

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

410-24-57

TOTAL PAGES IN ENTIRE CFA-4 REPORT

7

COMMITTEE INFORMATION			
1. Full Name of Committee (as on <i>Statement of Organization</i>) Check if this is a new Crawwitter to flet Ela Diolespace	name.		
2. Acronym or Abbreviated Name (if any)	3. Committee	Telephone Number	
	(219)	380-117	/
4. Mailing Address (Address where all campaign finance correspondence is received.)	Check if this is a	new address.	
5. City, State, ZIP Code		tion (if applicable)	
La Porte, IN 46350	Repu	blican	
CANDIDATE INFORMATION (For Candidate's C		<u> </u>	
7. Full Name of Candidate (Include any nickname.) Elzbieta (Ela) Bilderback	1 0	tion or If Independer よにない	nt Candidate
9. Office Sought (Include district number, if any. Not required for exploratory committee.)	10. County of		
Lecorder	ha	orte	
TYPE OF REPORT		CONVENTIO	N CANDIDATES ONLY
11. Check one:		Check one:	
Pre-Primary Pre-Election Annual Nomination Other			
Final / Disbands Committee (Lines 18, 19, and 20 must be "0".) Uottgoing Treasurer (Within ten (10) days amend Sta	atement of Organization) Dost-Cor	ivention
12. Reporting Period (<i>mm/dd/yy</i>): From: 01-01-24 Through: 04-12-24		COLUMN A This Period	COLUMN B Year to Date
13. Cash on hand and investments at the beginning of this reporting period.		Ф	
14. Cash on hand and investments January 1, current year.			· Q
CONTRIBUTIONS AND RECEIPTS			
(Note: these amounts include in-kind contributions and loans, as well as cash contributions.)			4/00 00
15a. Itemized (Use Schedule A.)		00.00	2100,00
15b. Unitemized		185100	685,00
		185.00	2785,00
16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B.	TOTAL 2	185,00	2785,00
EXPENDITURES			
(Note: These amounts include in-kind expenditures and loan repayments.)	3.	205 5/	112 1 11 - (
17a. Itemized (Use Schedule B.) (Public Question: use Schedule C.)	4	325,56	4325.56
17b. Unitemized	V1	7055	112755
	STOTAL 4	<u> </u>	4325.56
18. Cash on hand and investments at close of this reporting period (Subtract 17c from 16 in both columns.)	TOTAL	61.12	
19. Debts OWED BY the committee (Use Schedule D.)		600.00	
20. Debts OWED TO the committee (Use Schedule E.)		<u> </u>	
CERTIFICATION		È	OF OFFICE USE ONLY
I CERTIFY THAT I HAVE EXAMINED THIS STATEMENT. TO THE BEST OF MY KNOWLEDGE AND BELIEF IT IS	TRUE, CORRECT A	ND COMPLETE.	Α
Signature of Treasurer Title	Date (m	nm/dd/yy)	고 등 등
Elibieta Bilblerbails Treserer	7.7	3 24	202 202
Signature of Candidate (if applicable)		m/dd/yy) 5 -24	
WARNING: Any information contained in this report may not be copied for sale or used for any commercial purpose	e. (IC 3-9-4-5) A pers	on who knowingly	1 5
files a fraudulent report commits a Level 6 felony. (IC 3-14-1-13) A person who fails to file a complete or accur Campaign Finance Law commits a Class B misdemeanor, (IC 3-14-1-14) and may be subject to civil penalties. (IC 3-8	rate report as require	ed by the Indiana	HO E
Campaign Finance Law commis a Class o misoemeanor, (to 3-14-1-14) and may be subject to civil penalies. (to 3-14-1-14)	5-4-10, 10 3-3-4-11, 1	U U-3-4-10)	
			24



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

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

Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY INDIVIDUALS ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from individuals OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee). A contributor's occupation is required if an individual makes at least \$1,000 in contributions during the calendar year. Otherwise, this is optional.

