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 LE	GIBLY IN BL	ACK INK. SE	E INSTRU	CTIONS	ON REV	ERSE SIDE.
· · · · · · · · · · · · · · · · · · ·	′						FILE NUMBER
1. IS THIS AN AMENDMENT?	Yes HIN	o lf Yes, plea	ase enter the fil	e number i	in this box	. → (-110-94-MG
SECTION A. CANDIDATE	INFORMATI						ly as possible.
WINSU	First Name	ileen	Middle Name Ann	Ni	ICKpame JOIE		3. Type of Committee (Check one) Candidate's Principal Committee Exploratory Committee
4. Mailing Address (number and street, city, 318 Gav rettson			5. FAX	(Optional)		6. E-mail A	ddress (Optional)
7. City Michigan City 11. Barty Attiliation		- 1	a Porte	219	hone (Day) 861-7	182	10. Telephone (Evening) 219) 861 - 7182 required for an exploratory committee.)
Democratic 🔲 Libertarian 🔲 Reput				ASUR	ER		· · · ,
SECTION B. COMMITTEE 13. Full Name of Committee (Do not ab)		ON: Fill in a	ll applicable l	oxes as l	fully and a	accurate	ly as possible.
Committee to	Elect	JOIE W	linski -	Treas	urer		
14. Mailing Address (number and street, city 318 Garrett SO		Check if this is	s a new address. 1	. FAX (Option	al)	16. E-mail A	Address (Optional)
17. City Michigan City	State ZIP	Code 18.0	County	19. Telep	ohone 861-7		. Committee Organization Date m/dd/yy)
	ignate Candidate a		Check if this is a				
22. Mailing Address (number and street, city,	, state, and ZIP code)	Check if this is	s a new address, 23	. FAX (Option	al)	24. E-mail A	Address (Optional)
25 City	State ZIP (- 1	county) 27. Telep	hone (Day)		28. Telephone (Evening)
29. Bank or Other Depositories (List all		<u>360</u> L ositories in which th	A YOVE	219	861-11	82	219, 861-7182
HOVIZON Baule	NA						Sour Boxes of maintains rands.y
30. Exploratory Committee (Give brief state	ement explaining purpo	se of an exploratory col	mmittee only.) 31. Sa reimbu	aries and Rei	imbursement st wages? If Y	s (Will the co les, attach a	ommittee pay the candidate a salary of copy of the contract.) 🔲 Yes 🚺 No
SECTION C. APPOINTME					-		
32. I, as Chairperson of the committee, appoint the following Treasurer of the Committee.	g person as	JENNIFE	ER HEA	TH	Signature	of the Comn UUU	hittee Chairperson
VENNIFER M.	HEATH	,	ck if this is a new tre)	
34. Mailing Address (number and street, city,	state, and ZIP code)	Check if this is	a new address. 35	. FAX (Optiona	al)	36. E-mail A	ddress (Optional)
37. City	State ZIP C	Code 38. C	ounty		hone (Day)		0. Telephone (Evening)
Michanan		360 4	aporte	(219)	210-9	089	219 210-9089
SECTION 5. ACCEPTANC 41. I give notice that I accept t Committee. I am not the chairp	he duties and erson of a can	responsibilities	of Treasurer of	f this Sign	ature of Per	son Acce	pting Appointment
permitted for a candidate committee SECTION E. CERTIFICATI							FOR PFFICE USE ONDY
We certify as the candidate and examined this statement. To the b	I the duly app est of our know	ointed Chairpe	rson of the Cor it is true, correc	nmittee and	d that we l ete.	have	IN CLERKS OFFICE
12. Typed or Printed Name of Chai DGUUM WINSLU 13. Typed or Printed Name of Cano	rperson Big	patiere of Chairp	person WMA	Vy Da	ite (mm/dd/yy) ite (mm/dd/yy)		JAN 2 6 2024
DGHUNWINSU Warning: State law requires that any cl	hange in this inform	nation be reported	within ten (10) day	JW s of the chang	ge (IC 3-9-1-1	0).A	L flaou Stores
person who knowingly files a fraudulent r accurate report as required by the Indiar subject to civil penalties (IC 3-9-4-16, IC 3	report confirmits a L na Campàign Finai	evel 6 D felony (/C nce Law commits a	3-14-1-13). A pers	on who fails to	o file a comple	te or C	ERK OF LA PORTE CIRCUIT COURT
sujot to thi penaltes po orare 10, 10 a	v + 17, and 10 0-9						

