

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

(CFA-1)

State Form 4604 (R15 / 5-19)

Indiana Election Division (IC 3-9-1-3; IC 3-9-1-4; IC 3-9-1-5)

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

	·							FILE NUMBER	
1. IS THIS AN AMENDMENT?	☐ Yes	☐ No If Yes,	please e	enter the file	e numbe	r in this bo	x. →	46-24-11	
SECTION A. CANDIDATE	INFO	RMATION: Fill	in all ap	plicable l	oxes as	fully and	accura	tely as possible	
	rir	žt krame	Mic	idle Name		Nickname		3. Type of Committee (Check of	ne)
KEWEMS	1	MOHAREL	ì					☐ Candidate's Principal Commi	ttee
4. Mailing Address (number and street, city,	state, and Z	IP code)	- 1	- IS FAY	(Optional)		le c mail	☐ Exploratory Committee Address (Optional)	
		4444			(Opaonan)	-	O. E(INE)	Address (Optional)	
7. City	State	ZIP Code	8. County	() . Q Tele	phone (Day)	<u></u>	140 Talashan (Guarta)	
CAROTTE	IN	46350		PIE		16-5	2	10. Telephone (Evening)	
11. Party Affiliation	اــــــا		9. 110		waht (Inclus	i) 110-3	M 3	() Not required for an exploratory commit	
☐ Democratic ☐ Libertarian ☐ Repu								-	ree.)
SECTION B. COMMITTEE	INFO	RMATION: Fill	in all ap	plicable l	oxes as	fully and	accura	tely as possible.	
To: Vali Itemie of Committee (50 Not ap	oreviale.)	☐ Check if this is a	new name.	•	-				
COMMITTEE TO G	<u> 1</u> 82	TMIKE K	تحلك	µs ca	MM	COMMIS	5510	الحال	
14. Mailing Address (number and street, city	, state, and	ZiP code) 🔲 Check if	this is a ne	w address. 15	. FAX (Opti	onal)		Il Address (Optional)	_
159 REGERICY A	X-4-4	ואיאן		()				
17. City	State	ZIP Code	18. Count	<u>' </u>		ephone		20. Committee Organization Date	
CALGARE "	1~1	46320	VAK	KINE .	1,29		957	(mm/dd/yy)	
21. Chairperson's Full Name Des	ignate Ca	ndidate as Chairperson	. D Ch	ock if this is a r	ew chairper	son.			_
MICHAEL KE	الحا	15						•	
22. Mailing Address (number and street, city	state, and	ZIP code)	this is a new	v address. 23	. FAX (Option	onal)	24. E-ma	il Address (Optional)	
159 REGISTION	NICK	WA1		1	١.		1		
25. City	State	ZIP Code	26. County	<u> </u>	27. Tel	phone (Day)	 -	28. Telephone (Evening)	
UNOME	[1/7]	46320	(C)(O)	ME	128	716.5	957	()	
29. Bank or Other Depositories (List ell	banks or c	ther depositories in wh	ich the con	mittee deposit	s funds, hole	ds accounts, re	nts sefety (deposit boxes or maintains funds.)	
N DIGITE (MMUN	W	1-7-7724 . (()	アンノ	i)Wid	V				
30. Exploratory Committee (Give brief state					aries and R	elmbursemen	ts (Will the	committee pay the candidate a salary	or
TO ELECT MIKE K	إغلك	MS COMMIS	SIONE	3L <i>reimbu</i>	rsement for .	lost wages? If \	es, ettach	a copy of the contract.)	No
SECTION C. APPOINTMEN	NT OF	TREASURER (I	C 3-9-1	14)					
32. I, as Chairperson of the committee, appoint the following	foreg	oing Person Appoint	ted Treasu	rer .		Signature	of the Con	nmittee Chairperson	
Treasurer of the Committee.		MILLE		JUTZ		14/2	F1	MS.	
33. Treasurer's Full Name Designa	ete candid	ate as treasurer.	Check if th	is is a new trea	surer.	100		. 10	
MIKE SUJJU	12							1	
34. Mailing Address (number and street, city,	state, and Z	IP code) Check if the	his is a n e v	address. 35.	FAX (Optio	nal)	36. E-mail	Address (Optional)	-
5375W 150N	-1			- $ i $)	:	•		
37. City	State		8. County	_		phone (Day)		40. Telephone (Evening)	_
CAKGITE	12	16320	M	STE	1,29	60°.13	321	1, ,	
SECTION D. ACCEPTANC	E OF A	PPOINTMENT	(IC 3-9-	1-15)				7	
41. I give notice that I accept the	ne dutie	s and responsibil	itles of 1	reasurer o	this Sig	nature of Per	rson/Acc	pting Appointment	_
Committee. I am not the chairpe permitted for a candidate committee	e under	a campaign tinar	ice comr	nittee (exce	pt as	'ノ.	1.1		
SECTION E. CERTIFICATION	ON OF	STATEMENT						FOR OFFICE USE ONLY	_
We certify as the candidate and	the du	v appointed Chai	rperson	of the Con	mittee ar	nd that we	have		
examined this statement. To the be 42. Typed or Printed Name of Chair	1\$t of ou	knowledge and be	elief It is (rue, correct	and comp	olete.		IN CLERKS OFFICE	
•	•	Signature of Cr	iairperso	n		ate (mm/dd/yy)	.		- 1
MICHEN LEADIN	•	Thethe	17/2		[2.1.6	어 .	ren 0.0004	Į
43. Typed or Printed Name of Cand		Signature of Ca	ndidate		0	ate (mm/dd/yy)		FEB - 2 2024	
MICHAEL KEWE	15	1 Hah	せつい	>	*	2 1.202	-\ 		ľ
Warning: State law requires that any ch	ange in th	is information be repo	rted within	ten (10) dayı	of the cha	nge (IC 3-9-1-1	0). A	Meson Stures	J
person who knowingly files a fraudulent re accurate report as required by the Indiana	BOOT COM	nits a Level 6 D felon	v (IC 3-14-	1-13) A neren	n who falle :	ta fila a samak	امطمه	CLERK OF LA PORTE CIRCUIT COURT	_]
subject to civil penalties (IC 3-9-4-16, IC 3-	9-4-17, an	d IC 3-9-4-18).	a UK\$. O misuernes	101 (10 3-14	1-1-14), ENG M	ay be		\neg



State Form 4606 (R17 / 8-23) Indiana Election Division (IC 3-9-5-14) (CFA-4) et

•	u	ľ	I I	ľ	11	a	T,	<u>y</u> .	2	r	le)(
		Į	3	Ļ	Ε	N	U	MI	ΒE	R		

410-74-1

TOTAL PAGES IN ENTIRE CFA-4 REPORT

9:09 am

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

	L		
COMMITTEE INFORMATION			
1. Full Name of Committee (as on Statement of Organization) Check if this is a new r	name.		
		در	
2. Acronym or Abbreviated Name (if any)	3. Committee Te	lephone Numb	er
	(219)7	16-59	5 >
DI REGENCY IGENCY	heck if this is a ne		
5. City, State, ZIP Code	6. Party Affiliation	(if applicable)	
LaPorte IN 46350	Hemoer	anc	
CANDIDATE INFORMATION (For Candidate's Co	ommittees Only,)	
7. Full Name of Candidate (Include any nickname.) Michael Kelletts	8. Party Affiliation	or If Independ	ent Candidate
9. Office Sought (Include district number, if any. Not required for exploratory committee.)	10. County of Res		
LaPorte Country Commosioner Dist. 2	Lalo		
TYPE OF REPORT			ON CANDIDATES ONLY
11. Check one: Pre-Primary Pre-Election Annual Nomination Other		Check one:	
Final / Disbands Committee (Lines 18, 19, and 20 must be "0".) Outgoing Treasurer (Within ten (10) days amend Statem	nent of Omenization 1		nvention
12. Reporting Period (mm/dd/yy):			Trenteen
From: Jan- 1, 2024 Through: April 12, 2024		LUMN A s Period	COLUMN B Year to Date
13. Cash on hand and investments at the beginning of this reporting period.	.50)o =	
14. Cash on hand and investments January 1, current year.			5000
CONTRIBUTIONS AND RECEIPTS			300
(Note: these amounts include in-kind contributions and loans, as well as cash contributions.)			
15a. Itemized (Use Schedule A.)		300	300
15b, Uniternized		ક્ટ	50
15c. Add lines 15a and 15b in both columns.	TAL	550	1350
	TAL 18	50	850
EXPENDITURES			
(Note: These amounts include in-kind expenditures and loan repayments.)			
17a. Itemized (Use Schedule B.) (Public Question: use Schedule C.)		0-	~0 ~
17b. Unitemized	ſé	00	17.00
17c. Add lines 17a and 17b in both columns.		00	16.00
	OTAL \ 8	734	1,834
19. Debts OWED BY the committee (Use Schedule D.)		00	
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	CODDECT IND CO		OR OFFICE USE ONLY D
Title Title	Date (mm/dd		N CLERKS OFFICE
Signature of Candidate (if applicable)	- 7/(8/2 Patricipal	<u> </u>	100 1 0 2024
	Date (mm/dd/	***	APR 1 9 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 falls to file a complete or accurate re 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)			LALBON Stores
1 2-3-4-10	,, 10 3-3-4- 11, 10 3-8-4	*** C1ER	K OF LA PORTE CIRCUIT COURT