FILE NUMBER				
Page_		of	2	

CONTRIBUTOR'S FULL NAME AND OCCUPATION FULL MAILING ADDRESS	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS	COLUMN B	DATE RECEIVED (mm/dd/yy)
1. Katie Bowen 607 Lake side St. La Porte, IN 46350	Contributions: Direct In-Kind (describe) Other Receipts: Interest Loan	IOO.OO	YEAR-TO-DATE	RECEIVED BY EB Trescurer 2-16-24
Contributor's Occupation (if required)	Miscellaneous (specify)			-
2 Ron & Suzanne Schafer 1566 E. Glacier Bnd	Contributions: Direct In-Kind (describe)	150.00		28 treswer 2-16-24
La Porte, IN 46350 Contributor's Occupation (if required)	Other Receipts: Interest Loan Miscellaneous (specify)			2-16-24
2 Ronald Heeg 5161 N. Cameron	Contributions: Direct In-Kind (describe)	100.00		EB tresurer 2-16-24
La Porte, IN 463570 Contributor's Occupation (if required)	Other Receipts: Interest Loan Miscellaneous (specify)			2-16-24
*Allen & Heather Stevens 5277 W 14755	Contributions: Direct In-Kind (describe)	150.00		EB tresurer
Hannah, IN 46340 Contributor's Occupation (if required)	Other Receipts: Interest Loan Miscellaneous (specify)			2-16-24
Jim & Becky Presset 1772 Lofgren Rd.	Contributions: Direct In-Kind (describe)	150.00	r 5 5-77 - r	EB treverer
Rolling Prairie, IN46371.	Other Receipts: Interest Loan Miscellaneous (specify)			2-16-24
	THIS PAGE OF SCHEDULE A	\$ 650.00		
TOTAL OF ALL PAGES OF SCHEDULE A	ON THE LAST PAGE ONLY 15a of the Summary Sheet.)	\$.	100	



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

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

Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY INDIVIDUALS ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from individuals OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee). A contributor's occupation is required if an individual makes at least \$1,000 in contributions during the calendar year. Otherwise, this is optional.

FILE NUMBER				
Page _	2	of	2	

CONTRIBUTOR'S FULL NAME AND OCCUPATION 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
1 doe & duanita Haney	Direct	100.00		EB
2695 W. Joleet Rd.	In-Kind (describe)			tresurer
La Porte, IN 46350	Other Receipts: Interest Loan Miscellaneous (specify)			2-16-24
Contributor's Occupation (if required)	Contributions:			C 602
"Mike & Rhonda Graves	Direct	150.00		EB
4957 N. Remington Sq.	In-Kind (describe)			transver
La Porte, IN 46350	Other Receipts: Interest Loan Miscellaneous (specify)			2-16-24
Contributor's Occupation (if required)				
3 Timothy Stabosz 1501 Michigan Ave ha Rorto, 1N 46350	Contributions:			EB
1501 Midligan Ave	In-Kind (describe)	1000.00		
ha Porte, 1/2 46350				tresserer
	Other Receipts: Interest Loan Miscellaneous (specify)	-		2-16-24
Contributor's Occupation (if required)				
1. Shelby Moravec	Contributions: Direct	100.00		EB
mark Kurth	In-Kind (describe)	100,00		tresuser
969 S. Forrester Rd.	Other Description			"Coles Cr
La Porte, IN 46350	Other Receipts:			9-22 011
	Miscellaneous (specify)			2-23-24
Contributor's Occupation (if required)				
" Ten Stockstill	Contributions: Direct	100.00		EB
640 Freyer Ld. Michigan City, IN 46360	In-Kind (describe)			tresuver
Michigan City, IN 46360	Other Receipts:			3-31-24
	Miscellaneous (specify)			
Contributor's Occupation (if required)				
	THIS PAGE OF SCHEDULE A	\$ 1450,00		
TOTAL OF ALL PAGES OF SCHEDULE (Enter total on ITEM	A ON THE LAST PAGE ONLY I 15a of the Summary Sheet.)	\$ 2100,00		



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

(CFA-4 SCHEDULE B) ITEMIZED EXPENDITURES

FILE NUMBER			
	.	•	
Page	of	3	

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)
Vistaprint 100 Hayden Ave Lexington, MA 02421	Print Shap	Direct In-Kind Payment of Debt Returned Contribution Other Purpose:	58.71		0121-24
USPS 1201 Lived N Way La Porte, IN 46350	Postal Service	Direct In-Kind Payment of Debt Returned Contribution Other Purpose:	40.81		01-25-24
walmart 333 Bayof Blvol La Porte, IN U6350	Supplies	Direct In-Kind Payment of Debt Returned Contribution Other Purpose:	30,45		01-18-24
Amazon 440 Terry AJEN Seattle, WA98109	onlinestore	Direct In-Kind Payment of Debt Returned Contribution Other Purpose:	55.61		2-13-24
Patolino Grill 3233 IN-39 La Porte, IN 46350	Pundraisex quent Restaurant foe.	Direct In-Kind Payment of Debt Returned Contribution Other Purpose:	413.20		2-16-24
code A CK Designs 3382 E State Rd 4 La Porte, IN 46350	T-shirts w/logo	Direct In-Kind Payment of Debt Returned Contribution Other Purpose:	321,00		2-26-24
Amazon 440 Terry Ave N Seattle, WA 98109	on line store	Direct In-Kind Payment of Debt Returned Contribution Other Purpose:	29,79	85,40	3-6-24
TOTAL OF ALL PA	SUBTOTAL THIS PAC AGES OF SCHEDULE B ON THI (Enter total on ITEM 17a of t	E LAST PAGE ONLY	\$ 950.01 \$		



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

(CFA-4 SCHEDULE B) ITEMIZED EXPENDITURES

	FILE	NUMB	ER	
Page _	2	of	3.	

