## CANDIDATE'S STATEMENT OF ORGANIZATION AND DESIGNATION OF PRINCIPAL COMMITTEE OR EXPLORATORY COMMITTEE

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
. IS THIS AN AMENDMENT?	Ye:	s 🗌 No If Yes,	pleas	enter the	file numb	er in this bo	x. →	46-24-21
ECTION A. CANDIDATE	INFO	RMATION: Fill	in all	applicable	e boxes a	s fully and	accura	tely as possible.
Last Name		rst Name		diddle Name		Nickname		3. Type of Committee (Check one)
HAR SAKER	2	MUZIK		P.				Candidate's Principal Committee     Exploratory Committee
4. Mailing Address (number and street, city,				5. F/	X (Optional)		6. E-mail	Address (Optional)
4783 W. S	2014	GRID DR	••	(	)			
7. City	State	ZIP Code	8, Cou	·		lephone (Day)		10. Telephone (Evening)
LAPORTE	IN	46350	با	ALORIE				s , same
11. Party Affiliation	<b>b</b> linger <b>F</b>						er, if any. I	Not required for an exploratory committee.
SECTION B. COMMITTEE			in all		DRON		2000000	taly as possible
13. Full Name of Committee (Do not ab.	breviate.)	Check if this is a	inew na	appricable ne.	e boxes a	's runy and	accura	tery as possible.
COMMITIEE					120 1	FOIZ C	OZO,	NER
14. Mailing Address (number and street, city	, state, and	ZIP code) Check i	f this is a	new address.	15. FAX (Op	tional)	16. E-ma	Il Address (Optional)
4783 W. 5	5046	ELA DR.			( )			
17. City 1	State	ZIP Code	18. Co	inty	19. T	elephone	1	20. Committee Organization Date
LATORIE	IN	41350	L	SPORT	ε (7)	<u>9 779 ·</u>	7933	(mm/dd/yy) Z-16-24
21. Chairperson's Full Name 🖪 Des	ignate C	andidate as Chairperso			a new chairp	erson.		
DWAYNE M	F	DEAN						
22-Mailing Address (number and street, city	, state, and	<i>ZIP code)</i> Check if	f this is a	new address.	23. FAX (Op	tional)	24. E-ma	Il Address (Optional)
3424 Marna I	) C	MICHIG AN CI	74.7	J 46360	( )		Inho	PAND COMCAST. ACT 28. Telephone (Evening)
25. City	State	ZIP Code	26. Co	inty	27. T	elephone (Day)	9771170	28. Telephone (Evening)
MICHIGAN CITY.	IN	46360	LAG		21	9,608-9	(51	
<u>MICHIGANCITY</u> 29. Bank or Other Depositories (List all	banks or	other depositories in w	hich the	committee der	osits funds, h	olds accounts, re	ents safety	deposit boxes or maintains funds.)
5 3 3								
30. Exploratory Committee (Give brief stat		laining purpose of an explore	atory comn	ittee only.) 31.	Salaries and	Reimbursemei	nts (Will the	o committee pay the candidate a salary or
· · .				reir	nbursement fo	or lost wages? If	Yes, attach	a copy of the contract.) 🛛 Yes 📉 No
SECTION C. APPOINTME								
32. I, as Chairperson of th			nted Tre	asurer	(	Signature	e of the Co	mmittee Chai/person
committee, appoint the followin Treasurer of the Committee.	g perso	on as Rober	tΕ.	Gaek1	.e	המולא	da or	M. Hogan
33. Treasurer's Full Name 🔲 Design	ate cand	idate as treasurer.	] Check	if this is a new	treasurer.		1	
Robert E.	Gaeł	kle					0	
34. Mailing Address (number and street, city	, state, and	ZIP code) 🔲 Check if	l this is a	new address.	35. FAX (Op	tional)	36. E-ma	Il Address (Optional)
4201S-150W	l, La	aPorte, IN	463	50	( $)$ NA	Ŧ	rgae	kle@csinet.net
37. City	State	ZIP Code	38. Cou	inty	39. T	elephone (Day)		40. Telephone (Evening)
LaPorte	IN	46350	La La	Porte	219	9) 362-5	835	(219 362-5835
SECTION D. ACCEPTAN	E OF	APPOINTMENT	r (IC 3	-9-1-15)				
41. I give notice that I accept						<u> </u>		
Committee. I am not the chairp permitted for a candidate commit			ance c	ommittee (e	xcept as	Dob	ent	E. Joehle
		F STATEMENT				-	_	FOR OFFICE USE ONLY D
			airpers	on of the (	Committee	and that we	have	IN CLERKS OFFICE
We certify as the candidate an						mplete.	]	IN CLERKS OFFICE
examined this statement. To the b								
examined this statement. To the b		n Signature of (	Chairpe		,	Date (mm/dd/y)	· .	
We certify as the candidate an examined this statement. To the b 42. Typed or Printed Name of Cha Wwayne M. Hog	an.		Chairpe		2	2-16-	24	FEB 1 6 2024
examined this statement. To the b 42. Typed or Printed Name of Cha Wayne M. Hog 43. Typed of Brinted Name of Can	didate	n Signature of (	Chairpe	HOGA	<u>م</u>	2-16-	24	FEB 1 6 2024
examined this statement. To the b 42. Typed or Printed Name of Cha Wayne M. Hog 43. Typed of Brinted Name of Can	an.	n Signature of $\mathcal{D}\omega A \gamma \mathcal{N} \mathcal{C}$	Chairpe	HOGA	~ 		24	
examined this statement. To the E 43. Typed or Printed Name of Cha 43. Typed of Brinted Name of Can 44. Typed of Brinted Name of Can MARIC P. BA Warning: State law requires that any of	didate	n Signature of C DWAYNC Signature of C Signature of C	Chairpe Candid ported w	Hoga B B Ithin ten (10)	days of the o	2-16- Date (mm/dd/y) 2-16: change (IC 3-9-1	24 <sup>1/</sup> ZA-	1 Starry Stores
examined this statement. To the b 42. Typed or Printed Name of Cha Wayne M. Hog 43. Typed of Brinted Name of Can MARK P. BA	didate	n Signature of C Signature of C Signature of C Utilis information be re mmmits a Level 6 D fek	Chairpe Candid ported w	Ho 6A	days of the o	2-16- Date (mm/dd/y) 2-16. thange (/C 3-9-1 ils to file a com	24 24 1-10). A plete or	