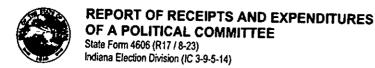


State Form 4606 (R17 / 8-23) Indiana Election Division (IC 3-9-5-14)

(CFA-4 SCHEDULE A-1) CONTRIBUTIONS BY INDIVIDUALS Itemized Contributions and Other Receipts

	FILE NUMBER	
		,
Page	of 2	· .

		<u> </u>		
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
Vidra S. Kora 105 Woodside Pr. Michigan C-ty, TX Contributor's Occupation (il required)	Contributions: Direct In-Kind (describe) Other Receipts: Interest Loan Miscellaneous (specify)	±300°°	300°	4/9/24 m.ka Kellens
2.	Contributions: Direct In-Kind (describe) Other Receipts: Interest Loan Miscellaneous (specify)			
Contributor's Occupation (if required)	<u> </u>			
3. Contributor's Occupation (if required)	Contributions: Direct In-Kind (describe) Other Receipts: Interest Loan Miscellaneous (specify)			
4.	Contributions:			
Contributor's Occupation (il required)	Direct In-Kind (describe) Other Recelpts: Interest Loan Miscellaneous (specify)	F IN CLERK	S OFFICE	
5.	Contributions:	1	, 9 2024	1
	Other Receipts: Interest Loan Miscellaneous (specify)	APR	1 9 2024	
Contributor's Occupation (if required)		İ		
SUBTOTAL T	HIS PAGE OF SCHEDULE A	\$ 300°°		
TOTAL OF ALL PAGES OF SCHEDULE A		\$		



(CFA-4 SCHEDULE A-3) CONTRIBUTIONS BY LABOR ORGANIZATIONS

Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY LABOR ORGANIZATIONS 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 labor organizations 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).

	FILE N	NUMBI	ER	
Page	2	of	2	

	······································			
CONTRIBUTOR'S FULL NAME AND FULL MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED (mm/dd/yy) RECEIVED BY
"Laborers Local 81 3502 Enterprise Ave.	Contributions: Direct In-Kind (describe)	į.	A	4/3/24
Laborers Local 81 3502 Enterprise Au. Valparaison, IN 46383	Other Receipts: Interest Loan Miscellaneous (specify)	1000.00	1000,00	m.k. Kellens
2.	Contributions: Direct In-Kind (describe)			,
	Other Receipts: Interest Loan Miscellaneous (specify)			
3.	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest Loan Miscellaneous (specify)			
4.	Contributions: Direct tn-Kind (describe)			\
	Other Receipts: Interest Loan Miscellaneous (specify)	IN CLER	KS OFFICE	
5.	Contributions: Direct In-Kind (describe)		JUANUE CHECKEUTICS	JURI
	Other Receipts: Interest Loan Miscellaneous (specify)	CLERK	OF IA	
TOTAL OF ALL PAGES OF SCHEDULE A	HIS PAGE OF SCHEDULE A ON THE LAST PAGE ONLY 15a of the Summary Sheet)	\$ 1300°		



SUPPLEMENTAL "LARGE CONTRIBUTION" REPORT BY A **CANDIDATE'S COMMITTEE** (\$1,000 CONTRIBUTIONS OR MORE)

(CFA-11)

State Form 48492 (R6 / 5-19)

Indiana Election Division (IC 3-9-5-20.1; 3-9-5-22)

High MICHELL

INSTRUCTIONS: Only candidates receiving a "large contribution" are required to file this report. Please type or print legibly IN BLACK INK all information on this form. For assistance in 410-24-11 TOTAL PAGES IN ENTER COA ! completing this form, see instructions on the reverse side. REPORT IS THIS AN AMENDMENT? Yes Tho COMMITTEE INFORMATION 1. Full Name of Candidate (Include any nickname.)

☐ Check if this is a new name. 2. Committee Telephone Number MIKE KELLEYS 3. Melling Address (Address where all campaign finance correspondence is received.)

Check if this is a new address SG RECENCY PARKENAY State ZIP Code 5. Party Affiliation or if Independent Candidate IN 46350 DEMOCRAT 6. Office Sought (Include district number, if any. Not required for exploratory committee.) 7. County of Residence COUNTY COMMISSIONER 8. Reporting Period (mm/sid/yy); Through: For absoluteation, enter MDV for individual; PAC for political action sementians: CORP for corporation; LAB for labor organization; OTHER for all entries which are not one of the above categories. Classification 1. Contributions: 2/23/24 \$1,500.-Direct MON WORKERS LOCAL 395 1PAI In-Kind (describe) 6570 ANJURY DIVE POPTAGE, IN 46368 Other Receipts: ☐ Interest ☐ Loan Mecelianeous (apecify) Contributor's Occupation (# applicable) Clearification Contributions ☐ Direct In-Kind (describe) Other Receipte: ☐ Interest ☐ Loan Miscellaineous (specify) Contributor's Occupation (I applicable) Contide and ☐ Direct ☐ In-Kind (describe) Other Receipts: □ Interest □ Loan Miscellaneous (specify) Contributor's Dosapelian (Fapplicable) CERTIFICATION

I CERTIFY THAT I HAVE EXAMINED THIS STATEMENT. TO THE BEST OF MY KNOWLEDGE AND BELIEF IT IS TRUE/CORRECT AND COMPLETE. Signatury of Treasurer E125 124 Midsuliel

Signature of 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 their a frauditient report commits a Linvel 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 misdomeanor (IC 3-14-1-14), and may be subject to civil penetties. (IC 3-6-4-16, IC 3-6-4-17, and IC 3-9-4-18) FOR OFFICE USE ONLY





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

(CFA-1)

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.