RECIPIENT'S NAME AND MAILING ADDRESS (street, number, city, state, ZIP code)	RECIPIENT'S OCCUPATION OFFICE SOUGHT (if applicable)	TYPE OF EXPENDITURE i and PURPOSE (be specific)	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE OF EXPENDITURE (mm/dd/yy)
Capital Promotions In P.O. Box 231 Gunside, PA 19038	Sign production	Direct In-Kind Payment of Debt Returned Contribution Other Purpose:	927.00		2-21-24
Vistaprint 100 Hayden 10 Letingbon, MAO2421	Print shop	Direct In-Kind Payment of Debt Returned Contribution Other Purpose:	49.21	107.42	2-12-24
Hawkins Print Shop. 815 Linadhway La Porte 11N 016350	Print shop	Direct In-Kind Payment of Debt Returned Contribution Other Purpose:	230.37		3-13-24
American Legion Port83 228 Elincolnway La Porte	Club	Direct In-Kind Payment of Debt Returned Contribution Other Purpose:	50,00		3-21-24
USPS 1201 Lincolnway La Porte, IN 46350	Rostal service	Direct In-Kind Payment of Debt Returned Contribution Other Purpose:	204.00	244.81	3-27-24
uistaprint 100 Hayden Ave Lepington, MA 02421	Print Shop	Direct In-Kind Payment of Debt Returned Contribution Other Purpose:	230,04	337.96	3~23-24
Angela Minich 54525 425 W La Poste, IN 46350	graphic designer	Direct In-Kind Payment of Debt Returned Contribution Other Purpose:	100,00		3-11-24
TOTAL OF ALL DA	SUBTOTAL THIS PAG		\$ 1790.62		
TOTAL OF ALL PA	GES OF SCHEDULE B ON THE (Enter total on ITEM 17a of th	e Summary Sheet.)	\$		



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

(CFA-4 SCHEDULE B) ITEMIZED EXPENDITURES

FILE NUMBER			
Page _	3.	of_3	

				· 	
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)
Hawkins Print Shop 315. Linaduway ba Poste, IN 46350	Print Shop	Direct In-Kind Payment of Debt Returned Contribution Other Purpose:	720,50	828.42	4-11-24
1201 Lincolnuay LaPode, IN 46350	Postal service	Purpose:	864.37	1109.18	4-12-24
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:			
Code		Direct h-Kind Payment of Debt Returned Contribution Other Purpose:			
	SUBTOTAL THIS PAGE	E OF SCHEDULE R	5 5010		
TOTAL OF ALL PAG	SES OF SCHEDULE B ON THE	LAST PAGE ONLY	\$43.2556		



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

(CFA-4 SCHEDULE D) **DEBTS OWED BY THIS COMMITTEE**

(Enter total on ITEM 19 of the Summary Sheet.)

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. List all debts and toans, regardless of the amount, OWED BY the committee during the reporting period. Include all amounts owed for or to lend institutions, individuals, credit purchases, committee credit card accounts, etc. List each vendor paid by credit card issued in the name of the committee in the ENDORSER'S column. A lender's occupation is required if an individual makes loans of at least \$1,000 during the calendar year. Otherwise, this is optional.

FILE NUMBER			
Page _	of		

CREDITOR'S OR LENDER'S NAME AND MAILING ADDRESS (street, number, city, state, ZIP code)	ENDORSER'S OR VENDOR'S NAME AND MAILING ADDRESS (if any) (street, number, city, state, ZIP code)	AMOUNT NATURE OF DEBT	DATE DEBT INCURRED (mm/dd/yy)	CUMULATIVE PAID YEAR-TO-DATE	OUTSTANDING BALANCE THIS PERIOD
Elzbieta Bilderback 1127 Indiana Ave		1000.00	3-31-24	9	1000.00
La Porte, IN 46350 LENDERS OCCUPATION: Decorder		Loan			
Elzbiela Belolerbach 1127 Indiana tve La Rorte, IN 46350		600.00	4-11-24	1600,00	1600.00
La Rorte, IN 46350 LENDERS OCCUPATION: Peronder		Loan			
LENDER'S OCCUPATION:					, , , , , , , , , , , , , , , , , , ,
LENDER'S OCCUPATION:					
LENDER'S OCCUPATION:		Marie - 1, 10 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1			
LENDER'S OCCUPATION:					
LENDER'S OCCUPATION					\$ 1600,00 \$1600,00
SUBTOTAL THIS PAGE OF SCHEDULE D					
TOTAL OF ALL PAGES OF SCHEDULE D ON THE LAST PAGE ONLY (Enter total on ITEM 19 of the Summary Sheet.)					



