



**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 enter the file number in this box. → **46-24-77**

**SECTION A. CANDIDATE INFORMATION: Fill in all applicable boxes as fully and accurately as possible.**

|  |  |                             |                          |                            |                             |   |   |   |                                |
|--|--|-----------------------------|--------------------------|----------------------------|-----------------------------|---|---|---|--------------------------------|
| 2. Last Name<br><b>Beatty</b>  |  | First Name<br><b>Monica</b> |                          | Middle Name<br><b>Lynn</b> |                             | Nickname<br><b>N/A</b>  |   | 3. Type of Committee (Check one)<br><input checked="" type="checkbox"/> Candidate's Principal Committee<br><input type="checkbox"/> Exploratory Committee |                                |
| 4. Mailing Address (number and street, city, state, and ZIP code)<br><b>114 Vernon Court</b>   |  |                             |                          |                            |                             | 5. FAX (Optional)<br>( )  |   | 6. E-mail Address (Optional)<br><b>monbeatty@yahoo.com</b>  |                                |
| 7. City<br><b>Kingsford Hts</b>  |  | State<br><b>IN</b>          | ZIP Code<br><b>46346</b> |                            | 8. County<br><b>LaPorte</b> |   | 9. Telephone (Day)<br><b>574 339-3304</b> |   | 10. Telephone (Evening)<br>( ) |
| 11. Party Affiliation<br><input type="checkbox"/> Democratic <input type="checkbox"/> Libertarian <input type="checkbox"/> Republican <input type="checkbox"/> Other |  |                             |                          |                            |                             | 12. Office Sought (Include district number, if any. Not required for an exploratory committee.) |   |   |                                |

**SECTION B. COMMITTEE INFORMATION: Fill in all applicable boxes as fully and accurately as possible.**

|  |  |                    |                          |  |   |                           |  |                               |   |
|--|--|--------------------|--------------------------|--|---|---------------------------|--|-------------------------------|---|
| 13. Full Name of Committee (Do not abbreviate.) <input type="checkbox"/> Check if this is a new name.<br><b>Monica Beatty for LaPorte School Board</b>                         |  |                    |                          |  |   |                           |  |                               |   |
| 14. Mailing Address (number and street, city, state, and ZIP code) <input type="checkbox"/> Check if this is a new address.  |  |                    |                          |  |   | 15. FAX (Optional)<br>( ) |  | 16. E-mail Address (Optional) |   |
| 17. City<br><b>Kingsford Hts</b>   |  | State<br><b>IN</b> | ZIP Code<br><b>46346</b> |  | 18. County<br><b>LaPorte</b>  |                           | 19. Telephone<br><b>574-339-3304</b>       |                               | 20. Committee Organization Date (mm/dd/yy) <b>05/1/2024</b> |
| 21. Chairperson's Full Name <input type="checkbox"/> Designate Candidate as Chairperson. <input type="checkbox"/> Check if this is a new chairperson.<br><b>Orlando Dunlap</b> |  |                    |                          |  |   |                           |  |                               |   |
| 22. Mailing Address (number and street, city, state, and ZIP code) <input type="checkbox"/> Check if this is a new address.  |  |                    |                          |  |   | 23. FAX (Optional)<br>( ) |  | 24. E-mail Address (Optional) |   |
| 25. City<br><b>Kingsford Hts</b>   |  | State<br><b>IN</b> | ZIP Code<br><b>46346</b> |  | 26. County<br><b>LaPorte</b>  |                           | 27. Telephone (Day)<br><b>219 575-9549</b> |                               | 28. Telephone (Evening)<br>( )                              |
| 29. Bank or Other Depositories (List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.)    |  |                    |                          |  |   |                           |  |                               |   |
| 30. Exploratory Committee (Give brief statement explaining purpose of an exploratory committee only.)<br><b>N/A</b>  |  |                    |                          |  | 31. Salaries and Reimbursements (Will the committee pay the candidate a salary or reimbursement for lost wages? If Yes, attach a copy of the contract.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                           |  |                               |   |

