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15

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.

(CFA-1)

			FILE NUMBER
1. IS THIS AN AMENDMENT? I Yes DANO If Yes, please e	nter the file number	In this box. \rightarrow	410-24-28
SECTION A. CANDIDATE INFORMATION: Fill in all ap	plicable boxes as	fully and accu	rately as possible
2. Last Name First Name Mide	lle Name	Nickname	3. Type of Committee (Check one)
Smith Martin	ρ		Candidate's Principal Committee
4. Mailing Address (number and street, city, state. and ZIP code)			Exploratory Committee
Ph By 235	5. FAX (Optional)		all Address (Optional)
7. City State ZiP Code 8. County		<u>+ Imc</u>	smith 13 @ compast no
		phone (Day)	10. Telephone (Evening)
		608-1105	
Democratic Libertarian Republican Other	ix. Onice aougint (incluo	oistrict number, if any	Not required for an exploratory committee.)
SECTION B. COMMITTEE INFORMATION: Fill in all app	plicable boxes as	fully and accur	rately as possible
13. Full Name of Committee (Do not abbreviate.) I Check if this is a new name.			atery as possible.
The Martin Smith for Commiss	luner Dist	rict 2 (a	mmittee.
4. Mailing Address (number and street, city, state, and ZIP code) Check if this is a new	address. 15. FAX (Optio	nal) 16. E-n	all Address (Optional)
PO DOX 235	().		
7. City State ZIP Code 18. County	19. Tek	phone	20. Committee Organization Date
Kalling Hrairie, IN 46371 Lapo	xte (219)	608-1105	(mm/dd/yy) 03/13/2024
1. Chairperson's Full Name Designate Candidate as Chairperson.	k if this is a new chairpers	on.	
Martin C. Smith			
2. Mailing Address (number and street, city, state, and ZIP code) Check if this is a new	address. 23. FAX (Option	181) 24. E-m	all Address (Optional)
<u>PO DOX . 235</u>	(`)		
5. City State ZIP Code 26. County	27. Tele	phone (Day)	28. Telephone (Evening)
Kolling Hairle IN 46371 Lapo B. Bank or Other Depositories (List ell banks or other depositories in which the comr	rte (;)		
D. Exploratory Committee (Give brief statement explaining purpose of an exploratory committee of		HINDRIG AND AND AND A MANY D	e committee pay the candidate a salary or
	reimbursement for k	st wages? If Yes, attai	th a copy of the contract.) Yes No
SECTION C. APPOINTMENT OF TREASURER (IC 3-9-1-	reimbursement for k	ist wages? If Yes, attac	ch a copy of the contract.) 🗍 Yes 🗌 No
2. I, as Chairperson of the foregoing Person Appointed Treasure	reimbursement for k	ist wages? If Yes, attac	ch a copy of the contract.) Yes No
2. J. as Chairperson of the foregoing Person Appointed Treasum ommittee, appoint the following person as reasurer of the Committee.	reimbursement for k 14) er	ist wages? If Yes, attac	ch a copy of the contract.) 🗍 Yes 🔲 No
2. I, as Chairperson of the foregoing Person Appointed Treasure ommittee, appoint the following person as reasurer of the Committee. 3. Treasurer's Full Name D Designate candidate as treasurer.	reimbursement for k	ist wages? If Yes, attac	ch a copy of the contract.) 🗍 Yes 🔲 No
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opened by the Latarte County Election Board.

