



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

(CFA-1)

State Form 4604 (R15 / 5-19)
Indiana Election Division (IC 3-9-1-3; IC 3-9-1-4; IC 3-9-1-5)

PLEASE TYPE OR PRINT LEGIBLY IN BLACK INK. SEE INSTRUCTIONS ON REVERSE SIDE.

| | | | | | | | | | | FILE NUMBER | |
|---|--|--------------------|--|-----------------------|--|---|--|---|--|-------------|--|
| 1. IS THIS AN AMENDMENT? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If Yes, please enter the file number in this box. →</i> | | | | | | | | | | 46-24-21 | |
| SECTION A. CANDIDATE INFORMATION: Fill in all applicable boxes as fully and accurately as possible. | | | | | | | | | | | |
| 2. Last Name MARK BAKER | | First Name MARK | | Middle Name P. | | Nickname | | 3. Type of Committee (Check one) <input checked="" type="checkbox"/> Candidate's Principal Committee <input type="checkbox"/> Exploratory Committee | | | |
| 4. Mailing Address (number and street, city, state, and ZIP code) 4783 W. SONARIA DR. | | | | | | 5. FAX (Optional) | | 6. E-mail Address (Optional) | | | |
| 7. City LaPORTE | | State IN | ZIP Code 46350 | 8. County LaPORTE | | 9. Telephone (Day) (219) 229-7933 | | 10. Telephone (Evening) SAME | | | |
| 11. Party Affiliation <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Libertarian <input type="checkbox"/> Republican <input type="checkbox"/> Other | | | | | | 12. Office Sought (Include district number, if any. Not required for an exploratory committee.) CORONER | | | | | |
| SECTION B. COMMITTEE INFORMATION: Fill in all applicable boxes as fully and accurately as possible. | | | | | | | | | | | |
| 13. Full Name of Committee (Do not abbreviate.) <input type="checkbox"/> Check if this is a new name. COMMITTEE TO ELECT MARK BAKER FOR CORONER | | | | | | | | | | | |
| 14. Mailing Address (number and street, city, state, and ZIP code) <input type="checkbox"/> Check if this is a new address. 4783 W. SONARIA DR. | | | | | | 15. FAX (Optional) | | 16. E-mail Address (Optional) | | | |
| 17. City LaPORTE | | State IN | ZIP Code 46350 | 18. County LaPORTE | | 19. Telephone (219) 229-7933 | | 20. Committee Organization Date (mm/dd/yy) 2-16-24 | | | |
| 21. Chairperson's Full Name <input checked="" type="checkbox"/> Designate Candidate as Chairperson. <input type="checkbox"/> Check if this is a new chairperson. DWAYNE M. HOGAN | | | | | | | | | | | |
| 22. Mailing Address (number and street, city, state, and ZIP code) <input type="checkbox"/> Check if this is a new address. 3424 MASON DR. MICHIGAN CITY, IN 46360 | | | | | | 23. FAX (Optional) | | 24. E-mail Address (Optional) dmhogan@comcast.net | | | |
| 25. City MICHIGAN CITY | | State IN | ZIP Code 46360 | 26. County LaPORTE | | 27. Telephone (Day) (219) 608-9551 | | 28. Telephone (Evening) | | | |
| 29. Bank or Other Depositories (List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.) SIB BANK | | | | | | | | | | | |
| 30. Exploratory Committee (Give brief statement explaining purpose of an exploratory committee only.) | | | | | | 31. Salaries and Reimbursements (Will the committee pay the candidate a salary or reimbursement for lost wages? If Yes, attach a copy of the contract.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | | | |
| SECTION C. APPOINTMENT OF TREASURER (IC 3-9-1-14) | | | | | | | | | | | |
| 32. I, as Chairperson of the foregoing committee, appoint the following person as Treasurer of the Committee. | | | | | | Person Appointed Treasurer Robert E. Gaekle | | Signature of the Committee Chairperson <i>Dwayne M. Hogan</i> | | | |
| 33. Treasurer's Full Name <input type="checkbox"/> Designate candidate as treasurer. <input type="checkbox"/> Check if this is a new treasurer. Robert E. Gaekle | | | | | | | | | | | |
| 34. Mailing Address (number and street, city, state, and ZIP code) <input type="checkbox"/> Check if this is a new address. 4201S. 150W, LaPorte, IN 46350 | | | | | | 35. FAX (Optional) NA | | 36. E-mail Address (Optional) rgaekle@csinet.net | | | |
| 37. City LaPorte | | State IN | ZIP Code 46350 | 38. County LaPorte | | 39. Telephone (Day) (219) 362-5835 | | 40. Telephone (Evening) (219) 362-5835 | | | |
| SECTION D. ACCEPTANCE OF APPOINTMENT (IC 3-9-1-15) | | | | | | | | | | | |
| 41. I give notice that I accept the duties and responsibilities of Treasurer of this Committee. I am not the chairperson of a campaign finance committee (except as permitted for a candidate committee under IC 3-9-1-7). | | | | | | Signature of Person Accepting Appointment <i>Robert E. Gaekle</i> | | | | | |
| SECTION E. CERTIFICATION OF STATEMENT | | | | | | | | | | | |
| We certify as the candidate and the duly appointed Chairperson of the Committee and that we have examined this statement. To the best of our knowledge and belief it is true, correct and complete. | | | | | | | | | | | |
| 42. Typed or Printed Name of Chairperson <i>Dwayne M. Hogan</i> | | | Signature of Chairperson <i>DWAYNE M. HOGAN</i> | | | Date (mm/dd/yy) 2-16-24 | | | | | |
| 43. Typed or Printed Name of Candidate MARK P. BAKER | | | Signature of Candidate <i>Mark P. Baker</i> | | | Date (mm/dd/yy) 2-16-24 | | | | | |
| Warning: State law requires that any change in this information be reported within ten (10) days of the change (IC 3-9-1-10). A person who knowingly files a fraudulent report commits a Level 6 D 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). | | | | | | | | | | | |

