

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

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

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

				FILE NUMBER
1, IS THIS AN AMENDMENT?	]Yes 🗵 No If Ye	s, please enter the file	number in this box. →	410-24-CCO
SECTION A. CANDIDATE IN		II in all <b>applicable</b> bo	xes as <b>fully</b> and accura	itely as possible.
2. Last Name	First Name	Middle Name	Nickname	3. Type of Committee (Check ane)
Watterson, IV	Charles	Wano C	1 -	Candidate's Principal Committee  Exploratory Committee
4. Mailing Address (number and street, city, stat	le, and ZIP code)	5. FAX (O		Il Address (Optional)
1 3313 Vincyard [	00	( )	Cha	nes. Washerson @ Valpe, du
	State ZIP Code	8. County	9. Telephone (Day)	10. Telephone (Evening)
La Porte	IN 46350	Lalberte	1214 608-461	211,608-4014
11. Party Affiliation		12. Office Soug	mt (include district number, il any.	Not required for an exploratory committee.)
Democratic Libertarian Mi Republic		( 16 (	Court Sudy c	LaPorte County
SECTION B. COMMITTEE II	NEURWATION: P	III IN All applicable bo	xes as runy and accur	atery as possible.
People for Ch		3	si P	İ
14. Mailing Address (number and street, city, str	tate and 7IP code) Cher	ck if this is a new address. 15.1	AX (Optional) 16. E-m	all Address (Optional)
3313 N V: neyu				erson Fur Judge @ gmill. Com
47 Cib.	State 7ID Code	18. County	10 Tolonhone	20. Committee Organization Date
Lalorte	IN 46750	Lu Porte	(214) (-08-4014	(mm/dd/yy) 1/iso/24
21. Chairperson's Full Name Design	nate Candidate as Chairne	rson Check if this is a per	v chairperson.	
Suzanne Schafe				1
22. Mailing Address (number and street, city, str	tate, and ZIP code) TV Chec	k If this is a new address. 23.	AX (Optional) 24, E-m	ail Address (Optional)
	14 <b>\</b>	1	· C	inne@ csinet.net
25. City S	State ZIP Code	26. County	27. Telephone (Day)	28. Telephone (Evening)
Likorte	IN 46350	Lalorte	1219, 363-1466	SAME
29. Bank or Other Depositories (List all ba			funds, holds accounds, rents safety	deposit boxes or maintains funds.)
30. Exploratory Committee (Gire brief statem	rent explaining purpose of an exp	loratory committee only.) 31. Salar reimburs	ies and Reimbursements (Will ti ement for lost wages? If Yes, attac	he committee pay the candidate a salary or- th a copy of the contract.)
SECTION C. APPOINTMEN	T OF TREASURE	R (IC 3-9-1-14)		
32. I, as Chairperson of the			Signature of the C	ommittee Chairperson
committee, appoint the following	person as R	Schafer	Suna	o Selala
Treasurer of the Committee.  33. Treasurer's Full Name   Designate	e candidate as treasurer.	Check if this is a new treas	urer.	
Ronald Carl				
34. Mailing Address (number and street, city, sta	tate, and ZIP code) Chec	k if this is a new address.   35. i	AX (Optional) 36. E-m	all Address (Optional)
1566 = Glaci	er Bend	,	Lo	n schafe @ esindinet
37. City S	DIALE ZIF COUE	38. County	39. Telephone (Day)	40. Telephone (Evening)
LAPOITE :	IN 46350	LaPorte	(219) 675-3478	SAME
SECTION D. ACCEPTANCE	OF APPOINTME	NT (IC 3-9-1-15)		
41. I give notice that I accept the		** ***** ***		centing Appointment
	e duties and respons	Sibilities of Treasurer of	this Signature of Person A	7777777
Committee. I am not the chairper	rson of a campaign (	sibilities of freasurer of finance committee (excep	tas / /	1,4,11,4
permitted for a candidate committee	rson of a campaign f e under IC 3-9-1-7).	finance committee (excep	this Signature of Person A	FOR OFFICE USE ONLY
permitted for a candidate committee SECTION E. CERTIFICATIO We certify as the candidate and	rson of a campaign ( e under IC 3-9-1-7). ON OF STATEMEN the duly appointed (	finance committee (exception)  The committee committee (exception)	nittee and that we have	1.45M+-