SUPPLEMENTAL "LARGE BY A CANDIDATE'S COM (\$1,000 CONTRIBUTIONS	MITTEE	ION" REPORT	Γ			(CFA-11)
State Form 48492 (R7 / 8-23) Indiana Election Division (IC 3-9-5-20.1; 3-9					FILE NUMBI	ĒR
INSTRUCTIONS: Only candidates receiving a "large	e contribution" are re	quired to file this rep	port.	41	0 - 24 - (
Please type or print legibly IN BLACK INK all inform completing this form, see instructions on the reverse	nation on this form. F e side.	or assistance in		TOTAL	PAGES IN ENT	TIRE CFA-11
IS THIS AN AMENDMENT?	·				KEPOKI	
		TEE INFORMATI				
1. Fill Name of Candidate (include any nickname.) C OMMUHIE TO ELECT DIVUI	NSU TRAS	$\frac{1}{2}$ Committee	Telephone N 861 -	umber 7182		
3. Melling Address (Address where all campaign finance 318 GANYCHSON AVE	correspondence is re	celved.) 🗌 Check i	If this is a new	address.		
4. City State	ZIP Cod	le	5. Party Affil	lation or If Indep	endent Candidate	
6. Office Sought (Include district number, if any. Not requ	IN 44	<u>1360</u>	DC 7. County of	mocrat		
La Porte County Treasur		ommittee.j		Porte		
8. Reporting Period (mm/dd/yy):	<u> </u>	····	<u> </u>	I OF LE		
	rough: April	<u> </u>				
For classification, enter INDV for individual; PAC for political action of		ration; LAB for labor orga	nization; OTHER	for all entries which	are not one of the abo	
CONTRIBUTOR'S FULL NAME AND OCCUF FULL MAILING ADDRESS (street, number, city, state, ZIP code)		TYPE OF CONTR OR OTHER RE		AMO	UMN A UNT OF RIBUTION	DATE RECEIVED & ACCEPTED (mm/dd/yy) RECEIVED BY
Classification 1.		Contributions:		,		
D' Lu KR Litt	20	In-Kind (describe)		4		
Biuchanan Bruggenschmidt, 7 80E Cedar St	1			+~L, 00	00.00	
		Other Receipts:				
Zionsville, IN 46017		Miscellaneous (spe	ecify)			
Contributor's Occupation (if applicable)AADVN2115						
Classification 2.		Contributions:				
		In-Kind (describe)				
		Other Receipts:				
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Contributor's Occupation (if applicable)		Contributions:			<u> </u>	
Classification 3.		Direct				
		In-Kind (describe)				
		Other Receipts:				
	•	🗋 Interest 🔲 Loan				
		Miscellaneous (spe	ecify)		•	
Contributor's Occupation (if applicable)	RTIFICATION					
I CERTIFY THAT I HAVE EXAMINED THIS STATEM			DGE AND BE		FII	
TRUE, CORRECT AND COMPLETE. Signature of Treasurer	Title		Date (mm/dd/y)	,		
Mupo Mat	Veasur	er ·	3.20	24		0.0004
Signature of Candidate (If applicable)			Date (mm/dd/y)	γ_{1}	MAR 2	0 2024
Warning) Any information contained in this report may not be	e copied for sale cruse	d for any commercial p	Durpose. (IC 3-	9-4-5) A		
person who knowingly files a fraudulent report commits a Leve report as required by the Indiana Campaign Finance Law com	el 6 felony, (IC 3-14-1-1	3) A person who fails t	o file a comole	te or accurate	CLERK OF LA POR	TE CIRCUIT COURT
penalties. (IC 3-9-4-16, IC 3-9-4-17, and IC 3-9-4-18)						