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)

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

410-24-57

TOTAL PAGES IN ENTIRE CFA-11

REPORT

IS THIS AN AMENDMENT? ☐ Ye	s DXNo				ļ	/	
		COMMITTEE IN					
1. Full Name of Candidate (Include any nickna		is a new name.	2. Committee	•			
Elzbieta (Ela) Bilo			<u>(219)</u>				
3. Mailing Address (Address where all camps	-	ndence is received.)	☐ Check if	this is a new	address.		
1127 Indiana Av		700 1		5 B + 460			
La Porte	State	ZIP Code 4639		~		endent Candidate	
6. Office Sought (Include district number, if a		, L		7. County of	Publica Residence	<u> </u>	
County Reco	•	, , , , , , , , , , , , , , , , , , , ,	,	=	Porte		
8. Reporting Period (mm/ad/yy):		11 07-	211				li li
From: 4-/3-24 For classification, enter INDV for individual; PAC for p		4–27– ORP for corporation; LA	• •	ization; OTHER	R for all entries whic	h are not one of the ab	ove categories.
CONTRIBUTOR'S FULL NAME	AND OCCUPATION				co	LUMN A	DATE RECEIVED &
FULL MAILING AD (street, number, city, sta	DRESS	Ţ	YPE OF CONTRIE OR OTHER REC		AMO	OUNT OF RIBUTION	ACCEPTED (mm/dd/yy) RECEIVED BY
Classification 1. Timofhy St	tabosz.	Contribut					
Classification 1. Timothy SY 1NDV 1501 midus ha Porte,	igan Ave	凌 In-K	ind (describe)). Ja	\$130	2,00	4-27-24 Eldricka Bijdorbalk
ha Porte,	IN 46350	'	adio At				ana
		Other Re	eceipts: rest 🔲 Loan				etancea
		1=	cellaneous (spe	cify)			131/derback
Contributor's Occupation (if applicable) Audik	•r						
Classification 2.		Contribut	tions:				1
Classification 2.		☐ Dire					
		□ In-K	ind (describe)				
							
		Other Re	eceipts: rest □ Loan				
		↓ _	cellaneous (spe	cify)			
Contribute de Constantino (Constitution)		l					
Contributor's Occupation (if applicable) Classification 3.		Contribut	tions:				+
Glassification 3.		☐ Dire					1
		□ In-K	ind (describe)				
		Other Re	•				
		i	rest □ Loan cellaneous <i>(spe</i>	cifv)	1		1
				**			
Contributor's Occupation (if applicable)	CERTIFIC	ATION			<u> </u>	FOR OFFI	LE USE ONLY
I CERTIFY THAT I HAVE EXAMINED TH			Y KNOWLED	GE AND B	ELIEF IT IS	- F T	L E D
Signature of Treasurer	Title			Date (mm/dd/y	y)	IN CL	RKS OFFICE
Ekspieta Bilderba		esurcr		4-29	1-24		
Signature of Candidate (if applicable) El2b/169 Bilot				Date (mm/dd/y	• *	םמג	2 9 2024
					-24	APR	
Warning: Any information contained in this reperson who knowingly files a fraudulent report of	ommits a Level 6 felony	. (IC 3-14-1-13) A per	rson who fails to	o file a comple	ete or accurate	L	ACTU OTHERS
report as required by the Indiana Campaign Fini penalties. (IC 3-9-4-16, IC 3-9-4-17, and IC 3-9-	ance Law commits a Cla					CIFRK OF L	A PORTE CIRCUIT COURT



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)