permitted for a candidate committee SECTION E. CERTIFICATION We certify as the candidate and examined this statement. To the best	rson of a campaign ( e under IC 3-9-1-7). ON OF STATEMEN the duty appointed ( st of our knowledge ar	II  Chairperson of the Comind belief it is true, correct to	mittee and that we have and complete.	1.45M+-
permitted for a candidate committee SECTION E. CERTIFICATION We certify as the candidate and examined this statement. To the best 42. Typed or Printed Name of Chairp	rson of a campaign ( e under IC 3-9-1-7). ON OF STATEMEN the duty appointed ( st of our knowledge ar	finance committee (exception)  The committee committee (exception)	mittee and that we have and complete.  Date (mm/dd/yy)	FOR OFFICE USE ONLY
permitted for a candidate committee SECTION E. CERTIFICATION We certify as the candidate and examined this statement. To the best 42. Typed or Printed Name of Chairn SUZANA C. Schafer	rson of a campaign (e under IC 3-9-1-7).  ON OF STATEMEN the duty appointed at of our knowledge ar person Signature of the control of the con	The Chairperson of the Committee (exception of the Committ	mittee and that we have and complete.  Date (mm/dd/yy)	FILE D
permitted for a candidate committee SECTION E. CERTIFICATION We certify as the candidate and examined this statement. To the best 42. Typed or Printed Name of Chairp Suzanne Schafel  43. Typed or Printed Name of Candidate and examined this statement.	rson of a campaign of a under IC 3-9-1-7).  ON OF STATEMEN the duly appointed at of our knowledge arperson Signature of the state of th	II  Chairperson of the Comind belief it is true, correct to	mittee and that we have and complete.  Date (mm/dd/yy)  Date (mm/dd/yy)	FILE D IN CLERKS OFFICE
permitted for a candidate committee SECTION E. CERTIFICATION We certify as the candidate and examined this statement. To the best 42. Typed or Printed Name of Chairn SUZANA C. Schafer	rson of a campaign of a under IC 3-9-1-7).  ON OF STATEMEN the duly appointed at of our knowledge arperson Signature of the state of th	The Chairperson of the Committee (exception of the Committ	mittee and that we have and complete.  Date (mm/dd/yy)	FILE D
permitted for a candidate committee SECTION E. CERTIFICATIO We certify as the candidate and examined this statement. To the bes 42. Typed or Printed Name of Chair  SUZANNE SCHNFE  43. Typed or Printed Name of Candi Charles Wathoton Warning: State law requires that any chair	rson of a campaign of a under IC 3-9-1-7).  DN OF STATEMEN the duly appointed at of our knowledge arperson Signature of Si	Chairperson of the Comind belief it is true, correct of Chairperson  Candidate  Treported within ten (10) days	mittee and that we have and complete.  Date (mm/dd/yy)    Date (mm/dd/yy)    10 24  of the change (IC 3-9-1-10). A	FILE D IN CLERKS OFFICE
permitted for a candidate committee SECTION E. CERTIFICATION We certify as the candidate and examined this statement. To the best 42. Typed or Printed Name of Chairp Suzanne Schafer 43. Typed or Printed Name of Candidate Charles Waffordon	rson of a campaign of a under IC 3-9-1-7).  ON OF STATEMEN the duly appointed at of our knowledge arperson Signature of the committee of the committee of the committee of the campaign Finance Law	Chairperson of the Committee (exception of the Committee (	mittee and that we have and complete.  Date (mm/dd/yy)  Date (mm/dd/yy)  1 10 24  of the change (IC 3-9-1-10). A who fails to file a complete or	FILE D IN CLERKS OFFICE



