(CFA-1)

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 NUMBE	R
1. IS THIS AN AMENDMEN	T? 🗌 Yes	No If Yes	s, pleas	e enter the	file num	ber in this bo	x. →	46-74-73	3
SECTION A CANDIDA								itely as possible.	
2. Last Name		t Name		Middle Name		Nickname		3. Type of Committee	(Check one)
Oake		eather		Lynr				Candidate's Principa	
. Mailing Address (number and street,		^o codej		5. F.	AX (Option	ə/)	6. E-mai	Address (Optional)	
3306 N. 50	E.			(}				
7. City	State	ZIP Code	8. Cou		1	Telephone (Day)		10. Telephone (Evening)	
La Porte	IN	46350	La	Porte		119,229-80	55	()	
1. Party Affiliation				12. Office	Sought (in	clude district numb		Not required for an explorator	
Democratic Libertarian X F					JUNTY	Council		Large LaPor	+c (00
SECTION B. COMMITT	LE INFUR	MATION: FI	ii in all sanew pa	applicabl	e boxes	as fully and	accura	ately as possible.	
Oake fo		unci l	3 0 11014 110	1110					
14. Mailing Address (number and stree			k if this is :	a now aritimes	15 FAX	Onfionall	16 E.m.	ail Address (Optional)	
3306 N. 501						sayan share carey	132.5.111	ин тымпооо (тралаар	
<u>3506 19-30 1</u> 17. City	State	ZIP Code	18. Co	untv	() 10	. Telephone		20. Committee Organizatio	n Date
LaPorte	1 1			Purk	1	•	ec.	(nuci/dd/yy) @2/09 2	
		didate as Chairpen			i G	19)229-80	222		<u> </u>
		and the second s	John Kud	GINGN 0 1010-12	a la mure gire	n prononolity			
22. Mailing Address (number and street	L city, state, and 7	Prodel M Cherry	k if this is a	new address	23 FAY	Ontional	24 F-m	ail Address (Optional)	
3304 N. 50			× H Xr102 F0 €		LU, TPUL	of nonent	A	an maarooo (upuunan)	
25 City	State	ZIP Code	26. Co	unity	()	. Telephone (Day)		28. Telephone (Evening)	
LaPorte	IN	ZIP Code 46350		Porte	1				
9. Bank or Other Depositorios (Li			Lu	rorte		19,229-80	133	(219) 229-809	
1 A							nus serery	ouposit boxes of maintains it	///us.)
Laforte Con	MUNIT	1 redera		edit	Uni	20			
30. Exploratory Committee (Give be	n statement oxplat	ning purposo of an expi	ioratory comi	ndisé only.) 31 rel	. Salaries a mbursemer	rid Reimburseiner It för löst wages? If	i ts (Will th Yes, atlac	ie committee pay the candida h a copy of the contract,)	e a salary or Yes 🚺 No
						~		·•	
SECTION C. APPOINT 32. I, as Chairperson of	MENI OF	I REASURER	(IC 3-	9-1-14)		Skapatura	of the C	ommittee Chairperson	
committee, appoint the follo	wing persor						L	~ * / `	
Treasurer of the Committee.	-	LUDU		tensell		l Nuci	the	- Oaka	
33. Treasurer's Full Name 🔲 De	, .	4	1~						
Robert G 34. Mailing Address (number and stree	len	tensell			······································		a game an antice to she was		
			k of this is a	a new address.	35. FAX (Optional)	36. E-m	al l Address (Optional)	
10795 E. Che							<u> </u>	·	
37. City	State	ZIP Code	38. Co		1	. Telephone (Day)		40. Telephone (Evening)	
Walkerton	IN	46574	<u>୍</u> ସ୍-	farke	5	74, 586-3-	140	1574 586-374	10
		PPOINTMEN							
1. I give notice that I acce							erson A	scepting Appointment	
Committee. I am not the ch permitted for a candidate com			inance c	committee (e	except as	Tal	- L	ansel	
		STATEMEN	т			/		FOR OFFICE USE	ONLY
We certify as the candidate				son of the	Committe	e and that we	have		ED
examined this statement. To t	ne best of ou	r knowledge an	d belief	it is true, cou		complete.		IN CLERKS O	
2. Typed or Printed Name of	Chairperson	Signature o	of Chairp	erson		Date (mm/dd/y)			<u> </u>
Heather Oc	ike	Heat	tur (Jake		02/15/-	24	1	
43. Typed or Printed Name of	Candidate	Signature o	of Candid	ate		Date (mm/dd/y)		FEB 16	2021
	Ke	1111	1 .	Nr.Va		02/15/2			
		Neat	محليح		المعاد مردسام		·····	l	
Warning: State law requires that a person who knowingly files a fraudu	ient report con	imits a Level 6 D 1	felony (IC	3-14-1-13), A	person who	i fails to file a com	plete of	L flaore 3	twens
accurate report as required by the	Indiana Campa	iign Finance Law c	commits a	Class B misd	emeanor (/	C 3-14-1-14), and	may bo	CLERK OF LA PORTE CIR	CUIT COURT
subject to civil penalties (IC 3-9-4-16	. 10.3-8-4-17, a	na 10, 3-9-4-18).					1	1,21-	
								6:3 am	