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

46-24-57 TOTAL PAGES IN ENTIRE CFA-11 REPORT

IS THIS AN AMENDMENT? Yes	□No					
1. Full Name of Candidate (Include any nickname		MITTEE INFORM	AHON nittee Telephone	Number		
Elzbicta (Ela) Bilde		(21	-	2-1171		
3. Mailing Address (Address where all campaig				• • •		
1127 Indiana Ave		- 13 7000 FF 64 1	HOOK II IIIIS IS A HE	w address.		
4. City		IP Code	5. Party Af	filiation or If Indepen	đent Candidat	e
La Porte	IN	46350		Republic	au	
6. Office Sought (Include district number, if any	/. Not required for explora			of Residence		
Country Reco	adev		La	Porto		
8. Reporting Period (mm/dd/yy):	_					
From: 4-13-24	Through: 5	<u>-6-24</u>				
For classification, enter INDV for individual; PAC for politic	ical action committee: CORP fo	r corporation; LAB for labo	or organization; OTH	ER for all entries which a	re not one of the	above categories.
CONTRIBUTOR'S FULL NAME AN FULL MAILING ADDR (street, number, city, state,	RESS		CONTRIBUTION ER RECEIPT	COLU AMOU CONTRI	NT OF	DATE RECEIVED & ACCEPTED (inin/dd/yy) RECEIVED BY
Classification 1. Timothy S	tabosz	Contributions:		.		
classification 1. Timothy S INDV 1501 Mid La Porte,	waan Ave	☐ Direct	ariba)	\$I480.	94	5-2-24
1.0 2.10	14/4/250	Postco	_	1		
La lore,	Ocedi Mi	Other Receipts:	-	1]
1		Interest	Loan]
		☐ Miscellaneou	ıs (specify)			
Contributor's Occupation (if applicable)			<u>-</u>			
Classification 2. Timofful St	tabose	Contributions:		1,		ریم ر س
INDV	wan Ave	☐ Direct ☐ In-Kind (desc	cribe)	\$1947.6	54	5-6-24
Classification 2. Timothy St INDV 1501 Mill La Porte		printin	•	1		
La forte	, IN46350	Other Receipts:	ð			
		☐ Interest ☐		1		4
İ		☐ Miscellaneou	ıs (specify)			
Contributor's Occupation (if applicable)		_	_	_		
Classification 3.		Contributions: Direct				
		☐ In-Kind (desc	cribe)	1		
		 	_			
		Other Receipts:		1		
1		☐ Interest ☐				
1		☐ Miscellaneou	10 (<i>вресну)</i>	1		
Contributor's Occupation (if applicable)	CERTIFICATIO	N .			EOD OF	
I CERTIFY THAT I HAVE EXAMINED THIS	CERTIFICATION STATEMENT. TO THE	BEST OF MY KNO	WLEDGE AND	BELIEF IT IS	FUR UF	TICE USE UNLT
TRUE, CORRECT AND COMPLETE.	Tista					L E D
Signature of Treasurer	Title Tresus t may not be copied for sale mits a Level 6 felony. (IC 3 ce Law commits a Class B n	H (Date (mm/de	6-24	FI	ERKS OFFICE
EEEbi Ofa By do Noa Ch Signature of Candidate (if applicable)	11 200		Date (mm/de		1110	
Elstich Bill	10 back			6-24		, c 2024
Warning: Any information contained in this report	t may not be copied for sale	or used for any comme	,		MAY	- 6 2024
person who knowingly files a fraudulent report com report as required by the Indiana Campaign Financ	mits a Level 6 felony. (IC 3 ce Law commits a Class B r	-14-1-13) A person who nisdemeanor (IC 3-14-1	fails to file a com	plete or accurate		
penalties. (IC 3-9-4-16, IC 3-9-4-17, and IC 3-9-4-1	18)		-,,, 00		L	ACHE STEVENS
					CLERK OF	A PORTE CIRCUIT COURT



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

Indiana Election Division (IC 3-9-5-14)

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this form. For

IS THIS AN AMENDMENT?
Yes
No

assistance in completing this form, see instructions on the reverse side.