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FEB 16 2024
Liaoum Stevens
CLERK OF LA PORTE CIRCUIT COURT



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) Summary Sheet

| |
|---|
| FILE NUMBER |
| 46-24-21 |
| TOTAL PAGES IN ENTIRE CFA-4 REPORT |
| 4 |

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

IS THIS AN AMENDMENT? Yes No

COMMITTEE INFORMATION

| | |
|---|---|
| 1. Full Name of Committee (as on Statement of Organization) Committee to Elect Mark Baker for Coroner <input type="checkbox"/> Check if this is a new name. | |
| 2. Acronym or Abbreviated Name (if any) | 3. Committee Telephone Number (219) 727-1656 |
| 4. Mailing Address (Address where all campaign finance correspondence is received.) 4783 W. Sangria Drive <input type="checkbox"/> Check if this is a new address. | |
| 5. City, State, ZIP Code LaPorte, IN 46350 | 6. Party Affiliation (if applicable) Democrate |

CANDIDATE INFORMATION (For Candidate's Committees Only)

| | |
|---|---|
| 7. Full Name of Candidate (Include any nickname.) Mark P. Baker | 8. Party Affiliation or If Independent Candidate Democrate |
| 9. Office Sought (Include district number, if any. Not required for exploratory committee.) LaPorte County Coroner | 10. County of Residence LaPorte |

TYPE OF REPORT

CONVENTION CANDIDATES ONLY

| | | |
|--|---|---------------------------------|
| 11. Check one: <input checked="" type="checkbox"/> Pre-Primary <input type="checkbox"/> Pre-Election <input type="checkbox"/> Annual <input type="checkbox"/> Nomination <input type="checkbox"/> Other <input type="checkbox"/> Final / Disbands Committee (Lines 18, 19, and 20 must be "0") <input type="checkbox"/> Outgoing Treasurer (Within ten (10) days amend Statement of Organization.) | Check one: <input type="checkbox"/> Pre-Convention <input type="checkbox"/> Post-Convention | |
| 12. Reporting Period (mm/dd/yy): From: 01-01-2024 Through: 04-12-2024 | 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

| | | |
|--|----------|----------|
| <i>(Note: these amounts include in-kind contributions and loans, as well as cash contributions.)</i> | | |
| 15a. Itemized (Use Schedule A.) | 980.02 | 980.02 |
| 15b. Unitemized | | |
| 15c. Add lines 15a and 15b in both columns. SUBTOTAL | 980.02 | 980.02 |
| 16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B. TOTAL | 1,080.02 | 1,080.02 |