REPORT OF RECEIPTS AND EXPENDITURES OF A POLITICAL COMMITTEE State Form 4606 (R17 / 8-23) Indiana Election Division (IC 3-9-5-14)		Sun	(CFA-4) nmary Sheet
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.		4le-	11e NUMBER 14-23
IS THIS AN AMENDMENT? Yes X No		TOTAL PAGES	IN ENTIRE CFA-4 REPORT
COMMITTEE INFORMAT	TION		······································
1. Full Name of Committee (as on Statement of Organization)	a new name.		·
2. Acronym or Abbreviated Name (if any)	3. Co	ommittee Telephone	Number
A Mailing Address (Add		19) 229-	8055
 Mailing Address (Address where all campaign finance correspondence is received.) <u>3306 N. 56 E.</u> Stote, ZIP Code 	Check i	this is a new addres	s.
Laporte, IN 46350	6. Pa	rty Affiliation (if appli	cable)
CANDIDATE INFORMATION (For Condition	e's Car	Republica	20
Heather Lynn Oake	0. Fa	Republic	ependent Candidate
9. Office Sought (Include district number, if any. Not required for exploratory committee.) LaPorte County Council at Large	10. C	ounty of Residence	
TYPE OF REPORT	ĺ	LaPorte	1
11. Check one:		CONV	ENTION CANDIDATES ONLY
Pre-Primary Pre-Election Annual Normination Other		Check	
Final / Disbands Committee (Lines 18, 19, and 20 must be "0") Dutgoing Treasurer (Within ten (10) days		L Pi	re-Convention
(initidaryy),	no statement of Q	rganization.)	ost-Convention
rom: 01/01/24 Through: 04/12/24		COLUMN A	COLUMN B
3. Cash on hand and investments at the beginning of this reporting partial		This Period	Year to Date
Cash on hand and investments January 1, current year.		489.15	4/01 20
CONTRIBUTIONS AND RECEIPTS Note: these amounts include in-kind contributions and loans, as well as cash contributions.) Sa. Itemized (les Schult)			123.73
5a. Itemized (Use Schedule A.)			:
5b. Unitemized	······································	N23.73	#23.73
5c. Add lines 15a and 15b in both columns,		0	
6. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B.	UBTOTAL	#23.73	1 23.73
EXPENDITURES	TOTAL	123.73	\$23.73
lote: These amounts include in-kind expenditures and loan renewments)			
a. Itemized (Use Schedule B.) (Public Question: use Schedule C.)		#00 = 0	
D. Uniternized		*23.73	623.73
c. Add lines 17a and 17b in both columns.	UBTOTAL 1	$\frac{O}{100}$	
vasir oir haitu and investments at close of this reporting period (Subtract 17c from 16 in both columns)	TOTAL	<u>23.73</u>	723.73
Debis OWED BY the committee (Use Schedule D.)		<u> </u>	
Debts OWED TO the committee (Use Schedule E.)		<u> </u>	
		<u>_</u>	·····
CERTIFICATION RTIFY THAT I HAVE EXAMINED THIS STATEMENT TO THE BEST OF MY KNOWLEDGE AND BELIEF IT I nature of Treasurer +++++++++++++++++++++++++++++++++++			FOR OFFICE USE ONLY
nature of Treasurer ++ DA1 Title	STRUE. CORR	ECT AND COMPLETE.	IN CLERKS OFFICE
nature of Candidate (if applicable)		ate (mm/dd/yy)	
Hastin Only	Dr	te (mm/dd/a)	
RNING' Approximation manager		21071511	MAR 2 7 2024
a fraudulent report commits a Level 6 felony. (IC 3-14-1-13) A person who fails to file a complete or acculation page Finance Law commits a Class B misdemeanor, (IC 3-14-1-14) and may be subject to civil penalities. (IC 3-14-1-14) and may be subject to civil penalities. (IC 3-14-1-14) and may be subject to civil penalities.	ie. (IC 3-9-4-5))	A person who knowingly	
a ventility of ventility of misotemeanor, (IC 3-14-1-14) and may be subject to mill and a	ropust as	equired by the Indiana	Aflacour Stevens