(CFA-4) Summary Sheet

FILE NUMBER
46-24-57
TOTAL PAGES IN ENTIRE CFA-4 REPORT
6

•	_		
COMMITTEE INFORMATI	ON		
1. Full Name of Committee (as on Statement of Organization) Check if this is a	new name.		
Committee to Elect Ela Bilderback		*	
2. Acronym or Abbreviated Name (if any)		mittee Telephone Number	•
	<u> (2/4</u>	9) 380-117/	
4. Mailing Address (Address where all campaign finance correspondence is received.)	Check if th	nis is a new address.	
5. City, State, ZIP Code		Affiliation (if applicable)	
La Porte, IN 46350		epublican	
CANDIDATE INFORMATION (For Candidate		· · · · · · · · · · · · · · · · · ·	
7. Full Name of Candidate (Include any nickname.) Elzbieta (Ela) Bilderback		y Affiliation or If Independe Lepublica U	nt Candidate
9. Office Sought (Include district number, if any. Not required for exploratory committee.)		unity of Residence a Porte	
TYPE OF REPORT			N CANDIDATES ONLY
11. Check one:		Check one:	
☐ Pre-Primary Pre-Election Annual Nomination Other		Pre-Con	vention
Final / Disbands Committee (Lines 18, 19, and 20 must be "0".) Outgoing Treasurer (Within ten (10) days amo	end Statement of Org	ganization.) Post-Co	nvention
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.		61.12	
14. Cash on hand and investments January 1, current year.			<i>\phi</i>
CONTRIBUTIONS AND RECEIPTS			
(Note: these amounts include in-kind contributions and loans, as well as cash contributions.)	[10.0.0.0]	10108.00
15a. Itemized (Use Schedule A.)	•	18028130	10,128,30
15b. Unitemized		(P)	685,00
15c. Add lines 15a and 15b in both columns.	SUBTOTAL	18028,30	10,813,30
16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B.	TOTAL	8089,421	10,813,30
EXPENDITURES			
(Note: These amounts include in-kind expenditures and loan repayments.)			
17a. Itemized (Use Schedule B.) (Public Question: use Schedule C.)		8064.54	12,310.10
17b. Unitemized		Φ	, 4
17c. Add lines 17a and 17b in both columns.	SUBTOTAL	80.64,54	12,39010
18. Cash on hand and investments at close of this reporting period (Subtract 17c from 16 in both columns	s.) TOTAL	24.88	1
19. Debts OWED BY the committee (Use Schedule D.)		1600,00	
20. Debts OWED TO the committee (Use Schedule E.)		1	
			FOR OFFICE HAT ONLY
CERTIFICATION I CERTIFY THAT I HAVE EXAMINED THIS STATEMENT. TO THE BEST OF MY KNOWLEDGE AND BELIEF	IT IS TRUE COR		FOR OFFICE USE ONLY
LI LUER DE LIDAL LIDAVE EXAMINED TIDIO OTATEMIENT. TO THE DEST OF MIT NIVOWLEDGE AND DELICE	TI IS INCE, COR	INCOFAIND COMPLETE.	

Signature of Treasurer

Eltbiela Bilderback

Title Tresurer

Date (mm/dd/yy)
10-16-24

Signature of Candidate (if applicable)

Eltbiela Bilderback

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

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)





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

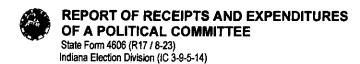
(CFA-4 SCHEDULE A-1) CONTRIBUTIONS BY INDIVIDUALS

Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY INDIVIDUALS ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from individuals OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee). A contributor's occupation is required if an individual makes at least \$1,000 in contributions during the calendar year. Otherwise, this is optional.

FILE NUMBER					
Page _		of	3		

CONTRIBUTOR'S FULL NAME AND OCCUPATION FULL MAILING ADDRESS	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS	COLUMN B CUMULATIVE	DATE RECEIVED (mm/dd/yy)
(street, number, city, state, ZIP code)	OR OTHER REGENT	PERIOD	YEAR-TO-DATE	RECEIVED BY
1501 Michigan Ave La Porte, IN 46350	Contributions: Direct In-Kind (describe)	1302.00	2302,00	4^27-24
, , , , , ,	Other Receipts: Interest Loan Miscellaneous (specify)			tresuled
Contributor's Occupation (if required)	Contributions:			
Timothy Stabose 1501 Michigan Are La Porte, IN 46350	Other Receipts: Interest Loan Miscellaneous (specify)	1480.94	3782.94	5-2-24 Tresund
Contributor's Occupation (if required)	Contributions			
Timothy Stabosi 1501 Michigan Ave La Porte, IN 46350	Contributions: Direct In-Kind (describe) Other Receipts: Interest Loan Miscellaneous (specify)	1947.64	5730.58	5-6-24 Tresuser
Contributor's Occupation (if required)				
* Elzbieta Bilderback 1127 Indiana Ave La Porte, IN 46350	Contributions: Direct In-Kind (desoribe) Other Receipts: Interest Loan	374.00	374,00	6-5-24
La lorie, in tosse	Miscellaneous (specify)		the County 2014	Insur
Contributor's Occupation (if required)		/ a	Received 1014	\
Elzbieta Bilderback 1127 Indiana Are	Contributions: Direct In-Kind (describe)	/	Received And Received Supplemental Supplemen	5-31-24
1127 Indiana Are La Porte, IN 46350	Other Receipts: Interest Loan Miscellaneous (specify)	, - ,	4	Trenuel
Contributor's Occupation (if required)				
SUBTOTAL TOTAL OF ALL PAGES OF SCHEDULE	THIS PAGE OF SCHEDULE A	\$ 5269.58		
	1 15a of the Summary Sheet.)	\$		