EXPENDITURES

| | | |
|---|--------|--------|
| <i>(Note: These amounts include in-kind expenditures and loan repayments.)</i> | | |
| 17a. Itemized (Use Schedule B.) (Public Question: use Schedule C.) | 980.02 | 980.02 |
| 17b. Unitemized | | |
| 17c. Add lines 17a and 17b in both columns. SUBTOTAL | 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.) | | |

CERTIFICATION

I CERTIFY THAT I HAVE EXAMINED THIS STATEMENT. TO THE BEST OF MY KNOWLEDGE AND BELIEF IT IS TRUE, CORRECT AND COMPLETE.

| | | |
|--|--------------------|-------------------------------|
| Signature of Treasurer <i>Robert Ruckle</i> | Title Treasurer | Date (mm/dd/yy) 04-12-2024 |
| Signature of Candidate (if applicable) <i>Mark P. Baker</i> | | Date (mm/dd/yy) 04-12-2024 |

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APR 15 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 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)

Leanna Stevens
CLERK OF LA PORTE CIRCUIT COURT



**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.

| FILE NUMBER | |
|-------------|--------|
| 46-24-21 | |
| Page | 1 of 1 |

| CONTRIBUTOR'S FULL NAME AND OCCUPATION FULL MAILING ADDRESS <i>(street, number, city, state, ZIP code)</i> | TYPE OF CONTRIBUTION OR OTHER RECEIPT | COLUMN A AMOUNT THIS PERIOD | COLUMN B CUMULATIVE YEAR-TO-DATE | DATE RECEIVED |
|--|---|-----------------------------------|--|----------------------------------|
| | | | | <i>(mm/dd/yy)</i> RECEIVED BY |
| 1. Mark P. Baker 4783 W. Sangria Drive LaPorte, IN 46350 Contributor's Occupation (if required) <u>Retired</u> | Contributions: <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) Other Receipts: <input type="checkbox"/> Interest <input checked="" type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify) | \$621.67 | \$621.67 | 3-1-2024 Mark Baker |
| 2. Mark P. Baker 4783 W. Sangria Drive LaPorte, IN 46350 Contributor's Occupation (if required) <u>Retired</u> | Contributions: <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) Other Receipts: <input type="checkbox"/> Interest <input checked="" type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify) | \$36.38 | \$36.28 | 3-15-2024 Mark Baker |
| 3. Mark P. Baker 4783 W. Sangria Drive LaPorte, IN 46350 Contributor's Occupation (if required) <u>Retired</u> | Contributions: <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) Other Receipts: <input type="checkbox"/> Interest <input checked="" type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify) | \$322.07 | \$322.07 | 4-1-2024 Mark Baker |
| 4. Contributor's Occupation (if required) _____ | Contributions: <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify) | | | |
| 5. Contributor's Occupation (if required) _____ | Contributions: <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify) | | | |
| SUBTOTAL THIS PAGE OF SCHEDULE A | | \$ 980.02 | | |
| TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY <i>(Enter total on ITEM 15a of the Summary Sheet.)</i> | | \$ 980.02 | | |

F I L E D
IN CLERKS OFFICE
APR 15 2024
L. Hauch Stevens
CLERK OF LA PORTE CIRCUIT COURT



**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 B)
ITEMIZED EXPENDITURES**

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

FILE NUMBER

46-24-21

Page 1 of 1

| RECIPIENT'S NAME AND MAILING ADDRESS <i>(street, number, city, state, ZIP code)</i> | RECIPIENT'S OCCUPATION | TYPE OF EXPENDITURE and PURPOSE <i>(be specific)</i> | COLUMN A AMOUNT THIS PERIOD | COLUMN B CUMULATIVE YEAR-TO-DATE | DATE OF EXPENDITURE <i>(mm/dd/yy)</i> |
|---|--------------------------------------|---|-----------------------------------|--|---|
| | OFFICE SOUGHT <i>(if applicable)</i> | | | | |
| Code <u>A</u> Mark P. Baker 4783 W. Sangria Drive LaPorte, IN 46350 | LaPorte County Coroner | <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: Advertising | \$621.64 | \$621.64 | 3-19-2024 |
| Code <u>A</u> Mark P. Baker 4783 W. Sangria Drive LaPorte, IN 46350 | LaPorte County Coroner | <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other Parade Purpose: Candy | \$36.28 | \$36.28 | 3-15-2024 |
| Code <u>A</u> Mark P. Baker 4783 W. Sangria Drive LaPorte, IN 46350 | LaPorte County Coroner | <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: Advertising | \$322.07 | \$322.07 | 4-1-2024 |
| Code _____ | | <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: | | | |
| Code _____ | | <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: | | | |
| Code _____ | | <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: | | | |
| Code _____ | | <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: | | | |
| SUBTOTAL THIS PAGE OF SCHEDULE B | | | \$ 980.02 | | |
| TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY <i>(Enter total on ITEM 17a of the Summary Sheet.)</i> | | | \$ 980.02 | | |