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 **冈 No** 

(CFA-4) **Summary Sheet** 

FILE NUMBER 410-24-06

TOTAL PAGES IN ENTIRE CFA-4 REPORT

7

CLERK OF LA PORTE CIRCUIT COURT

COMMITTEE INFORMATION			
1. Full Name of Committee (as on <i>Statement of Organization</i> )  Check if this is a new People for Charles Watterson for Judge	name.		
2. Acronym or Abbreviated Name (if any)		mittee Telephone Num	nber
	( 219		
4. Mailing Address (Address where all campaign finance correspondence is received.) 3313 N Vineyard Dr	Check if th	is is a new address.	
5. City, State, ZIP Code	_ ·	Affiliation (if applicabl	e)
La Porte, IN 46350		whicen	
CANDIDATE INFORMATION (For Candidate's C			
7. Full Name of Candidate (Include any nickname.) Charles Watterson, IV	8. Party Reput	Affiliation or If Indepe	ndent Candidate
9. Office Sought (Include district number, if any. Not required for exploratory committee.)  La Porte Circuit Court Judge	10. Cou La Po	nty of Residence orte	. :
TYPE OF REPORT		CONVEN	ITION CANDIDATES ONLY
11. Check one:		Check on	e:
Pre-Primary Pre-Election Annual Nomination Other			Convention
Final / Disbands Committee (Lines 18, 19, and 20 must be "0".) Outgoing Treasurer (Within ten (10) days amend Str	atement of Orga	anization.) L. Post	-Convention
12. Reporting Period (mm/dd/yy): From: 01/01/24 Through: 04/12/24		COLUMN A This Period	COLUMN B Year to Date
13. Cash on hand and investments at the beginning of this reporting period.		0.	00
14. Cash on hand and investments January 1, current year.			0.00
CONTRIBUTIONS AND RECEIPTS			
(Note: these amounts include in-kind contributions and loans, as well as cash contributions.)		5 700	00 5 700 00
15a. Itemized (Use Schedule A.) 15b. Unitemized		5,700. 2,000.	
	TOTAL	7,700.	
16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B.	TOTAL	7,700.	
EXPENDITURES		,	·
(Note: These amounts include in-kind expenditures and loan repayments.)			
17a. Itemized (Use Schedule B.) (Public Question: use Schedule C.)		7,307.	91 7,307.91
17b. Unitemized		400.	
17c. Add lines 17a and 17b in both columns.	BTOTAL	<b>7</b> ,707.	91 7,707.91
18. Cash on hand and investments at close of this reporting period (Subtract 17c from 16 in both columns.)	TOTAL	142.	09 142.09
19. Debts OWED BY the committee (Use Schedule D.)		1,500.	00
20. Debts OWED TO the committee (Use Schedule E.)		0.	00
CERTIFICATION			FOR OFFICE USE ONLY
I CERTIFY THAT I HAVE EXAMINED THIS STATEMENT. TO THE BEST OF MY KNOWLEDGE AND BELIEF IT IS	- 1		IN CLERKS OFFICE
Signature of reasurer Title TREASURAN		ate (mm/dd/yy) 4/15/24	
Signature of Cardidate (if application)	c	oate (mm/dd/yy)	APR 1 5 2024
WARNING: Any information contained in this report may not be copied for sale or used for any commercial purpose	. (IC 3-9-4-5)	A person who knowingly	
files a fraudulent report commits a Level 6 felony. (IC 3-14-1-13) A person who fails to file a complete or accul Campaign Finance Law commits a Class B misdemeanor, (IC 3-14-1-14) and may be subject to civil penalties. (IC 3-			CLERK OF LA PORTE CIRCUIT COU



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 NUME	BER	
Page	ł	of _	3	

CONTRIBUTOR'S FULL NAME AND OCCUPATION	TYPE OF CONTRIBUTION	COLUMN A	COLUMN B	DATE RECEIVED
FULL MAILING ADDRESS (street, number, city, state, ZIP code)	OR OTHER RECEIPT	AMOUNT THIS PERIOD	CUMULATIVE YEAR-TO-DATE	(mm/dd/yy) RECEIVED BY
1. Charles and Audra Vatterson	Contributions:	\$ 1,000		. 1 . 1
0782 E. 400 S.	In-Kind (describe)	7 11000		1/19/24
La Poire IN 46350				
	Other Receipts:  Interest Loan			Tibasurer
	Miscellaneous (specify)			
Contributor's Occupation (if required) _ Sales				
2 Ron and Suzume Schafer	Contributions: Direct	\$500		1/26/24
1566 E Glacier Bad	In-Kind (describe)			11-9-1
Lalore IN 46750	Other Receipts:			
	☐ Interest ☐ Loan ☐ Miscellaneous (specify)		,	Treasure
Contributor's Occupation (if required)	Miscella ledds (specify)			
	Contributions:	م ط		
"James and Lisa Pritz	☑ Direct ☐ In-Kind (describe)	\$ 500		1/26/24
3735 U Pawace Dr	III-Kina (describo)			
LuPorce FN 46750	Other Receipts:			
·	Miscellaneous (specify)	·		Trensular
Contributor's Occupation (if required)				
Lynn and Done Howarstock	Contributions: Direct	\$ 500		1/31/24
2316 Farmer Dr	In-Kind (describe)			10.1.
Michigan City, En 46360	Other Receipts:			
[ [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [	☐ Interest ☐ Loan			Trasver
	Miscellaneous (specify)			. aceas
Contributor's Occupation (if required)	Contributions:		E CE	<del>\</del>
"Charles Waterson, IV	Direct	\$ 1500I IN CLER	S OFFIG	1/31/24
3513 N Vineyard OF	☐ In-Kind (describe)	\ \	1 - 01164 1	7 '
LaPoite IN 46350	Other Receipts:	994	15 2024	· \
	☐ Interest ☑ Loan ☐ Miscellaneous (specify)		LA PORTE CIRCUIT CO	Attasvier
Contributor's Occupation (if required)		1	F LA PORTE CIRCUIT	
	THIS PAGE OF SCHEDULE A	\$ 4,000		
TOTAL OF ALL PAGES OF SCHEDULE	A ON THE LAST PAGE ONLY	\$		
(Enter total on 11 EM	rua or the Summary Sneet.)	L		