Signature of the Committee. Signature of the Committee Chairperson as Signature of the Committee Chairperson as	1. IS THIS AN AMENDA	ENTO KIN		•				FILE NUMBER
Secretary State	SECTION A CANDU	TATE INFO	No If Ye	s, please ente	er the file r	number in this bo	x. →	46-24-11
Secretary State	2. Last Name	FIRE TREE	St Name	l in all appli	cable box	ces as fully and	accur	ately as possible
Set	Kellems	17	Micha	Middle	Name	Nickname		3. Type of Committee (Chec
State ZP Code IN (15. Telephone (Dw)) 10. Telephone (Evening) 10. Party Affiliation Internation Republican Other 12. Office Souphi (Republican Amy, Not required for an exploratory commit 12. Office Souphi (Republican Amy, Not required for an exploratory commit 12. Office Souphi (Republican Amy, Not required for an exploratory commit 12. Office Souphi (Republican Amy, Not required for an exploratory commit 12. Office Souphi (Republican Amy, Not required for an exploratory commit 12. Office Souphi (Republican Amy, Not required for an exploratory commit 12. Office Souphi (Republican Amy, Not required for an exploratory commit 12. Office Souphi (Republican Amy, Not required for an exploratory commit 12. Office Souphi (Republican Amy, Not required for an exploratory commit 12. Office Souphi (Republican Amy, Not required for an exploratory commit 12. Office Souphi (Republican Amy, Not required for an exploratory commit 12. Office Souphi (Republican Amy, Not required for an exploratory committee 12. Office Souphi (Republican Amy, Not required for an exploratory commit 12. Office Souphi (Republican Amy, Not required for an exploratory committee 12. Office Souphi (Republican Amy, Not required for an exploratory committee 12. Office Souphi (Republican Amy, Not required for an exploratory committee 12. Office Souphi (Republican Amy, Not required for an exploratory committee 12. Office Souphi (Republican Amy, Not required for an exploratory committee 12. Office Souphi (Republican Amy, Not required for an exploratory committee 12. Office Souphi (Republican Amy, Not required for an exploratory committee 12. Office Souphi (Republican Amy, Not required for an exploratory committee 12. Office Souphi (Republican Amy, Not required for an exploratory committee 12. Office Souphi (Republican Amy, Not required for an exploratory committee 12. Office Souphi (Republican Amy, Not required for an exploratory committee 12. Office Souphi (. Mailing Address (number and str	eet, city, state, and Z	IP code) -	·	S. FAX (Op	tional)	6. E-mail	Exploratory Committee
Perry Affiliation Republican Once 12. Office Sought (Include disinfe number, if any, Not required for an exploratory commit 12. Office Sought (Include disinfe number, if any, Not required for an exploratory commit 12. Office Sought (Include disinfe number, if any, Not required for an exploratory commit 12. Office Sought (Include disinfe number, if any, Not required for an exploratory commit 12. Office Sought (Include disinfe number, if any, Not required for an exploratory commit 13. Office 14. Office 14. Office 14. Office 15. Office				18. County	<u>(L</u>)	10 20		
Democrate Disertation Republican Other		IN	46350	Lalor		1219,716-5	95-7	
Edition B. COMMITTEE INFORMATION Fill in all applicable boxes as fully and accurately as possible.	Democratic Libertarian	Republican 🔲	Other	12.	Office Sough	t (Include district numb	er, if any. I	Not required for an exploratory comm
Substance Company Co	ECTION B. COMMIT	TEE INFOR	MATION: Fill	in all applie	able box	as as fully and		71
		アニ	ነ አሉ!	- I2 II	. <u> </u>			
State 76 Code 16. County 19. Telephone 20. Committee Organization Date 19. County 19. Telephone 21. Committee Organization Date 21. Telephone 21. Committee Organization Date 21. Telephone 22. FAX (Optional) 24. E-mail Address (Optional) 25. Telephone (Optional) 26.	. Malling Address (number and str	eet, city state, and Z	iP code) Check	This is a new adv	MS CO	on con	14/S	sicher
19. Telsphone 28. County 19. Telsphone 28. Committee Organization Data 28. Chalippergon's Full Name 29. Designate Candidate as Cheirperson. Check if this is a new address. 23. FAX (Optional) 24. E-mail Address (Optional) 24. E-mail Address (Optional) 25. E-mail Address (Optional) 26. E-mail Address (Optional) 27. Telsphone (Optional) 28. Telsphone (Evening) 28. Telsphone (Eve	159 Krozna	12 1		•	/ 16. FA	x (Optgnal)	16. E-mai	il Address (Optional)
Chairperson Full Name Designate Candidate as Chairperson. Check if this is a new scheirperson. Check if this is a new scheirperson.	1 10 7	State	ZP Code	18. County		19. Telephone		20. Committee Organization Date
Mailing Address (purble and steel, dry, see, and 27 pools) Check if this is a new address. 23. FAX (Optional) 24. E-mail Address (Optional)		Designate Coo	<u> 16350 .</u>		<u> </u>		757	(mm/dd/yy)
Mailing Address (number and street, ctp., spite, and 2IP code) Check if this is a new address. 23. FAX (Optional) 24. E-mail Address (Optional) 25. Telephone (Dey) 26. Telephone (Dey) 27. Telephone (Dey) 28. Telephone (Dey) 28. Telephone (Evening) 28. Telephone (Evening) 28. Telephone (Dey) 28. Telephone (Dey) 29. Telephone (Dey) 29. Telephone (Dey) 29. Telephone (Dey) 20. Telephone (Evening) 29. Telephone (Dey) 20. Telephone (Evening) 20. Tel	Michael Ke	11-ma		n. ☐ Check if	this is a new c	hairperson.		
State Mailing Address (number and stre	el. city, state, and ZII	P code) Check if	this is a new add	ess. 23. FAX	(Ontional)	24 F = 10		
Bank or Other Depositories (List all banks or other depositories in which the committee deposits funds, holds accounts, rents safely deposit boxes or maintains funds.) Bank or Other Depositories (List all banks or other depositories in which the committee deposits funds, holds accounts, rents safely deposit boxes or maintains funds.) Bank or Other Depositories (List all banks or other depositories in which the committee deposits funds, holds accounts, rents safely deposit boxes or maintains funds.) Basherstory, Committee (Give the Internet of the Committee pay the candidate a safety deposit the following person of the foregoing Person Appointed Teasurer of the Sample of the Committee of the Committee of the Committee Chairperson as Designate candidate as treasurer. Check if this is a new treasurer. Check if this is a new treasurer. Signature of the Committee Chairperson of the Committee of the Committee of the Committee Chairperson of the Committee of the	59 Regincy		~V		()	, i opaonen	24. E-Ma()	Address (Optional)
Bank or Other Depositionies (List all banks or other depositionies in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.) Exploratory, Committee (Give furit statement explaining purpose of an exploratory committee orly) SEX. OWAN (5.50 Committee (Give furit statement explaining purpose of an exploratory committee orly) APPOINTMENT OF TREASURER (IC 3-9-1-14) I, as Chairperson of the foregoing Person Appointed Treasurer II, as Chairperson of the foregoing Person as source of the Committee, appoint the following person as source of the Committee, appoint the following person as source of the Committee (Committee) In a Chairperson of the foregoing Person appointed Treasurer (IC 3-9-1-16) In a Chairperson of the foregoing Person appointed Treasurer (IC 3-9-1-16) In a Chairperson of the following person as source of the Committee (In the Committee Committee) In a Chairperson of the following person as source of the Committee (In the Committee) In a Chairperson of the following person as source of the Committee (In the Committee) In a Chairperson of the foregoing Person as source of the Committee (In the Committee) In a Chairperson of the foregoing Person of the Committee (In the Committee) In a Chairperson of the Committee (In the Committee) In a Chairperson of the Committee (In the Committee) In a Chairperson of the Committee (In the Committee) In a Chairperson of the Committee (In the Committee) In a Chairperson of the Committee (In the Committee) In a Chairperson of the Committee (In the Committee) In a Chairperson of the Committee (In the Committee) In a Chairperson of the Committee (In the Committee) In a Chairperson of the Committee (In the Committee) In a Chairperson of the Committee (In the Committee) In a Chairperson of the Committee (In the Committee) In a Chairperson of the Committee (In the Committee) In a Chairperson of the Committee (In the Committee) In a Chairperson of the Committee (In the Committee) In a Chairperson of the Co	Labet	State	' //	26. County		77. Telephone (Day)		28. Telephone (Evening)
Exploratory Committee (Give the spieme)t explaining purpose of an exploratory committee only.) S. E. M. Committee (Give the spieme)t explaining purpose of an exploratory committee only.) S. E. M. Committee (Give the spieme)t explaining purpose of an exploratory committee only.) S. E. Chairperson of the foregoing Person Appointed Reasurer Initiate, appoint the following person as source of the Committee, appoint the following person as source of the Committee and the Committee and Steel, ofly, state, and (Proper) States 2/P Code 38. County 39. Telephone (Dey) States 2/P Code 38. County 39. Telephone (Dey) ACCEPTANCE OF APPOINTMENT (IC 3-9-1-15) give notice that I accept the duties and responsibilities of Treasurer of this Signature of Person Accepting Appointment intee for a candidate committee under IC 3-9-1-7 TION B. CERTIFICATION OF STATEMENT Tending this statement, To the best of our knowledge and belief it is true, correct and complete. Signature of Candidate	Bank or Other Depositories (Li	St all banks or off	10 35 0	Lator	<u>k</u> (29,716-59	J	