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

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

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

	FIL	E NUMB	ER	
Page_	2	of	3	

1. Heather Oake Contributing: Parton Vertex Coake Oal /a7 /a4 33000 N. SO E. Direct A33.73 A33.73 Hatter Oake La Porte, IN 46350 Direct A33.73 A33.73 Hatter Oake Contributors Occupation (Proguest) NA A A 2. Contributors. Direct A 3. Contributors. Direct A 4. Contributors. Contributors. Contributors. Other Receipts: Direct A A A. Contributors. Contributors. Contributors. Other Receipts: Internet Loan Internet Loan Internet Loan Miscellaneous	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 CUMULATIVE	DATE RECEIVED (mm/dd/yy)
Contributor's Occupation (if required) NA 2. Contributons: Direct Direct In-Kind (describe) Other Receipts: Direct In-Kind (describe) 3. Contributons: Direct Other Receipts: Direct In-Kind (describe) Other Receipts: Direct In-Kind (describe) 3. Contributors: Direct Contributor's Occupation (if required) Contributions: Direct Contributor's Occupation (if required) Contributions: Direct Other Receipts: Direct In-Kind (describe) Other Receipts: Direct Other Receipts: Direct Other Receipts: Direct In-Kind (describe)		Contributioos:	PERIOD		
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Contributor's Occupation (if required) NA 2. Contributons: Direct Direct In-Kind (describe) Other Receipts: Direct In-Kind (describe) 3. Contributons: Direct Other Receipts: Direct In-Kind (describe) Other Receipts: Direct In-Kind (describe) 3. Contributors: Direct Contributor's Occupation (if required) Contributions: Direct Contributor's Occupation (if required) Contributions: Direct Other Receipts: Direct In-Kind (describe) Other Receipts: Direct Other Receipts: Direct Other Receipts: Direct In-Kind (describe)	LaPorte, IN 46350				
contributor's Occupation (if required) NA 2. Contributions: Direct In-Kind (describe) Other Receipts: Direct Interest Loan Miscellanaous (specify) 2. Contributor's Occupation (if required)			Ar		
2. Contributions:		Miscellaneous (specily)			
Contributor's Occupation (# required)					
Contributor's Occupation (# required)	L				
Image: Socupation (if required) Image: Socupation (if required) 3. Contributions: Direct In-Kind (rbooribe) Other Receipts: Interest I Loan Interest I Loan Miscellaneous (specify) Contribution's Occupation (if required) Contributions: Other Receipts: Interest I Loan Interest I Loan Interest I Loan Miscellaneous (specify) Contributions: Other Receipts: Int-Kind (rbooribe) Other Receipts: Int-Kind (rbooribe) Other Receipts: Int-Kind (rbooribe) Other Receipts: Int-Kind (rbooribe) Other Receipts: Interest I Loan Interest I Loan Interest I Loan Interest I Loan Interest I Loan Interest I Loan Interest I Loan Miscellaneous (specify) Interest I Loan Station (frequired) Interest I Loan Interest I Loan Interest I Loan Interest I Loan Interest I Loan Interest I Direct Interest I Loan Interest I Direct Interest I Loan					
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Contributor's Occupation (if required)		Other Receipts:			
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Contributor's Occupation (if required) Contributions: Direct Direct	Contributor's Occupation (if required)				
Contributor's Occupation (if required)	3.				
Contributor's Occupation (if required)					
Contributor's Occupation (if required) Interest [Loan 4. Contributions: Direct Int-Kind (describe) Interest [Loan Other Receipts: Interest [Loan Miscellaneous (specify) Contributor's Occupation (if required) Interest [Loan S. Contributions: Direct Interest [Loan Different [Loan Interest [Loan Different [Loan Interest [Loan Different [Direct Interest [Loan Different [Loan Interest [Loan Different [Loan Interest [Loan Different [Loan Interest [Loan Different [Direct Interest [Loan Different [Direct Interest [Loan					
Contributor's Occupation (if required)					
Contributor's Occupation (if required)					
4. Contributions: Direct In-Kind (describe) Other Receipts: Interest Interest Miscellaneous (specify) 5. Contributions: Direct	Contributor's Occupation (if required)				
In-Kind (describe) Other Receipts: Interest Loan Miscellaneous (specify) 5, Contributor's Occupation (if required) Direct		Contributions:	*****		
Contributor's Occupation (if required)		rmos			
Contributor's Occupation (if required) Interest Loan 5. Contributions: Direct					
Contributor's Occupation (if required) Miscellaneous (specify) 5. Contributions: Direct Direct					
Contributor's Occupation (if required)					
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Direct		Costibuliuse			
In-Kind (describe)		juana,			
		In-Kind (describe)			1)
Other Franks		Others Gassie (
Other Receipts:					
Miscellaneous (specify)		Miscellaneous (specify)			
Contributor's Occupation (if required)	Contributor's Occupation (if required)				
SUBTOTAL THIS PAGE OF SCHEDULE A \$ 23.73	SUBTOTAL TH	IS PAGE OF SCHEDULE A	\$ 23.73		
TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY (Enter total on ITEM 15a of the Summary Sheet.) \$ 23.73	TOTAL OF ALL PAGES OF SCHEDULE A C (Enter total on ITFM 1	IN THE LAST DACE ONLY			