(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	ER	
Page	2	of	3	_

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 Timothy Stabose 1501 Michigan Ave La Porte, IN 46350	Contributions: Direct in-Kind (describe)	1000.00	6730,58	8-19-2y
	Other Receipts: Interest Loan Miscellaneous (specify)		;	Tresurer
2. Estableta Biloterback 1127 Indiana Ave La Porte 11N 46350	Contributions: Direct In-Kind (describe)	700.00	1249.00	9-13-24
LA TOTAL IIIV TOOSA	Other Receipts: Interest Loan Miscellaneous (specify)			Tresurer
Contributor's Occupation (if required)		 	 	
* Sean Fagan	Contributions: Lack Direct In-Kind (describe)	200,00	200,00	10-7-24
	Other Receipts: Interest Loan Miscellaneous (specify)			Tremmer
Contributor's Occupation (if required)	AAribodiana	ļ	 	:
Elzbieta Bilderbaule 1127 Indiana Ave	Contributions: Direct In-Kind (describe)	268,12	1517.72 Junty 7.72 Junty 8 2014	10-11-24
La Porte, IN 46350 Contributor's Occupation (if required)	Other Receipts: Interest Loan Miscellaneous (specify)	07 2 400	tection testion	Tresuser
e	Contributions:			
Elzbieta Bilderback 1127 Indiana Ave	Direct In-Kind (describe)	100,00	1617.72	10-11-24
La Porte, IN 46350	Other Receipts: Interest Loan Miscellaneous (specify)			Treswer
Contributor's Occupation (if required)		·	<u>_</u>	
SUBTOTALT	HIS PAGE OF SCHEDULE A	\$ 2268.72		
TOTAL OF ALL PAGES OF SCHEDULE A (Enter total on ITEM	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-5) CONTRIBUTIONS BY OTHER ORGANIZATIONS

Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY ORGANIZATIONS OTHER THAN CORPORATIONS, LABOR ORGANIZATIONS, POLITICAL ACTION COMMITTEES AND 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 other entities OVER \$100 per contribution, 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 candidate's, legislative caucus, and regular party 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 N	UMBE	R	
Page _	3	_ of	3	

CONTRIBUTOR'S FULL NAME AND	TYPE OF CONTRIBUTION	COLUMN A	COLUMN B	DATE RECEIVED (mm/dd/yy)
FULL MAILING ADDRESS (street, number, city, state, ZIP code)	OR OTHER RECEIPT	AMOUNT THIS PERIOD	CUMULATIVE YEAR-TO-DATE	RECEIVED BY
1 463 60P Club	Contributions: Direct In-Kind (describe)	500.00	500,00	921-24 Fresurer
	Other Receipts:			Tresares
	Miscellaneous (specify)			
2.	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest Loan Miscellaneous (specify)			
3.	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest Loan Miscellaneous (specify)			
4.	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest Loan Miscellaneous (specify)			
5.	Contributions: Direct In-Kind (describe)		1 48 CC	unty wed
	Other Receipts: Interest Loan Miscellaneous (specify)		(0)	wed we are the post of the pos
SUBTOTAL	THIS PAGE OF SCHEDULE A	\$ 500,00		
TOTAL OF ALL PAGES OF SCHEDULE (Enter total on ITER	A ON THE LAST PAGE ONLY 15a of the Summary Sheet.)	\$ 500,00		



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

(CFA-4 SCHEDULE B) ITEMIZED EXPENDITURES

FILE NUMBER				
Page _	1	_ of _	2	

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 USPS	Postal Sepice	Direct in-Kind Payment of Debt	1480,94	2590.12	5-2-24
1201 Linadoway		Returned Contribution Other			
La Porte, IN 46350		Purpose:			
code A Russ Print Shap	Print shop	Direct In-Kind	1947, 64	1947,64	4-30-24
131 N Main St.	<u> </u>	Returned Contribution Other			
Hebron, 1N46341		Purpose:			
code A Cypital Promotion		Direct In-Kind	374.00	1301.00	6-4-24
P.O. BOX231	gardgign comp.	Payment of Debt Returned Contribution	377.00		6727
Otenside PA 19038	· · · · · · · · · · · · · · · · · · ·	Other Purpose:		. •	
code A Capital Promotian	l' 1 / / / / / / / / / / / / / / / / / /	Direct fn-Kind Payment of Debt	499.∞	1800,00	8-27-24
P.0 Box 231	, combain	Returned Contribution Other			
Glenside, PA19038	U	Purpose: VAN Signs			
code A Vista Print		Direct In-Kind	94,28	432.24	5-17-24
100 Hayden Are	Print Shop	Returned Contribution			
dexingtion, MA 02421	V	Purpose:			
A water		Man David	w 6 E 0	DMI 41	
code A Vista Print	Print Show	Direct tn-Kind Payment of Debt	149,58	581.82	8-7-24
100 Hayden Ave	411W SVOV	Returned Contribution Other			
Lexington, MA 02+21	r	Purpose: Rhor Cards			
code A Vista Print 100 Hayden Ave Lexington, MA02421	*	Direct In-Kind	60,54	642 36	16-41-24 2014
100 Hayden Ave	Print shop.	Payment of Debt Returned Contribution		A COLOR	d l
Luxination, MA 02421		Other		3 4600	3m /
The state of the s		siders		1 ar	action again
SUBTOTAL THIS PAGE OF SCHEDULE B			\$ 46 05 A8		
TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY (Enter total on ITEM 17a of the Summary Sheet.)			\$. !		