TION D. ACCEPTANCE OF APPOINTMENT (IC 3-9-1-15) give notice that I accept the duties and responsibilities of Treasurer of this Signature of Person Accepting Appointment and not the chairperson of a campaign finance committee (except as short) State I am not the chairperson of a campaign finance committee to our knowledge and belief it is true, correct and complete. CERTIFICATION OF STATEMENT Signature of Candidate Signature of Candidate Signature of Candidate Signature of Candidate Signature of Person Accepting Appointment FOR OFFICE USE ONLY Alig: State law requires that any change in this information be reported within ten (10) days of the change (IC 3-9-1-10). A lig: State law requires that any change in this information be reported within ten (10) days of the change (IC 3-9-1-10). A lig: State law requires that any change in this information be reported within ten (10) days of the change (IC 3-9-1-10). A lig: State law requires that any change in this information be reported within ten (10) days of the change (IC 3-9-1-10). A lig: State law requires that any change in this information be reported within ten (10) days of the change (IC 3-9-1-10). A lig: State law requires that any change in this information be reported within ten (10) days of the change (IC 3-9-1-10). A lig: State law requires that any change in this information be reported within ten (10) days of the change (IC 3-9-1-10). A lig: State law requires that any change in this information be reported within ten (10) days of the change (IC 3-9-1-10). A lig: State law requires that any change in this information be reported within ten (10) days of the change (IC 3-9-1-10). A lig: State law requires that any change in this information be reported within ten (10) days of the change (IC 3-9-1-10). A light of the change (IC 3-9-1-10) and the	about Coun	T E	S CONTRACTOR OF THE STATE OF TH	ich the committee	deposits fund	is, holds accounts, ren	ts safety de	eposit boxes or maintains funds.)
CTION C. APPOINTMENT OF TREASURER (IC 3-9-1-14) 1. as Chairperson of the foregoing Person Appointed George Survey of the Committee Chairperson as saying a saying the following person as surer of the Committee Committee Chairperson as surer of the Committee Chairperson as the committee Chairperson of Chairper	Exploratory Committee (Give bri	ef statemeylt explainin	ng purpose of an explorat	ory committee only I	Uhlor 131 Salarian	2018		•
Asking Address (number and street, cty, state, and zire cope) State ZiP Code 35, County 36, E-mail Address (Optional)	O Fled- Wike K	llems (OMM(55100		reimburseme	ent for lost wages? If Ye	s (Will the d s, attach a	committee pay the candidate a salange copy of the contract.)
Ing State Designate candidate as treasurer. Check if this is a new treasurer. Check if this is a new treasurer.		MENT OF T	REASURER (I	C 3-9-1-14)				
Treasurer's Full Name Designate candidate as treasurer. Check if this is a new treasurer. Check if this is a new treasurer.		wing person	ng Person Appoin	ted Tressurer		Signature	the Com	mittee Chairperson
Mailing Address (pumber and street, city, state, and 2/P code) Check if this is a new address. 35. FAX (Optional) 36. E-mail Address (Optional) Thy State 2/P Code 38. County 39. Telephone (Day) 40. Telephone (Evening) TOTION D. ACCEPTANCE OF APPOINTMENT (IC 3-9-1-15) Inglye notice that I accept the duties and responsibilities of Treasurer of this mittee. I am not the chairperson of a campaign finance committee (except as intended for a candidate committee under it 3-9-1-7). TON E. CERTIFICATION OF STATEMENT certify as the candidate and the duly appointed Chairperson of the Committee and that we have speed or Printed Name of Chairperson Signature of Chairperson Date (mm/dd/yr) MICHAEL STATEMENT Ing: 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 fails to file a complete on the report as required by the Indiana Campaign Finance Law commits a Class B misdemeanor (IC 3-14-1-14), and may be reported to the change of Cap4-11. and (IC 3-9-1-14). A person who fails to file a complete or the original person in the change (IC 3-9-1-10). A person who fails to file a complete or the original person in the change (IC 3-14-1-14) and may be reported within ten (IC 3-14-1-14) and may be reported within ten (IC 3-14-1-14) and may be reported within ten (IC 3-14-1-14).	asurer of the Committee		_ Cand	work	,	_ x ~	ka.	1-745
Address (number and street, city, state, and IPP code) Check if this is a new address. 36. FAX (Optional) 36. E-mail Address (Optional)	Michael K	م بدن صل						<u> </u>
State ZIP Code 38. County 39. Telephone (Day) 40. Telephone (Evening) CHON D. ACCEPTANCE OF APPOINTMENT (IC 3-9-1-15) Ingive notice that I accept the duties and responsibilities of Treasurer of this Signature of Person Accepting Appointment intended for a candidate committee under (C 3-9-1-7). TION E. CERTIFICATION OF STATEMENT Certify as the candidate and the duly appointed Chairperson of the Committee and that we have have a complete of Printed Name of Chairperson Signature of Person Accepting Appointment of the Committee and that we have have have a complete of Chairperson FOR OFFICE USE ONLY Later La	Mailing Address (number and street	, city, state, and ZIP.	cope) 🔲 Check if the	nis is a new addre	88. 36. FAX	(Optional) 3	6 E-mail 4	Addman (O-tin-ti
OTION D. ACCEPTANCE OF APPOINTMENT (IC 3-9-1-15) I give notice that I accept the duties and responsibilities of Treasurer of this similarity of a campaign finance committee (except as similarity as the candidate committee under IC 3-9-1-7). TION E. CERTIFICATION OF STATEMENT certify as the candidate and the duly appointed Chairperson of the Committee and that we have speed or Printed Name of Chairperson Signature of Chairperson Signature of Candidate ALG-2 Ing: 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 feils to file a complete or to civil penalties (IC 3-9-4-16 (IC 3-9-4-16) (IC 3-9-4-16	1) 1446.4	cy la	~ \ ~~~		_ ()		A. C	ddress (Optional)
give notice that I accept the duties and responsibilities of Treasurer of this inititee. I am not the chairperson of a campaign finance committee (except as initited for a candidate committee under iC 3-9-1-7). TION E. CERTIFICATION OF STATEMENT certify as the candidate and the duly appointed Chairperson of the Committee and that we have already this statement. To the best of our knowledge and belief it is true, correct and complete. Signature of Person Accepting Appointment of the Committee and that we have already this statement. To the best of our knowledge and belief it is true, correct and complete. Signature of Person Accepting Appointment of the Committee and that we have already the chair that we have already the complete of the Committee and that we have already the complete. Signature of Person Accepting Appointment of the Committee and that we have have already the chair that we have already the complete of the chair that the complete of the chair that are committee (in the chair that are committee (in the chair that the chai	1 Port			8. County	39	. Telephone (Day)	- 14	10. Telephone (Evening)
give notice that I accept the duties and responsibilities of Treasurer of this interest of the chairperson of a campaign finance committee (except as a candidate committee under iC 3-9-1-7). TION E. CERTIFICATION OF STATEMENT certify as the candidate and the duly appointed Chairperson of the Committee and that we have speed or Printed Name of Chairperson Signature of Chairperson Signature of Chairperson Date (mm/dd/yr) C 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	CTION D. ACCEPTA	NCE OF AR	POINTMENT	102010h	3.0 G	<u>46.59</u>	57	
TION E. CERTIFICATION OF STATEMENT certify as the candidate and the duly appointed Chairperson of the Committee and that we have already as the candidate and the duly appointed Chairperson of the Committee and that we have already as the candidate and the duly appointed Chairperson of the Committee and that we have already as the candidate and the duly appointed Chairperson of the Committee and that we have already as the candidate and the duly appointed Chairperson of the Committee and that we have already as the candidate of Chairperson				<u> </u>				
certify as the candidate and the duly appointed Chairperson of the Committee and that we have already this statement. To the best of our knowledge and belief it is true, correct and complete. Signature of Chairperson Cardidate Date (mm/dd/yr) Cardidate Date (mm/dd/yr) Cardidate Cardidate Date (mm/dd/yr) Cardidate Cardidate Date (mm/dd/yr) Cardidate Date (mm/dd/yr) Cardidate	nitted for a candidate comm	imperson of a nittee under (C	campaign finan	ce committee	(except as	Orginatore of Pela	on Acce	pting Appointment
realized this statement. To the best of our knowledge and bellef it is true, correct and complete. Signature of Chairperson Signature of Chairperson Part (mm/dd/yr) Part (mm/dd/yr) Part (2 2 4 4 1 3 2 4 4 1 7 2 2 4 4 1 7 2 2 4 4 1 7 2 2 4 4 1 7 2 2 4 4 1 7 2 2 4 4 1 7 2 2 4 4 1 7 2 2 4 4 1 7 2 2 4 1	ZUONIE. CERTIFICA	TION OF 6	TATEMENT			£		
yped or Printed Name of Chairperson Signature of Chairperson Date (mm/dd/yr) PLZ Z AUG-2 Ing: State law requires that any change in this information be reported within ten (10) days of the change (IC 3-9-1-10). A its report as required by the Indiana Campaign Finance Law commits a Class B misdemeanor (IC 3-14-1-14), and may be it to civil penalties (IC 3-9-4-16, IC 3-9-4-17, and IC 3-9-4-17.	COPULY as the candidate :	and the duly		person of the	Committe	e and that we ha	VA	FOR OFFICE USE ONLY
yped or Printed Name of Candidate Class C	yped or Printed Name of C	hairperson	A.MA GIIA DO	INUI IL DE CEUR. C	orrect and c	omplete.		DOTO CO.
AUG - 2 Al Cuba Value Ing: State law requires that any change in this information be reported within ten (10) days of the change (IC 3-9-1-10). A law to knowingly files a fraudulent report commits a Level 6 D fetony (IC 3-14-1-13). A person who fails to file a complete or to civil penalties (IC 3-9-4-16, IC 3-9-4-17, and IC 3-9-4-17, and IC 3-9-4-17, and IC 3-9-4-17, and IC 3-9-4-17.		_	Joseph -	511 PANSON				31
Ing: State law requires that any change in this information be reported within ten (10) days of the change (IC 3-9-1-10). A te report as required by the Indiana Campaign Finance Law commits a Class B misdemeanor (IC 3-14-1-14), and may be to civil penalties (IC 3-9-4-16, IC 3-9-4-17, and IC 3-9-4-17, and IC 3-9-4-17, and IC 3-9-4-17.		ndidate	Signature of Car	ndidate				Alia - a
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 to civil penalties (IC 3-9-4-17, and IC 3-9-4-17 and IC 3-9-4-17 and IC 3-9-4-17, and IC 3-9-4-17.	11 CHaz VILLE	in .	4	EM?		12/2/2		7W-2
to civil penalties (IC 3-9-4-16, IC 3-9-4-17, and IC 3-9-4-19). A person who falls to file a complete or to civil penalties (IC 3-9-4-16, IC 3-9-4-17, and IC 3-9-4-18).	ing: State law requires that any	change in this i	nformation be report	ed within ten (1))) days of the		_	COROL /
10 Civil penalties (IC 3-9-4-16, IC 3-9-4-17, and IC 3-9-4-18)	ite report as required by the Inc	liana Camosico	Cianasa .	(IC 3-14-1-13). A	person who i	fails to file a complete	or .	
./ · h	T to civil penalties (IC 3-9-4-16, IC	3-9-4-17, and IC	3-9-4-18).	o o ciass & mis	remeanor (IC	3-14-1-14), and may	be	10:00 am
II II'S							,/	/ · A :



