

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.

(CFA-4) Summary Sheet

FILE NUMBER

40-24-69

TOTAL PAGES IN ENTIRE CFA-4 REPORT

IS THIS AN AMENDMENT? Yes No		4	
COMMITTEE INFORMATION			
1. Full Name of Committee (as on Statement of Organization)	name.		
2. Acronym or Abbreviated Name (if any)		ttee Telephone Number 112- 456- 14	
4. Mailing Address (Address where all campaign finance correspondence is received.)	heck if this	is a new address.	
5. City, State, ZIP Code WANATAH, IN, 4/6390	6. Party A	ffiliation (if applicable)	
CANDIDATE INFORMATION (For Candidate's Co	ommittees		
7. Full Name of Candidate (Include any nickname.)	8. Party A	ffiliation or If Independe	nt Candidate
9. Office Sought (Include district number, if any. Not required for exploratory committee.)	10. County	y of Residence	
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") Utgoing Treasurer (Within ten (10) days amend State	ement of Organiz	ration.) Dost-Cor	nvention
12. Reporting Period (mm/dd/yy): From: 1/0/12/32/- Through: 4/12/202//		COLUMN A This Period	COLUMN B Year to Date
13, Cash on hand and investments at the beginning of this reporting period.	15	10,925.65	
	65	, o , <u>(</u>	10,925.65
CONTRIBUTIONS AND RECEIPTS	-		
(Note: these amounts include in-kind contributions and loans, as well as cash contributions.)			
15a. Itemized (Use Schedule A.)	,	35 <i>0.8</i> 4	350.84
15b. Unitemized ,		0	0
15c. Add lines 15a and 15b in both columns.	OTAL	3 <i>5 0.</i> 84	350.84
16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B.	TOTAL	11:276.19	11,776.19
EXPENDITURES			
(Note: These amounts include in-kind expenditures and loan repayments.)			
17a. Itemized (Use Schedule B.) (Public Question: use Schedule C.)		3,698.57	3,698,51
17b. Unitemized		<u> </u>	0
17c. Add lines 17a and 17b in both columns.	TOTAL	3,698,51	3,698.57
18. Cash on hand and investments at close of this reporting period (Subtract 17c from 16 in both columns.)	TOTAL	7,577.68	7.577.68
19. Debts OWED BY the committee (Use Schedule D.)		0	
20. Debts OWED TO the committee (Use Schedule E.)		<u> </u>	
CERTIFICATION			OR OFFICE USE ONLY
I CERTIFY THAT HAVE EXAMINED THIS STATEMENT. TO THE BEST OF MY KNOWLEDGE AND BELIEF IT IS THE	RUE, CORREC	CT AND COMPLETE.	
Signature Treasure Title		o (mm/dd/ad)	DEFIC 2024 Streets
(my front/All) TREASURE	4	1/10/29	
Signatury of Carpetidate of applicable) WARNING: Any information contained in this report may not be copied for sale or used for any commercial purpose.		e (mm/dd/yy)	APR 1 9 2024
files a fraudulent report commits a Level 6 felony. (IC 3-14-1-13) A person who fails to file a complete or accural Campaign Finance Law commits a Class B misdemeanor, (IC 3-14-1-14) and may be subject to civil penalties. (IC 3-9-	te report as re	equired by the Indiana 17, IC 3-9-4-18)	
		,	F4 \(\forall \)



State Form 4606 (R17 / 8-23) Indiana Election Division (IC 3-9-5-14) APR 1 9 2024

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

Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY POLITICAL GETUNE COMMUTIRES ON CHIRTSCHEDULE. 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, 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					
		" - 1			
Page	of				

CONTRIBUTOR'S FULL NAME AND	TYPE OF CONTRIBUTION	COLUMN A	COLUMN B	DATE RECEIVED (mm/dd/yy)
FULL MAILING ADDRESS (street, number, city, state, ZIP code)	OR OTHER RECEIPT	AMOUNT THIS PERIOD	CUMULATIVE YEAR-TO-DATE	RECEIVED BY
ACTBIVE INVITANCE	Contributions: Direct In-Kind (describe)	124,85	124.85	1/10/24
P.O. BOX 44/146 Somerville, MA 02144	Other Receipts: Interest Loan Miscellaneous (specify)			
ACTBIUE INdianel.	Contributions: Direct In-Kind (describe) Other Receipts:	76. 8 3	201:68	2/23/24
P.O. BOX 44/46 Somerville, MA 02144	Interest Loan Miscellaneous (specify) Contributione:		Q01, 90	/ /
ACTBLUE INDIANU P.O. BOX 44146	In-Kind (describe)	7683	218.51	2/5/24
Soverville, MA 02144 Act Blue Indiana	Contributions: Direct In-Kind (describe)			4/7/24
P.O. Box 44146 Somerville, MA 02144	Other Receipts: Interest Loan Miscellaneous (specify)	7203	350,54	11107
5	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest Loan Miscellaneous (specify)			
	THIS PAGE OF SCHEDULE A	\$ 350.54		
TOTAL OF ALL PAGES OF SCHEDULE / (Enter total on ITEN)	ON THE LAST PAGE ONLY	\$		