**SECTION C. APPOINTMENT OF TREASURER (IC 3-9-1-14)**

|  |  |                    |  |  |                              |   |  |  |                                |
|--|--|--------------------|--|--|------------------------------|---|--|--|--------------------------------|
| 32. I, as Chairperson of the foregoing committee, appoint the following person as Treasurer of the Committee.  |  |                    | Person Appointed Treasurer<br><b>Angela Jeffries</b> |  |                              | Signature of the Committee Chairperson<br><i>Orlando Dunlap</i> |  |  |                                |
| 33. Treasurer's Full Name <input type="checkbox"/> Designate candidate as treasurer <input type="checkbox"/> Check if this is a new treasurer.<br><b>Angela Jeffries</b> |  |                    |  |  |                              |   |  |  |                                |
| 34. Mailing Address (number and street, city, state, and ZIP code) <input type="checkbox"/> Check if this is a new address.  |  |                    |  |  |                              | 35. FAX (Optional)<br>( )                                       |  | 36. E-mail Address (Optional)<br><b>gotabe13@gmail.com</b> |                                |
| 37. City<br><b>Kingsford Hts</b>   |  | State<br><b>IN</b> | ZIP Code<br><b>46346</b>                             |  | 38. County<br><b>LaPorte</b> |   | 39. Telephone (Day)<br><b>(219) 898-8679</b> |  | 40. Telephone (Evening)<br>( ) |

**SECTION D. ACCEPTANCE OF APPOINTMENT (IC 3-9-1-15)**

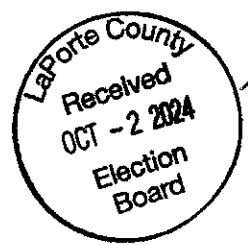
|  |  |   |  |
|--|--|---|--|
| 41. I give notice that I accept the duties and responsibilities of Treasurer of this Committee. I am not the chairperson of a campaign finance committee (except as permitted for a candidate committee under IC 3-9-1-7). |  | Signature of Person Accepting Appointment |  |
|--|--|---|--|

**SECTION E. CERTIFICATION OF STATEMENT**

We certify as the candidate and the duly appointed Chairperson of the Committee and that we have examined this statement. To the best of our knowledge and belief it is true, correct and complete.

|   |  |   |  |                                    |  |
|---|--|---|--|------------------------------------|--|
| 42. Typed or Printed Name of Chairperson<br><b>Orlando Dunlap</b> |  | Signature of Chairperson<br><i>Orlando Dunlap</i> |  | Date (mm/dd/yy)<br><b>09-30-24</b> |  |
| 43. Typed or Printed Name of Candidate<br><b>Monica L Beatty</b>  |  | Signature of Candidate<br><i>Monica Beatty</i>    |  | Date (mm/dd/yy)<br><b>09-30-24</b> |  |

**FOR OFFICE USE ONLY**



**Warning:** State law requires that any change in this information be reported within ten (10) days of the change (IC 3-9-1-10). A person who knowingly files a fraudulent report commits a Level 6 D felony (IC 3-14-1-13). A person who fails to file a complete or accurate report as required by the Indiana Campaign Finance Law commits a Class B misdemeanor (IC 3-14-1-14), and may be subject to civil penalties (IC 3-9-4-16, IC 3-9-4-17, and IC 3-9-4-18).



# REPORT OF RECEIPTS AND EXPENDITURES OF A POLITICAL COMMITTEE

State Form 4606 (R16 / 6-23)  
Indiana Election Division (IC 3-9-5-14)

(CFA-4)  
Summary Sheet

FILE NUMBER

46-24-77

TOTAL PAGES IN ENTIRE CFA-4 REPORT

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

IS THIS AN AMENDMENT?  Yes  No

### COMMITTEE INFORMATION

|  |   |
|--|---|
| 1. Full Name of Committee (as on Statement of Organization) <input type="checkbox"/> Check if this is a new name<br>Monica Beaty for LaPorte School Board        |   |
| 2. Acronym or Abbreviated Name (if any)  | 3. Committee Telephone Number<br>(574) 339-3304 |
| 4. Mailing Address (Address where all campaign finance correspondence is received.) <input type="checkbox"/> Check if this is a new address.<br>114 Vernon Court |   |
| 5. City, State, ZIP Code<br>Kingsford Heights, IN 46346  | 6. Party Affiliation (if applicable)            |

### CANDIDATE INFORMATION (For Candidate's Committees Only)

|   |  |
|---|--|
| 7. Full Name of Candidate (Include any nickname.)<br>Monica L Beaty   | 8. Party Affiliation or If Independent Candidate |
| 9. Office Sought (Include district number, if any. <b>Not required for exploratory committee.</b> )<br>LaPorte School Board | 10. County of Residence<br>LaPorte               |

