct In-Kind (describe)			8/14/24
	Other Receipts: Interest Loan Miscellaneous (specify)	9.85	1634,44	AH
3. Act Blue	Contributions: Direct In-Kind (describe)			8/15/24
	Other Receipts: Interest Loan Miscellaneous (specify)	J9.55	1663.99	AH
Act Blue	Contributions: Direct In-Kind (describe)			8/16/24
	Other Receipts: Interest Loan Miscellaneous (specify)	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	1762,49 sceived 12,2024	AH
5. Act Blue	Contributions: Direct In-Kind (describe)		T 18 2024 Election Board	8/21/24
	Other Receipts: Interest Loan Miscellaneous (specify)	96.07	1858.56	AH.
TOTAL OF ALL PAGES OF SCHEDULE A	HIS PAGE OF SCHEDULE A ON THE LAST PAGE ONLY 15a of the Summary Sheet.)	\$ 332,47 \$ £		



(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 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 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					
46-24-02					
Page					

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)	OR OTHER REGENT	PERIOD	YEAR-TO-DATE	RECEIVED BY
" Act Blue	Contributions: Direct In-Kind (describe)			8/23/24
	Other Receipts: Interest Loan Miscellaneous (specify)	167.59	2036.15	AH
2 Act Blue	Contributions: Direct In-Kind (describe)			9/17/24
	Other Receipts: Interest Loan Miscellaneous (specify)	124.73	2150,88	AH
3. Act Blue	Contributions: Direct In-Kind (describe)			10/1/24
	Other Receipts: Interest Loan Miscellaneous (specify)	96.07	2246.95	ДH
* Act Blue	Contributions: Direct In-Kind (describe)	32.64		10/11/24
	Other Receipts: Interest Loan Miscellaneous (specify)	J3,84	2270,79	AH
5.	Contributions: Direct In-Kind (describe)	-	gothe County Received	\
	Other Receipts: Interest Loan Miscellaneous (specify)		Received OCT 18 2024 Election Board	45
<u>L.</u>	THIS PAGE OF SCHEDULE A	\$ 4/2 23		
TOTAL OF ALL PAGES OF SCHEDULE / (Enter total on ITEM	A ON THE LAST PAGE ONLY 1 15a of the Summary Sheet.)	\$ 2350.88		
		5474.12	·-···	



State Form 4606 (R16 / 6-23) Indiana Election Division (IC 3-9-5-14)

(CFA-4 SCHEDULE B) ITEMIZED EXPENDITURES

FILE NUMBER
46-24-02
Page 12 of 15

RECIPIENT'S NAME AND MAILING ADDRESS	RECIPIENT'S OCCUPATION	TYPE OF EXPENDITURE	COLUMN A	COLUMN B	DATE OF
(street, number, city, state, ZIP code)	OFFICE SOUGHT (if applicable)	and PURPOSE (be specific)	AMOUNT THIS PERIOD	CUMULATIVE YEAR-TO-DATE	EXPENDITURE (mm/dd/yy)
Code_A Makesticters.com 18621 SIST Are Tinley Pak_IL 60487		Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other Purpose: Sticker S	111,49	111,49	6/10/२५
Customink LLC 1640 Boro Place Site 301 Tysons, VA 20102		☐ Poirect ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other Purpose: Shirts	151,12	151,12	6/10/24
Office Max 118 Ovnes Plaza Michigan City, IN 46360		Poirect In-Kind Payment of Debt Returned Contribution Other Purpose: Parting Thirtelass	42,20	59.9a	4 ग/भ
Next Day Flyers 8000 Hastell Are Von Nuss, (A 91406		Purpose:	372,56	372,56	6/26/24
Speedway 101 US-20 Michigan City, IN 4630		Direct In-Kind Payment of Debt Returned Contribution Offher Purpose: Texas Fuent	5,49	5.49	6/३८/२५
Dollar General 2052 US-20 Michigan City, IN 46360	f	Defirect In-Kind Payment of Debt Returned Contribution Other Purpose: Danks/Fad	75.42	75 ya	6/38/24
INDEMS (Act Blue) 101 W Washington St & 1110 Indenapolis, IN 46204		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:	251.25	Received OCI 18 20 OCI 18 20 SELECTION	1/8/24
	SUBTOTAL THIS PAGE	E OF SCHEDULE B	\$1016.13		
TOTAL OF ALL PA	GES OF SCHEDULE B ON THE		\$ —		



State Form 4606 (R16 / 6-23) Indiana Election Division (IC 3-9-5-14)