(CFA-1)

REPORT OF RECEIPTS AND		2"° US	CFA	-4)
OF A POLITICAL COMMITTE State Form 4606 (R15 / 5-19)	ĒĒ		Summary	Sheet
Indiana Election Division (IC 3-9-5-14)			FILE NUM	
INSTRUCTIONS: Please type or print legibly IN BLACK INK al	l information on this form. For		46-24-2	
assistance in completing this form, see instructions on the reve			TOTAL PAGES IN ENTI	
	No No		-	
IS THIS AN AMENDMENT? L Yes	✓ No	·L		· · · · · · · · · · · · · · · · · · ·
	COMMITTEE INFORMATION			
1. Full Name of Committee (as on Statement of Organizati Committee to Elect Mark Baker for Coroner	on) Check if this is a new	name.		
2. Acronym or Abbreviated Name (if any)	er er		nmittee Telephone Number	· _
4. Mailing Address (Address where all campaign finance c 4783 W. Sangria Drive	orrespondence is received.)	Check if t	his is a new address.	•
5. City, State, ZIP Code LaPorte, IN 46350	<del>αα</del>	1	y Affiliation <i>(if applicable)</i> ocrate	· · · · · · · · · · · · · · · · · · ·
	FORMATION (For Candidate's C			
7. Full Name of Candidate (Include any nickname.)	rokulation (ror canuluate s c		y Affiliation or If Independent	Candidate
Mark P. Baker	- <b>A</b> (1	1 _	ocrate	
9. Office Sought (Include district number, if any. Not requine LaPorte County Coroner	red for exploratory committee.)	10. Co LaPo	unty of Residence	⇒ , *
TYPE OF	REPORT		CONVENTION	CANDIDATES ONLY
11. Check one:			Check one:	
Pre-Primary Pre-Election Annual Nomination	Other		Pre-Conve	ention
Final / Disbands Committee (Lines 18, 19, and 20 must be "0".)	utgoing Treasurer (Within ten (10) days amend Sta	atement of Or	ganization.)	rention
12. Reporting Period (mm/dd/yy): From: 01-01-2024 Throu			COLUMN A This Period	COLUMN B Year to Date
13. Cash on hand and investments at the beginning of this			100.00	
14. Cash on hand and investments January 1, current year				100.00
CONTRIBUTIONS ANI (Note: these amounts include in-kind contributions and loa			: : :	
15a. Itemized (Use Schedule A.)	· · · ·		980.02	980.02
15b. Unitemized	· · ·			
15c. Add lines 15a and 15b in both columns.	SUB	TOTAL	980.02	980.02
16. Add lines 13 and 15c in Column A and lines 14 and 15	c in Column B.	TOTAL	1,080.02	1,080.02
EXPENDITUR	RES			
(Note: These amounts include in-kind expenditures and loa	an repayments.)			
17a. Itemized (Use Schedule B.) (Public Question: use Sci	hedule C.)		980.02	980.02
17b. Unitemized	1 *• · · · · · · · · · · · · · · · · · ·	0		
17c. Add lines 17a and 17b in both columns.	SUE	BTOTAL	980.02	980.02
18. Cash on hand and investments at close of this reporting period	(Subtract 17c from 16 in both columns.)	TOTAL	100.00	
19. Debts OWED BY the committee (Use Schedule D.)			980.02	
20. Debts OWED TO the committee (Use Schedule E.)				
	RTIFICATION			
I CERTIFY THAT I HAVE EXAMINED THIS STATEMENT. TO THE BE		TRUE. COR	RECT AND COMPLETE.	
Signature of Treasurer	Title Treasure		Date (mm/dd/yy) 04-12-2024	IN CLERKS OFFIC
Signature of Candidate (if applicable)	·		Date (mm/dd/yy)	APR 1 5 2024