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

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

IS THIS AN AMENDMENT? ☐ Yes

(CFA-4) **Summary Sheet**

FILE NUMBER 46-24-11 TOTAL PAGES IN ENTIRE CFA-4 REPORT

COMMITTEE INFORMATIO) Ni		
1. Full Name of Committee (as on Statement of Organization)			
COMMITTEE TO ELECT MIKE KELLEMS COUNTY	COM	11551 ONIEL	
2. Acronym or Abbreviated Name (if any)	3. Cor	nmittee Telephone Numbe	
	_ (2	<u>19)</u> 716.595	ግ
4. Mailing Address (Address where all campaign finance correspondence is received.)	Check if t	his is a new address.	
5. City, State, ZIP Code	6. Pari	y Affiliation (if applicable)	
12/2015 M 46350	DE	MOCRATTC	
CANDIDATE INFORMATION (For Candidate)	s Committ	ees Only)	
7. Full Name of Candidate (Include any nickname.)	8. Part	y Affiliation or If Independe	ent Candidate
Michael Kelletts	<u> </u>	MOCRATIC	
9. Office Sought (Include district number, if any. Not required for exploratory committee.)	10 Co	unty of Residence	· <u></u>
TYPE OF REPORT		CONVENTIO	ON CANDIDATES ONLY
11. Check one:		Check one:	
Pre-Primary Pre-Election Annual Nomination Other		Pre-Con	vention
Final / Disbands Committee (Lines 18, 19, and 20 must be "0".) Outgoing Treasurer (Within ten (10) days amend	Statement of On	ganization.) Dost-Co	nvention
12. Reporting Period (mm/dd/yy):		COLUMN A	COLUMN B
From: 4.13.24 Through: 10.11.24		This Period	Year to Date
13. Cash on hand and investments at the beginning of this reporting period.		1.634	
14. Cash on hand and investments January 1, current year.	:		500
CONTRIBUTIONS AND RECEIPTS			
(Note: these amounts include in-kind contributions and loans, as well as cash contributions.)			
15a. Itemized (Use Schedule A.)		15,652	14,125
15b ₄ Unitemized		1,983.53	2,053.53
15c. Add lines 15a and 15b in both columns.	BTOTAL	14,808.53	16,158.53
16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B.	TÓTAL	16,642.53	16,653.53
EXPENDITURES			
(Note: These amounts include in-kind expenditures and loan repayments.)			
17a. Itemized (Use Schedule B.) (Public Question: use Schedule C.)		7,801.60	6
17b. Uniternized	_	0	1b
17c. Add lines 17a and 17b in both columns.	JBTOTAL	7804.60	16
18. Cash on hand and investments at close of this reporting period (Subtract 17c from 16 in both columns.)	TOTAL	8,537.93	16,642.53
19. Debts OWED BY the committee (Use Schedule D.)		5°0	100
20. Debts OWED TO the committee (Use Schedule E.)		ಲ	
CERTIFICATION		F	OR OFFICE USE ONLY

I CERTIFICATION I HAVE EXAMINED THIS STATEMENT. TO THE BEST OF MY KNOWLEDGE AND BELIEF IT IS TRUE, CORRECT AND COMPLETE. Signature of Treasurer Title Date (nyn/dd/yy) 0116 Signature of Candidate (If applicable Date (mm/dd/yy) 16/24 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)

Received OCT 17 2024

COUNTY.

Election Board



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

(CFA-4 SCHEDULE B) ITEMIZED EXPENDITURES

FILE NUMBER			
11-42-91			
Page of			

RECIPIENT'S NAME AND MAILING ADDRESS (street number city state ZIP code)	RECIPIENT'S OCCUPATION OFFICE SOUGHT (if applicable)	TYPE OF EXPENDITURE and PURPOSE (he specific)	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE OF EXPENDITURE (mm/dd/yy)
233 8517 BW)	RETAILEN	☐ Payment of Debt ☐ Returned Contribution ☐ Other	ఆపీట		4.1129
एटराम मा, जाति A		Purpose:			
HAWKINS PRINT 815 UNICOLING	PETAIL	Payment of Debt Returned Contribution Other	155.15		4.30.24
MOUS IN 1920		Purpose:			
DECALANTS SCHEN US35	RETAIL	Direct In-Kind Payment of Debt Returned Contribution Other	117.70		5.17.24
Whome, m 483		Purpose:			
HAWKINIS MINT	RETAIL	Peyment of Debt Returned Contribution	235.40		611.24
315 UNICOLIUMY UMBATEIN 46390		Purpose:			
GOSTEZ SHIRT PLUT.	RETAIL	Direct In-Kind Payment of Debt Returned Contribution	405.00		0/24/20
1039 el 200 W Colistractoul, 121 46255		Purpose:			
JECAL ARTS	RETAIL	☐ Payment of Debt ☐ Returned Contribution	346.62		7/10/24
SEYEN USBS LAROME; IN 46390		OtherPurpose:		gore County	
NECALAMS SLUENUSTS WARTEILLUSSO	PIETAIL	Direct In-Kind Payment of Debt Returned Contribution	103.00	Received OCT 17 2024	7)3424
LABOTTE, ILL 46390		Purpose: ADUSTY	107.12	Board	4
	SUBTOTAL THIS PAG		\$ 4 \$4.9		
TOTAL OF ALL PA	GES OF SCHEDULE B ON THE (Enter total on ITEM 17a of the second		\$		



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

(CFA-4 SCHEDULE B) ITEMIZED EXPENDITURES

FILE NUMBER					
46-24-11					
Page_	2 of 4				

RECIPIENT'S NAME AND MAILING ADDRESS (street number city state ZIP code)	RECIPIENT'S OCCUPATION OFFICE SOUGHT (if applicable)	TYPE OF EXPENDITURE and PURPOSE (be specific)	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE OF EXPENDITURE (mm/dd/yy)
CERT 11 STUCTS COM	RETAIL	Direct In-Kind Peyment of Debt Returned Contribution Other Purpose:	100.0		צاھاع
HAUKINS MINT 315 CINICOLNIUS 1 USBOTTE, IN 46350	RETAIL	Direct In-Kind Peyment of Debt Returned Contribution Other Purpose:	26.75		E 3 2 V
COME AT LINE COLUMNIAN CARBUTE IN HERED	RETAIL	Direct In-Kind Peyment of Debt Returned Contribution Other Purpose:	55.97		e/12/20
Mict 21/14 1F360 1451 Uniken 1000 P	RETAIL	Direct In-Kind Payment of Debt Returned Contribution Other Purpose:	96.34		धायभ
199 PILE LAKE ME 199 PILE LAKE ME	RETAIL	Direct In-Kind Payment of Debt Returned Contribution Other Purpose:	101.75	101	e 23 24
COMP F AURECIO'S 2330 N US35 UARATTE, IN 4635	RETAIL	Purpose:	E2.140	AR COUL	E 25 24
HAWKINIS PRINT 315 UNICOLHUDI VAPORTE, IN 46390	RETAL	Poirect In-Kind Payment of Debt Returned Contribution Other Purpose:	23540	Received OCT 17 202 Election Board	MINOR
TOTAL OF ALL PA	SUBTOTAL THIS PAG GES OF SCHEDULE B ON THE (Enter total on ITEM 17a of th	LAST PAGE ONLY	\$ 700.E7		