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	REPORT OF RECEIPTS AND EXPENDITUR OF A POLITICAL COMMITTEE	ES	•	FA-4)
	State Form 4606 (R17 / 8-23)	•		ary Sheet
	Indiana Election Division (IC 3-9-5-14)			NUMBER
	ONS: Please type or print legibly IN BLACK INK all information on this form.		46-24-	
	n completing this form, see instructions on the reverse side.	•	TOTAL PAGES IN	ENTIRE CFA-4 REPOR
IS THIS	AN AMENDMENT? 🔲 Yes 🗹 🗋 No		·	·
		ORMATION		
		f this is a new name.		
	SMITH FOR COMMISSIONER DIST. 2 COM or Abbreviated Name (If any)	MITTEE 3. Corr	nmittee Telephone Nun	nber
,		(2)		
	ddress (Address where all campaign finance correspondence is receive	ed.) Check if th	his is a new address.	
5 City State	e ZIR Code		y Affiliation (if applicab	le)
Kollin	6 PRAIRIE, IN 46371		PUBLICAN	
	CANDIDATE INFORMATION (For Ca			
	e of Candidate (Include any nickname.) RTIN C. SMITH		y Affiliation or If Indepe	endent Candidate
	ught (Include district number, if any. Not required for exploratory con		PUBLICAN unty of Residence	
	NTY COMMISSIONER DISP. 2		APORTE	
	TYPE OF REPORT		CONVEN	TION CANDIDATES ONL
11. Check o			Check or	ne:
	ry Pre-Election Annual Nomination Other			Convention ,
Final / Dis	bands Committee (Lines 18, 19, and 20 must be "0".) Dutgoing Treasurer (Within ten (1	0) days amend Statement of Org	ganization.)	-Convention
12. Reportin	g Period <i>(mm/dd/yy)</i> :		COLUMN A	COLUMN B
From:	Through:	-	This Period	Year to Date
	hand and investments at the beginning of this reporting period.	-0-		
	CONTRIBUTIONS AND RECEIPTS	~0 ~		
· • · ·	amounts include in-kind contributions and loans, as well as cash contr	ibutions.)		
	d (Use Schedule A.)		#3625-	33625
15b. Uniterni	es 15a and 15b in both columns.	SUBTOTAL	\$500 -	<u>= 500</u>
	s 13 and 15c in Column A and lines 14 and 15c in Column B.	TOTAL	4125	34125
o. Add lifes	EXPENDITURES	TOTAL	4125	34125
Note: These	e amounts include in-kind expenditures and loan repayments.)			
	d (Use Schedule B.) (Public Question: use Schedule C.)	ų		
7b. Unitemi	ized	···· • • • • • • • • • • • • • • • • •		
7c. Add line	es 17a and 17b in both columns.	SUBTOTAL		
8. Cash on h	and and investments at close of this reporting period (Subtract 17c from 16 in both	h columns.) TOTAL		
9. Debts O	WED BY the committee (Use Schedule D.)			
0. Debts O	WED TO the committee (Use Schedule E.)			
	CERTIFICATION			FOR OFFICE USE ONLY
CERTIFY THA	AT I HAVE EXAMINED THIS STATEMENT. TO THE BEST OF MY KNOWLEDGE ANI	D BELIEF IT IS TRUE, CORF	RECT AND COMPLETE.	
ignature of			Date (mm/dd/yy)	IN CLERKS OFFICE
Signaturo of	Candidate (If applicable) 1 1 - 0 0 1 1		ato (mm/dd/s.)	
nynature of	Candidate (if applicable)		Date (mm/dd/yy)	APR 1 9 2024
	y information contained in this report may not be copied for sale or used for any com	mercial purpose. (IC 3-9-4-5)	A person who knowingly	
es a fraudule ampaign Final	nt report commits a Level 6 felony. (IC 3-14-1-13) A person who fails to file a cor nce Law commits a Class B misdemeanor, (IC 3-14-1-14) and may be subject to civil p	nplete or accurate report as penalties. (IC 3-9-4-16, IC 3-9	s required by the Indiana 9-4-17, IC 3-9-4-18)	CLERK OF LA PORTE CIRCUIT C
				CLERK OF LA PORTE CIRCUIT C
				8:4-1am



REPORT OF RECEIPTS AND EXPENDITURES OF A POLITICAL COMMITTEE State Form 4606 (R17 / 8-23) Indiana Election Division (IC 3-9-5-14)

(CFA-4 SCHEDULE A-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			
46.	24-28		
Page	of		