REPORT OF RECEIPTS AND EXPENDITURES OFFICE

State Form 4606 (R17 / 8-23) Indiana Election Division (IC 3-9-5-14) APR 1 9 2024

(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 it used to be summary Sheet. All cumulative expenses paid to individuals it used to be summary Sheet. All cumulative expenses paid to individuals it used to be summary Sheet. All cumulative expenses, within a calendar year MUST be itemized on this schedule over \$200 Redular garby 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	2		

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)
200M US. 88 SAN TOSE CA 518484	GUINE ZOOM Meeting.	Direct In-Kind Payment of Debt Returned Contribution Other Purpose:	15.99	15.99	1/19/24
Code A Local Storic S CCC 301 Freyer 10000 Michigan City, W 4130 Code O 1	weldsite servi	Direct In-Kind Payment of Debt Returned Contribution Other Purpose:	230.00	230°C	410/24
Dercud Borton	-	Direct In-Kind Payment of Debt Returned Contribution Officer Purpose:	40.88	40. 88	1/5/21/
CODE ZOOM ZOOM CA ST8484	ouline Zoom Welting Serv.	Payment of Debt Returned Contribution Other Purpose:	15.99	31.98	2/20/64
Code O WINDY FAIR 2581 IN-2 CAPORE, IN 46350	BORTH TUNTED PARKS.	Payment of Debt Returned Contribution Other Purpose:	4142,751	h14275	2/5/24
Code O MEIJUTC Michigan, City IN 529076		Purpose:	156.00	156,66	<i>3/14/</i> 24
Flowers BY EVANSTON, IL		☐ birect ☐ In-Kind	131.84	131.84	3/15/24
767153	SUBTOTAL THIS PAG	-	\$ 1.723 51		
TOTAL OF ALL PA	\$ 1,733,57 \$ —				



State Form 4606 (R17 / 8-23) Indiana Election Division (IC 3-9-5-14) APR 1 9 2024

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(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 december the special structure of the Summary Sheet. All cumulative expenses paid to individuals, businesses of the december of the schedule of the sched

FILE NUMBER				
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Page _	2	of	2	

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)
DOSTINASTETC 1201 LINCOLNWAY LAPOIR, IN 46350	USPS MATCHELING	Direct In-Kind Payment of Debt Returned Contribution Other Purpose:	320.00	330.00	3/27/24
Code A WANAARH SCURLOW LOST PO, BOX 152 WANATAH,IN 46390	Booth Tental Vendote	Direct In-Kind Payment of Debt Returned Contribution Other Purpose:	110,00	110.00	3/1/24
	Toadio Advertise	Payment of Debt Returned Contribution Other Purpose:	930.00	930.00	3/24/24
HANA FOST 5217 W 1475 S HANNA,	Booth Rental	Direct In-Kind Payment of Debt Returned Contribution Other Purpose:	40.00	40.00	3/21/24
Michigan City Prode Do 2004 9331	Booth Reported	Payment of Debt Returned Contribution Other Purpose:	50.00	50,00	361/24
Westuille Dumplein Fest, 1038 S. Wozniak Rd.	Booth Revtal	Payment of Debt Returned Contribution Other Purpose:	15.00	15,00	3/24/24
MAYOTES SPECIAL EVENT FUNCTIONE MICHIGAN BIND?	MAYOTCS GALA	Direct In-Kind Payment of Debt Returned Contribution Other Purpose:	500.00	500.00	4/3/24
MICHIGATIO CITY, TO YESGO	SUBTOTAL THIS PAG	E OF SCHEDULE B	\$ 1.9/5 A		
TOTAL OF ALL PA	GES OF SCHEDULE B ON THE	LAST PAGE ONLY			
Michigan City Pildle P. O. BOX 9331 Michigan City, IN 46361 Code A Westurlly Dumphein Fist, 1038 S. WOZ WOOK TELL. WARDAK, IN 46350 Code WAYORS SPECIAL EVENT FUNCTIONE MICHIGAN BING. WICHIGAN CITY, IN 46360	Booth Repland Vendote- Booth Revtal Vendote MAYOTES GALA SUBTOTAL THIS PAGE	Payment of Debt Returned Contribution Other Purpose: In-Kind Payment of Debt Returned Contribution Other Purpose: In-Kind Payment of Debt Returned Contribution Other Purpose: In-Kind Payment of Debt Returned Contribution Other Purpose:	15.00	15.00 500.00	3/21/ 3/21/ 4/3/