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APR 15 2024

L. Lauren Stevens
CLERK OF LA PORTE CIRCUIT COURT



**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 NUMBER | |
|---------------|-------------|
| 46-24-01 | |
| Page <u>1</u> | of <u>1</u> |

| CREDITOR'S OR LENDER'S NAME AND MAILING ADDRESS <i>(street, number, city, state, ZIP code)</i> | ENDORSER'S OR VENDOR'S NAME AND MAILING ADDRESS <i>(if any)</i> <i>(street, number, city, state, ZIP code)</i> | AMOUNT | DATE DEBT INCURRED <i>(mm/dd/yy)</i> | CUMULATIVE PAID YEAR-TO-DATE | OUTSTANDING BALANCE THIS PERIOD |
|--|--|----------------|--|------------------------------------|---------------------------------------|
| | | NATURE OF DEBT | | | |
| Mark P. Baker 4783 W. Sangria Drive LaPorte, IN 46350 LENDER'S OCCUPATION: Retired | | \$621.46 | 3-19-2024 | \$0.00 | \$621.64 |
| | | Loan | | | |
| Mark P. Baker 4783 W. Sangria Drive LaPorte, IN 46350 LENDER'S OCCUPATION: Retired | | \$36.28 | 3-15-2024 | \$0.00 | \$36.28 |
| | | Loan | | | |
| Mark P. Baker 4783 W. Sangria Drive LaPorte, IN 46350 LENDER'S OCCUPATION: Retired | | \$322.07 | 4-1-2024 | \$0.00 | \$322.07 |
| | | Loan | | | |
| LENDER'S OCCUPATION: | | | | | |
| LENDER'S OCCUPATION: | | | | | |
| LENDER'S OCCUPATION: | | | | | |
| LENDER'S OCCUPATION: | | | | | |
| SUBTOTAL THIS PAGE OF SCHEDULE D | | | | | \$ 980.02 |
| TOTAL OF ALL PAGES OF SCHEDULE D ON THE LAST PAGE ONLY <i>(Enter total on ITEM 19 of the Summary Sheet.)</i> | | | | | \$ 980.02 |

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APR 15 2024

L. Maoru Stevens
CLERK OF LA PORTE CIRCUIT COURT



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) Summary Sheet

| FILE NUMBER |
|------------------------------------|
| 46-24-21 |
| TOTAL PAGES IN ENTIRE CFA-4 REPORT |
| 8 |

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

IS THIS AN AMENDMENT? Yes No

COMMITTEE INFORMATION

| | |
|--|---|
| 1. Full Name of Committee (as on <i>Statement of Organization</i>) Committee to Elect Mark Baker for Coroner <input type="checkbox"/> Check if this is a new name. | |
| 2. Acronym or Abbreviated Name (if any) | 3. Committee Telephone Number (219) 727-1656 |
| 4. Mailing Address (Address where all campaign finance correspondence is received.) 4783 W. Sangria Drive <input type="checkbox"/> Check if this is a new address. | |
| 5. City, State, ZIP Code LaPorte, IN 46350 | 6. Party Affiliation (if applicable) Democate |

CANDIDATE INFORMATION (For Candidate's Committees Only)

| | |
|---|--|
| 7. Full Name of Candidate (Include any nickname.) Mark P. Baker | 8. Party Affiliation or If Independent Candidate Democate |
| 9. Office Sought (Include district number, if any. Not required for exploratory committee.) LaPorte County Coroner | 10. County of Residence LaPorte |