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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)

CLERK OF LA PORTE CIRCUIT COU



#### REPORT OF RECEIPTS AND EXPENDITURES OF A POLITICAL COMMITTEE State Form 4606 (R15 / 5-19) Indiana Election Division (IC 3-9-5-14)

## (CFA-4 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 <u>totaled on ITEM 15a</u> 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						
46-24-21							
Page	1	of	1				

CONTRIBUTOR'S FULL NAME AND OCCUPATION FULL MAILING ADDRESS	TYPE OF CONTRIBUTION		COLUMN B	DATE RECEIVED (mm/dd/yy)
(street, number, city, state, ZIP code)	OR OTHER RECEIPT	AMOUNT THIS PERIOD	CUMULATIVE	RECEIVED BY
1. Mark P. Baker 4783 W. Sangria Drive LaPorte, IN 46350	Contributions: Direct In-Kind (describe)			3-1-2024
Contributor's Occupation (if required) <u>Retired</u>	Other Receipts: Interest ☑ Loan Miscellaneous (specify)	\$621.67	\$621.67	MarkBaker
2 Mark P. Baker 4783 W. Sangria Drve LaPorte, IN 46350	Contributions: Direct In-Kind (describe)	IX -	, -	3-15-2024
Contributor's Occupation (il required) <u>Retired</u>	Other Receipts: .	\$36.38 -	\$36.28	Mark Baker
3. Mark P. Baker 4783 W. Sangria Drive LaPorte, IN 46350	Contributions: Direct In-Kind <i>(describe)</i>			4-1-2024
Contributor's Occupation (if required) <u>Retired</u>	Other Receipts:	. \$322.07	\$322.07 <u>*</u>	Mark Baker
4	Contributions: Direct In-Kind (describe)		•	
Contributor's Occupation (if required)	Other Receipts: Interest Loan Miscellaneous (specify)			•
5.	Contributions:		FIL	ED
	Direct In-Kind (describe)		APR 15	2024
	Other Receipts: Interest Loan Miscellaneous (specify)		Liaonu C	
Contributor's Occupation (if required)		L	<u>CLERK OF LA PORTE</u>	
SUBTOTAL 1	THIS PAGE OF SCHEDULE A	\$ 980.02		
TOTAL OF ALL PAGES OF SCHEDULE A	ON THE LAST PAGE ONLY	\$ 980.02		



### REPORT OF RECEIPTS AND EXPENDITURES OF A POLITICAL COMMITTEE

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

# INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document expenditures totaled on ITEM 17a of the Summary Sheet. All cumulative expenses paid to individuals, businesses, labor organizations and other entities OVER \$100 per recipient, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative expenses, including in-kind, regardless of amount paid to political committees, (such as transfers-out from candidate, legislative caucus, political action, or regular party committees) MUST be itemized on this schedule.

## (CFA-4 SCHEDULE B) ITEMIZED EXPENDITURES

Page

FILE NUMBER

1

46-24-21

of

1

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 Mark P. Baker 4783 W. Sangria Drive LaPorte, IN 46350	LaPorte County Coroner	Direct In-Kind Payment of Debt Returned Contribution Other Purpose: Advertising	\$621.64	\$621.64	3-19-2024
Code A Mark P. Baker 4783 W. Sangria Drive LaPorte, IN 46350	LaPorte County Coroner	Direct In-Kind Payment of Debt Returned Contribution Other Parade Purpose: Candy	\$36.28	\$36.28	3-15-2024
<u>Code A</u> Mark P. Baker 4783 W. Sangria Drive LaPorte, IN 46350	LaPorte County Coroner	Direct In-Kind Payment of Debt Returned Contribution Other Purpose: Advertising	\$322.07	\$322.07	4-1-2024
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:	F	I L IN CLERKS O	E D FFICE
Code		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:	CLERK	APR 152	024 Vans SUIT COURT
	SUBTOTAL THIS PAG	E OF SCHEDULE B	\$ 980.02		
TOTAL OF ALL PA	GES OF SCHEDULE B ON THE (Enter total on ITEM 17a of the second second		\$ 980.02		