CONTRIBUTOR'S FULL NAME AND OCCUPATION FULL MAILING ADDRESS	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS	COLUMN B CUMULATIVE	DATE RECEIVED (mm/dd/yy)
(street, number, city, state, ZIP code)		PERIOD	YEAR-TO-DATE	RECEIVED BY
1. ALCH DANATION (DUDING	Contributions:			
CASH DONATION DURING	In-Kind (describe)	t .		
FUND RAISER		#500-		
	Other Receipts:			
	Miscellaneous (specify)			
Contributor's Occupation (if required)				
GREG HUNT	Contributions:			
•	In-Kind (describe)			
P.O.BOX 189		6001		
Rolling PRAIRIE, IN 46371	Other Receipts:	1000.		
	Miscellaneous (specify)			
Contributor's Occupation (if required)				
3.	Contributions:			
ALICIA BARNHART	In-Kind (describe)	\$725		
1109 PAULETTE BR				
LAPORTE, IN 46350	Other Receipts:			
	Miscellaneous (specify)			
Contributor's Occupation (if required)				
4.	Contributions:			
RICHARD & CATHERING KNOLL	Direct In-Kind (describe)			
2706 E 900N	Other Receipts:	5)00,~	ľ	
LAPORTE, IN 46350	Interest L Loan Kiscellaneous (specify)			D
Contributor's Occupation (if required)			I IS	FFICE
5.	Contributions:		E IN CLERYS	
GEBALDE KAREN VANDERVELDEN	Direct In-Kind (describe)	10-5		9 2024
5822 W 250 N	••••••••••••••••••••••••••••••••••••••	[¶] 50	APR	or others our
LAPORTE, IN 46350	Other Receipts:			OUL CHECHECHECHECHECHECHECHECHECHECHECHECHEC
	Miscellaneous (specify)		1 Lite	PUN
Contributor's Occupation (if required)			Clthis	
	HIS PAGE OF SCHEDULE A	\$		
TOTAL OF ALL PAGES OF SCHEDULE A (Enter total on ITEM)	ON THE LAST PAGE ONLY 15a of the Summary Sheet.)	\$		

REPORT OF RECEIPTS AND EXPENDITURES OF A POLITICAL COMMITTEE State Form 4606 (R17 / 8-23)

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

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

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY POLITICAL ACTION COMMITTEES ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts <u>totaled on ITEM 15a</u> 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 <u>regardless of amount</u> 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		
46-21	1-28	
Page	of	

CONTRIBUTOR'S FULL NAME AND	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
HORTHERN INDIANA OPERATORS ENGINEERS WOLL ISO 2193 WEST BATH PLACE MERDILLVILLE, IN 46410	Contributions: Direct In-Kind (describe) Other Receipts: Interest Loan Miscellaneous (specify)	2,000		4/10/24
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)	F	LERKS OFFICE	1
5.	Contributions: Direct In-Kind (describe) Other Receipts: Interest Loan Miscellaneous (specify)		APR 19 2024 ALLAON SHUM RKOFLAPORTECIRCUT	
	HIS PAGE OF SCHEDULE A	\$ 2000.00		
TOTAL OF ALL PAGES OF SCHEDULE A (Enter total on ITEM)	ON THE LAST PAGE ONLY 15a of the Summary Sheet.)	\$		

REPORT OF RECEIPTS AND EXPENDITURES OF A POLITICAL COMMITTEE State Form 4606 (R15 / 5-19) Indiana Election Division (IC 3-9-5-14)

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(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.

F	ILE NUMBER	
46-2	24-28	
Page	of	

CONTRIBUTOR'S FULL NAME AND OCCUPATION 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)	Contributions:	PERIOD	· YEAR-TO-DATE	RECEIVED BY
BRETT EMIGH	Direct		ļ	
f -	In-Kind (describe)		· ·	
512 E MICHIGAN ST.	· · ·	4000		
Palicar Davian T. Heard	Other Receipts:	\$50		
ROLLING PRAIRIE, IN 46371	Miscellaneous (specify)			
Contributor's Occupation (il required)				
2	Contributions:			
Kalumus Dira Lavra				
KENNETH & RITA LAYTON	In-Kind (describe)			
1498 W 500 S	Other Receipts;	\$100		
LAPORTE, IN 46371	Interest Loan	100,		
CRIORIE, IN 403-)1	Miscellaneous (specify)			
Contributor's Occupation (if required)				
3.	Contributions;			·····
CHARLES KIM & PATRICIA SAUERS	Image: Image of the state Image of the state Image of the state			
2111 E 800 N				ļ
	Other Receipts:	\$ j00		·····
LAPORTE, JW 46350	Interest Loan	10		
10330	Miscellaneous (specify)			
Contributor's Occupation (if required)				
	Contributions:			
BRIAN CHALIK	In-Kind (describe)			
2029 MICHIGAN AVE.		300.00 R		
	Other Receipts:	200.~		
LAPORTE, IN 46350	Interest Loan Miscellaneous (specify)			
				3 0
Contributor's Occupation (if required)	Contributions:		T 1000	ELCE
	Direct	1	IN CLERKS	\sim Λ
	In-Kind (describe)		Γ.,	2024
			APR 19	
	Other Receipts:	\mathbf{N}		ateres UR
	Miscellaneous (specify)	Ì	theory	RIECIRCUIT
Contributor's Occupation (if required)		V	CLERKOFLAN	City Court
	HIS PAGE OF SCHEDULE A	\$ 450		
TOTAL OF ALL PAGES OF SCHEDULE A	ON THE LAST PAGE ONLY	\$ \$		
(Enter total on ITEM	15a of the Summary Sheet.)	•		