TYPE OF REPORT

CONVENTION CANDIDATES ONLY

| | |
|---|---|
| 11. Check one: <input type="checkbox"/> Pre-Primary <input checked="" type="checkbox"/> Pre-Election <input type="checkbox"/> Annual <input type="checkbox"/> Nomination <input type="checkbox"/> Other <input type="checkbox"/> Final / Disbands Committee (Lines 18, 19, and 20 must be "0".) <input type="checkbox"/> Outgoing Treasurer (Within ten (10) days amend Statement of Organization.) | Check one: <input type="checkbox"/> Pre-Convention <input type="checkbox"/> Post-Convention |
|---|---|

| | | |
|---|-------------------------|--------------------------|
| 12. Reporting Period (mm/dd/yy): 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.) | | |
| 15a. Itemized (Use Schedule A.) | 2,117.03 | 2,117.03 |
| 15b. Unitemized | | |
| 15c. Add lines 15a and 15b in both columns. SUBTOTAL | 2,117.03 | 2,117.03 |
| 16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B. TOTAL | 2,217.03 | 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 columns.) TOTAL | 1,009.03 | 1,009.03 |
| 19. Debts OWED BY the committee (Use Schedule D.) | 858.03 | |
| 20. Debts OWED TO the committee (Use Schedule E.) | | |

CERTIFICATION

I CERTIFY THAT I HAVE EXAMINED THIS STATEMENT. TO THE BEST OF MY KNOWLEDGE AND BELIEF IT IS TRUE, CORRECT AND COMPLETE.

| | | |
|--|--------------------|-------------------------------|
| Signature of Treasurer <i>Robert Buckle</i> | Title Treasurer | Date (mm/dd/yy) 10-12-2024 |
| Signature of Candidate (if applicable) <i>[Signature]</i> | | Date (mm/dd/yy) 10-12-2024 |

FOR OFFICE USE ONLY



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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 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 | 1 of 4 |

| CONTRIBUTOR'S FULL NAME AND OCCUPATION FULL MAILING ADDRESS <i>(street, number, city, state, ZIP code)</i> | TYPE OF CONTRIBUTION OR OTHER RECEIPT | COLUMN A AMOUNT THIS PERIOD | COLUMN B CUMULATIVE YEAR-TO-DATE | DATE RECEIVED <i>(mm/dd/yy)</i> |
|---|---|-----------------------------------|--|------------------------------------|
| | | | | RECEIVED BY |
| 1. Nancy Hawkins 7128N 300W Michigan City, IN 46360 Contributor's Occupation <i>(if required)</i> <u>Retired</u> | Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <i>(describe)</i> Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous <i>(specify)</i> | \$50.00 | \$50.00 | 5-20-2024 |
| | | | | Mark Baker |
| 2. Dwayne Hogan 3424 Mason Drive Michigan City, IN 46360 Contributor's Occupation <i>(if required)</i> <u>Retired</u> | Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <i>(describe)</i> Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous <i>(specify)</i> | \$300.00 | \$300.00 | 9-10-2024 |
| | | | | Mark Baker |
| 3. Michael Mollenhauer 1510 Michigan Avenue LaPorte, IN 46350 Contributor's Occupation <i>(if required)</i> <u>Retired</u> | Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <i>(describe)</i> Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous <i>(specify)</i> | \$100.00 | \$100.00 | 9-13-2024 |
| | | | | Mark Baker |
| 4. Robert Gaekle 4201S 150W LaPorte, IN 463540 Contributor's Occupation <i>(if required)</i> <u>Retired</u> | Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <i>(describe)</i> Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous <i>(specify)</i> | \$250.00 | \$250.00 | 9-14-2024 |
| | | | | Mark Baker |
| 5. Attley Price 4667N 400W LaPorte, IN 46350 Contributor's Occupation <i>(if required)</i> <u>Attorney</u> | Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <i>(describe)</i> Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous <i>(specify)</i> | \$99.00 | \$99.00 | 10-4-2024 |
| | | | | Mark Baker |
| SUBTOTAL THIS PAGE OF SCHEDULE A | | \$ | 799.00 | |
| TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY <i>(Enter total on ITEM 15a of the Summary Sheet.)</i> | | \$ | | |

LaPorte County
Received
OCT 15 2024
\$99.00 Election Board
TB



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

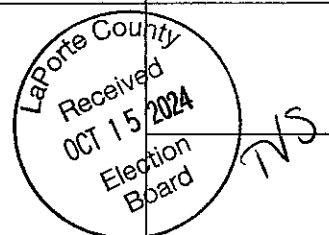
State Form 4606 (R15 / 5-19)
Indiana Election Division (IC 3-9-5-14)