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#### REPORT OF RECEIPTS AND EXPENDITURES OF A POLITICAL COMMITTEE State Form 4606 (R15 / 5-19) Indiana Election Division (IC 3-9-5-14)

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

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 loans, 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	NUMBE	R		
46-24-01					
Page	1	of	1		

CREDITOR'S OR LENDER'S NAME AND MAILING ADDRESS	ENDORSER'S OR VENDOR'S NAME AND MAILING ADDRESS (if any)	· AMOUNT	DATE DEBT	CUMULATIVE	OUTSTANDING BALANCE THIS
(street, number, city, state, ZIP code)	(street, number, city, state, ZIP code)	NATURE OF DEBT	(mm/dd/yy)	YEAR-TO-DATE	PERIOD
Mark P. Baker 4783 W. Sangria Drive LaPorte, IN 46350		\$621.46	3-19-2024	\$0.00	\$621.64
LENDER'S OCCUPATION: Retired		Loan		<b>\$6.66</b>	Ψ021.04
Mark P. Baker 4783 W. Sangria Drive LaPorte, IN 46350		\$36.28	3-15-2024	\$0.00	\$36.28
		Loan			
Mark P. Baker 4783 W. Sangria Drive LaPorte, IN 46350		\$322.07	4-1-2024	\$0.00	\$322.07
LENDER'S OCCUPATION: Retired		Loan			,
LENDER'S OCCUPATION:					
		- - -			
LENDER'S OCCUPATION:			मि		
				<u>L E</u> LERKS OFFIC	
LENDER'S OCCUPATION:		· · · · · · · · · · · · · · · · · · ·			
			CLERK OF LA	PORTE CIRCUIT C	OURT
LENDER'S OCCUPATION:					•
	TOTAL OF ALL	PAGES OF SCHEDUL		F SCHEDULE D	\$ 980.02
		(Enter total on li			\$ 980.02

REPORT OF RECEIPTS AND EXPENDITURES OF A POLITICAL COMMITTEE State Form 4606 (R15 / 5-19) Indiana Election Division (IC 3-9-5-14)		Summa	A-4) ry Sheet UMBER
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.			4-21
	■		TIRE CFA-4 REPORT
IS THIS AN AMENDMENT? Ves V No	• •		8
COMMITTEE INFORMA	TION		
1. Full Name of Committee (as on Statement of Organization) Committee to Elect Mark Baker for Coroner	a new name.		
2. Acronym or Abbreviated Name (if any)	3. Com ( 21	mittee Telephone Numbe 9 ) 727-1656	er 1
4. Mailing Address (Address where all campaign finance correspondence is received.) 4783 W. Sangria Drive	Check if th	nis is a new address.	
5. City, State, ZIP Code LaPorte, IN 46350	6. Party Demo	/ Affiliation <i>(if applicable)</i> octate	
CANDIDATE INFORMATION (For Candida			
7. Full Name of Candidate (Include any nickname.) Mark P. Baker	8. Party	Affiliation or If Independ	lent Candidate
9. Office Sought (Include district number, if any. Not required for exploratory committee LaPorte County Coroner	.) 10. Cou LaPo	unty of Residence	4 28
TYPE OF REPORT		CONVENT	ION CANDIDATES ONLY
11. Check one:	-		nvention
Final / Disbands Committee (Lines 18, 19, and 20 must be "0".) Outgoing Treasurer (Within ten (10) days and	mend Statement of Org	anization.)	onvention
12. Reporting Period ( <i>mm/dd/yy</i> ): From: 4-13-24 Through: 10-11-2024		COLUMN A This Period	COLUMN B Year to Date
13. Cash on hand and investments at the beginning of this reporting period.		100.00	)
14. Cash on hand and investments January 1, current year.			100.00
CONTRIBUTIONS AND RECEIPTS (Note: these amounts include in-kind contributions and loans, as well as cash contributions	. 1		
(Note: these amounts include in-kind contributions and loans, as well as cash contributions 15a, Itemized (Use Schedule A.)	S.)	2,117.03	3 2,117.03
15b. Unitemized		2,117.00	2,117.00
15c. Add lines 15a and 15b in both columns.	SUBTOTAL	2,117.03	3 2,117.03
16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B.	TOTAL	2,217.03	
EXPENDITURES		_,	_,
(Note: These amounts include in-kind expenditures and loan repayments.)			
17a. Itemized (Use Schedule B.) (Public Question: use Schedule C.)	•	1,208.00	) 1,208.00
17b. Unitemized			
17c. Add lines 17a and 17b in both columns.	SUBTOTAL	1,208.00	1,208.00
18. Cash on hand and investments at close of this reporting period (Subtract 17c from 16 in both column	ns.) TOTAL	1,009.03	3 1,009.03
19. Debts OWED BY the committee (Use Schedule D.)		858.03	3
20. Debts OWED TO the committee (Use Schedule E.)		r	
CERTIFICATION	· · · · · · · · · · · · · · · · · · ·		FOR OFFICE USE ONLY