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 NUMBE	ĒR	
Page _	a	of	3	

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. Ryan Loeffler	Contributions:	\$ 200		20-1
4079 N 600 W	In-Kind (describe)		· 	2/27/24
La Porte, IN 46350	Other Receipts: Interest Loan Miscellaneous (specify)			Trasurar
Contributor's Occupation (if required)				
Juyne Scheefel 2800 Or: ole Tri	Contributions:  Direct  In-Kind (describe)	\$ 300		2/27/24
michigan City, FN 46360	Other Receipts: Interest Loan Miscellaneous (specify)			Trassier
Contributor's Occupation (if required)				
3 Bob Scheefer	Contributions: Direct	9 300	-	2/27/24
2800 ortole Trl	In-Kind (describe)	, , , ,		, , , , , ,
Michigan City, DN 46360	Other Receipts: Interest Loan Miscellaneous (specify)			Tiessurer
Contributor's Occupation (if required)				
bregory Hofer	Contfibutions: Direct In-Kind (describe)	\$500		3/5/24
1916 Indiana AVE				
LaPorte, EN 46350	Other Receipts: Interest Loan Miscellaneous (specify)			Treusuer
Contributor's Occupation (if required)			T)	
" Kenneth Wojckjak	Contributions:  Direct  In-Kind (describe)	JETZ AKS	OFFICE	3/18/24
Ro Box 431 Lu Poite (IN 46350	Other Receipts:	TAPR 1	5 2024  THE CHOUT COUNT  POSTE CIRCUIT COUNT	10/
Lu vui to (515 70370	Miscellaneous (specify)		Street SOURT	Atensories
Contributor's Occupation (if required)		Life	POTTE CIRCUIT	
SUBTOTAL 1	THIS PAGE OF SCHEDULE A	\$ 145		
TOTAL OF ALL PAGES OF SCHEDULE A	A ON THE LAST PAGE ONLY 115a of the Summary Sheet.)	\$		
(2000 0000 0000 0000 0000 0000 0000 000		·		



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 legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from labor organizations OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee).

	FILE	NUMBER	
Page _	3	of	

CONTRIBUTOR'S FULL NAME AND FULL MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED (mm/dd/yy)  RECEIVED BY
1. Scott Pesic 912 crasapple La	Contributions:  Direct In-Kind (describe)	\$ 250		3/28/24
Valparouso IN 46383	Other Receipts: Interest Loan Miscellaneous (specify)			Treasurer
2.	Contributions: Direct In-Kind (describe)			
	Other Réceipts:  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)	i		,
5.	Contributions: Direct In-Kind (describe)	E NC	ERVS OFFICE	
	Other Receipts: Interest Loan Miscellaneous (specify)	\ \	A LUNG WE CHECKEY	COUNT
	HIS PAGE OF SCHEDULE A	* 434		
TOTAL OF ALL PAGES OF SCHEDULE A (Enter total on ITEM	A ON THE LAST PAGE ONLY 115a of the Summary Sheet.)	\$ 5,700		



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

## (CFA-4 SCHEDULE B) ITEMIZED EXPENDITURES

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document expenditures totaled on ITEM 17a of the Summary Sheet. All cumulative expenses paid to individuals, businesses, labor organizations and other entities OVER \$100 per recipient, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative expenses, including in-kind, regardless of amount paid to political committees, (such as transfers-out from candidate, legislative caucus, political action, or regular party committees) MUST be itemized on this schedule.