(CFA-4 SCHEDULE B) ITEMIZED EXPENDITURES

FILE NUMBER				
L	16-24	1-0a		
Page_	13_of_	15		

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 O Walmart 5780 Frenklin St Michago Chy, IN 4636	p ·	Direct In-Kind Payment of Debt Returned Contribution Other Purpose: Chice Supplies	42.29	42.29	8/20/24
Deller Ceneral 20\$2 US 20 Michigan Col, IN 46360		Direct In-Kind Payment of Debt Returned Contribution Other Purpose: Office Supplies	8.83	84.24	8/२/२५
Next Day Flyers 8000 Hastell Ave Van Nuys, CA 9140C		Payment of Debt Returned Contribution Other Purpose:	193,24	565.80	ठ/ग/२५
Als Spermortet 702 E Lindhway LoPorte, IN 46350		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:	Ja.18	29,18	8/२२/२५
Baxler Printing 31 N Broad St. Griffith, IN 46319		Poirect In-Kind Payment of Debt Returned Contribution Other Purpose:	390	390	8/23/24
Walmart 5780 Frontlinst Michigan Ch. IN		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:	168,13	216 Jahr	9/4/24
Sature to taker Lobrie County Central Committee		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:	20,00	Received Received OCT 18 2024 OCT 18 2024 OCT 18 2024 OCT 18 2024	9/6/24
TOTAL OF ALL PA	SUBTOTAL THIS PAG	E OF SCHEDULE B	\$ 1031.66		
	(Enter total on ITEM 17a of th		\$		



State Form 4606 (R16 / 6-23) Indiana Election Division (IC 3-9-5-14)

(CFA-4 SCHEDULE B) ITEMIZED EXPENDITURES

FILE NUMBER				
46	5-24-0	<u></u>		
Page	14 of_	15		

RECIPIENT'S NAME AND MAILING ADDRESS	RECIPIENT'S OCCUPATION	TYPE OF EXPENDITURE	COLUMN A	COLUMN B	DATE OF
(street, number, city, state, ZiP code)	OFFICE SOUGHT (if applicable)	and PURPOSE (be specific)	AMOUNT THIS PERIOD	YEAR-TO-DATE	EXPENDITURE (mm/dd/yy)
South Bend Chacolate 307 Lighthouse Pl Michigan City, IN 46360		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:	50.48	50.48	9/6/24
Act Blue 700 & Localaway, Labelle, IN 46350		☐ Payment of Debt☐ Returned Contribution☐ Other☐ Purpose:	6.20	6.30	9/14/24
Als Spermatet 700 E Lincolnway Lolate IN 46350		Direct m-Kind Payment of Debt Returned Contribution Other Purpose:	11,87	41,05	9/18/24
Boxler Proming 311 N Broad St Griffith, IN 46319		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:	J225,66	2615,60	9/18/24
Spredway 101 US 20 Michigan City, IN 46500		☐ Payment of Debt ☐ Returned Contribution ☐ Other Purpose:	<i>5</i> 0,22	55,71	9/3424
Speedway 101 US 260 Michigan (A, TN 4656)		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:	36,00	Received and	X6/7/24
Formily Express 7687 US 20 Michigan City, #10 4834) ·	□ Direct □ In-Kind □ Payment of Debt □ Returned Contribution □ Other □ Purpose:	55.32	Receive 2004 OCT 18 2004 Election Board	
·	SUBTOTAL THIS PAG GES OF SCHEDULE B ON THE		\$ 2429,69		
	_(Enter total on ITEM 17a of th	e Summary Sheet.)	\$		



State Form 4606 (R16 / 6-23) Indiana Election Division (IC 3-9-5-14)

(CFA-4 SCHEDULE B) ITEMIZED EXPENDITURES

FILE NUMBER
46-24-02
Page 15 of 15

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 O Office Max 118 Dunes Ploza Michigan Coly, IN 46360		Direct In-Kind Payment of Debt Returned Contribution Other Purpose: Office Supplies	84,27.	144,19	10/11/24
Book Fees		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:	78,00	J8.40	10/4/24
Reprographic Att 2824 E Michigan Blud Michigan (Hy, IN 46360)		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:	116,00	116.00	7/11/24
Code		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:		:	
Code		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:			
Code		Direct		gote Coun)A
Code		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:		Received of 18 of	n d
SUBTOTAL THIS PAGE OF SCHEDULE B				Į.	
TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY (Enter total on ITEM 17a of the Summary Sheet.)			\$ 2.27 \$ 4.589.5 5		