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1	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 Suchle	Title Treasure	Date ( <i>mm/dd/yy</i> ) 10-12-2024			
	Signature of Cartingae (if applicable)	-	Date (mm/dd/yy) 10-12-2024			
į	WARNING: Any information contained in this report may not be copied for sale or used for any commercial purpose. (IC 3-9-4-5) A person who knowingly files a fraudulent report commits a Level 6 felony. (IC 3-14-1-13) A person who fails to file a complete or accurate report as required by the Indiana Campaign Finance Law commits a Class B misdemeanor, (IC 3-14-1-14) and may be subject to civil penalties. (IC 3-9-4-16, IC 3-9-4-17, IC 3-9-4-18)					

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Porte County Received OCT 15 2024 OCT 15 2024 DCT 15 2024 Election Election

#### REPORT OF RECEIPTS AND EXPENDITURES OF A POLITICAL COMMITTEE State Form 4606 (R15 / 5-19) Indiana Election Division (IC 3-9-5-14)

## (CFA-4 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.

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46-24-21	FILE NUMBER						
	46-24-21						
Page <u>1</u> of <u>4</u>	Page	1	of	4			

CONTRIBUTOR'S FULL NAME AND OCCUPATION	TYPE OF CONTRIBUTION	COLUMN A	COLUMN B	
FULL MAILING ADDRESS (street. number. city. state, ZIP code)	OR OTHER RECEIPT	AMOUNT THIS		(mm/dd/yy) RECEIVED BY
1. Nancy Hawkins	Contributions:	PERIOD	YEAR-TO-DATE	RECEIVED BI
7128N 300W	Direct			
Michigan City, IN 46360	In-Kind (describe)			5-20-2024
· .	Other Receipts:	\$50.00	\$50.00	
	🗋 Interest 🔲 Loan			~
	Miscellaneous (specify)			Mark Baker
Contributor's Occupation (il required) Retired				
2. Dwayne Hogan	Contributions:			
3424 Mason Drive	Direct			
Michigan City, IN 46360	In-Kind (describe)			9-10-2024
	Other Receipts:	\$300.00	\$300.00	
• •	Interest Loan			
	Miscellaneous (specify)			Mark Baker
Contributor's Occupation (if required) <u>Retired</u>				
3. Michael Mollenhauer	Contributions:			
1510 Michigan Avenue	Direct			0.40.0004
LaPorte, IN 46350	In-Kind (describe)			9-13-2024
		<b>6</b> 400.00	6100.00	
	Other Receipts:	\$100.00	\$100.00	
	Miscellaneous (specify)			Mark Baker
			-	
Contributor's Occupation (if required) <u>Retired</u>				
4 Robert Gaekle	Contributions: Direct			
4201S 150W LaPorte, IN 463540	In-Kind (describe)			9-14-2024
				•
	Other Receipts:	\$250.00	\$250.00	
•	🗌 Interest 🔲 Loan	•		
	Miscellaneous (specify)			Mark Baker
Contributor's Occupation (if required) Retired				
s Attley Price	Contributions:	<u>_</u>	20te Cour	\$
4667N 400W	Direct		20 eiver	
LaPorte, IN 46350	In-Kind (describe)		Peceiver	SIA 10-4-2024
			699.00 <u>E</u> lect	
•	Other Receipts:	\$99.00	\$99.00 <u>E</u> /e0	ard
	Interest Loan			
	Miscellaneous (specify)			Mark Baker
Contributor's Occupation (# required) Attorney				
SUBTOTAL	THIS PAGE OF SCHEDULE A	\$ 799.00		
TOTAL OF ALL PAGES OF SCHEDULE /	A ON THE LAST PAGE ONLY 1 15a of the Summary Sheet.)	\$		
	i iya vi tile aunimary alleet.j			

### REPORT OF RECEIPTS AND EXPENDITURES OF A POLITICAL COMMITTEE State Form 4606 (R15/5-19)

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

## (CFA-4 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.

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FILE NUMBER					
42-24-21					
Page	2	of	4		