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 46-24-109 TOTAL PAGES IN ENTIRE CFA-4 REPORT 15

	COMMITTEE INFORMATION			
Full Name of Committee (as on Statement of Organization LAPORTE DEMOCRATIC CENTRAL COMMIT		name.		
1			Telephone Number 707-1706	
4. Mailing Address (Address where all campaign finance of 510 GRASSFORK CT.	orrespondence is received.)	heck if this is a	new address.	
5. City, State, ZIP Code WANATAH, INIDANA, 46390		6. Party Affilia DEMOCR	ation <i>(if applicable)</i> ATIC	
CANDIDATE IN	FORMATION (For Candidate's C	ommittees O	nly)	
7. Full Name of Candidate (Include any nickname.)		8. Party Affilia	ation or If Independer	nt Candidate
9. Office Sought (Include district number, if any, Not requir	ed for exploratory committee.)	10. County of	f Residence	
TYPE OF 11. Check one: Pre-Primary Pre-Election Annual Nomination Final / Disbands Committee (Lines 18, 19, and 20 must be 10.)	Other	ement of Organization	Check one:	· · ·
12. Reporting Period (mm/dd/yy):			COLUMN A	COLUMN B
From: 4/13/2024 Throu	_{gh:} 10/11/2024		This Period	Year to Date
13. Cash on hand and investments at the beginning of this			7,577.68	
14. Cash on hand and investments January 1, current year.				10,925.65
CONTRIBUTIONS AND				
(Note: these amounts include in-kind contributions and loan	is, as well as cash contributions.)		26 200 66	26 750 50
15a. Itemized (Use Schedule A.) 15b. Unitemized			36,399.66 4,450.57	36,750.50 4,450.57
15c. Add lines 15a and 15b in both columns.	SHET	OTAL	40,850.23	41,201.07
16. Add lines 13 and 15c in Column A and lines 14 and 15c		OTAL	48,427.91	52,126.72
EXPENDITURE		OTAL	40,427.91	32,120.72
(Note: These amounts include in-kind expenditures and load				
17a. Itemized (Use Schedule B.) (Public Question: use Sch	<u> </u>		27,358.08	31,056,59
17b. Unitemized			614.90	614.90
17c. Add lines 17e and 17b in both columns.	SUB	TOTAL	27,972.98	31,671,49
18. Cash on hand and investments at close of this reporting period (Subtract 17c from 16 in both columns.)	TOTAL	20,454.93	20,455,23
19. Debts OWED BY the committee (Use Schedule D.)			0.00	· ·
20. Debts OWED TO the committee (Use Schedule E.)			0.00	
<u> </u>				
CER I CERTIFY THAT I HAVE EXAMINED THIS STATEMENT. TO THE BES	TIFICATION	NE CORRECT A		OR OFFICE USE ONLY
Signature of Treasurer	TITLE TREASURER	Date (n	nm/dd/yy) /17/2024	de Coup
Signature of Candidate (if applicable)		Date (n	nm/dd/yy)	Received 0CT 17 2024
WARNING: Any Information contained in this report may not be copied files a fraudulent report commits a Level 6 felony. (IC 3-14-1-13) A p Campaign Finance Law commits a Class B misdemeanor, (IC 3-14-1-14)	erson who falls to file a complete or accurat	e report as requir	ed by the Indiana	OCT 17 2024 Election

OCT 17 2024 Election Board

State Form 4606 (R17 / 8-23) Indiana Election Olvision (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 at 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 lotated on ITEM 15a of the Summary Sheet. All cumulative contributions from individuals OVER \$100 per contribution, within a calendar year MUST be fremized 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 setes, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee). A contributor's occupation is required if an individual makes at least \$1,000 in contributions during the calendar year. Otherwise, this is optional.

