



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

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

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

									FILE NUMBER
I. IS THIS AN AMENDMENT? [Yes	No If Yes,	pleas	e enter the	file n	umber i	n this box	r. →	46-24-13
SECTION A. CANDIDATE I	NFO	RMATION: Fill	in all	applicable	box	es as f	ully and	accura	tely as possible.
Last Name		rst Name		Middle Name			ckname		3. Type of Committee (Check one)
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Party Affiliation		Louis							Not required for an exploratory committee.
Democratic Libertarian Republic			in all						11strict 2
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Chairperson's Full Name			n. 🗆	Check if this is	a new	chairperso	n,		
Stew Ho!	1	1614							
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ECTION C. APPOINTMEN	IT OF	TREASURER	(IC 3-	•	nburser	nent for lo	st wages? If	Yes, attaci	n a copy of the contract.) Yes 🔎 N
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	te cand	idate as treasurer.] Check	if this is a new	treasur	ег.	•		
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		F STATEMENT							FOR OFFICE USE ONLY
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Steve Hali Field			<u></u> . [2-13-		
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3. Typed or Printed Name of Cand		Signature of	Candid	are		•	ate (mm/dd/yy		FEB 1 3 2024
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biect to civil penalties (IC 3-9-4-16. IC 3-						1.557	,	L	CLERK OF LA FORTE CIRCON COO



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

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

IS THIS AN AMENDMENT? Yes No

(CFA-4)
Summary Sheet

FILE NUMBER

46-24-13

TOTAL PAGES IN ENTIRE CFA-4 REPORT

4. Mailing Address (Address where all campaign finance correspondence is received.) 5. City, State, ZIP Code Mill Creek, Tw 46365 CANDIDATE INFORMATION (For Candidate's Committees Only) 7. Full Name of Candidate (Include any nickname.) 8. Party Affiliation (if applicable) RePublica CANDIDATE INFORMATION (For Candidate's Committees Only) 7. Full Name of Candidate (Include any nickname.) 8. Party Affiliation (if applicable) Republica Republica Republica Republica Republica Convention Candidate Republica Convention Candidate Republica Convention Candidate Republica Convention Candidate Convention Candidate Convention Candidates only Convention Candidates only Convention Candidates only Pre-Convention Prest-Convention Prest-Convention Prest-Convention Prest-Convention Prest-Convention Prest-Convention Collumn B Year to Date (Collumn B Year to Date Convention Collumn B Year to Date Collumn B Year to Date Collumn B Year to Date Year to Date Collumn B Year to Date Yea	10 THIS AIR AIRENDINENT! Les N	140			
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WARNING: Any information contained in this report may not be copied for sale or used for any commercial purpose. (IC 3-9-4-5) A person who knowingly	WARNING: Any information contained in this report may not be copied to	or sale or used for any commercial purpose	e. (IC 3-9-4-5) A person w	ho knowingly	1 Starny Thurs
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)	tiles a traudulent report commits a Level 6 felony. (IC 3-14-1-13) A per Campaign Finance Law commits a Class 8 misdemeanor. (IC 2-14-1-14):	rson who fails to file a complete or accur	ate report as required b	y the Indiana	CLERK OF IA PORTE CIRCUIT COURT



State Form 4606 (R13/11-05) Indiana Election Commission (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 contributors during the calendar year. Otherwise, this is optional.

	FILE NUMBER	
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 RECEIVED BY
1. Pete Kelita 4372 N. 675 W. Michigan (14, In	Contributions: Direct In-Kind (describe) Other Receipts: Interest Loan Misc. (specify)	100,00		Treson
Contributor's Occupation (if required) Chabte Tother 7878 N. 1758. LeParty IN	Contributions: Direct In-Kind (describe) Other Receipts: Interest Loan	20,u)		+ 10)0/10
Contributor's Occupation (Il required) 3. Michael and Kathy Spriling 2987 N. 350 E.	Contributions: Direct In-Kind (describe)			
Rulling Previole, IN 46371 Contributor's Occupation (if required)	Other Receipts: Interest Loan Misc. (specify)	(0,00		tre)um-
Sorden + Dovid Sirma 10.5, Walnut RJ.	Contributions: Direct In-Kind (describe) Other Receipts: Interest Loan	100.00		
Rolly Previe, IN 46371 Contributor's Occupation (if required)	Misc. (specify) Contributions:	E	L E I	+100004
Korn (enkush 306 N. Main St. Kingstony, IN 46345	Other Receipts: Interest Loan Misc. (specify)	100.0P	PR 1 6 2024 LAGON STUDIES	
1	THIS PAGE OF SCHEDULE A	\$	DF IA PORTE CINCOTT	
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 (R14 / 10-17) Election Division (IC 3-9-5-14)

Indiana

(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 been proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee). A contributor's occupation is required if an individual makes at least \$1,000 in contributions during the calendar year. Otherwise, this is optional.