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IS THIS AN AMENDMENT? Yes Yes No COMMITTEE INFORMATION 1. Føl Name of Committee (as on Statement of Organization)	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.)역 TIRE CFA-4 REPORT	
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20. Debts OWED TO the committee (Use Schedule E.) CERTIFICATION I CERTIFICATION I CERTIFICATION I CERTIFICATION I CERTIFICATION Signature of Treasurer Title Date (mm/dd/v/) ON CLERKS OFFICE Signature of Treasurer Date (mm/dd/v/) Signature of Treasurer Date (mm/dd/v/) Signature of Treasurer Date (mm/dd/v/) Signature of Treasurer Mark 116 224 Mark 116 224 Mark 116 2024 APR 1.6 2024 Mark 1.6 2024 <td colspa<="" td=""><td>18. Cash on hand and investments at close of this reporting period (Subtract 17c from 16 in both columns.)</td><td>TOTAL</td><td>Ø</td><td></td></td>	<td>18. Cash on hand and investments at close of this reporting period (Subtract 17c from 16 in both columns.)</td> <td>TOTAL</td> <td>Ø</td> <td></td>	18. Cash on hand and investments at close of this reporting period (Subtract 17c from 16 in both columns.)	TOTAL	Ø	
CERTIFICATION FOR OFFICE USE ONLY I I I I I I I I I I I I I I I I I I I	19. Debts OWED BY the committee (Use Schedule D.)		Ø		
I CERTIFY THAT I HAVE EXAMINED THIS STATEMENT. TO THE BEST OF MY KNOWLEDGE AND BELIEF IT IS TRUE, CORRECT AND COMPLETE: I I E D Signature of Treasurer Title Date (mm/dd/yl) IN CLERKS OFFICE Signature of Treasurer Date (mm/dd/yl) IN CLERKS OFFICE 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 APR 1.6 2024' 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 APR 1.6 2024'	20. Debts OWED TO the committee (Use Schedule E.)		Ď		
I CERTIFY THAT I HAVE EXAMINED THIS STATEMENT. TO THE BEST OF MY KNOWLEDGE AND BELIEF IT IS TRUE, CORRECT AND COMPLETE: I I E D Signature of Treasurer Title Date (mm/dd/yl) IN CLERKS OFFICE Signature of Treasurer Date (mm/dd/yl) IN CLERKS OFFICE 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 APR 1.6 2024' 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 APR 1.6 2024'	CERTIFICATION				
Warming: 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 APR 1.6 2024 Warming: 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 APR 1.6 2024	I CERTIFY THAT I HAVE EXAMINED THIS STATEMENT. TO THE BEST OF MY KNOWLEDGE AND BELIEF IT IS	STRUE, CORF		TLED	
Signerturers Candidate (<i>if applicable</i>) WARNING: Any information contained in this report may not be copied for sale or used for any commercial purpose. (<i>IC</i> 3-9-4-5) A person who knowingly files a fraudulent report commits a Level 6 felony. (<i>IC</i> 3-14-1-13) A person who fails to file a complete or accurate report as required by the Indiana Campaign Figure a Monometry of the American Purpose. (<i>IC</i> 3-9-4-5) A person who knowingly files a fraudulent report commits a Level 6 felony. (<i>IC</i> 3-14-1-13) A person who fails to file a complete or accurate report as required by the Indiana Campaign Figure and the Monometry of the American Purpose. (<i>IC</i> 3-9-4-5) A person who knowingly files a fraudulent report commits a Level 6 felony. (<i>IC</i> 3-14-1-13) A person who fails to file a complete or accurate report as required by the Indiana Campaign	Signature of Treasurer			CLERKS OFFICE	
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	Signaturator Candidate (if applicable)				
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	XATUUMI Musu			APR 1.6 2024	
	WARNING: Any information contained in this report may not be copied for sale or used for any commercial purpos files a fraudulent report commits a level 6 felony //C 3-14-1-13 A person who fails to file a committee and a second	e. (IC 3-9-4-5)	A person who knowingly		
CLERK OF LA PORTE CIRCUIT COUR	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	0 / / 0	Alloon Stevens	
	\smile		CLER	K OF LA PORTE CIRCUIT COUR	
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RE©ORT OF RECEIPTS AND EXPENDITURES OF A POLITICAL COMMITTEE 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 3CHEDULE. 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	