FILE NUMBER				
Page	2	of	15	

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. I/IDYA KOTA	Contributions: Direct In-Kind (describe)	500.00	YEAR-TO-DATE	9/10/24
105 West Side DR. Michighn City, IN 4/6360 Contributor's Occupation (#100/400)	Other Receipts: Interest Loan Miscellaneous (specify)			Caref hell
Scott Ford	Contributions: Direct In-Kind (describe)	d 250.00	\$ 250.00	9/10/24
5654 W. VINTAUSE HILLS Travil IAPORTE, IN 6/6330 Contributor's Occupation (4 requires)	Other Receipts: Interest Loan Miscefianeous (specify)		*	Caruphell
MATT Sikorski 2012 W 850 NJ.	Contributions: Olirect In-Kind (describe)	\$ 250 00	\$ 250.00	9/27/24
Michigan City, IN 46360	Other Receipts: Interest Loan Miscellaneous (spacify)	J	V/2-	Cample 11
Joie Windei	Combutions: Direct In-Kind (describe)	£250°	#250	10/7/2024
318 Garretson Ave Michigan City: In 46260 Contributors Occupation (8 mg/ms) Trassurer	Other Receipts: Interest Loan Miscellaneous (specify)			
5.	Contributions: Direct In-Kind (describe)		(3	ore County Received
Contributor's Occupation (d required)	Other Receipts: Interest Loan Miscellaneous (specify)			Election Board
	HIS PAGE OF SCHEDULE A	5 1,250,00 5 1,250,00	4.3	
TOTAL OF ALL PAGES OF SCHEDULE A (Enter total on ITEM	ON THE LAST PAGE ONLY 15a of the Summary Sheet.)	s 1250,00)	



State Form 4506 (R17 / 8-23) Indiana Election Division (IC 3-9-5-14)

(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 <u>intelled on ITEM 15a</u> of the Summary Sheet All cumulative contributions from lebor organizations OVER \$100 per contribution, within a calendar year MUST be kemized 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				
				
Page	3	oi_15		

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 AUE VAIDARAISO, IN 46383	Contributions* Direct In-Kind (describe) Other Receipts: Interest I Loan Miscellaneous (specify)			1 1
LABORES LOCAL #81 3500 ENTERPTS AVE. VAIDATIAISO, IN 1/6383	Contributions: Direct tn-Kind (describe) Other Receipts: Interest Loan (discollaneous (specify)	\$ 5,500.00	\$6,500.00	9/3/x/ Comphill
*LABORTS LOCU/ FL 4// 550 SUPERIOR AVE. MUNISHIT, IN 4/6321	Contributions: Contributions: In-Kind (describe) Other Receipts: Interest Loan Miscellaneous (specify)	\$ 3,600.00	# 3,000.00	9/3/24 Comp Comphell
1. INDIANA LABOREIS DISTRICT COUNCIL LPDS SOUTH 19th STROOT TUIL HAUTE, IN 47507	Contributions: Direct In-Kind (describe) Other Receipts: Loan Miscellaneous (specify)	∯ 15,000: ⁰⁰		9/3/24/ Corect Campbell
5. IRON WORTERS 242 3515 BOIAND DIR. SOUTH BOUR, IN 46628	Contributions; Contributions; Contributions; In-Kend (describe) Other Receipts; Interest Loan Miscellaneous (specify)	\$1500.00	47, 62, 62, 63, 64, 64, 64, 64, 64, 64, 64, 64, 64, 64	9/3/24 Spry Carephol
	HIS PAGE OF SCHEDULE A	s 25,000.00		
TOTAL OF ALL PAGES OF SCHEDULE A (Enter total on ITEM	ON THE LAST PAGE ONLY 158 of the Summary Sheet.)	\$		



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

(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 teglibly IN BLACK INK att information on this schedule. For assistance in compating this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15s of the Summary Sheet. All cumulative contributions from labor organizations OVER \$100 per contribution, within a calendar year MUST be itemized on this schedule (over \$200. Hregular party committee). All cumulative receipts, (such as loan proceeds and repayments, rakinds, rebelles, 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	IUMBER	
Page _	4/	_ 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	COLUMN B CUMULATIVE	DATE RECEIVED (mm/dd/yy)
1. Aporte, Steuke, Polusiá Building Trades 2751 STHTE IED. 39.N	Contributions: Contributions:	JSOO.00	YEAR-TO-DATE	1/2/2/
LAPURE, IN 4/6353	Interest Loan Miscellaneous (specify) Contributions:			Camplell
Northern Indiana LABOR Federation 780 N. UNION ST. HOBERT	Direct	\$ 500.00	\$1500.00	9/3/24
INDIANA, 46342	Interest Loan Miscellaneous (specify)		4	lery Campk[[
Tourdish OP. GOSO SOUTH POINT RUL.	Other Receipts.	\$ 500.00	\$500.00	9/3/24
Postaye, IN 46368	Interest Loan Aliscellaneous (specify)			Careptell
1BEW LOCAL 531 2751 STATE Rd 39N.	Other Receipts:	\$500.00	\$500,00	9/21/24
LAPOIK, IN 46352	Interest Lean Miscellaneous (specify)		gorte Co	Laryhell
5.	Contributions: Direct In-Kind (describe)		Receive 0CT 1 7 2	
	Other Receipts: Interest Loan Miscellaneous (specify)		Electio Board	
	HIS PAGE OF SCHEDULE A	\$ 2,000.00		
TOTAL OF ALL PAGES OF SCHEDULE A (Enter total on ITEM	ON THE LAST PAGE ONLY 15a of the Summary Sheet.)	s 27,000 A		