FILE NUMBER					
Page	of				

CONTRIBUTOR'S FULL NAME AND OCCUPATION FULL MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED (mm!dd/yy) RECEIVED BY
1. Martin Brisss	Contributions: Direct In-Kind (describe)	50,00		·
Mill Creek, IN 46366 Contributor's Occupation (il regulard)	Other Receipts: Interest Loan Miscellaneous (specify)			tresure
2 Barbara Micetech 104 Apple St. Welkerton, IN 46574	Contributions: Direct In-Kind (describe) Other Receipts: Interest Loan Miscellaneous (specify)	10.00		+ i sim
Contributor's Occupation (if regulared) 3. Keith June) 3.1 Lejacy Ln 213 La Porty In (6350) Contributor's Occupation (if regulared)	Contributions: Direct In-Kind (describe) Other Receipts: Interest Loan Miscellaneous (specify)	20'an		+recour
Rojer at Mexine Britike 3051 S. 300 E. LaPurty IN 46350 Contributor's Occupation (Il required)	Contributions: Direct In-Kind (describe) Other Receipts: Interest Loan Miscellaneous (specify)	25.00	T. E. I	-tresur
5. Steve Holifiell. 6782 E (USS. MILL Grell, IN 46365 Contributor's Occupation (Il required)	Contributions: Direct In-Kind (describe) Other Receipts: Interest Loan Miscellaneous (specify)	20,00 AF	LERKS OFFICE	oten-e) utv
SUBTOTAL TOTAL OF ALL PAGES OF SCHEDULE	THIS PAGE OF SCHEDULE A ON THE LAST PAGE ONLY	\$ 475,W	5. (1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	į



Form 4606 (R14 / 10-17) Election Division (IC 3-9-5-14 State Indiana

(CFA-4 SCHEDULE B) ITEMIZED EXPENDITURES

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this schedule. For essistance 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 entitles 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 ection, or regular party committees) MUST be itemized on this schedule.

	FILE	NUM	BER	
Page_	1	of _	1_	

RECIPIENT'S NAME AND MAILING ADDRESS (street, number, city, state, ZIP code)	RECIPIENT'S OCCUPATION OFFICE SOUGHT (if applicable)	TYPE OF EXPENDITURE and PURPOSE (be specific)	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE OF EXPENDITURE (mm/dd/yy)
Code A	Postoffice	Direct In-Kind Peyment of Debt Returned Contribution Other Purpose:	544,00		544,00
Code A	Humble Home Creft,	Direct In-Kind Payment of Debt Returned Contribution Other Purpose:	115,64		115,64
Code A	Howkins Print Shop	Direct In-Kind Payment of Debt Returned Contribution Other Purpose:	387.14		387.14
Code A	Rich Grammorossa	Direct In-Kind Payment of Debt Returned Contribution Other Purpose:	3 N, W		750,W
Code	,	Direct In-Kind Peyment of Debt Returned Contribution Other Purpose:			D .
Code		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:	AF	ERKS OFFIC	_1 1
Code		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:		LAONE CIRCUI	COURT
<u>l</u>	SUBTOTAL THIS PAG	E OF SCHEDULE B	1396,78 5/046.78		
TOTAL OF ALL PA	GES OF SCHEDULE B ON THE (Enter total on ITEM 17a of th	LAST PAGE ONLY	\$		



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

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

IS THIS AN AMENDMENT? Yes No

(CFA-4) Summary Sheet

FILE NUMBER

40-24-13

TOTAL PAGES IN ENTIRE CFA-4 REPORT

	2	
name.		
3. Com	mittee Telephone Number	
	•	1
6. Party	Affiliation (if applicable)	
R	epublican	
ommitte	ees Only)	
8. Party	Affiliation or If Independe	nt Candidate
R	Republican	
1		
<u> </u>		N CANDIDATES ONLY
	l <u>—</u>	
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	F	OR OFFICE USE ONLY
RUE, CORF	RECT AND COMPLETE.	Porte Co.
	3. Com (2) Check if the committee server of Organization of	3. Committee Telephone Number (219) 608-620 Check if this is a new address. 6. Party Affiliation (if applicable) Republican ommittees Only) 8. Party Affiliation or If Independe Republican 10. County of Residence La Publ Check one: Pre-Committee Only COLUMN A This Period GOLUMN A This Period

			_
CER	RTIFICATION		F
I CERTIFY THAT I HAVE EXAMINED THIS STATEMENT. TO THE BES	ST OF MY KNOWLEDGE AND BELIEF IT IS TRUE, C	ORRECT AND COMPLETE.	
Signature of Treasurer	Title ,	Date (mm/dd/yy)	
14/00	Alm	10-17-24	
Signature of Candidate (if applicable)		Date (mm/dd/yy)	
Mul	•	10-17-24	
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	rt 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
0CT 1 8 2024
Election
Board



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 boan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee). A contributor's occupation is required if an individual makes at least \$1,000 in contributions during the calendar year. Otherwise, this is optional.