REPORT OF RECEIPTS AND EXPENDITURES OF A POLITICAL COMMITTEE State Form 4606 (R15 / 5-19) Indiana Election Division (IC 3-9-5-14)	-1	Summa File N	A-4) Iry 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.		46-24-2	
IS THIS AN AMENDMENT? Yes No		TOTAL PAGES IN E	NTIRE CFA-4 REPORT
COMMITTEE INFORMA Statement of Organization Check if this is			
NAADTHU SALENT TAG CONTRACTOR			
2. Acronym or Abbreviated Name (if any)	$\frac{1}{30}$	OMMITTEE ommittee Telephone Numb	Ar
		219, 608-11	
4. Mailing Address (Address where all campaign finance correspondence is received.)	<u> </u>	If this is a new address.	05
5. City, State, ZIP Code	6. P	arty Affiliation (if applicable)	
ROLLING PRAIRIE, IN 46371		EPUBLICAN	
CANDIDATE INFORMATION (For Candida	te's <u>Comm</u>	ittees Only	
7. Full Name of Candidate (Include any nickname.)		arty Affiliation or If Independ	lent Candidate
MARTIN C. SMITH		EPUBLICAN	iciti Odinavate
9. Office Sought (Include district number, if any. Not required for exploratory committee.	.) 10. (County of Residence	
COUNTY COMMISSIONER DIST. 2	L	APORTE	
TYPE OF REPORT			ION CANDIDATES ONLY
11. Check one:		Check one:	
Pre-Primary Pre-Election Annual Nomination Other	۹.	Pre-Co	nvention
Final / Disbands Committee (Lines 18, 19, and 20 must be '0".)	end Statement of	Organization.) Dest-C	onvention
12. Reporting Period (mm/dd/yy):			
From: 1-1-24 Through: 4-12-24		COLUMN A This Period	COLUMN B Year to Date
13. Cash on hand and investments at the beginning of this reporting period. $-Q =$			
14. Cash on hand and investments January 1, current year.	<u> </u>		
CONTRIBUTIONS AND RECEIPTS			
(Note: these amounts include in-kind contributions and loans, as well as cash contributions.)		
15a. Itemized (Use Schedule A.)	·	4125	54 25
15b. Unitemized	•	1/65	Tras
15c. Add lines 15a and 15b in both columns.	SUBTOTAL	4125	4125
16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B.	TOTAL		
EXPENDITURES	TOTAL	4125	4125
(Note: These amounts include in-kind expenditures and loan repayments.)			
17a. Itemized (Use Schedule B.) (Public Question: use Schedule C.)		1 - 10	
17b. Unitemized		1704,19	╂━─────┤
	CURTOTA:	100-11 10	┥
	SUBTOTAL	1704.19	
18. Cash on hand and investments at close of this reporting period (Subtract 17c from 16 in both columns	() TOTAL	2420,81	
19. Debts OWED BY the committee (Use Schedule D.)			
20. Debts OWED TO the committee (Use Schedule E.)	. <u></u> .		
CERTIFICATION	IT IS TRUE CO		FOR OFFICE USE ONLY
Signature of Treasurer Title		Date (mm/dd/w)	ILED CLERKS OFFICE
Signature of Candidate (if applicable)		Date (npm/dd/sy)	
WARNING: Any information contained in this report may not be copied for sale or used for any commercial pur files a fraudulent report commits a Level 6 felony. (IC 3-14-1-13) A person who fails to file a complete or a Campaign Finance Law commits a Class B misdemeanor, (IC 3-14-1-14) and may be subject to civil penalties. (I	hoom classes	as required by the Indiana	APR 1 9 2024
	1	CLERK	OF 14 PORTE CIRCUIT COURT
			10:39 am