### TYPE OF REPORT

### CONVENTION CANDIDATES ONLY

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

|   |                         |                          |
|---|-------------------------|--------------------------|
| 12. Reporting Period (mm/dd/yy):<br>From: 05-01-24 Through: 10-16-2024          | COLUMN A<br>This Period | COLUMN B<br>Year to Date |
| 13. Cash on hand and investments at the beginning of this reporting period. N/A |                         |                          |
| 14. Cash on hand and investments January 1, current year. --0--                 |                         |                          |

### CONTRIBUTIONS AND RECEIPTS

|   |          |  |
|---|----------|--|
| (Note: these amounts include in-kind contributions and loans, as well as cash contributions.) |          |  |
| 15a. Itemized (Use Schedule A.)   | \$896.70 |  |
| 15b. Unitemized   | 0        |  |
| 15c. Add lines 15a and 15b in both columns. <b>SUBTOTAL</b>                                   | \$896.70 |  |
| 16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B. <b>TOTAL</b>           | \$896.70 |  |

### EXPENDITURES

|   |          |  |
|---|----------|--|
| (Note: These amounts include in-kind expenditures and loan repayments.)   |          |  |
| 17a. Itemized (Use Schedule B.) (Public Question: use Schedule C.)  | \$706.71 |  |
| 17b. Unitemized   | 0        |  |
| 17c. Add lines 17a and 17b in both columns. <b>SUBTOTAL</b>   | \$706.71 |  |
| 18. Cash on hand and investments at close of this reporting period (Subtract 17c from 16 in both columns.) <b>TOTAL</b> | 0        |  |
| 19. Debts OWED BY the committee (Use Schedule D.)   | 0        |  |
| 20. Debts OWED TO the committee (Use Schedule E.)   | 0        |  |

### CERTIFICATION

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

|  |                    |                              |
|--|--------------------|------------------------------|
| Signature of Treasurer<br>Angela Jeffries              | Title<br>Treasurer | Date (mm/dd/yy)<br>9/30/2024 |
| Signature of Candidate (if applicable)<br>Monica Beaty |                    | Date (mm/dd/yy)<br>9/30/2024 |

FOR OFFICE USE ONLY



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



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

State Form 4606 (R16 / 6-23)  
Indiana Election Division (IC 3-9-5-14)

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

**INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY INDIVIDUALS ON THIS SCHEDULE.** Please type or print legibly in **BLACK INK** all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from individuals **OVER \$100** per contributor, within a calendar year **MUST** be itemized on this schedule (over \$200, if regular party committee). All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) **OVER \$100** per contributor, within a calendar year, **MUST** be itemized on this schedule (over \$200 if regular party committee). A contributor's occupation is required if an individual makes at least \$1,000 in contributions during the calendar year. Otherwise, this is optional.

**FILE NUMBER**

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Page \_\_\_\_\_ of \_\_\_\_\_