	FILE NUMBER	
Page	of	

CONTRIBUTOR'S FULL NAME AND OCCUPATION FULL MAILING ADDRESS	TYPE OF CONTRIBUTION	COLUMN A	COLUMN B	DATE RECEIVED (mm/dd/yy)
(street, number, city, state, ZIP code)	OR OTHER RECEIPT	AMOUNT THIS PERIOD	CUMULATIVE YEAR-TO-DATE	RECEIVED BY
1. Jin Pressel 1772N. Lufger R1.	Contributions: Direct In-Kind (describe)	100	200	4-24
Contributor's Occupation (If required)	Other Receipts: Interest Loan Miscellaneous (specify)	100	200	mi
2.	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest Loan Miscellaneous (specify)			
Contributor's Occupation (if required)	Contributions:			
	Direct In-Kind (describe)		,	
	Other Receipts: Interest Loan Miscellaneous (specify)			
Contributor's Occupation (if required)	Contributions:			1
	Direct In-Kind (describe)			
Contributor's Occupation (if required)	Other Receipts: Interest Loan Miscellaneous (specify)	(Received OCT 1 8 2024	16.
5.	Contributions: Direct In-Kind (describe)	\	Election Board	
Contributor's Occupation (if required)	Other Receipts: Interest Loan Miscellaneous (specify)			
	THIS PAGE OF SCHEDULE A	\$ 100		
TOTAL OF ALL PAGES OF SCHEDULE		\$		



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

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	FILE NUMBER	
Page	of	

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
1 Dave Schuman	Contributions: Direct			9-12
0299 N, 600 E.	In-Kind (describe)	100		, –
Will CLECK IN	Other Receipts:			
46361	Interest Loan Miscellaneous (specify)			me
Contributor's Occupation (if required)				1000
2 David Ambers	Contributions: Direct			0 15
601 State, St.	In-Kind (describe)	_		9-17
Ste B	Other Receipts:	150		······································
LeParkIIN U6350	☐ Interest ☐ Loan ☐ Miscellaneous (specify)			14.
Contributor's Occupation (If required)				me
3 Atley Price	Contributions:			9-27
רט סטא אזן	In-Kind (describe)		,	
Michan City, Ir	Other Receipts:	100		
4 6361	Interest Loan Miscellaneous (specify)			me
Contributor's Occupation (if required)				
1 Ken Woscieszak	Contributions:		,	9-13
Po Bux 431	In-Kind (describe)	2い - 2い		
herory IN	Other Receipts:	200		
५७)ऽ२	Miscellaneous (specify)		Porte County	me
Contributor's Occupation (if required)			Heceivos	
5 Jim Pressel	Contributions: Direct		Election	19-18
1772 N Lufjan RJ.	In-Kind (describe)		Board	/ .'
Rolling Privile, IN	Other Receipts:	200	75	
46271	Miscellaneous (specify)		\	mi
Contributor's Occupation (if required)				
SUBTOTAL *	THIS PAGE OF SCHEDULE A	\$ 750		
TOTAL OF ALL PAGES OF SCHEDULE / (Enter total on ITEN	A ON THE LAST PAGE ONLY 1 15a of the Summary Sheet.)	\$		



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

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FILE NUMBER					
		-			
Page_	1	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
1 Dole Fischer	Contributions:			
0011 S 525 E.	In-Kind (describe)			9-12
LePart, IN	Other Receipts:	200		
46350	☐ Interest ☐ Loan☐ Miscellaneous (specify)			
Contributor's Occupation (if required)				me
2 ED Skwict	Contributions: Direct			
OUYS N Shehel RJ.	In-Kind (describe)	850		9-12
Michiga City, IN	Other Receipts:			
Contributor's Occupation (if required)	Miscellaneous (specify)			me
a And rew Skict	Contributions:			
566 Si Wuznick Rd.	Direct In-Kind (describe)		!	9-12
LePorte In	Other Receipts:	800		· · · · · · · ·
96370	☐ Interest ☐ Loan ☐ Miscellaneous (specify)	,		
Contributor's Occupation (if required)				Mi
4 Allen Herty Stevens	Contributions: Direct			
5277 W. 1475 S.	In-Kind (describe)	100	COUR	9-12
Honne, IN 46340	Other Receipts:		Peceived	
	Miscellaneous (specify)		Receive 2024) me
Contributor's Occupation (if required)	Contributions:		Flection Board	
Dec weinetz	☐ Direct☐ In-Kind (describe)			9-12
2996 N. Ferruer, Ave		100	7	7-16
Rolly Previe IN	Other Receipts:		`	
46371	Miscellaneous (specify)			me
Contributor's Occupation (if required)				
	HIS PAGE OF SCHEDULE A	\$ 2050		
TOTAL OF ALL PAGES OF SCHEDULE A	ON THE LAST PAGE ONLY	\$		