	FILE	NUMB	ER	
	,			
Page _	1	of	2	

RECIPIENT'S NAME AND MAIL! (street, number, city, state,		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 Prints Sa	rus	Vendo1	Direct In-Kind Payment of Debt Returned Contribution Other	<b>ij/e</b> lo.		2 /1/24
			Purpose: T-Shirts	\$ 500		
code A Vista pi	<b>'</b> M	Vendor	Direct In-Kind Payment of Debt Returned Contribution Other	144.52		3/6/24
			Purpose:			
Code A Vista Po	int	Vendor	Direct In-Kind Payment of Debt Returned Contribution Other	186.42		2/1/24
			Purpose:			
Code A Visha	Print	V endor	Direct In-Kind Payment of Debt Returned Contribution Other	5280. SZ		2/20/24
			Purpose:			
Code A Lamar		vendor	Direct In-Kind Payment of Debt Returned Contribution Other	1,500		
			Purpose:		·	
Code A Buy cool	Promos	Vendor	Direct In-Kind Payment of Debt Returned Contribution	3996.45		2/20/24
	,		Purpose:	T IN	I I E	<b>三</b> 一
Code A RUIA	king	Vendor	Direct In-Kind Payment of Debt Returned Contribution Other	300	APR 15 20	3/8/24
			Purpose: Srgn Poles		LILADONIE CH	CUIT COURT
		SUBTOTAL THIS PAG		\$6,957.11		
TOTAL	OF ALL PA	GES OF SCHEDULE B ON THE (Enter total on ITEM 17a of to	E LAST PAGE ONLY he Summary Sheet.)	\$		



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

## (CFA-4 SCHEDULE B) ITEMIZED EXPENDITURES

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document expenditures totaled on ITEM 17a of the Summary Sheet. All cumulative expenses paid to individuals, businesses, labor organizations and other entities OVER \$100 per recipient, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative expenses, including in-kind, regardless of amount paid to political committees, (such as transfers-out from candidate, legislative caucus, political action, or regular party committees) MUST be itemized on this schedule.

	F	LE NUMBER
5 (		,
Dage of I	Page	of

RECIPIENT'S NAME AND MAILING ADDRESS (street, number, city, state, ZIP code)	RECIPIENT'S OCCUPATION	TYPE OF EXPENDITURE	COLUMN A AMOUNT THIS	COLUMN B CUMULATIVE	DATE OF EXPENDITURE
, , , , , , , , , , , , , , , , , , , ,	OFFICE SOUGHT (if applicable)	PURPOSE (be specific)	PERIOD	YEAR-TO-DATE	(mm/dd/yy)
Code A Vista Print	Vendor	Direct In-Kind Payment of Debt Returned Contribution Other Purpose:	\$ 200		3/15/24
Code A Facebook/Meta	vendor	□ Direct □ In-Kind     □ Payment of Debt     □ Returned Contribution     □ Other	)50		3/28/24
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 Other Purpose:			
Code		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:		-DYS OFFILE	
Code		☐ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other Purpose:	1,	PR 15 2024	\ \
	SUBTOTAL THIS PAG	SE OF SCHEDULE B	\$ 350 54		
TOTAL OF ALL PA	AGES OF SCHEDULE B ON THE (Enter total on ITEM 17a of to		\$ 7307.17		



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 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 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 _	1	of

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
Charles Jahrerson IV 3513 N Vinequid Dr		1500	1/31/24	B	1500
2313 N Vinequil Dr Laforte EN 46750 LENDERS OCCUPATION: Prosecutor/emblate		Loan to Campaign	•		
LENDER'S OCCUPATION;					
LENDER'S OCCUPATION:	,				
			_		;
LENDER'S OCCUPATION:			·		
LENDER'S OCCUPATION:			- <b></b>		
LENDER'S OCCUPATION:			IN CLERKS	OFFICE	
		• • • • • • • • • • • • • • • • • • • •	1 27 4	5 2024  5 2024  POSTE CIRCUIT COL	
LENDER'S OCCUPATION:			THIS PAGE O	F SCHEDULE D	\$ 1500
TOTAL OF ALL PAGES OF SCHEDULE D ON THE LAST PAGE ONLY (Enter total on ITEM 19 of the Summary Sheet.)					\$ 1500