| CONTRIBUTOR'S FULL NAME AND OCCUPATION<br>FULL MAILING ADDRESS<br><i>(street, number, city, state, ZIP code)</i>                | TYPE OF CONTRIBUTION<br>OR OTHER RECEIPT   | COLUMN A<br>AMOUNT THIS<br>PERIOD | COLUMN B<br>CUMULATIVE<br>YEAR-TO-DATE | DATE RECEIVED<br><i>(mm/dd/yy)</i>            |
|---|--|-----------------------------------|--|---|
|   |  |                                   |  | RECEIVED BY                                   |
| 1.<br>Rita Beaty<br>951 E 860 S<br>Hamlet, IN 46532<br><br>Contributor's Occupation <i>(if required)</i> _____                  | Contributions:<br><input checked="" type="checkbox"/> Direct<br><input checked="" type="checkbox"/> In-Kind <i>(describe)</i><br><u>Sign-to Vendor</u><br><br>Other Receipts:<br><input type="checkbox"/> Interest <input type="checkbox"/> Loan<br><input type="checkbox"/> Miscellaneous <i>(specify)</i><br>_____ | \$100.00                          | \$100.00                               | 8-2-2024<br><br>Donald Brooks<br>Faithwalkers |
| 2.<br>Monica Beaty<br>114 Vernon Court<br>Kingsford Hts, IN<br>46346<br><br>Contributor's Occupation <i>(if required)</i> _____ | Contributions:<br><input type="checkbox"/> Direct<br><input checked="" type="checkbox"/> In-Kind <i>(describe)</i><br><u>Sign to Vendor</u><br><br>Other Receipts:<br><input type="checkbox"/> Interest <input type="checkbox"/> Loan<br><input type="checkbox"/> Miscellaneous <i>(specify)</i><br>_____            | \$206.71                          | \$206.71                               | 7-29-24<br><br>Signs on the<br>Cheap          |
| 3.<br>Monica Beaty<br>114 Vernon Court<br>Kingsford Hts, IN<br>46346<br><br>Contributor's Occupation <i>(if required)</i> _____ | Contributions:<br><input type="checkbox"/> Direct<br><input checked="" type="checkbox"/> In-Kind <i>(describe)</i><br><u>Signs to Vendor</u><br><br>Other Receipts:<br><input type="checkbox"/> Interest <input type="checkbox"/> Loan<br><input type="checkbox"/> Miscellaneous <i>(specify)</i><br>_____           | \$250.00                          | \$456.71                               | 9-25-24<br><br>Donald Brooks<br>Faithwalkers  |
| 4.<br><br><br><br>Contributor's Occupation <i>(if required)</i> _____   | Contributions:<br><input type="checkbox"/> Direct<br><input type="checkbox"/> In-Kind <i>(describe)</i><br>_____<br><br>Other Receipts:<br><input type="checkbox"/> Interest <input type="checkbox"/> Loan<br><input type="checkbox"/> Miscellaneous <i>(specify)</i><br>_____                                       |                                   |  |   |
| 5.<br><br><br><br>Contributor's Occupation <i>(if required)</i> _____   | Contributions:<br><input type="checkbox"/> Direct<br><input type="checkbox"/> In-Kind <i>(describe)</i><br>_____<br><br>Other Receipts:<br><input type="checkbox"/> Interest <input type="checkbox"/> Loan<br><input type="checkbox"/> Miscellaneous <i>(specify)</i><br>_____                                       |                                   |  |   |
| <b>SUBTOTAL THIS PAGE OF SCHEDULE A</b>   |  | \$556.71                          |  |   |
| <b>TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY</b><br><i>(Enter total on ITEM 15a of the Summary Sheet.)</i>         |  | \$556.71                          |  |   |



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

State Form 4606 (R16 / 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 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         |  |
|---------------------|--|
|                     |  |
| Page _____ of _____ |  |

| CONTRIBUTOR'S FULL NAME AND FULL MAILING ADDRESS<br><i>(street, number, city, state, ZIP code)</i>                      | TYPE OF CONTRIBUTION OR OTHER RECEIPT   | COLUMN A<br>AMOUNT THIS PERIOD | COLUMN B<br>CUMULATIVE YEAR-TO-DATE | DATE RECEIVED<br><i>(mm/dd/yy)</i> |
|---|---|--------------------------------|-------------------------------------|------------------------------------|
|   |   |                                |                                     | RECEIVED BY                        |
| 1.<br>Faith Walkers Screen<br>Printing<br>7358 W Johnson Rd.<br>Michigan City, IN 46360                                 | Contributions:<br><input type="checkbox"/> Direct<br><input checked="" type="checkbox"/> In-Kind <i>(describe)</i><br><u>T-Shirts</u><br>Other Receipts:<br><input type="checkbox"/> Interest <input type="checkbox"/> Loan<br><input type="checkbox"/> Miscellaneous <i>(specify)</i><br>_____ | \$339.99                       | \$339.99                            | 08-02-24                           |
|   |   |                                |                                     | Monica Beaty                       |
| 2.  | Contributions:<br><input type="checkbox"/> Direct<br><input type="checkbox"/> In-Kind <i>(describe)</i><br>_____<br>Other Receipts:<br><input type="checkbox"/> Interest <input type="checkbox"/> Loan<br><input type="checkbox"/> Miscellaneous <i>(specify)</i><br>_____                      |                                |                                     |                                    |
| 3.  | Contributions:<br><input type="checkbox"/> Direct<br><input type="checkbox"/> In-Kind <i>(describe)</i><br>_____<br>Other Receipts:<br><input type="checkbox"/> Interest <input type="checkbox"/> Loan<br><input type="checkbox"/> Miscellaneous <i>(specify)</i><br>_____                      |                                |                                     |                                    |
| 4.  | Contributions:<br><input type="checkbox"/> Direct<br><input type="checkbox"/> In-Kind <i>(describe)</i><br>_____<br>Other Receipts:<br><input type="checkbox"/> Interest <input type="checkbox"/> Loan<br><input type="checkbox"/> Miscellaneous <i>(specify)</i><br>_____                      |                                |                                     |                                    |
| 5.  | Contributions:<br><input type="checkbox"/> Direct<br><input type="checkbox"/> In-Kind <i>(describe)</i><br>_____<br>Other Receipts:<br><input type="checkbox"/> Interest <input type="checkbox"/> Loan<br><input type="checkbox"/> Miscellaneous <i>(specify)</i><br>_____                      |                                |                                     |                                    |
| <b>SUBTOTAL THIS PAGE OF SCHEDULE A</b>   |   | \$ 339.99                      |                                     |                                    |
| <b>TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY</b><br><i>(Enter total on ITEM 15a of the Summary Sheet.)</i> |   | \$ 996.70                      |                                     |                                    |