Indiana Election Division (IC 3-9-5-14)

caucus, political action, or regular party committees) MUST be itemized on this schedule.

(CFA-4 SCHEDULE B) ITEMIZED EXPENDITURES

FILE NUMBER					
Page	2	of	2		

	· · · · · · · · · · · · · · · · · · ·			ageor	
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)
A Lamar P.O. BOX 746966 Atlanta, GA 30374	Billboard	Direct In-Kind Payment of Debt Returned Contribution Other Purpose:	1087,60	1087,50	9-16-29
100 Hayden Ave Lexington, MA02421	Racklards Print Shop	Direct In-Kind Payment of Debt Returned Contribution Other Purpose:	463.29	1105.65	10-2-2
2000 Atlantins Print Shop 315 Lincoln way La Porte, IN 46350	Printshop	Direct In-Kind Payment of Debt Returned Contribution Other Purpose:	837.05	1287.92	10-11-2
Bull Maill Serv. 802 Evans Ave Stel Valparaiso, IN 46350	mail service	Direct In-Kind Payment of Debt Returned Contribution Other Purpose:	268,72	268.72	10-11-20
WCOE-FM 1700 Lincolnway 91. La Porte, IN 46350	Radio Station	Direct In-Kind Payment of Debt Returned Contribution Other Purpose:	616.00	616,00	4-24-2
WLO 1-AM/FM 1700 Lincoln way Pl La Poste, IN24 6550	Radio Station	Direct In-Kind Payment of Debt Returned Contribution Other Purpose;	356.0	Received 2014 OCT Lection Election	4242
WEPM 1903 Springland Ave	Radio station	Direct In-Kind Payment of Debt Returned Contribution Other Purpose:	38°0, ex	380.00	4-26-2
Michigan City, 1N4636	0	Holds			
SUBTOTAL THIS PAGE OF SCHEDULE B			\$3458, 5 %		
TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY (Enter total on ITEM 17a of the Summary Sheet.)			\$ 8064,54		



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

(CFA-11)

(\$1,000 CONTRIBUTIONS OR MORE) State Form 48492 (R7 / 8-23) **FILE NUMBER** 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 TOTAL PAGES IN ENTIRE CFA-11 completing this form, see instructions on the reverse side. REPORT IS THIS AN AMENDMENT? ☐ Yes ☐ No **COMMITTEE INFORMATION** 1. Full Name of Candidate (Include any nickname.) Check if this is a new name. 2. Committee Telephone Number Elzbieta (Ela) Bilderback (A19) 380-1171 3. Mailing Address (Address where all campaign finance correspondence is received.) Check if this is a new address. 1127 Indiana Ave ZIP Code 4. City 5. Party Affiliation or If Independent Candidate Kepublican 6. Office Sought (Include district number, if any. Not required for exploratory committee.) Kecovdex 8. Reporting Period (mm/dd/yy): Through: 10-11-24 4-13-24 From: 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. DATE RECEIVED & CONTRIBUTOR'S FULL NAME AND OCCUPATION FULL MAILING ADDRESS COLUMN A TYPE OF CONTRIBUTION ACCEPTED AMOUNT OF CONTRIBUTION (mm/dd/yy) OR OTHER RECEIPT (street, number, city, state, ZIP code) RECEIVED BY 1. Timothy Stabosz 1501 Michigan Are La Porte, IN 46350 Contributions: Classification ☐ Direct 10-14-24 Tressured INDV 3,405.45 ☐ In-Kind (describe) Other Receipts: 🗌 Interest 🕱 Loan ☐ Miscellaneous (specify) Mail service Contributor's Occupation (if applicable) Contributions: Classification ☐ Direct ☐ In-Kind (describe) Other Receipts: ☐ Interest ☐ Loan ☐ Miscellaneous (specify) Contributor's Occupation (if applicable) Contributions: Classification □ Direct ☐ In-Kind (describe) Other Receipts: 🔲 Interest 🔲 Loan ☐ Miscellaneous (specify) Contributor's Occupation (if 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 Treasurer Date (mm/dd/yy) Tresurer

EBilderbach
Signature of Candidate (if applicable) 10-15-24 Date (mm/dd/yy)

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, and IC 3-9-4-18)