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

(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 at information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts <u>interested on ITEM 15a</u> of the Summary Sheet. All committee 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 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
Page _	5 of 15

CONTRIBUTOR'S FULL NAME AND FULL MAILING ADDRESS	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A	COLUMN B	DATE RECEIVED
(street, number, city, state, ZIP code)		PERIOD	YEAR-TO-DATE	RECEIVED BY
ACT BIVE INCliaNEL P.O BOX 44/14/6 SOMMERVILLE, IN 02144	Contributions; Direct In-Kind (describe) Other Recolpts: Interest Loan It Ascellaneous (specify)	\$ 243 71		5/16/24 Cony
			Ī	Campmill
Act Blue Indiance P. 0 Box 44/146	Contributions: Direct In-Kind (describe)	1 14 12	\$ 331. ³³	6/18/24
Semuarville, IN 02144	Other Receipts: Interest Loan Miscellaneous (specify)	67,62	CK 331.00	Comp Compall
ACT BIUC INDIQUER PO. BOX 441146	Contributions: Ofrect In-Kind (describe) Other Recorpts:	105.64	¥ 436,97	8/21/24
Solumerville, IN. 02144	Miscellaneous (specify)	AV OO	Į	Loraf Cumph({
P.O. Box 441146 Sommervill, IN 02144	Contributions: Direct In-Kind (describe) Other Recoipts: Interest Loan Miscollaneous (speniy)	1 79.23	\$ 516.20	9/3/24 9/3/24 Gamphe [[
Act BIVE INDICAULL P.O. BOX 441146 Sommerville, IN 02144	Contributions: Direct In-Kind (describe)	#79.23	Sheding County OCT 17 2024 Election Board	Gurphe (*) 9/6/24/ Sorry Jarry Hell
SUBTOTAL TE	HIS PAGE OF SCHEDULE A	s 595.43		
TOTAL OF ALL PAGES OF SCHEDULE A (Enter total on ITEM)	ON THE LAST PAGE ONLY	ş		

Itemized Contributions and Other Receipts POLITICAL ACTION COMMITTEES CONTRIBUTIONS BY (CFA-4 SCHEDULE A-4)

REPORT OF RECEIPTS AND EXPENDITURES State Form 4606 (RIT18-23) finding Election Division (IC 3-95-14)

COLUMN 8 DATE RECEIVED	V RWIT 103 NOTH INCOME TO SERVE	
FILE NUMBER	These in constituents, see institutions as the control of the second seed. All control of 1784 is of the Summay Sheet. All control of 1784 is calendary as INUST be itariated on include control control of includes and repayments, refunds, celonds, celonds.	INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY POLITICAL ACTIO pain tegby in BLACK INK sil information on this schedule. For assists reverse side. This schedule is used to document committees OVER \$100 per this schedule (over \$100, if regular party committee). All translative read school committees fulust be subjected to the schedule. All cumulative response committees fulust be semicated on the schedule for committees fulust by the schedule for committees fulust seeds from sales, inclosed to the schedule for other income).

		,	Y TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY (Inc.) (Inc.)			
		po:00/1/2 s	HIS BYCE OF SCHEDULE A	SUBTOTAL S		
Campbell				CAPOTA 112 5/6350		
1111	DIEGE A		Miscellaneous (specify)	169 reguest pany		
Je cet	MElection	90.00 B	Other Receipts:	COULD 155:01218		
	a Mary St	00 4	In-Kind (describe)			
116/8/1	Devisoor	ا (ا	EE Direct	माध्य स्थापम्य म्हार		
//	CONO BYION		Contributions:	1/1 = 011 form 1000		
Carrell!	. 7.		(Viceds) snoenellecs(V)	03894 NI, 1447 CHABINIM		
BUO?	00.052\$		nsoJ 🔲 izenaini 🔲	hold 200 8124		
	00	00°05E XF	Other Receipts:	^		
12/011	20 1000	()("		ANGHE FOT M.C. CEMINITEC		
119 2/10	STARTER		Coninbuliona: Direct	τ.		
Com/dall	-05£\$		Miscellaneous (specify)	0589/1		
forth	00 256 B		Other Receipts:	2303 E 150 W. LAPRING, 114		
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,	1965477 P	00 100 53	In-Mind (describe)	CESTIGUES TOT CARUSTU		
12/01/01	7'		Contributions:	•		
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REPORT OF RECEIPTS AND EXPENDITURES OF A POLITICAL COMMITTEE State Form 4606 (R17 / 8-23)