**(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.

| | |
|---------------------------|--|
| FILE NUMBER | |
| 42-24-21 | |
| Page <u>2</u> of <u>4</u> | |

| CONTRIBUTOR'S FULL NAME AND OCCUPATION FULL MAILING ADDRESS <i>(street, number, city, state, ZIP code)</i> | TYPE OF CONTRIBUTION OR OTHER RECEIPT | COLUMN A AMOUNT THIS PERIOD | COLUMN B CUMULATIVE YEAR-TO-DATE | DATE RECEIVED <i>(mm/dd/yy)</i> RECEIVED BY |
|--|---|-----------------------------------|--|---|
| 1. Dr. Vidya Kora 105 Woodside Ct. Michigan City, IN 46360 Contributor's Occupation (if required) <u>Physician</u> | Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify) | \$200.00 | \$200.00 | 10-7-2024 Mark Baker |
| 2. Matthew Sikorski 2012W 850N Michigan City, IN 46360 Contributor's Occupation (if required) <u>Business Owner</u> | Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify) | \$200.00 | \$200.00 | 10-8-2024 Mark Baker |
| 3. Mark P. Baker 4783 W. Sangria Drive LaPorte, IN 46350 Contributor's Occupation (if required) <u>Retired</u> | Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify) | \$60.00 | \$60.00 | 10-10-2025 Mark Baker |
| 4. Contributor's Occupation (if required) _____ | Contributions: <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify) | | | |
| 5. Contributor's Occupation (if required) _____ | Contributions: <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify) | | | |
| SUBTOTAL THIS PAGE OF SCHEDULE A | | \$ 460.00 | | |
| TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY <i>(Enter total on ITEM 15a of the Summary Sheet.)</i> | | \$ | | |





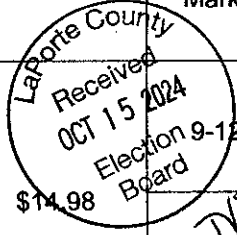
**REPORT OF RECEIPTS AND EXPENDITURES
OF A POLITICAL COMMITTEE**

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 <i>(street, number, city, state, ZIP code)</i> | TYPE OF CONTRIBUTION OR OTHER RECEIPT | COLUMN A AMOUNT THIS PERIOD | COLUMN B CUMULATIVE YEAR-TO-DATE | DATE RECEIVED <i>(mm/dd/yy)</i> |
|---|---|-----------------------------------|--|--|
| | | | | RECEIVED BY |
| 1. Mark P. Baker 4783 W. Sangria Drive LaPorte, IN 46350 Contributor's Occupation (if required) <u>Retired</u> | Contributions: <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) _____ Other Receipts: <input type="checkbox"/> Interest <input checked="" type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify) _____ | \$78.11 | \$78.11 | 4-16-2024 |
| | | | | Mark Baker |
| 2. Mark Baker 4783 W Sangria Drive LaPorte, IN 46350 Contributor's Occupation (if required) <u>Retired</u> | Contributions: <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) _____ Other Receipts: <input type="checkbox"/> Interest <input checked="" type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify) _____ | \$42.80 | \$42.80 | 4-16-2024 |
| | | | | Mark Baker |
| 3. Mark Baker 4783 W Sangria Drive LaPorte, IN 46350 Contributor's Occupation (if required) <u>Retired</u> | Contributions: <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) _____ Other Receipts: <input type="checkbox"/> Interest <input checked="" type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify) _____ | \$46.25 | \$46.25 | 6-28-2024 |
| | | | | Mark Baker |
| 4. Mark Baker 4783 W Sangria Drive LaPorte, IN 46350 Contributor's Occupation (if required) <u>Retired</u> | Contributions: <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) _____ Other Receipts: <input type="checkbox"/> Interest <input checked="" type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify) _____ | \$25.00 | \$25.00 | 9-6-2024 |
| | | | | Mark Baker |
| 5. Mark Baker 4783 W Sangria Drive LaPorte, IN 46350 Contributor's Occupation (if required) <u>Retired</u> | Contributions: <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) _____ Other Receipts: <input type="checkbox"/> Interest <input checked="" type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify) _____ | \$14.98 | \$14.98 |  TV5 Mark Baker |
| | | | | Mark Baker |
| SUBTOTAL THIS PAGE OF SCHEDULE A | | \$ | 207.14 | |
| TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY <i>(Enter total on ITEM 15a of the Summary Sheet.)</i> | | \$ | | |