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

(CFA-4 SCHEDULE B) ITEMIZED EXPENDITURES

FILE NUMBER				
46-29-11				
Page	3 of U			

RECIPIENT'S NAME AND MAILING ADDRESS (street, number, city state ZIP code)	RECIPIENT'S OCCUPATION OFFICE SOUGHT (if applicable)	TYPE OF EXPENDITURE and	COLUMN A AMOUNT THIS	COLUMN B	DATE OF EXPENDITURE
COOK F WAYART 338 CINICOLHILAI VA BOTTEINI 46350	PETAL	PURPOSE (be specific) Direct In-Kind Peyment of Debt Returned Contribution Other Purpose: GOF RAJAC	9691	YEAR-TO-DATE	9/11/24
WALMAT 333 CINCUNIUMI LAPOTTE, IN 1635	RETAIL	Direct In-Kind Peyment of Debt Returned Contribution Other Purpose: COCF/B2J-	125.86		9/11/20
DUFT 1251 PINE UNE QUE WOMEN UBSO	FOUN / RETAIL	Purpose:	200.0		alular
CULUANS 233 PINE AKEAUE LABOTTE, MY 6350	(COD) MÉTAIL	Purpose:	60. ⁵⁰		9/12/24
MAE'S MART 3704 MONROW ST CAROTTE, IN 16350	RETAIL	Oirect In-Kind Payment of Debt Returned Contribution Other Purpose:	27.50		9/13/24
WHISCELING PINES 322EC SLA U6574 WOLKERTON, N	COLF COUPSE	Direct In-Kind	Z,3≰o.≈	orte County	9/13/24
CULVENS 233 PINE LAKE ALE WARTIE, IN 4632	FOOT RETAL	Direct In-Kind Payment of Debt Returned Contribution Other Purpose:	100.00	Received 007 17 2024 007 17 2024 Election Board	Alulz4
TOTAL OF ALL PA	SUBTOTAL THIS PAG GES OF SCHEDULE B ON THE (Enter total on ITEM 17a of th	LAST PAGE ONLY	\$ 2960.27 \$		

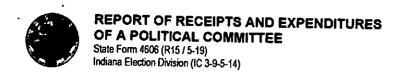


State Form 4606 (R15 / 5-19) Indiana Election Division (IC 3-9-5-14)

(CFA-4 SCHEDULE B) ITEMIZED EXPENDITURES

FILE NUMBER				
46-24-11				
Page _	4 of 4			

RECIPIENT'S NAME AND MAILING ADDRESS (street, number, city, state, ZIP code)	RECIPIENT'S OCCUPATION	TYPE OF EXPENDITURE	COLUMN A	социми в	DATE OF
;	OFFICE SOUGHT (if applicable)	PURPOSE (be specific)	AMOUNT THIS PERIOD	YEAR-TO-DATE	EXPENDITURE (mm/dd/yy)
CAMAIGN GMARICS 95CANION DIABLOND SEDONA, AZ 86351	ADVAN SALES	Peyment of Debt Returned Contribution Other Purpose:	ઇક્ષ્મણ		9/16/24
Code A ACUZCS, INI 914 B'ID AUE NEENAH, WI STASE	Avairsaus	Direct In-Kind Payment of Debt Returned Contribution Other Purpose:	61.64		9125124
HAWKINS MINIT 315 LINGOLNING! WHOTHER IN 16300	AMAIT RETAIL	Direct In-Kind Payment of Debt Returned Contribution Other Purpose:	E64.36		10/1/24
CERAMMENIA 625E 1675H MIGL.CITY, N. 46360	SIGNED MENCY	Direct In-Kind Payment of Debt Returned Contribution Other Purpose:	51750		10/4/24
1903 SIGN(1247) ALE MIGH CITY, M 46360	povent/2000	Payment of Debt Returned Contribution Other Purpose:	375°0		10/10/24
Code		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:		ae Count	
Code		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:		Received NCT 17 2024 OCT 17 2024 Election Board) K
	SUBTOTAL THIS PAG		श्यान्द्र ह्य		
TOTAL OF ALL PAG	GES OF SCHEDULE B ON THE (Enter total on ITEM 17a of th	LAST PAGE ONLY se Summary Sheet.)	<i>शहल्म</i> ल		



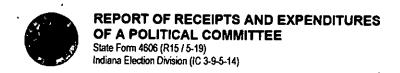
(CFA-4 SCHEDULE A-5) CONTRIBUTIONS BY OTHER ORGANIZATIONS

Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY ORGANIZATIONS OTHER THAN CORPORATIONS, LABOR ORGANIZATIONS, POLITICAL ACTION COMMITTEES AND INDIVIDUALS ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from other entities OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All transfers-in and in-kind contributions regardless of amount from candidate's, legislative caucus, and regular party committees MUST be itemized on this schedule. All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee).

	FILE NUMBER				
4	24-11				
Page	of				

CONTRIBUTOR'S FULL NAME AND FULL MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED (mm/dd/yy) RECEIVED BY
LAROTHE DEMOCRATIC CIVIC CLUB PORCE 183 CAROTHE IM 46350	Contributions: Direct In-Kind (describe) Other Receipts: Interest Loan	600		8/19/24 MKJU475
2	Contributions:			(VI)
	Other Receipts: Interest Loan Miscellaneous (specify)			
3.	Contributions; Direct In-Kind (describe)			
,	Other Receipts: Interest Loan Miscellaneous (specify)	I		
4.	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest Loan Miscellaneous (specify)			
5.	Contributions: Direct In-Kind (describe) Other Receipts: Interest Loan		Received OCT 17 2004) (
SUBTOTAL 1	Miscellaneous (specify)	\$ 1 ₀ 00	Election Board	AP
TOTAL OF ALL PAGES OF SCHEDULE A (Enter total on ITEM	A ON THE LAST PAGE ONLY 15a of the Summary Sheet.)	\$		



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

Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY POLITICAL ACTION COMMITTEES ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from political action committees OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All transfers-in and in-kind contributions regardless of amount from political action committees MUST be itemized on this schedule. All cumulative receipts, (such as loan proceeds and repayments, retunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee).

FILE NUMBER				
46-24-11				
Page _	1	of		

CONTRIBUTOR'S FULL N FULL MAILING ADDR (street, number, city, state,	RESS	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 PLON WORKERS !		Contributions:	LEKIOD	TEAR-TO-DATE	E 26 24
6570 AMERIAL	ex naue	In-Kind (describe)	1,500		
PORTALIË, IN,	1636€	Other Receipts: Interest Loan Miscellaneous (specify)			MKELENS
2 MONIMORKERS		Contributions: Direct In-Kind (describe)	200		41218
3515 Bolon?	-	Other Receipts:			
SOUTH BELL),		Interest Loan Miscellaneous (specify)			MKZLEHS
1 LA BORRES LOCA	LE1	Contributions: Direct			4120124
3502 Extern		In-Kind (describe)	500.		
JALIALAISO, IN	.(3E 3	Other Receipts: Interest Loan Miscellaneous (specify)			MUZUEN
4.		Contributions: Direct In-Kind (describe)			
		Other Receipts: Interest Loan Miscellaneous (specify)			
5.		Contributions: Direct In-Kind (describe)		Receive 05, 17	- 1
		Other Receipts: Interest Loan Miscellaneous (specify)		Elec,	
TOTAL OF ALL DAG		HIS PAGE OF SCHEDULE A	\$ 1900.		
TOTAL OF ALL PAG		ON THE LAST PAGE ONLY 15a of the Summary Sheet.)	\$		



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

(CFA-4 SCHEDULE A-2) CONTRIBUTIONS BY CORPORATIONS

Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY CORPORATIONS 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 corporations 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).