caucus, political action, or regular party committees) MUST be itemized on this schedule.

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. 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

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

(CFA-4 SCHEDULE B) ITEMIZED EXPENDITURES

	FILE	NUMB	ER	
Page	 7	hirL+ h	2	

RECIPIENT'S NAME AND MAILING ADDRESS **RECIPIENT'S OCCUPATION** TYPE OF EXPENDITURE COLUMN A COLUMN B DATE OF (street, number, city, state, ZIP code) AMOUNT THIS and CUMULATIVE EXPENDITURE OFFICE SOUGHT (if applicable) PURPOSE (be specific) PERIOD YEAR-TO-DATE (mm/dd/yy) code A Hather Oake Direct X In-Kind NA \$23.73 \$23.73 02/07/24 Payment of Dobt 3306 N. 50 E. Returned Contribution Laport, IN 46350 LaPorte County C Other Purocear Council at Large Code Direct In-Kind Payment of Debt Returned Contribution Other Purpose: Direct In-Kind Code Payment of Debt Returned Contribution C Other Purpose: Direct Dir-Kind Code Payment of Debt Returned Contribution C Other Purpose: Direct I in-Kind Code Payment of Debt Returned Contribution Other___ Purpose: Direct In-Kind Code Payment of Debt Returned Contribution Other ____ Purpose: Direct Direct In-Kind Code Payment of Debt Returned Contribution Citver Parpose: SUBTOTAL THIS PAGE OF SCHEDULE B \$ 23.73 TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY \$22.73 (Enter total on ITEM 17a of the Summary Sheet.)