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

State Form 4606 (R16 / 6-23)  
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**

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| RECIPIENT'S NAME AND MAILING ADDRESS<br><i>(street, number, city, state, ZIP code)</i>                                  | RECIPIENT'S OCCUPATION                  | TYPE OF EXPENDITURE<br>and<br>PURPOSE <i>(be specific)</i>  | COLUMN A<br>AMOUNT THIS<br>PERIOD | COLUMN B<br>CUMULATIVE<br>YEAR-TO-DATE | DATE OF<br>EXPENDITURE<br><i>(mm/dd/yy)</i> |
|---|---|---|-----------------------------------|--|---|
|   | OFFICE SOUGHT <i>(if applicable)</i>    |   |                                   |  |   |
| Code <u>A</u><br>Signs on the Cheap<br>11525 Stonehollow Dr<br>Austin, TX 78758   | Sign Company<br>N/A                     | <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind<br><input type="checkbox"/> Payment of Debt<br><input type="checkbox"/> Returned Contribution<br><input type="checkbox"/> Other _____<br>Purpose: | \$206.71                          | \$206.71                               | 7-29-24                                     |
| Code <u>A</u><br>Faith Walkers<br>7358 W Johnson Rd<br>Michigan City, IN 46360  | Screen Printing<br>Signs Company<br>N/A | <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind<br><input type="checkbox"/> Payment of Debt<br><input type="checkbox"/> Returned Contribution<br><input type="checkbox"/> Other _____<br>Purpose: | \$250.00                          | \$250.00                               | 8-2-24                                      |
| Code <u>A</u><br>Faith Walkers<br>7358 W Johnson Rd<br>Michigan City, IN 46360  | Screen Printing<br>Sign Comp.<br>N/A    | <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind<br><input type="checkbox"/> Payment of Debt<br><input type="checkbox"/> Returned Contribution<br><input type="checkbox"/> Other _____<br>Purpose: | \$250.00                          | \$500.00                               | 9-25-24                                     |
| Code _____  |   | <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind<br><input type="checkbox"/> Payment of Debt<br><input type="checkbox"/> Returned Contribution<br><input type="checkbox"/> Other _____<br>Purpose:            |                                   |  |   |
| Code _____  |   | <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind<br><input type="checkbox"/> Payment of Debt<br><input type="checkbox"/> Returned Contribution<br><input type="checkbox"/> Other _____<br>Purpose:            |                                   |  |   |
| Code _____  |   | <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind<br><input type="checkbox"/> Payment of Debt<br><input type="checkbox"/> Returned Contribution<br><input type="checkbox"/> Other _____<br>Purpose:            |                                   |  |   |
| Code _____  |   | <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind<br><input type="checkbox"/> Payment of Debt<br><input type="checkbox"/> Returned Contribution<br><input type="checkbox"/> Other _____<br>Purpose:            |                                   |  |   |
| <b>SUBTOTAL THIS PAGE OF SCHEDULE B</b>   |   |   | \$706.71                          |  |   |
| <b>TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY</b><br><i>(Enter total on ITEM 17a of the Summary Sheet.)</i> |   |   | \$706.71                          |  |   |