FILE NUMBER				
ن	162	29-11		
Page _	1	of		

CONTRIBUTOR'S FULL NAME AND FULL MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED (nim/dd'yy) RECEIVED BY
"CARORTEWINGS, INC 23 PINE LAKE OUE LAROTTE, IN 4630	Contributions: Direct In-Kind (describe) Other Receipts:	250	TEARN O'DATE	E 19 24
	Interest Loan Miscellaneous (specify)			MKJUEMS
4027 FRANKUM ST MICHICAMATY, W	Contributions: Direct In-Kind (describe)	250		E/19/24
46360	Other Receipts: Interest Loan Miscellaneous (specify)			Mkalens
2450 IN 212	Contributions: Direct In-Kind (describe)	500		E 19 24
MICHICANI CITY, N 16360	Other Receipts: Interest Loan Miscellaneous (specify)			Mkawhs
MICHIANA INSURANCE S3ESNI JOHNISONI M	Contributions: Direct In-Kind (describe)	500		ह्याव/य
MICHIGAN CITY, ILI U6360	Other Receipts: Interest Loan Miscellaneous (specify)			Mkavens
" WATERFORM STORAGE B)	Contributions: Direct In-Kind (describe)	315	Received OCT 17 2024	9/5/24
Whonre, IN 46350	Other Receipts: Interest Loan Miscellaneous (specify)		Election Board	MUJUERS
SUBTOTAL TOTAL OF ALL PAGES OF SCHEDULE	THIS PAGE OF SCHEDULE A	: १९७८		
(Enter total on ITE	M 15a of the Summary Sheet.)	\$		



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

(CFA-4 SCHEDULE A-2) CONTRIBUTIONS BY CORPORATIONS

Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY CORPORATIONS 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 contributors from corporations 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).

	FI	LE NUMBER
1	46-2	24-11
Page_	2	of2

CONTRIBUTOR'S FULL NAME AND FULL MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED (ann/dd/yy) RECEIVED BY
BUDINE ANOBODI 3494 W JOLIET M	Contributions: Direct In-Kind (describe)	100		915/24
LAPOTTE, IL 16350	Other Receipts: Interest Loan Miscellaneous (specify)			HKZUGHS
2 FRIEDHANIA ASSOC. 705 LINCOLNIWAY	Contributions: Direct In-Kind (describe) Other Receipts:	250-		9/13/24
LAPORTE, M CEESIL	Interest Loan Miscellaneous (specify)			MIGUMS
ACE AUTOBOOT, LP	Contributions: Direct In-Kind (describe) Other Receipts:	100-		9/16/24
1216me, 121 16350	Interest Loan Miscellaneous (specify)			HKEWKS
" WODULANDS + WOTTERS PLEAL ESTATE, INC 3606 5 925E	Contributions: Direct In-Kind (describe) Other Receipts:	100		9/16/24
wolkerton, in 46574	Interest Loan Miscellaneous (specify)		ore County	HKEWANS
EIZ LINCOLAIWAI	Contributions: Direct In-Kind (describe)	100	Received 0CT 17 2024 Election Board	9/20/24
WHOME, IN JUSTO	Other Receipts: Interest Loan Miscellaneous (specify)			MKZWYS
	THIS PAGE OF SCHEDULE A	: 650		
TOTAL OF ALL PAGES OF SCHEDULE (Enter total on ITE	A ON THE LAST PAGE ONLY M 15a of the Summary Sheet.)	\$		



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

	FIL	E NUME	ER	
46-24-11				
Page _		of	6	

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
151 106 WOW)	Contributions: Direct In-Kind (describe)	1,000-	1 EARTO-DATE	6/24/24
Contributor's Occupation (if required) RETIRE)	Other Receipts: Interest Loan Miscellaneous (specify)	1 5		MKELWAS
2 STEVE KING 1215 MIGHIGANI DUE LABORTE, IN 46390	Contributions: Direct In-Kind (describe)	200		E[2]24
Contributor's Occupation (if required) NET IRE)	Other Receipts: Interest Loan Miscellaneous (specify)			HVELENS
CIVIL CLUB POBOY 163	Contributions: Direct In-Rind (describe) Other Receipts:	600		219/24
Contributor's Occupation (if required)	Interest Loan Miscellaneous (specify)			MKENERS
M. CHRIS KESLING 22 GRZEN ACTES	Contributions: Direct In-Kind (describe)	500		धारा
16350	Other Receipts: Interest Loan Miscellaneous (specify)			Mikeliens
Contributor's Occupation (if required)	0			
HOUNI SAMBON EES25 YOOW	Contributions: Direct In-Kind (describe)	<u> Ι</u> ω. –	Received OCT 17 2024	E/21/24
URNORIMIUS, IN 16382	Other Receipts: Interest Loan Miscellaneous (specify)		Election	MAGNICHS
Contributor's Occupation (if required)				
SUBTOTAL T TOTAL OF ALL PAGES OF SCHEDULE A	HIS PAGE OF SCHEDULE A	: 1,900,-		
(Enter total on ITEM	15a of the Summary Sheet.)	\$		



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

FILE NUMBER				
46-24-11				
Page_	2	of		

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
AND ALCIDIA KORA	Contributions: Direct In-Kind (describe)	'S00 -	TEAK-10-DATE	8/25/20
MICHICANI CPTY, IN 46360 Contributor's Occupation (if required) box TOR	Other Receipts: Interest Loan Miscellaneous (specify)		Į Į	MKELENS
LIERY/PATTI CHAVERI 410 CLOSSERANE	Contributions: Direct In-Kind (describe)	100-		E125/24
Contributor's Occupation (if required)	Other Receipts: Interest Loan Miscellaneous (specify)			MIGGERAIN
3 JIM/PAT KIMMEL 1015 S. WESTWOOD	Contributions: Direct In-Kind (describe)	100		ভাঙাস
(200ME, IN 46350	Other Receipts: interest Loan Miscellaneous (specify)			MKaletis
6 Contributor's Occupation (if required) 1 BRAIT (DOWNS), COMPOS 1673 LI LOFGRALIR)	Contributions: Direct In-Kind (describe)	100		5152 54
Contributor's Occupation (if required)	Other Receipts: Interest Loan Miscellaneous (specify)			MKERZYS
* ANDRIAN SKUTAT SLOS, WOZNIAK	Contributions: Direct In-Kind (describe)	E00 /	oote County	9/3/24
CAPOTTIE, IN 46350 Contributor's Occupation (if required)	Other Receipts: Interest Loan Miscellaneous (specify)		Received OCT 17 2004 OCT 17 2004 Election	MKIWHS
	HIS PAGE OF SCHEDULE A	\$ 1,600		
TOTAL OF ALL PAGES OF SCHEDULE A (Enter total on ITEM	ON THE LAST PAGE ONLY 15s of the Summary Sheet.)	\$		



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

FILE NUMBER				
46-24-11				
Page 3 of 6				

CONTRIBUTOR'S FULL NAME AND OCCUPATION FULL MAILING ADDRESS	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A	COLUMN B	DATE RECEIVED (mm/dd/yy)
1. MALLIE DOMS SUBS WOZNIAIC (GA)	Contributions: Direct In-Kind (describe)	PERIOD So	YEAR-TO-DATE	9/3/24
Contributor's Occupation (it required)	Other Receipts: Interest Loan Miscellaneous (specify)			MKZLEYS
1 KCCHINA SKWIAT ONE MSHEBEL 11)	Contributions: Direct In-Kind (describe)	સ્ક		9/3/24
MICH (GANI CITY, IN) 46360 Contributor's Occupation (if required)	Other Receipts: Interest Loan Misoellaneous (specify)			MKZWZIS
JERRY CRAVELL AVE	Contributions: Direct In-Kind (describe)	300		915/24
CAPOTATE, 121 46350	Other Receipts: Interest Loan Miscellaneous (specify)			MKELENS
4 CICHAM MOZINISKI 2303 E 150N	Contributions: Direct In-Kind (describe)	3w		9/5/24
Contributor's Occumation (if required)	Other Receipts: Interest Loan Miscellaneous (specify)			SHEWEN
MICK OTIS 6 GMEERIACIES 12/07/12, KI 46350	Contributions: Direct In-Kind (describe)	100	Preceived OCT Lection	P(i)
Contributor's Occupation (# required)	Other Receipts: Interest Loan Miscellaneous (specify)		Lied Election	thavans
SUBTOTAL T	HIS PAGE OF SCHEDULE A	\$ 2,400		
	15a of the Summary Sheet.)	\$		