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

(CFA-4) **Summary Sheet** 

FILE NUMBER

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) People for Charles Watterson for Judge	name.		
2. Acronym or Abbreviated Name (if any)		Telephone Number 363-9966	
4. Mailing Address (Address where all campaign finance correspondence is received.) 3313 N Vineyard Dr	check if this is a n		
5. City, State, ZiP Code La Porte	6. Party Affiliati Republica	ion <i>(if applicable)</i>	
CANDIDATE INFORMATION (For Candidate's C	<u>'                                     </u>		
7. Full Name of Candidate (Include any nickname.) Charles Watterson, IV		on or if independen	t Candidate
9. Office Sought (Include district number, if any. Not required for exploratory committee.)  La Porte Circuit Court Judge	10. County of F La Porte	Residence	· · · · · · · · · · · · · · · · · · ·
TYPE OF REPORT		CONVENTION	CANDIDATES ONLY
11. Check one: ☐ Pre-Primary Pre-Election ☐ Annual ☐ Nomination ☐ Other		Check one:	ention
Final / Disbands Committee (Lines 18, 19, and 20 must be '0'.) Utgoing Treasurer (Within ten (10) days amend State	ement of Organization.)	Post-Conv	vention
12. Reporting Period (mm/dd/yy): From: 4/13/24 Through: 10/11/24		COLUMN A This Period	COLUMN B Year to Date
13. Cash on hand and investments at the beginning of this reporting period.		0.00	
14. Cash on hand and investments January 1, current year.			0.00
CONTRIBUTIONS AND RECEIPTS  (Note: these amounts include in-kind contributions and loans, as well as cash contributions.)			
15a. Itemized (Use Schedule A.)		500.00	6200.00
15b. Unitemized		0.00	2000.00
15c. Add lines 15a and 15b in both columns.	OTAL	500	8200.00
16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B.	OTAL	500.00	8200.00
EXPENDITURES			
(Note: These amounts include in-kind expenditures and loan repayments.)			
17a. Itemized (Use Schedule B.) (Public Question: use Schedule C.)		0.00	7307.91
17b. Unitemized		0.00	400.00
17c. Add lines 17a and 17b in both columns.	OTAL	0.00	7707.91
18. Cash on hand and investments at close of this reporting period (Subtract 17c from 16 in both columns.)	TOTAL	0.00	0.00
19. Debts OWED BY the committee (Use Schedule D.)		1000	
20. Debts OWED TO the committee (Use Schedule E.)		0	

	CERTIFICATION	
I CERTIFY THAT I HAVE EXAMINED THIS STATEMENT. TO T	THE BEST OF MY KNOWLEDGE AND BELIEF	FIT IS TRUE, CORRECT AND COMPLETE.
Signature of Treasurer	Title Treasurer	Date (mm/dd/yy) 10/03/24
Signature of candidate (if application)		Date (mm/dd/yy) 10/03/24
WARNING: Any information contained in this report may not be		

flago of 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)







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.

,	
Page	of

CONTRIBUTOR'S FULL NAME AND OCCUPATION	TYPE OF CONTRIBUTION	COLUMNA	COLUMN B	DATE RECEIVED
FULL MAILING ADDRESS	OR OTHER RECEIPT	COLUMN A AMOUNT THIS	CUMULATIVE	(mm/dd/yy)
(street, number, city, state, ZIP code)		PERIOD	YEAR-TO-DATE	RECEIVED BY
1. Andrew Jones	Contributions:  Direct			
704 W Washington St South Bend, IN 46601	In-Kind (describe)			04/20/24
	I I I I Prairie (describe)			04/20/24
	Other Receipts:	500		
	☐ Interest ☐ Loan			
	Miscellaneous (specify)	:		Treasurer
Contributor's Occupation (if required) Attorney	<del></del>			
2	Contributions:			<del></del>
	Direct			
	☐ In-Kind (describe)			
	Other Receipts:			
	Interest Loan	:		
,	Miscellaneous (specify)			
Contributor's Occupation (if required)				
3.	Contributions:			
	☐ Direct ☐ In-Kind (describe)			
	In-Kind (describe)			
	Other Receipts:			• •
	Interest Loan			
	Miscellaneous (specify)			
Contributor's Occupation (if required)				
4.	Contributions:	,		
	In-Kind (describe)			
				•
	Other Receipts:			<del></del>
	Interest Loan			
	Miscellaneous (specify)		,	
Contributor's Occupation (if required)				
5.	Contributions:		T Received	
	In-Kind (describe)		or alleo	1 40
			Otto Received	
	Other Receipts:		OCI FIE	C) 600
	Interest Loan		LEB	oard C
·	☐ Miscellaneous (specify)			<b>/</b>
Contributor's Occupation (if required)		<u></u>		
	THIS PAGE OF SCHEDULE A	\$ 500		
TOTAL OF ALL PAGES OF SCHEDULE A	A ON THE LAST PAGE ONLY 116a of the Summary Sheet)	\$ 500		