CONTRIBUTOR'S FULL NAME AND OCCUPATION FULL MAILING ADDRESS	TYPE OF CONTRIBUTION	COLUMN A	COLUMN B	DATE RECEIVED (mm/dd/yy)
(street. number. city, state, ZIP code)	OR OTHER RECEIPT	AMOUNT THIS PERIOD	CUMULATIVE YEAR-TO-DATE	RECEIVED BY
1.Dr. Vidya Kora	Contributions:	PERIOD	TEAK-TO-DATE	
105 Woodside Ct.	Direct	1		
Michigan City, IN 46360	In-Kind (describe)			10-7-2024
	Other Receipts:	\$200.00	\$200.00	
	🗌 Interest 🔲 Loan			
	Miscellaneous (specify)			Mark Baker
Contributor's Occupation (if required) Physician				
2 Matthew Sikorski	Contributions:			
2012W 850N	Direct			10.0.0001
Michigan City, IN 46360	In-Kind (describe)			10-8-2024
			_	
	Other Receipts:	\$200.00	\$200.00	
	Interest Loan			
	Miscellaneous (specify)			Mark Baker
Contributor's Occupation (if required) BUSINESS Owner				
3. Mark P. Baker	Contributions:			
4783 W. Sangria Drive				10-10-2025
LaPorte, IN 46350	In-Kind (describe)			10-10-2025
		PC0.00	\$c0.00	
	Other Receipts:	\$60.00	\$60.00	
	Miscellaneous (specify)			Mark Baker
Contributor's Occupation (if required) <u>Retired</u>		· · · · · · · · ·		
4.	Contributions:			
	In-Kind (describe)			
	Other Receipts:			
	🗌 Interest 🔲 Loan			
	Miscellaneous (specify)			
Contributor's Occupation (if required)				
5.	Contributions:		Porte Cou	74
	Direct		Ste Con	
	In-Kind (describe)		2 ceive	de la constanción de la constanci de la constanción de la constanción de la constanc
			Peceive OCT 15	100 15
	Other Receipts:		OCT 13	tion M
	Interest Loan Miscellaneous (specify)		Ele	bard (1)
	L wiscellaneous (specity)			
Contributor's Occupation (if required)				
	HIS PAGE OF SCHEDULE A	\$ 460.00		
TOTAL OF ALL PAGES OF SCHEDULE A	ON THE LAST PAGE ONLY	\$		

#### 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						
46-24-21						
Page 3 of 4						

CONTRIBUTOR'S FULL NAME AND OCCUPATION FULL MAILING ADDRESS	TYPE OF CONTRIBUTION	COLUMN A	COLUMN B	DATE RECEIVED (mm/dd/yy)
(street, number, city, state, ZIP code)	OR OTHER RECEIPT	AMOUNT THIS	CUMULATIVE	RECEIVED BY
1. Mark P. Baker	Contributions:	PERIOD	YEAR-TO-DATE	
4783 W. Sangria Drive	Direct			
LaPorte, IN 46350	In-Kind (describe)		}	4-16-2024
	Other Receipts:	\$78.11	\$78.11	
	🔲 Interest 🗹 Łoan			
	Miscellaneous (specify)			Mark Baker
Contributor's Occupation (if required) <u>Retired</u>				
2. Mark Baker	Contributions:	Photo		
4783 W Sangria Drive	Direct			
LaPorte, IN 46350	In-Kind (describe)			4-16-2024
	Other Receipts:	\$42.80	\$42.80	
	Interest 🗹 Loan			
	Miscellaneous (specify)			Mark Baker
Contributor's Occupation (if required) Retired				
3. Mark Baker	Contributions:			ĺ
4783 W Sangria Drive				6 29 2024
LaPorte, IN 46350	In-Kind (describe)			6-28-2024
		¢40.05	<b>*</b> *C 0E	
	Other Receipts:	\$46.25	\$46.25	
	Miscellaneous (specify)			Mark Baker
				Mark Baker
Contributor's Occupation (if required) <u>Retired</u>		,		
4 Mark Baker	Contributions:			
4783 W Sangria Drive LaPorte, IN 46350	In-Kind (describe)			9-6-2024
				· · ·
	Other Receipts:	\$25.00	\$25.00	
	🔲 Interest 🗹 Loan	•		
	Miscellaneous (specify)			Mark Baker
Contributor's Occupation (if required) Retired			gote Cour Preceive	ts l
5. Mark Baker	Contributions:		P Receive	
4783 W Sangria Drive	Direct		PROUSS	024
LaPorte, IN 46350	In-Kind (describe)		( Receipt	0 <sup>0</sup> 9-12-2024
			Eler	on 9-12-2024
	Other Receipts:	\$14.98	\$14.98 8	15
	🔲 Interest 🗹 Loan			
	Miscellaneous (specify)			Mark Baker
Contributor's Occupation (if required) <u>Retired</u>				
SUBTOTAL 1	THIS PAGE OF SCHEDULE A	\$ 207.14		
TOTAL OF ALL PAGES OF SCHEDULE A	ON THE LAST PAGE ONLY	\$		



#### 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 <u>totaled on ITEM 15a</u> of the Summary Sheet. All cumulative contributions from individuals OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee). A contributor's occupation is required if an individual makes at least \$1,000 in contributions during the calendar year. Otherwise, this is optional.