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

	FII	LE NUMBER	
4621-1			
Page	4	of 6	

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)		PERIOD	YEAR-TO-DATE	RECEIVED BY
" MILLE ROSEMBOUR	Contributions: Direct			9/5/24
· 35E2 W JOLIET ROD)	In-Kind (describe)	375		113.
, , , ,		13.		
12/10/TE, 12/163/50	Other Receipts: Interest Loan			MKEWIN
	Miscellaneous (specify)]		MAGRET
Contributor's Occupation (if required)		<u></u>		
2 MIKE MOLIENIAUER	Contributions:			95:24
1510 MICHIGAN AVE	In-Kind (describe)	300]	
		330.		
LABONE, IN 46350	Other Receipts:			1 1/4 71 705
-	Misceilaneous (specify)		ĺ	Muzuchs
Contributor's Occupation (if required)				1
3.	Contributions:			915/24
JOE WACKERL	Direct In-Kind (describe)	ا م		113104
1016 WESTWOOD OIL		375]
1 APOME IN 46350	Other Receipts:			
V10/11/2/11 40%	Interest Loan Miscellaneous (specify)			MAZWENS
Contribute to Comment of Comments	Wiscentaireous (specify)			, , , , , ,
Contributor's Occupation (if required)	Contributions:		<u> </u>	
RYOUSA WACHER	Direct	2		0/2/sn
1016 WESTWON M	In-Kind (describe)	300.		
•	Other Receipts:			
Whome, in	☐ Interest ☐ Loan			Mkawans
76370	Miscellaneous (specify)			1-10-60-61-13
Contributor's Occupation (if required)				
" STEVE DOBBERI	Contributions: Direct		ie County	451018
•	In-Kind (describe)	250	Peceived Processed	1 5
4366-1 WILMENS TR CAPOTTE, ILI	Other Receipts:			221-
46350	Interest Loan		Electric	.
•	Miscellaneous (specify)			MKELENS
Contributor's Occupation (if required)				
TOTAL OF ALL PAGES OF SCHEDULE A	HIS PAGE OF SCHEDULE A	\$ 1,600.		
(Enter total on ITEM	15a of the Summary Sheet.)	\$		



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

	FILE NUMBER				
	46	24-11			
Page of					

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
MAIT HAGGEROW 910 E 1971	Contributions: Direct In-Kind (describe)	100		9/10/24
LA POUTE, ILI 16350	Other Receipts: Interest Loan Miscellaneous (specify)			MKELLENS
Contributor's Occupation (if required) 1409 (NE PATEL 904 E JEFRENSON' SOUTH BEN), IN	Contributions: Direct In-Kind (describe) Other Receipts:	250		9/10/24
Contributor's Occupation (if required)	Interest Loan Miscellaneous (specify)	•		MKELENS
COMNITUE TO ELECT RICH MEDZINISKI 2303 E 150N	Contributions: Direct In-Kind (describe)	200:-		4/16/30
Contributor's Occupation (if required)	Other Receipts: Interest Loan Miscellaneous (specify)			NKIKIN
JIM KAMINISKI E CRUZH ACIES VAROTIE IN 46350	Contributions: Direct In-Kind (describe) Other Receipts:	100		9/16/24
Contributor's Occupation (if required)	Interest Loan Miscellaneous (specify)			ENEWH
" WALTER & MICHERATH EIGOHIO STREET	Contributions: Direct In-Kind (describe)	(as	one County Received OCT 12024	7/20/24
Contributor's Occupation (if required)	Other Receipts: Interest Loan Miscellaneous (specify)		OCT Election	HRALITS
	HIS PAGE OF SCHEDULE A	: 750		
TOTAL OF ALL PAGES OF SCHEDULE A (Enter total on ITEM	ON THE LAST PAGE ONLY 15a of the Summary Sheet.)	\$		



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

	FIL	E NUMBER	
	46-24-11		
Paç	ge b	of	

CONTRIBUTOR'S FULL NAME AND OCCUPATION FULL MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS	COLUMN B	DATE RECEIVED (mmrdd yy)
BRIAN MUNIAMI 360 HATTON	Contributions: Direct In-Kind (describe)	to-	YEAR-TO-DATE	10/1/24
Contributor's Occupation (if required)	Other Receipts: Interest Loan Miscellaneous (specify)			Mravens
2 AILEEN STUCK 40 MORRESTORE OR	Contributions: Direct In-Kind (describe)	100		10/4/24
Contributor's Occupation (il required)	Other Receipts: Interest Loan Miscellaneous (specify)			Mains
. CARI DAVES . 33.40 MONRUE ST	Contributions: Direct In-Kind (describe)	[00		10/9/24
Contributor's Occupation (if required)	Other Receipts: Interest Loan Miscellaneous (specify)			Maus
4.	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest Loan Miscellaneous (specify)		3	
Contributor's Occupation (if required)				
•	Contributions: Direct In-Kind (describe)		Paceived OCI 17	20 N
, .	Other Receipts: Interest Loen Miscellaneous (specify)		OCT	ion and
Contributor's Occupation (if required)	_			
SUBTOTAL THIS PAGE OF SCHEDULE A		* 3co		
TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY (Enter total on ITEM 15a of the Summary Sheet.)		• ६५६०		



SUPPLEMENTAL "LARGE CONTRIBUTION" REPORT BY A CANDIDATE'S COMMITTEE (\$1,000 CONTRIBUTIONS OR MORE)

(CFA-11)

State Form 48492 (R7 / 8-23)

Indiana Election Division (IC 3-9-5-20.1; 3-9-5-22)

INSTRUCTIONS: Only candidates receiving a "large contribution" are required to file this report. Please type or print legibly IN BLACK INK all information on this form. For assistance in

FILE NUMBER

410-24-11 TOTAL PAGES IN ENTIRE CFA-11 completing this form, see instructions on the reverse side. REPORT IS THIS AN AMENDMENT? Yes No COMMITTEE INFORMATION 1. Full Name of Candidate (Include any nickname.)

Check if this is a new name. 2. Committee Telephone Number MIKE KELLEMS ,29,716.595 3. Malling Address (Address where all campaign finance correspondence is received.)

Check if this is a new address. RECENCY PORKWAY 4. City ZIP Code 5. Party Affiliation or if independent Candidate 46350 IN 6. Office Sought (include district number, if any. Not required for exploratory committee.) 7. County of Residence COUNTY CONVISSIONER 1157.2 8. Reporting Period (mm/dd/yy): Through: 10.11.24 For classification, enter INDV for individual; PAC for political action committee: CORP for corporation; LAB for labor organization; OTHER for all entries which are not one of the above categories. CONTRIBUTOR'S FULL NAME AND OCCUPATION COLUMN A TYPE OF CONTRIBUTION **FULL MAILING ADDRESS ACCEPTED** AMOUNT OF CONTRIBUTION OR OTHER RECEIPT (street, number, city, state, ZIP code) 1. NOTHER INDIANA CETATOR Contributor Contributions Classification VAC JOINT LABOR MANAGHERY PAC ☐ In-Kind (describe) \$2,000. (ADI) TOWET DOSO Other Receipts: COUNTRYSIZE, IL ☐ Interest ☐ Loan ☐ Miscellaneous (specify) Contributor's Occupation (if applicable) Classification Contributions □ Direct In-Kind (describe) Other Receipts: 🔲 Interest 🔲 Loan ☐ Miscellaneous (specify) Contributor's Occupation (if applicable) Classification Contributions: Direct ☐ In-Kind (describe) Other Receipts: ☐ Interest ☐ Loan ☐ Miscellaneous (specify) Contributor's Occupation (if applicable) CERTIFICATION FOR OFFICE USE ONLY I CERTIFY THAT I HAVE EXAMINED THIS STATEMENT. TO THE BEST OF MY KNOWLEDGE AND BELIEF IT IS TRUE CORRECT AND COMPLETE, Signature of Treasurer Title

Date (mm/dd/vv)

Date

Received Election

Board

Warning: Any information contained in this report may not be copied for sale or used for any commercial purpose. (IC 3-9-4-5) A person who knowingly files a fraudulent report commits a Level 6 felony. (IC 3-14-1-13) A person who fails to file a complete or accurate report as required by the Indiana Campaign Finance Law commits a Class B misdemeanor (IC 3-14-1-14), and may be subject to civil penalties. (IC 3-9-4-16, IC 3-9-4-17, and IC 3-9-4-18)

Signature of Candidate (If applicable)