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

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

**Itemized Contributions and Other Receipts** 

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

	FILE NUMBER
Page	of

CONTRIBUTOR'S FULL NAME AND FULL MAILING ADDRESS	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS	COLUMN B	DATE RECEIVED (mm/dd/yy)
(street, number, city, state, ZIP code)		PERIOD	YEAR-TO-DATE	RECEIVED BY
1.	Contributions:  Direct In-Kind (describe)  Other Receipts: Interest Loan Miscellaneous (specify)			
2.	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest Loan Miscellaneous (specify)			
3.	Contributions: Direct In-Kind (describe)			
	Other Receipts:  Interest Loan  Miscettaneous (specify)			
4.	Contributions: Direct In-Kind (describe)			
	Other Receipts:  Interest Loan  Miscellaneous (specify)			
5.	Contributions: Direct In-Kind (describe)	,	Received OCT 17 2024 Election	),
	Other Receipts: Interest Loan Miscellaneous (specify)		KA S "	40
SUBTOTAL	THIS PAGE OF SCHEDULE A	\$		
TOTAL OF ALL PAGES OF SCHEDULE	A ON THE LAST PAGE ONLY	\$		



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 legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from labor organizations OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee).

	FILE NUMBER	
Page _	of	

CONTRIBUTOR'S FULL NAME AND FULL MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED (mm/dd/yy) RECEIVED BY
1.	Contributions: Direct In-Kind (describe)			·
·	Other Receipts:  Interest Loan  Miscellaneous (specify)			
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)			
5.	Contributions: Direct In-Kind (describe)		Received OCI 17 20 CE Lection	A
	Other Receipts: Interest Loan Miscellaneous (specify)		OCI LEGITA	
SUBTOTAL	THIS PAGE OF SCHEDULE A	\$		
TOTAL OF ALL PAGES OF SCHEDULE I	A ON THE LAST PAGE ONLY 115a of the Summary Sheet.)	\$		



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 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	
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most so named on the outload force along the party community.			· ugu	·
CONTRIBUTOR'S FULL NAME AND FULL MAILING ADDRESS	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS	COLUMN B	DATE RECEIVED (min/dd/yy)
(street, number, city, state, ZIP code) 1.	Contributions: Direct In-Kind (describe)	PERIOD	YEAR-TO-DATE	RECEIVED BY
	Other Receipts: Interest Loan Miscellaneous (specify)			
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)			
5.	Contributions:  Direct In-Kind (describe)		Receive OCT 17	60-
·	Other Receipts:  Interest Loan  Miscellaneous (specify)		DCI 1	ard
SUBTOTAL .	THIS PAGE OF SCHEDULE A	\$		
PAOSE OF SCHEDULE	A ON THE LAST PAGE ONLY If 15a of the Summary Sheet)	\$		



State Form 4606 (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 tegibly 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 catendar 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, legistative 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 ff regular native committee).

	FILE NUMBER	
Page_	of	

party continued).				
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
1.	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest Loan Miscellaneous (specify)			
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)			
5.	Contributions:  Direct In-Kind (describe)		Received OCT 17 2024	
	Other Receipts: Interest Loan Miscellaneous (specify)		OCT Election Board	40
SUBTOTAL	THIS PAGE OF SCHEDULE A	\$		
TOTAL OF ALL PAGES OF SCHEDULE (Enter total on ITE)	A ON THE LAST PAGE ONLY M 15a of the Summary Sheet.)	\$		



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

## (CFA-4 SCHEDULE B) ITEMIZED EXPENDITURES

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document expenditures totaled on ITEM 17a of the Summary Sheet. All cumulative expenses paid to individuals, businesses, labor organizations and other entities OVER \$100 per recipient, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative expenses, including in-kind, regardless of amount paid to political committees, (such as transfers-out from candidate, legislative caucus, political action, or regular party committees) MUST be itemized on this schedule.