CONTRIBUTOR'S FULL NAME AND OCCUPATION FULL MAILING ADDRESS			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
Buchanan Bruggenschmidt, PC So E Cedar St	Contributions: Direct In-Kind (describe)			3.20.24
Zionsville, IN 46077	Other Receipts: Interest Loan Miscellaneous (specify)	#2,000	\$2,000-	
Contributor's Occupation (il required)				
2.	Contributions: Direct In-Kind (describe)			
	Other Recelpts: Interest Loan Miscellaneous (specify)			
Contributor's Occupation (il required) 3.	Contributions:			
	Direct			d . i
	Other Receipts: Interest Loan Miscellaneous (specify)			, , , , , , , , , , , , , , , , ,
Contributor's Occupation (if required)				
4.	Contributions: Direct In-Kind (describe)			
Contributor's Occupation (if required)	Other Receipts: Interest Loan Miscellaneous (specify)	F I J	S OFFICE	j∦erre ere
5.	Contributions: Direct In-Kind (describe)	APR	1 6 2024	
Contributor's Occupation (il required)	Other Receipts: Interest Loan Miscellaneous (<i>specify</i>)	CLERKOFL	PORTE CIRCUIT COUR	r 1 !j
	THIS PAGE OF SCHEDULE A	\$ \$2,000.00		
TOTAL OF ALL PAGES OF SCHEDULE A		\$# 2,000.00		

REPORT OF RECEIPTS AND EXPENDITURES OF A POLITICAL COMMITTEE	S	(CFA) Summary	•
State Form 4606 (R17 / 8-23) Indiana Election Division (IC 3-9-5-14)		FILE NU	
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.		24-C	IRE CFA-4 REPORT
IS THIS AN AMENDMENT? Yes No			5
COMMITTEE INFORMATION	-		•
1. Full Name of Committee (as on Statement of Organization) Check if this is a new name.	,		Ě
		ohone Number 61-7182	
	f this is a new		
5. City, State, ZIP Code City, IN 46360 6. Pa	arty Affiliation (DEMU	if applicable)	
CANDIDATE INFORMATION (For Candidate's Commi	ttees Only)		
7. Full Name of Candidate (Include any nickname.) . 8. Pa	arty Affiliation of DEMO	or If Independer	nt Candidate
· · · · · · · · · · · · · · · · · · ·	County of Resid	lence	
TYPE OF REPORT			N CANDIDATES ONLY
11. Check one:		Check one:	
Pre-Primary VPre-Election Annual Nomination Other		Pre-Conv	vention :
Final / Disbands Committee (Lines 18, 19, and 20 must be "0".) Outgoing Treasurer (Within ten (10) days amend Statement of U	Organization.)	Post-Cor	vention 4
12. Reporting Period (mm/dd/yy): From: APRIL 12, 2024 Through: CTOBER 11, 2024		UMN A Period	COLUMN B Year to Date
13. Cash on hand and investments at the beginning of this reporting period.	302	7.01	
14. Cash on hand and investments January 1, current year.			1027.01
CONTRIBUTIONS AND RECEIPTS			
(Note: these amounts include in-kind contributions and loans, as well as cash contributions.)	10 -		
15a. Itemized (Use Schedule A.)	130	0.00	3300.00
15b. Unitemized	16.7	74.00	16,774.00
15c. Add lines 15a and 15b in both columns. SUBTOTAL	/8,0	74.00	20074.00
16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B. TOTAL	- <i>21,1</i>	01.00	21,101.00
EXPENDITURES			
(Note: These amounts include in-kind expenditures and loan repayments.)			10 61-
17a. Itemized (Use Schedule B.) (Public Question: use Schedule C.)	10,5		10,527.13
17b. Unitemized		80.00	480.00
17c. Add lines 17a and 17b in both columns. SUBTOTAL		07.13	11.007.13
18. Cash on hand and investments at close of this reporting period (Subtract 17c from 16 in both columns.) TOTAL	<u> </u>	93.87	10,093.87
19. Debts OWED BY the committee (Use Schedule D.)	G	2	
20. Debts OWED TO the committee (Use Schedule E.)	- - -		
CERTIFICATION			
Signature of Treasurer Signature of Treasurer Signat	Date (mm/dd		xe County N
Signature of Candidate (if applicable)	Date (mm/dd 10 110	Vyy)	Porte County Preceived