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

(CFA-4 SCHEDULE A-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 legitly IN BLACK INK all Information on this schedule. For assistance in completing this schedule, see instructions on the print egicty in BLACK first at information on this schedule, roll essential of completing in societate, see insections of reverse skie. This schedule is used to document completions and recepts total on ITEM 15a of the Summary Sheet. All cumulative contributors from political action committees OVER \$100 per contributor, within a calendar year fill ST to femilized on this schedule (over \$200), if regular party committee). All transfers in and is kind contributions regardless of amount from political action committees MUST be Remixed on this schedule. All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from setes, 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
Page _	7	of

CONTRIBUTOR'S FULL NAME AND FULL MAILING ADDRESS	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS	COLUMN B CUMULATIVE YEAR-TO-DATE	(mm\/dd/yy) RECEIVED BY
P. D BOX 44/14/6 Somerville, IN OFFICE	Contributions: Direct In-Kind (describe) Other Receipts: Interest Loan Miscellaneous (spectry)	PERIOD \$79.23	ġ 674,6€	9/27/24 Corry Camphell
Commental to Exit PAT BOY 218 SOUTHWOOD DIE. Michigan City, IN 46360	Contributions: Direct In-Kind (describe) Other Receipts: Interest Losn It/soe/faneous (specify)	\$ 250.00	924.66	9/10/24 Cong Comptell
Michael WollenHaver For County Council 1570 wichigans, AVE LAPORG IN 46350	Contributions: Direct In-Kund (describe) Other Rece pts: Interest: Loan Miscellaneous (specify)	\$ 250.00	1, 274:66	9/10/20/ Corest Comphell
CONMITTEE TO Elect TRANGY NOVAK 7000 W 125 N CAPUTE, IN 46350	Contributions: Direct In-Kind (describe) Other Receipis: Interest Loan Miscellaneous (specify)	₫ 250 ⁶⁰	1,524.66	Cumphell
5.	Contributions: Direct In-Kind (describe) Other Receipts: Interest Loan Aliscellaneous (specify)			Received Received Vii 17 2024 Election Board
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(Enter total on ITE)	A ON THE LAST PAGE UNLT I 15a of the Summary Sheet.)	55.524.6	0	



State Form 4506 (R17 / 8-23) Indiana Election Division (IC 3-9-5-14)

(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 LINK 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 Intaled on ITEM 15g of the Summary Sheet All cumulative contributions from other entities OVER \$100 per contribution, within a calendar year NUST 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 causus, and regular party committees MUST be itemized on this schedule. All cumulative receipts, (such as local proceeds and repayments, refunds, robatos, returns of doposit, proceeds from cales, interest or other income) OVER \$100 per contribution, within a calendar year, MUST be Itemized on this schedule (over \$200 if regular party committee).

FILE NUMBER				
Page _	8	01_15		

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
Busic insurance ! investments LIC Built 1st street LAporte, IN 1/63 50	Contributions: Direct In-Kind (describe) Other Receipts: Interest Loan Muscellaneous (specify)	25.00		9/3/24/ Campbell
2 South Shore they solutions 1456 Clustwat struct Portuge, 110 4/63 68	Contributions: Contributions: Contributions: Contributions: In-Kind (describe) Cother Receipts: Interest Lean Miscellaneous (specify)	\$ 250.00°		9/3/24 Corely Cample 11
CHAIRS HONDERCKS I POSSOCIONS P.C. 572 LINCONWAY LAPORK, IN 46350	Contributions: Direct In-Kind (describe) Other Receipts. Interest Loan Miscellaneous (specky)	\$100.00	2	9/3/24 Tony Committed
RHAME Elwood! Mechare 3200 Willow Crek Rd. Suik A. Poffayl, IN 4/6368	Contributions: Direct In-Kind (describe) Other Receipts: Inferest Loan Miscellaneous (specify)	\$250.00		9/3/24 Cong [smarked
FAMMUN! ASSOCIATES P.C. 705 LINCOLUWAY LAPOITH, IN 46350	Contributions: Direct In-Kind (describe) Other Receipts: Interest Loan Miscellaneous (specify)	\$ 1,000.co	Received TRECEIVED TOT 17 2024 Election Board	19/3/24 Vols 124 Jeref Terupel
	HIS PAGE OF SCHEDULE A	\$ 1,625.00		
TOTAL OF ALL PAGES OF SCHEDULE A (Enter total on ITEM	ON THE LAST PAGE ONLY 150 of the Summary Sheet.)	s		



State Form 4606 (R17 / 6-23) Indiana Election Division (IC 3-9-5-14)

(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 contribution, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All transfers in and in-tind contributions (repartless of amount) from candidate's, legislative causus, 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 committees).