	FILE NUMBER
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<u></u>		<del></del>		<u> </u>	
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		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 Peyment 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:	/	County of med	
Code		Direct In-Kind Peyment of Debt Returned Contribution Other Purpose:		Received Received UT 17 2024 UT 17 2024	40
	SUBTOTAL THIS PAG	SE OF SCHEDULE B	\$		
TOTAL OF ALL P	AGES OF SCHEDULE B ON THI	E LAST PAGE ONLY	\$		
	(Enter total on ITEM 17a of t	ne Summary Sneet.)			



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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	PUBLIC QUESTIO	N INFORMATION			
Enter Text of Public Question.					
		•			
Type of Question: Statewide	Local .				
Position: Supported Oppose			-		
	RECIPIENT'S OCCUPATION	TYPE OF EXPENDITURE	COLUMN A	COLUMN B	DATE OF
RECIPIENT'S NAME AND MAILING ADDRESS (street, number, city, state, ZIP code)	REGIFIENT S OCCOPATION	and PURPOSE (be specific)	AMOUNT THIS PERIOD	CUMULATIVE YEAR-TO-DATE	EXPENDITURE (mm/dd/yy)
		. Direct In-Kind			\
Code		Payment of Debt			
		Returned Contribution			
		Other			
	•	Tuposs.	, i		
		Direct In-Kind	•		
Code	•	Payment of Debt			
ļ		Returned Contribution			
	•	Other			
ļ		Purpose:			
		Direct tn-Kind			
Code		Payment of Debt			
j		Retained Contribution			
		Other Purpose:			
		, , , , , , , , , , , , , , , , , , ,			
Code		Direct In-Kind			
		Payment of Debt Returned Contribution			
		Other	,		
		Purpose:			
Code		Direct In-Kind Payment of Debt			
		Returned Contribution		County	
		☐ Other	Corte	d \	
,		Purpose:	ore Re	ceived 17 2024	
	<u>.</u>	☐ Direct ☐ In-Kind	10	Election Election	
Code		Payment of Debt		Election A	フ
		Returned Contribution		\	
		Other Purpose:			
		r uipuas.			
	SUBTOTAL THIS PA	GE OF SCHEDULE C	\$		
TOTAL OF ALL PAGE	S OF SCHEDULE C ON TH	E LAST PAGE ONLY	\$		
	Enter total on ITEM 179 of t	he Summary Sheet.)	, *		



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 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 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	of	

	· · · · · · · · · · · · · · · · · · ·	<u> </u>	<u> </u>		
CREDITOR'S OR LENDER'S NAME AND MAILING ADDRESS	ENDORSER'S OR VENDOR'S NAME AND MAILING ADDRESS (if any)	TRUOMA	DATE DEBT INCURRED	CUMULATIVE PAID	OUTSTANDING BALANCE THIS
(street, number, city, state, ZIP code)	(street, number, city, state, ZIP code)	NATURE OF DEBT	(mm/dd/yy)	YEAR-TO-DATE	PERIOD
Charles Watterson, IV 3313 N Vineyard Dr La Porte, IN 46350		1500	1/31/24	500.00	1000
LENDER'S OCCUPATION Prosecutor		Loan to Campaign			
	·				
LENDER'S OCCUPATION				ļ	
	-				
LENDER'S OCCUPATION				ļ	
		-			
LENDER'S OCCUPATION					
		·			
LENDER'S OCCUPATION			<u> </u>		
				1	
	·		6	le County	
LENDERS OCCUPATION			Q <sup>c</sup>		
•				Election Board	
LENDER'S OCCUPATION			1	L	<u> </u>
SUBTOTAL THIS PAGE OF SCHEDULE D					\$ 1000
	TOTAL OF ALI	L PAGES OF SCHEDUL (Enter total on I	E D ON THE LA TEM 19 of the S	AST PAGE ONLY Summary Sheet.)	\$



# (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.

F	ILE NUMBER	
Page	of	

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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
				•	
			t.	<u>.</u> .	· · · · · · · · · · · · · · · · · · ·
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	-			:	
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-					
	,		6	ote County  Received	
			(3)	1   100	B
				OCI Election Board	
SUBTOTAL THIS PAGE OF SCHEDULE E					\$
	TOTAL OF A	ALL PAGES OF SCHEDUL	E E ON THE LAS	T PAGE ONLY	\$
		(Enter total on l	TEM 20 of the Su	mmary Sheet.)	