REPORT OF RECEIPTS AND EXPENDITURES OF A POLITICAL COMMITTEE State Form 4606 (R15/5-19)	(CF) Summai	y Sheet
Indiana Election Division (IC 3-9-5-14)	FILE N	JMBER
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.	410-24-	-23 TIRE CFA-4 REPORT
IS THIS AN AMENDMENT? Ves No	3	
	- /	
1. Full Name of Committee (as on Statement of Organization)	w name.	
2. Acronym or Abbreviated Name (if any)	3. Committee Telephone Number	
	(219) 229-8	055
4. Mailing Address (Address where all campaign finance correspondence is received.)	Check if this is a new address.	
5. City, State, ZIP Code	6. Party Affiliation (il applicable)	
CAPORTE, IN 46350 CANDIDATE INFORMATION (For Candidate's	Republican	
7. Full Name of Candidate (Include any nicknamo.)	8. Party Affiliation or If Independ	ent Candidate
Heather Lynn Oake	Republical	-
9. Office Sought (Include district number, if any. Not required for exploratory committee.)	10. County of Residence	
Laforth County Council at Large	LaPorte	
TYPE OF REPORT		ION CANDIDATES ONLY
11 Check one: Pre-Primary Pre-Election Annual Nemication Other	Check ona.	nvention
Final / Disbands Committee (Lines 18, 18, and 20 must de 10"). Outgoing Treastator ; Within teo (10) days emend S		onvention
12. Reporting Period (<i>mm/dd/yy</i>):	COLUMN A	COLUMN B
From: OI/OI/24 Through: O4/19/24 13. Cash on hand and investments at the beginning of this reporting period.	This Period	Year to Date
14. Cash on hand and investments January 1. current year.		\$23.73
CONTRIBUTIONS AND RECEIPTS		
(Note: these amounts include in-kind contributions and loans, as well as cash contributions.)		\$23.73
15a. Itemized (Use Schedule A.)	\$123,73	
15b. Uniternized	IBTOTAL \$23.73	#23.73
15c. Add lines 15a and 15b in both columns. SU 16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B.	TOTAL \$ 23.73	\$ 23.73
EXPENDITURES		
(Note: These amounts include in-kind expenditures and loan repayments.)		
17a. Itemized (Use Schedule B.) (Public Question: use Schedule C.)	123.73	423.73
17b. Unitemized	6	0
17c. Add lines 17a and 17b in both columns. St	UBTOTAL \$23.73	823.73
18. Cash on hand and investments at close of this reporting period (Subtract 17c from 16 in both columns.)	TOTAL	\mathcal{O}
19. Debts OWED BY the committee (Use Schedule D.)	Q.	
20. Debts OWED TO the committee (Use Schedulo E.)		
CERTIFICATION		FOR OFFICE USE ONLY
I CERTIFY THAT I HAVE EXAMINED THIS STATEMENT. TO THE BEST OF MY KNOWLEDGE AND BELIEF IT I	IS TRUE, CORRECT AND COMPLETE.	IN CLERKS OFFICE
Signature of Treasurer, The Title	Date (mm/dd/yy	
Signature of Candidata (il applicable)	04/17/24 Date (nim/dt//y)	ADR 1 7 2024

Ere o

files a fraudulent report commits a Level 6 felony, (IC 3-14-1-13) A person who foils to file a complete or accurate report as required by the In 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)

CLERK OF LA PORTE CIRCUIT COUT

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State Form 46(i6 (R1575-19) Indiana Election Division (IC 3-9-5-14)

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

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

	NUMB	~	

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
Heatter Oalle 3306 N. SOE. LaPorte, IN 46350	Contributions Direct	4	dh2 73	02/27/24 Heather Oak
3306 N SOE.	f	23.73	402.12	Heather Oak
	Other Receipts: Interest Loan Miscelaneous (specify)			
Contributor's Occupation (direquired) NA		6. No contraction and a second s		
2.	Contributions: Derect In Kind (describe)			
	Othor Receipts.			
Contributor's Occupation (il required)				
3.	Controllions Direct In-Kind (describe)			
	Other Roceipts:			
Contributor's Occupation (if required)				
4.	Contributions: Direct In-Kind (describe)			
	Other Roceipts:	FILE	The D RKS OFFICE	
Contributor's Occupation (if required)	Contributions.	INC.		+
5.	Direct	APP	172024	
	Other Receipts:	CLERK	HAON OTHER	DUK
Contributor's Occupation (# required)				
	THIS PAGE OF SCHEDULE	\$ 23.73		
TOTAL OF ALL PAGES OF SCHEDULE (Enter total on ITE	A ON THE LAST PAGE ONL) IM 15a of the Summary Sheet.	1. 72 72		