	10	110	IN	$\nu \tau$
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 kno	winaly
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 requi	red by	the Indi	aña Car	mpaion
(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, I	C 3-9-4	1-18)	1v	- -



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REPORT OF RECEIPTS AND EXPENDITURES OF A POLITICAL COMMITTEE 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	5	

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)	Contributions:	PERIOD	YEAR-TO-DATE	RECEIVED BY
" WINSKI FOR TREASURER	Direct			Marka
	In-Kind (describe)			4/25/24
FUNDRAISER		11.355 00	11, 255 10	4/25/24 Joiensinsei
	Other Receipts:	14, 200.00	10,000000	biewinser
	Miscellaneous (specify)			
Contributor's Occupation (if required)				
2.	Contributions:		·····	
	Direct			alalau
	In-Kind (describe)			9/3/24
Anon ymous		99.00	99.00	
J	Other Receipts:	1,100		
	Miscellaneous (specify)		t	bieldingi
Contributor's Occupation (if required)				
3.	Contributions:	· · · ·		
At an and the	Direct			7/17/24
Anonymous	In-Kind (describe)			/////47
Anonymous (IN Kind-Paid for Fundraiser)	Other Receipts:	320.00	320.00	7/17/24 Joie Winski
(IN KING - PILLG / UT TWILL WISSI)	Interest Loan			INF WINGEN
	Miscellaneous (specify)			
Contributor's Occupation (if required)				
4.	Contributions:		· · · · ·	
	Direct			
	Other Receipts:			
	L Interest Loan			
	Miscellaneous (specify)			IG.
Contributor's Occupation (if required)			County	AP
5.	Contributions:		Peceived 112	$ \rangle $ $ \rangle$
	In-Kind (describe)		P Rec 12	
	<u></u>		Proceived 11 2024 OCI 11 2024 OCI Election	
	Other Receipts:		L F BOOM	/
	Interest Loan Miscellaneous (specify)			
Contributor's Occupation (if required)				
SUBTOTAL 1 TOTAL OF ALL PAGES OF SCHEDULE A	HIS PAGE OF SCHEDULE A	\$16774.00		
	15a of the Summary Sheet.)	\$18,074.00		



REPORT OF RECEIPTS AND EXPENDITURES OF A POLITICAL COMMITTEE 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	ĒR	
			1 2 1	
Page _	3	of	5	