**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 | 4 of 4 |

| CONTRIBUTOR'S FULL NAME AND OCCUPATION FULL MAILING ADDRESS <i>(street, number, city, state, ZIP code)</i> | TYPE OF CONTRIBUTION OR OTHER RECEIPT | COLUMN A AMOUNT THIS PERIOD | COLUMN B CUMULATIVE YEAR-TO-DATE | DATE RECEIVED <i>(mm/dd/yy)</i> RECEIVED BY |
|---|---|-----------------------------------|--|---|
| 1. Mark P. Baker 4783 W. Sangria Drive LaPorte, IN 46350 Contributor's Occupation (if required) <u>Retired</u> | Contributions: <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) Other Receipts: <input type="checkbox"/> Interest <input checked="" type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify) | \$42.80 | \$42.80 | 9-26-2024 |
| | | | | Mark Baker |
| 2. Mark Baker 4783 W Sangria Drive LaPorte, IN 46350 Contributor's Occupation (if required) <u>Retired</u> | Contributions: <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) Other Receipts: <input type="checkbox"/> Interest <input checked="" type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify) | \$113.20 | \$113.20 | 10-4-2024 |
| | | | | Mark Baker |
| 3. Mark Baker 4783 W Sangria Drive LaPorte, IN 46350 Contributor's Occupation (if required) <u>Retired</u> | Contributions: <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) Other Receipts: <input type="checkbox"/> Interest <input checked="" type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify) | \$11.64 | \$11.64 | 10-7-2024 |
| | | | | Mark Baker |
| 4. Mark Baker 4783 W Sangria Drive LaPorte, IN 46350 Contributor's Occupation (if required) <u>Retired</u> | Contributions: <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) Other Receipts: <input type="checkbox"/> Interest <input checked="" type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify) | \$32.09 | \$32.09 | 9-22-2024 |
| | | | | Mark Baker |
| 5. Mark Baker 4783 W Sangria Drive LaPorte, IN 46350 Contributor's Occupation (if required) <u>Retired</u> | Contributions: <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) Other Receipts: <input type="checkbox"/> Interest <input checked="" type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify) | \$451.16 | \$451.16 | 4-24 to 9-24 |
| | | | | Mark Baker |
| SUBTOTAL THIS PAGE OF SCHEDULE A | | \$ | 650.89 | |
| TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY <i>(Enter total on ITEM 15a of the Summary Sheet.)</i> | | \$ | 2,117.03 | |

LaPorte County
Received
OCT 15 2024
Election Board
TKS



**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 B)
ITEMIZED EXPENDITURES**

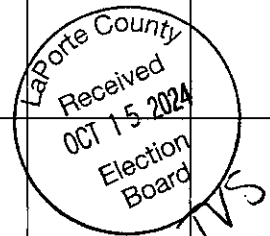
INSTRUCTIONS: Please type or print legibly **IN BLACK INK** all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document expenditures totaled on ITEM 17a of the Summary Sheet. All cumulative expenses paid to individuals,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

FILE NUMBER

46-24-21

Page 1 of 1

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





**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 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.

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|---------------------------|--|
| FILE NUMBER | |
| 46-24-21 | |
| Page <u>1</u> of <u>2</u> | |