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

State Form 48492 (R7 / 8-23) Indiana Election Division (IC 3-9-5-20.1; 3-9-5-22)

INSTRUCTIONS: Only candidates receiving a "large contribution" are required to file this report. Please type or print legibly **IN BLACK INK** all information on this form. For assistance in completing this form, see instructions on the reverse side.

FILE NUMBER

TOTAL PAGES IN ENTIRE CFA-11
REPORT

IS THIS AN AMENDMENT? Yes No		[
COMMI	TTEE INFORMATION			
1. Full Name of Candidate (Include any nickname.)	ame. 2. Committee	Telephone Nu	mber	
Steve Holifiel	(214)	608	- 02 <u>0</u> 8	
3. Mailing Address (Address where all campaign finance correspondence is r	received.)	this is a new a	ddress.	
6782 E. IN S.		V-14.		
4. City State ZIP Co			ation or if independent Candidate	
	46361		Republica	
6. Office Sought (Include district number, if any. Not required for exploratory	· ·	7. County of I		I
8. Reporting Period (mm/dd/yy):		ho	Pork	
From: 4-12-24 Through: /()//1				
For classification, enter INDV for individual; PAC for political action committee: CORP for corp	poration; LAB for labor organ	nization; OTHER	for all entries which are not one of the abo	
CONTRIBUTOR'S FULL NAME AND OCCUPATION FULL MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF CONTRI OR OTHER REC		COLUMN A AMOUNT OF CONTRIBUTION	DATE RECEIVED & ACCEPTED (imm/dd/yy) RECEIVED BY
Classification 1.	Contributions:			
Rich Grammerossa	☐ In-Kind (describe)			9-12
8444N 550E	Other Receipts:		1000	
Rully Prince) IN	☐ Interest ☐ Loan☐ Miscellaneous (spe	ecify)	7000	
Contributor's Occupation (if applicable)		1		ne
Classification 2.	Contributions:		, -	
	Direct	1	·	
	☐ In-Kind (describe)	ĺ		
	Other Paralists	l		
	Other Receipts:			
	☐ Miscellaneous (spe	cify)		
Contributor's Occupation (if applicable)		1		
Classification 3.	Contributions:		te Counti	
	Direct		%o, med	\setminus
	In-Kind (describe)	- 1	OCT 18 2024	
		l	OCTION	1.5
	Other Receipts:	i	OCI To Election Board	/ 🔊
	☐ Miscellaneous (spe	cify)	Boar	
Contributor's Occupation (if applicable)	. ———	i		
CERTIFICATION I CERTIFY THAT I HAVE EXAMINED THIS STATEMENT. TO THE BES	TOTAL KNOWS			E USE ONLY
TRUE, CORRECT AND COMPLETE.	SI OF MY KNOWLED	IGE AND BE	LIEF IT IS	
Signature of Treasurer Title		Date (mm/dd/yy)		
If My turn		10-17	7-24	
Signature of Candidate (if applicable)		Date (mm/dd/yy)		
		10-11-		
Warning: Any information contained in this report may not be copied for sale or us person who knowingly files a fraudulent report commits a Level 6 felony. (IC 3-14-1	sed for any commercial p	urpose. (IC 3-9	9-4-5) A	
report as required by the Indiana Campaign Finance Law commits a Class B misde penalties. (IC 3-9-4-16, IC 3-9-4-17, and IC 3-9-4-18)	meanor (IC 3-14-1-14), a	ind may be sub	ject to civil	



State Form 4606 (R17 / 8-23) 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					
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 (be specific)	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE OF EXPENDITURE (mm/dd/yy)
Buildin Assuc.		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:	100		6-1
RALLH C		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:	/us		5-4
Code Liniola tourship 4H Byers Croup		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:	100-		6-1
RCNA		☐ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other Purpose:	4049		५- २।
Code Huker) Prof		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:	138,85		10->
Chill Fnlay ph		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:	254.66	07 10 "	40 9-24
Code Luju M		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:	4911,61	Election Board	P
	SUBTOTAL THIS PAG	i	\$ 43		
TOTAL OF ALL PA	AGES OF SCHEDULE B ON THE (Enter total on ITEM 17a of the Control	E LAST PAGE ONLY he Summary Sheet.)	\$		