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. Rich & BEVERLY MROUNSICI 2303 E 150 N LAPORTE, IN 46350 Contributor's Occupation (if required)	Contributions: Direct In-Kind (describe) Other Receipts: Interest Loan Miscellaneous (specify)			4/25/24 <i>bie W</i> insei
2. DEMOCRAT CIVIC CLUB LAPORTE, IN 46350	Contributions: Direct in-Kind (describe) Other Receipts: Interest Loan Miscellaneous (specify)	600.00	600.00	8/16/24 Joiet Jinez i
3. Bob Pendergast 2916 Lothair Way Michigan City, IN Hichigan City, 1N 46360	Contributions: Direct In-Kind (describe) Other Receipts: Interest Loan Miscellaneous (specify)	200.00	200.00	10/10/24 Joië Winiski
4.	Contributions: Direct In-Kind (describe) Other Receipts: Interest Loan Miscellaneous (specify)			
5. Contributor's Occupation (if required)	Contributions: Direct In-Kind (describe) Other Receipts: Interest Loan Miscellaneous (specify)		COPT Recall	ection Board
TOTAL OF ALL PAGES OF SCHEDULE A	HIS PAGE OF SCHEDULE A ON THE LAST PAGE ONLY 15a of the Summary Sheet.)	\$ 1300.00 \$		



REPORT OF RECEIPTS AND EXPENDITURES OF A POLITICAL COMMITTEE 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 schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document expenditures <u>totaled on ITEM 17a</u> 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, <u>regardless of amount</u> paid to political committees, (such as transfers-out from candidate, legislative caucus, political action, or regular party committees) **MUST** be itemized on this schedule.

(CFA-4 SCHEDULE B) ITEMIZED EXPENDITURES

FILE NUMBER 4 5 Page of

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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	CUMULATIVE YEAR-TO-DATE	EXPENDITURE (mm/dd/yy)
Code OPHICE DEPOT 118 DUNES PLAZA MICH CITY IN 46360		Payment of Debt Returned Contribution Other Purpose:	126.65 vres		6/17/24
Code HAWKINS PRINT Shop 315 LINCOLN WAY, LAPOrte, IN 46350		Direct In-Kind Payment of Debt Returned Contribution Other Purpose: INFD LARDS	46.23		4/30/24
HARBOR FREIGHT 4106 FRANKLINST. MICHCITY, IN 46360			(43.15 VENIS		9/26/24
Tractor Supply TI Pine Lawe AVE LAPORTE IN 46350		Direct In-Kind Payment of Debt Returned Contribution Other Purpose: Dest POST'S	283.00		9/26/24
LION'S ("LUB GOLF OUTING MICH CITY, IN 46360	,	Direct In-Kind Payment of Debt Returned Contribution Other Purpose:	100.00		7/10/24
SQUVATION ARMY BANQUE MUCH UTY, IN 46360	Т	Direct In-Kind Payment of Debt Returned Contribution Other Purpose:	167.00	county	7/24/24
BUY COOL PROMOTIONS LAPORTE, Nº 46350		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:	3327.76	Received Received CT Hection	8/28/24
	SUBTOTAL THIS PAG		4112.73		
TOTAL OF ALL PA	GES OF SCHEDULE B ON THE (Enter total on ITEM 17a of the second s		\$		



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REPORT OF RECEIPTS AND EXPENDITURES OF A POLITICAL COMMITTEE State Form 4606 (R17 / 8-23)

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

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 of		
RECIPIENT'S NAME AND MAILING ADDRESS (street, number, city, state, ZIP code)	RECIPIENT'S OCCUPATION	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 LAMAR COMPANIES P.D. BOX 746966 ATLANTA, GA 30374		Direct In-Kind Payment of Debt Returned Contribution Other Purpose: BILL BOARDS	2930-		9 /30/34	
DUNELAND MEDIA LAPORTE, IN 46350			2500-		10/11/24	
_{Соde} NAACP MiCH CIM, IN Го зьо		Direct In-Kind Payment of Debt Returned Contribution Other Purpose: DIMER DOMATI	167- ond		9/281 24	
LPCounty Democrat Party		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:	350-		10/7/24	
LA Cty Boys & Girls Club		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:	18540		9/12/24	
Misc Un itemized Powcalles Fish Fries,) Small donations (Hickots)		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:	480-	ounty		
<u>Code</u> Kharatess (t shirts)		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:	282 -	County County County Received Theory County	A 000	
SUBTOTAL THIS PAGE OF SCHEDULE B TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY			\$ 894.40			
(Enter total on ITEM 17a of the Summary Sheet.)			\$11007.13			