| CREDITOR'S OR LENDER'S NAME AND MAILING ADDRESS <i>(street, number, city, state, ZIP code)</i> | ENDORSER'S OR VENDOR'S NAME AND MAILING ADDRESS <i>(if any)</i> <i>(street, number, city, state, ZIP code)</i> | AMOUNT | DATE DEBT INCURRED <i>(mm/dd/yy)</i> | CUMULATIVE PAID YEAR-TO-DATE | OUTSTANDING BALANCE THIS PERIOD |
|--|--|----------------|--|------------------------------------|---------------------------------------|
| | | NATURE OF DEBT | | | |
| Mark P. Baker 4783 W. Sangria Drive LaPorte, IN 46350 LENDER'S OCCUPATION: Retired | Acme Print Copy Design 1620 E. Summit St. Crown Point, IN 46307 | \$78.11 | 4-16-2024 | | \$78.11 |
| | | Loan | | | |
| Mark P. Baker 4783 W. Sangria Drive LaPorte, IN 46350 LENDER'S OCCUPATION: Retired | Acme Print Copy Design 1620 E. Summit St. Crown Point, IN 46307 | \$42.80 | 4-16-2024 | | \$42.80 |
| | | Loan | | | |
| Mark P. Baker 4783 W. Sangria Drive LaPorte, IN 46350 LENDER'S OCCUPATION: | Walmart 5780 Franklin St. Michigan City, IN 46360 | \$46.25 | 6-28-2024 | | \$46.25 |
| | | Loan | | | |
| Mark P. Baker 4783 W. Sangria Drive LaPorte, IN 46350 LENDER'S OCCUPATION: Retired | Salute to Labor Dinner 2001 Franknin St. Michigan City, IN 46360 | \$25.00 | 9-6-2024 | | \$25.00 |
| | | Loan | | | |
| Mark P. Baker 4783 W. Sangria Drive LaPorte, IN 46350 LENDER'S OCCUPATION: | Walmart 5780 Franklin St. Michigan City, IN 46360 | \$14.98 | 9-12-2024 | | \$14.98 |
| | | Loan | | | |
| Mark P. Baker 4783 W. Sangria Drive LaPorte, IN 46350 LENDER'S OCCUPATION: Retired | Acme Print Copy Design 1620 E. Summit St. Crown Point, IN 46307 | \$42.80 | 9-26-2024 | | \$42.80 |
| | | Loan | | | |
| Mark P. Baker 4783 W. Sangria Drive LaPorte, IN 46350 LENDER'S OCCUPATION: Retired | Rural King 1460W St. Rd. 2 LaPorte, IN 46350 | \$113.20 | 10-4-2024 | | \$113.20 |
| | | Loan | | | |
| SUBTOTAL THIS PAGE OF SCHEDULE D | | | | | \$ 363.14 |
| TOTAL OF ALL PAGES OF SCHEDULE D ON THE LAST PAGE ONLY <i>(Enter total on ITEM 19 of the Summary Sheet.)</i> | | | | | \$ |

LaPorte County
 Received
 OCT 15 2024
 Election Board
 [Signature]



**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 | |
|---------------------------|--|
| 46-24-21 | |
| Page <u>2</u> of <u>2</u> | |

| CREDITOR'S OR LENDER'S NAME AND MAILING ADDRESS <i>(street, number, city, state, ZIP code)</i> | ENDORSER'S OR VENDOR'S NAME AND MAILING ADDRESS <i>(if any)</i> <i>(street, number, city, state, ZIP code)</i> | AMOUNT | DATE DEBT INCURRED <i>(mm/dd/yy)</i> | CUMULATIVE PAID YEAR-TO-DATE | OUTSTANDING BALANCE THIS PERIOD |
|--|--|----------------|--|------------------------------------|---------------------------------------|
| | | NATURE OF DEBT | | | |
| Mark P. Baker 4783 W. Sangria Drive LaPorte, IN 46350 LENDER'S OCCUPATION: Retired | Walmart 333 Boyd Blvd. LaPorte, IN 46350 | \$11.64 | 10-7-2024 | | \$11.64 |
| | | Loan | | | |
| Mark P. Baker 4783 W. Sangria Drive LaPorte, IN 46350 LENDER'S OCCUPATION: Retired | Tractor Supply 71 Pine Lake Ave. LaPorte, IN 46350 | \$32.09 | 9-22-2024 | | \$32.09 |
| | | Loan | | | |
| Mark P. Baker 4783 W. Sangria Drive LaPorte, IN 46350 LENDER'S OCCUPATION: Retired | ATT PO Box 5074 Carol Stream, IL 60197 | \$451.16 | 4-24 to 9-24 | | \$451.16 |
| | | Loan | | | |
| LENDER'S OCCUPATION: | | | | | |
| LENDER'S OCCUPATION: | | | | | |
| LENDER'S OCCUPATION: | | | | | |
| LENDER'S OCCUPATION: | | | | | |
| SUBTOTAL THIS PAGE OF SCHEDULE D | | | | | \$ 494.89 |
| TOTAL OF ALL PAGES OF SCHEDULE D ON THE LAST PAGE ONLY <i>(Enter total on ITEM 19 of the Summary Sheet.)</i> | | | | | \$ 858.03 |