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REPORT OF RECEIPTS AND EXPENDITURES OF A POLITICAL COMMITTEE

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

(CFA-4 SCHEDULE B) ITEMIZED EXPENDITURES

Page_

FILE NUMBER

of

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this	
ind incomo reasoning of provide the true should be used to do monthly as totaled on ITEM 17a ni the	
INSTRUCTIONS: Please type of plan region in the schedule is used to document expenditures totaled on ITEM 17a of the schedule, see instructions on the reverse side. This schedule is used to document expenditures totaled on ITEM 17a of the	
our object out industrial and the industrials businesses labor organizations and other entities OVER \$100 per	ſ
screbble, see institutions on the reveal user and to individuals, businesses, labor organizations and other entities OVER \$100 per Summary Sheet. All cumulative expenses pald to individuals, businesses, labor organizations and other entitles. All sumulative	
this scheduler way MUST he Remited on this schedule faver \$200. D requer Duriy Continuado, An Culturative I	
recipient, while a carcinal year moot on transfer of the first of the first of the sector of four on stidala to telefation	1
expenses, including in-kind, regardless of amount paid to political committees, (such as transfers-out from candidate, legislative	}
experiences, and using of same requirements of the local and her consider	
caucus, political action, or regular party committees) MUST be Itemized on this schedule	
Norman Andreas A	

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 Heather Oake 3306 N. 50 E. LaPorte, IN 46350		Direct In-Kind Payment of Debt Returned Contribution Other Pagnose.	\$ 23.73	\$ 23.73	02/27/24
Code		Direct In-Kinn Payment of Detut Returned Contribution Other Purpose:			
Code		Direct in-Kind Peyment of Debt Returned Contribution Other Purpose:			
Code		Direct In-Kind Payment of Dept Returned Contribution Other Purpose:			
Code		Direct In-Kind Payment of Dabt Retrance Contribution Other Purpcise:			
Code		Direct In-King Payment of Dabt Returned Contribution Other Purpose:	F I IN CLER	COFFICE	
Code		Clirect In-Kind Payment of Deist Returned Contribution Officer Purpose;	CIERKOF	A PORTE CIRCUIT C	OLA
		AGE OF SCHEDULE			
TOTAL OF ALL	PAGES OF SCHEDULE B ON T (Enter total on ITEM 17a o	HE LAST PAGE ONL' f the Summary Sheet	y \$ 23.73		

	A State Stat			
REPORT OF RECE OF A POLITICAL O State Form 4606 (R17 / 8-23) Indiana Election Division (IC 3-9-5-14	IPTS AND EXPENDITURES	••••••••••••••••••••••••••••••••••••••	Summ	FA-4) ary Sheet NUMBER
INSTRUCTIONS: Please type or print legibly II assistance in completing this form, see instruct	V BLACK INK all information on this form. For ions on the roverse side.		46-2	4-23
IS THIS AN AMENDMENT?	Yes No		DTAL PAGES IN I	ENTIRE CFA-4 REPORT
	COMMITTEE INFORM	ATION		
1. Full Name of Committee (as on Statemer	2	5 a new name.		
2. Acronym or Abbreviated Name (il any)			ttee Telephone Num	
4 Maying Address (Address where all camp 3304 N - SO E - 5 City, State, ZIP Code	aign finance correspondence is received.)	Check if this	is a new address.	
LaPorte, IN 41			filiation (it applicable Republic	») .a.
7. Full Name of Candidate (Include any nick	NDIDATE INFORMATION (For Candid			· · · · · · · · · · · · · · · · · · ·
Heather Lynn		<u> </u>	filiation or If Independent	ndent Candidate
LaPorte County (ound At Large	e.) 10. County	af Residence	2
11. Check one:	TYPE OF REPORT		1	TION CANDIDATES ONLY
Pre-Primary Pre-Election Annual			Check one	er fonvention
Final / Disbands Committee (Lines 18, 19, and 20 m	ist be '0".) 🔲 Outgoing Treesurer (Wilhin ten (10) days i	mend Statement of Organite	nion.)	Convention
12. Reporting Period (mm/dd/yy): From: 04 13 24	Through: 10/18/24		COLUMN A This Period	COLUMN B Year to Date
13. Cash on hand and investments at the beg	ginning of this reporting period.		\bigcirc	
14. Cash on hand and investments January	I, current year. ITIONS AND RECEIPTS			0
(Note: these amounts include in-kind contribu	tions and loans as well as cash contribution	e 1		
15a. Itemized (Use Schedule A.)			140.84	
15b. Unitemized	en - e anno 2000 a fair ann an ann an ann an ann ann ann ann a	·····		¥464.57
15c. Add lines 15a and 15b in both columns.		SUBTOTAL	40,84	1464.57
16. Add lines 13 and 15c in Column A and lin		TOTAL & Y	40.84	1464.57
	PENDITURES			
(Note: These amounts include in-kind expendent 17a. Itemized (Use Schedule B.) (Public Que:				
17b. Unitemized	auth. Use Schedule C.)		40.84	<u>\$464.57</u>
17c. Add lines 17a and 17b in both columns.		SUBTOTAL	O Sala	0
18. Cash on hand and investments at close of this re	parting period (Subtract 17c from 16 in both column	IS.) TOTAL	140-84	\$ 464.57
19. Debts OWED BY the committee (Use Sch		SU IUTAL	<u> </u>	
20. Debts OWED TO the committee (Use Sch			\sim	
	CEDTERATION			
CERTIFY THAT I HAVE EXAMINED THIS STATEMEN	CERTIFICATION VT. TO THE BEST OF MY KNOW FDGE AND BELIEF		AND COMOUNTS	FOR OFFICE USE ONLY
filmative of treasurer Hand	Title Treasurer	Date	(mm/dd/yy) -16-24	Received
Signature of Candidate (if applicable)	/	Date	(mm/dd/yy)	Received