FILE NUMBER					
Page _	9	or 15			

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
ATTNETTE ASSOCIATES IN. DBA ARWETT CONSTRUCTION 1322 South 300 EAST LAPONE, IN 46350	Contributions. Direct In-Kind (describe) Other Receipts: Interest Loan Miscetlaneous (specify)	\$ 1,000 00	\$ 1,000.00	Koli /21 Cory Campbell
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 In-Kind (describe)			
•	Other Receipts. Interest Loan Miscellaneous (specify)		,a Cou	
s.	Contributions: Direct In-Kind (describe)		Receive	324
	Other Recorpts: Interest Loan Miscellaneous (specify)		OCI Flecti	id
<u> </u>	HIS PAGE OF SCHEDULE A	\$ 1,000.00 \$ 7 (2500		
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Sizle Form

(CFA-4 SCHEDULE B) ITEMIZED EXPENDITURES

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

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document expenditures 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, legislature caucus, political action, or regular party committees) MUST be itemized on this schedule.

FILE NUMBER					
Page 10 of 5					

I	RECIPIENT'S NAME AND MAILING ADDRESS	RECIPIENT'S OCCUPATION	TYPE OF EXPENDITURE	COLUMN A	COLUMN B CUMULATIVE	DATE OF EXPENDITURE
	(street, number, city, state, ZIP code)	OFFICE SOUGHT (if applicable)	PURPOSE (be specific)	PERIOD	YEAR-TO-DATE	(mm/dd'yy)
	200 0 200 0 200 0	#15.99/month April - Sept	Payment of Debt Returned Contribution Other Furpose.	95,94	143.91	19th each month
	Young Dems LP ps County young Medical Legens Land 4636		Diect In-Kind Payment of Debt Recurred Contribution Other Purpose: Alubit-City Dietros Received	# 2000 #500 d	\$2500	10/11/24
	House Majority PAC 1024 Vermonthive NW Ste 300 Washington DC 2005		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:	#5000	5000	143
	Committee Pat Boy	IN State Rep	Direct In-Kard Payment of Debt Returned Contribution Other Purpose:	#750	#750	193
	Promo Factory 1200 Poplar St Terre House, IN 478	7	Direct In-Kind Payment of Debt Resumed Consulution Other Purpose		93.63	10/7
	Lamar 1335 Hishawaka A South Bend, IN	le e	Direct tr-Kind Payment of Debt Araumen Contribution Other Purpose.	6232	18 ceiver	4 / E
	Lamar V		Direct th-Kind Payment of Debt Returned Contribution Other Purpose:	30HJ	929625	9/19/24
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State Form

(CFA-4 SCHEDULE B) ITEMIZED EXPENDITURES

4506 (R17 / 8-23) Indiana Election Division (IC 3-9-5-14)

INSTRUCTIONS: Please type or print legibly IN BLACK INK all Information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document expenditures <u>lotated on ITEM 172</u> of the Summary Sheet. All cumulative expenses paid to individuals, businesses, labor organizations and other entities OVER \$100 per recipient, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative expenses, including in-kind, <u>regardless of amount</u> paid to political committees. (such as transfers-out from candidate, legislative caucus, political action, or regular party committees) MUST be itemized on this schedule.

FILE NUMBER					
Page]]	of 15			

RECIPIENT'S NAME AND MAILING ADDRESS	RECIPIENT'S OCCUPATION	TYPE OF EXPENDITURE	COLUMN A	COLUMN B	DATE OF
(street, number, city, state, ZIP code)	OFFICE SOUGHT (if applicable)	and PURPOSE (be specific)	AMOUNT THIS PERIOD	CUMULATIVE YEAR-TO-DATE	EXPENDITURE (mm/dd)y)
Laforte County4t Livestack 2257 W. SR. 2 Laforte J		Direct In-Kind Payment of Direct Returned Contribution Other Purpose;	4250	250	7/17/29
Kiwanis Club labo POBOX 175 InPorte IN 4635	de	Corect In-Kind Payment of Oebt Returned Contribution Other Purpose	#50	±50	5/16/2
Indiana Democratic Party Delegate Assessment		Direct In-Kind Payment of Debt Returned Contribution Other Purposet:	# ₁ 470	<i>*147</i> 0	6/26/24
Kroger LaPorte 55 Pinelake AUR La Porte IN 46350		Direct In-Ninc Payment of Debt Resumed Contribution Other Purpose:	#199.26	#199.26	7/15/24
Hanna Fest 5279 w 14755 Hanna, IN 46340		Others In-Kind Payment of Debt Returned Contribution Other Purpose	440	#4O	6/11/27
- Mill Pond Fest 2024 Union Mills Conservation Club		Direct In-Mand Payment of Debi Returned Contribution Other Purpose:	150.W	50 ⁴⁶	3/16/24
Sie Boton Sie Boton 800 / Whate Huy Da MithiOAN CITY, 1	<i>.</i>	Soires In-Kind Paymen of Deal Potential Contribution Property Payment of Deal Payment of D	#500	#500	9/9/24
	SUBTOTAL THIS PAG		\$255926		
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OCT 17 2024 Election Board