	FILE	NUMBE	R			
46-24-21						
Page	4	of	4			

CONTRIBUTOR'S FULL NAME AND OCCUPATION FULL MAILING ADDRESS	TYPE OF CONTRIBUTION	COLUMN A	COLUMN B	DATE RECEIVED (mm/dd/yy)
(street. number. city, state, ZIP code)	OR OTHER RECEIPT	AMOUNT THIS PERIOD	CUMULATIVE YEAR-TO-DATE	RECEIVED BY
1. Mark P. Baker	Contributions:			
4783 W. Sangria Drive	Direct			
LaPorte, IN 46350	In-Kind (describe)			9-26-2024
	Other Receipts:	\$42.80	\$42.80	
	🔲 Interest 🗹 Loan			
	Miscellaneous (specify)			Mark Baker
Contributor's Occupation (if required) <u>Retired</u>				
2. Mark Baker	Contributions:			
4783 W Sangria Drive	Direct			
LaPorte, IN 46350	In-Kind (describe)			10-4-2024
	Other Receipts:	\$113.20	\$113.20	
	🔲 Interest 🗹 Loan			
	Miscellaneous (specify)			Mark Baker
Contributor's Occupation (if required) <u>Retired</u>				
3. Mark Baker	Contributions:			
4783 W Sangria Drive	Direct			
LaPorte, IN 46350	In-Kind (describe)			10-7-2024
	Other Receipts:	\$11.64	\$11.64	
	🔲 Interest 🗹 Loan			
	Miscellaneous (specify)			Mark Baker
Contributor's Occupation (if required) <u>Retired</u>				
4 Mark Baker	Contributions:	-		
4783 W Sangria Drive	Direct			
LaPorte, IN 46350	In-Kind (describe)			9-22-2024
	Other Receipts:	\$32.09	\$32.09	
	🔲 Interest 🗹 Loan			
	Miscellaneous (specify)		xe County	Mark Baker
Contributor's Occupation (if required) Retired			Porte County	$\backslash$
5. Mark Baker	Contributions:		Peceivec OCT 15 202	*
4783 W Sangria Drive	Direct			
LaPorte, IN 46350	In-Kind (describe)		OCT Election	4-24 to 9-24
				16
	Other Receipts:	\$451.16	\$451_16	
	🔲 interest 🗹 Loan			`
	Miscellaneous (specify)			Mark Baker
Contributor's Occupation (if required) <u>Retired</u>				
SUBTOTAL	THIS PAGE OF SCHEDULE A	\$ 650.89		
TOTAL OF ALL PAGES OF SCHEDULE	A ON THE LAST PAGE ONLY	\$ 2,117.03		

### REPORT OF RECEIPTS AND EXPENDITURES OF A POLITICAL COMMITTEE

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

# INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document expenditures totaled on ITEM 17a of the Summary Sheet. All cumulative expenses paid to individuals, businesses, labor organizations and other entities OVER \$100 per recipient, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative expenses, including in-kind, regardless of amount paid to political committees, (such as transfers-out from candidate, legislative caucus, political action, or regular party committees) MUST be itemized on this schedule.

# (CFA-4 SCHEDULE B) ITEMIZED EXPENDITURES

Page

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46-24-21

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RECIPIENT'S NAME AND MAILING ADDRESS (street, number. city, state. ZIP code)		TYPE OF EXPENDITURE	COLUMN A AMOUNT THIS	COLUMN B	DATE OF EXPENDITURE
Code Democrate Central Committee Evergreen Plaza 1902 US 20 Michigan City, IN 46360	OFFICE SOUGHT (if applicable) Political	PURPOSE (be specific)	PERIOD \$250.00	YEAR-TO-DATE \$250.00	(mm/dd/yy) 9-14-2024
Code <u>A</u> Gerald Media, LLC. 685E 1657N Michigan City, IN 46360	Radio Station	Direct In-Kind Payment of Debt Returned Contribution Other Purpose:	\$207.00	\$207.00	10-3-2024
<u>Code A</u> The Eagle WCOE 1700 Lincolnway LaPorte, IN 46350	Radio Station	Direct In-Kind Payment of Debt Returned Contribution Other Purpose:	\$314.00	\$314.00	10-9-2024
Code A Kankakee Valley Broadcasting Co .Inc. 400 W. Culver Road Knox, IN 46534	Radio Station	Direct In-Kind Payment of Debt Returned Contribution Other Purpose:	\$192.00	\$192.00	10-9-2024
Code <u>A</u> WEFM 1903 Springland Avenue Michigan City, IN 46360	Radio Station	Direct In-Kind Payment of Debt Returned Contribution Other Purpose:	\$245.00	\$245.00	10-10-2024
Code		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:	[	porte County Preceived	
Code		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:		Peceives OCT 15 2024 Election Election	AS.
	SUBTOTAL THIS PAG	GE OF SCHEDULE B	\$ 1,208.00		
TOTAL OF ALL PA	AGES OF SCHEDULE B ON THE (Enter total on ITEM 17a of the		\$ 1,208.00		





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

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.