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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)

OCT 17 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 typo or print log-uly 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 receip's <u>totaled on ITEM 15a</u> of the Summary Sheet. All cumulative contributions from individuals OVER \$100 per contributor, which a calendar year MUST be itemized on this schedule (over \$200, if ragular party committee). All cumulative receipts, (such as toan proceeds and repayments, refunos, 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.

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1999), is for the same galaxy and		nightige of the strategy can	

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 CUMULATIVE	DATE RECEIVED (mm/dd/yy)
"Heather Oake - RN	Cogulbutions:	PERIOD	YEAR-TO-DATE	RECEIVED BY
3306 N. SO E.	X In-Kind (describe) SIGNS	440.84	46\$.57	04/2//24
LaPorte, IN 46350	Other Receipts			09/27/24 Heather Oake
Contributor's Occupation (# required) RN	Miscellaneous (specify)			Oak
2.	Contributions: Direct Io-Kind (describe)			
	Other Receipts Interest Loan Miscellancous (specify)			
Contributor's Occupation (if required)	10-10-10-10-10-10-10-10-10-10-10-10-10-1			
3.	Contributions: Direct In-Kind (dascribe)			
	Other Receipts:			
Contributor's Occupation (if required)	an den den an	18717-14 VAA-		
4.	Contributions: Direct In-Kind (describe)			
	Other Rece.pts: Interest [] Loan Miscelianeous (specify)			
Contributor's Occupation (if required)	······································			
5.	Contributions Direct in-Kind (describe) Other Receipts Interest Lown		Receive OCT 17 Elective	$\binom{d}{024}$
Contributor's Occupation (# required)	Miscellaneous (specify)		Eleon	ro
SUBTOTAL THIS PAGE OF SCHEDULE A		\$ 440.84		
TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY (Enter total on ITEM 15a of the Summary Sheet.)		\$ 440.84		



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 onlities 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

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

caucus, political action, or regular party committees) MUST be itemized on this schedule

(CFA-4 SCHEDULE B) **ITEMIZED EXPENDITURES**

FILE NUMBER							
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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)
come A Heather Oake 3306 N. SO E. LaPorte, IN 46350	RN LaPorte County Council At Large	Direct X In-Kind Payment of Debt Returned Contribution Other Purpose. Yard SignS	44D. 84	\$q64.57	09 27 24
Code		Direct In-King Payment of Debt Retorned Contribution Other Purpose:			senten and an
Coda		Direct In-Kind 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 Returned Contribution Other Purpose			
Code		Direct In-Kind Payment of Debt Returned Contribution Cither Purpose.		te Coun	
Code		Direct In-Kind Payment of Debt Returned Contribution Other Purpose.		Porte Count Preceived OCT 17 2 Election Bos	02A) ~
TOTAL OF ALL PAG	SUBTOTAL THIS PAGE SES OF SCHEDULE B ON THE (Enter total on ITEM 17a of the	AST DACE ONLY	s 440.84 s 440.84	•	