State Form

(CFA-4 SCHEDULE B) ITEMIZED EXPENDITURES

4506 (R17 / 8-23) Indiana Election Division (IC 3-9-5-14)

INSTRUCTIONS: Please type of print legibly IN BLACK INX 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	NUM	BER	
Page_	12	 _ of _	15	

RECIPIENT'S NAME AND MAILING ADDRESS (Street, number, city, state, ZIP code)	RECIPIENT'S OCCUPATION OFFICE SOUGHT (il applicable)	TYPE OF EXPENDITURE and PURPOSE (be specific)	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE OF EXPENDITURE (numedd/yy)
5+JoeClub 2001 Franklin St Michigan Cety IN 4	6360	Direct. In-Kind	¶ 5033	<i>5</i> ර33	9/12/29
Derald Boxes 22 800 INDIANA 404 22 Michigan City, IN 4/6360		Direct In-Kend Projument of Data Returned Contribution Other Purchase Office Further Wilder Full of State Full	\$500	#500	4/1/24
ACME Print 1626 E. Summet Crawn front IN 463	7	Direct In-Ked Playment of Sebt Resurrect Contribution Other Purpose	#153O	#15 <i>3</i> o	9/35/24
Code		Direct h-Kind Payment of Debt Returned Contribution Other. Auroose.			
Codo		☐ O'rect ☐ Io-Kind ☐ Paymens of Debt ☐ Returned Contribution ☐ Other			
Code		Direct In-Kind Payment of Debt Rearmes Contribution Other Purpose:		gorte C	Dunty
Code		☐ O'rect ☐ In-Kind ☐ Payment of Gebt ☐ Raturned Contribution ☐ Other Purposite.		007 1	1 2024 sction Board
TOTAL OF ALL PA	SUBTOTAL THIS PAG GES OF SCHEDULE B ON THE (Enter total on ITEM 17a of th	LAST PAGE ONLY	s 7063 s		



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

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. All cumulative expenses or transfers-out, regardless of amount paid to political committees supporting or opposing a public question, MUST be itemized on this schedule.

(CFA-4 SCHEDULE C) ITEMIZED EXPENDITURES For Public Questions

FILE NUMBER

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				10	16
	BUDUO OVECT	~~~~	Page	or	1)
Enter Text of Public Question. Type of Question: Statewide		ON INFORMATION			
Position: Supported Dp	posed				
RECIPIENT'S NAME AND MAILING ADDRESS (street, number, city, state, ZIP code)	RECIPIENT'S OCCUPATION	TYPE OF EXPENDITURE and PURPOSE (be specific)	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE OF EXPENDITURE (min/dd'yy)
Code		Direct In Kirks Payment of Debt Returned Contribution Other Purpose:			
Code		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:			
Code		Direct In-Kind Payment of Debt Refurned Contribution Other Purpose:			
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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 leg'bly 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						
Page /C	fof	15				

CREDITOR'S OR LENDER'S NAME AND MAILING ADDRESS (street, number, city, state, ZIP code)	ENDORSER'S OR VENDOR'S NAME AND MAILING ADDRESS (if any) (street, number, city, state, ZIP code)	AMOUNT NATURE OF DEBT	DATE DEBT INCURRED (mm/dd/yy)	CUMULATIVE PAID YEAR-TO-DATE	OUTSTANDING BALANCE THIS PERIOD
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LENDER'S OCCUPATION:					
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(CFA-4 SCHEDULE E) DEBTS OWED TO 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 TO the committee during the reporting period. Include all amounts the committee has loaned to others.

	FILE N	UMBI	ER	
Page _	45	_ of _	15	

BORROWER'S NAME AND MAILING ADDRESS (Street, number, city, state, ZIP code)	CO-SIGNER'S NAME AND MAILING ADDRESS (if any) (street, number, city, state, ZIP code)	ORIGINAL AMOUNT	DATE DEBT INCURRED (mm/dd/yy)	CUMULATIVE PAID YEAR-TO-DATE	OUTSTANDING BALANCE THIS PERIOD
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