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

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. List all debts and loans, 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

FILE NUMBER	
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of

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CREDITOR'S OR LENDER'S NAME	ENDORSER'S OR VENDOR'S NAME	AMOUNT	DATE DEBT		OUTSTANDING BALANCE THIS
AND MAILING ADDRESS (street, number, city, state. ZIP code)	AND MAILING ADDRESS (if any) (street, number, city, state, ZIP code)	NATURE OF DEBT	INCURRED		
Mark P. Baker 4783 W. Sangria Drive LaPorte, IN 46350	Acme Print Copy Design 1620 E. Summit St. Crown Point, IN 46307	\$78.11	4-16-2024		\$78.11
LENDER'S OCCUPATION: Retired		Loan			
Mark P. Baker 4783 W. Sangria Drive LaPorte, IN 46350	Acme Print Copy Design 1620 E. Summit St. Crown Point, IN 46307	\$42.80	4-16-2024		\$42.80
LENDER'S OCCUPATION: Retired		Loan			
Mark P. Baker 4783 W. Sangria Drive LaPorte, IN 46350	Walmart 5780 Franklin St. Michigan City, IN 46360	\$46.25	6-28-2024		\$46.25
		Loan			
LENDERS OCCUPATION: Mark P. Baker 4783 W. Sangria Drive LaPorte, IN 46350	Salute to Labor Dinner 2001 Franknin St. Michigan City, IN 46360	\$25.00	9-6-2024		\$25.00
LENDER'S OCCUPATION: Retired		Loan		-	
Mark P. Baker 4783 W. Sangria Drive LaPorte, IN 46350	Walmart 5780 Franklin St. Michigan City, IN 46360	\$14.98	9-12-2024	-	\$14.98
		Loan			
LENDER'S OCCUPATION: Mark P. Baker 4783 W. Sangria Drive LaPorte, IN 46350	Acme Print Copy Design 1620 E. Summit St. Crown Point, IN 46307	\$42.80	9-26-2024	Preceived OCT 15 2	542.80
LENDER'S OCCUPATION: Retired		Loan			
Mark P. Baker 4783 W. Sangria Drive LaPorte, IN 46350	Rural King 1460W St. Rd. 2 LaPorte, IN 46350	\$113.20	10-4-2024	Boe	\$113.20
LENDER'S OCCUPATION: Retired		Loan			
		SUBTOTA	L THIS PAGE O	F SCHEDULE D	\$ 363.14
	TOTAL OF ALL	PAGES OF SCHEDUL (Enter total on l		ST PAGE ONLY Summary Sheet.)	\$



#### 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 D) DEBTS OWED BY THIS COMMITTEE

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 loans, 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	2	
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Page	2	of	2	

CREDITOR'S OR LENDER'S NAME AND MAILING ADDRESS	ENDORSER'S OR VENDOR'S NAME AND MAILING ADDRESS (if any)	AMOUNT	DATE DEBT INCURRED	CUMULATIVE PAID	OUTSTANDING BALANCE THIS
(street, number, city, state, ZIP code)	(street, number, city, state, ZIP code)	NATURE OF DEBT	(mm/dd/yy)	YEAR-TO-DATE	PERIOD
Mark P. Baker 4783 W. Sangria Drive LaPorte, IN 46350	Walmart 333 Boyd Blvd. LaPorte, IN 46350	\$11.64	10-7-2024		\$11.64
LENDER'S OCCUPATION: Retired		Loan			
Mark P. Baker 4783 W. Sangria Drive LaPorte, IN 46350	Tractor Supply 71 Pine Lake Ave. LaPorte, IN 46350	\$32.09	9-22-2024		\$32.09
LENDER'S OCCUPATION: Retired		Loan			
Mark P. Baker 4783 W. Sangria Drive LaPorte, IN 46350	ATT PO Box 5074 Carol Stream, IL 60197	\$451.16	4-24 to 9-24		\$451.16
		Loan			
LENDER'S OCCUPATION:					
LENDER'S OCCUPATION:		·····	ort	County sceived 5 15 2024	
		<u> </u>	A C	3Ceiveo 1,7 15 2024	
LENDER'S OCCUPATION:		,		Election Board	þ –
				•	
LENDER'S OCCUPATION:					
		SUBTOTA	L THIS PAGE O	F SCHEDULE D	\$ 494.89
TOTAL OF ALL PAGES OF SCHEDULE D ON THE LAST PAGE ONLY (Enter total on ITEM 19 of the Summary Sheet.)					