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REPORT OF RECEIPTS AND EXPENDITURES OF A POLITICAL COMMITTEE State Form 4806 (R15 / 5-19) 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 15e 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 <u>repartless of amount</u> 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
46-24-28
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. NORTHERN INDIANA OPERATORS ENGINEERS LOCAL 150 2193 WEST BYTH PLACE MERRIVILLE, IN 46410	Cogtributions: Direct In-Kind (describe) Other Receipts: Interest Loan Miscellaneous (specify)	*2000		4 10 24
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)	F	I L E CLERKS OFFIC	D
5.	Contributions: Direct In-Kind (describe) Other Receipts: Interest Loan Miscellaneous (specify)		APR 1 9 2024	
TOTAL OF ALL PAGES OF SCHEDULE A	HIS PAGE OF SCHEDULE A ON THE LAST PAGE ONLY 15a of the Summary Sheet.)	\$ 2000 \$		

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 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	
46-	-24-28	
Page	of	

CONTRIBUTOR'S FULL NAME AND OCCUPATION FULL MAILING ADDRESS	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS	COLUMN B CUMULATIVE	DATE RECEIVED (mm/dd/yy)
(street, number, city, state, ZIP code)		PERIOD	YEAR-TO-DATE	RECEIVED BY
	Contributions:			
CASH DONATIONS DURING	In-Kind (describe)			
	·	¢		
NAMES UNKNOWN	Other Receipts:	\$ 500-		
	Miscellaneous (specify)			
Contributor's Occupation (if required)				
2	Contributions:		<u> </u>	
GREG HUNT	Direct			
-	In-Kind (describe)			
PO. BOX 189		#1000-		
Rolling PRAIRIE, IN H6371	Other Receipts:	1000		
1160 marche june 10511	Miscellaneous (specify)			
Contributor's Occupation (If required)	<u> </u>		i i	
3.	Contributions:		· · · · · · · · · · · · · · · · · · ·	
ALICIA BARNHART	Direct			
1100 DAME			[[
1109 PAULETTE DR	Other Receipts:	# 25		
LA PORTE, IN 46350	Interest Loan	ω .		
	Miscellaneous (specify)			
Contributor's Occupation (if required)				
•	Contributions: Direct			
RICHARD & CATHERINE KNOLL	In-Kind (describe)			
THERE KNOLL		\$7.		
2706 E 900 N	Other Receipts:	\$100 -		
LAPORTE, JN 46356	Miscellaneous (specify)			
Contributor's Occupation (# required)				ED
5.	Contributions:		E CIERKS	OFFICE
Contract land	Direct	Ţ	NC	
GURALDE KAREN VANDER VELDEN	In-Kind (describe)	d. \	Γ.	a 2024 \ \
5822 W 250 N	Other Receipts:	\$150-1	APR 1	
	Interest Loan	\		Shurd -
LAPORTE, IN 46350	Miscellaneous (specify)	Y	they	WE CIRCUIT COURT
Contributor's Occupation (if required)			CLERK OF LA	DATE CIRCUIT COURT
SUBTOTAL T	HIS PAGE OF SCHEDULE A	\$ 1675		
TOTAL OF ALL PAGES OF SCHEDULE A		\$		
jenter total on HEM	15a of the Summary Sheet.)			



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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 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 INX all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts <u>totated on ITEM 15a</u> 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	
46	24-28	
Page	of	

CONTRIBUTOR'S FULL NAME AND OCCUPATION FULL MAILING ADDRESS	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A	COLUMN B	DATE RECEIVED (mm/dd/yy)
(street, number, city, state, ZIP code)		AMOUNT THIS	CUMULATIVE YEAR-TO-DATE	RECEIVED BY
1.	Contributions:			
BRETT EMIGH	In-Kind (describe)	1		
512 E. MICHIGAN ST.		31-2		
Rolling PRAIRIE, IN 46371	Other Receipts:	^{\$1} 50-		
101100 101100 JUN 443()	Miscellaneous (specify)			
Contributor's Occupation (if required)				
2.	Contributions: Direct			
KENNETH & RITA LAYTON	In-Kind (describe)			
1498 W 500 S	Other Receipts;	#100-		
-	Interest Loan			
LAPORTE, IN 46350	Miscellaneous (specify)			ł
Contributor's Occupation (if required)		l		
	Contributions:			
CHARLES KIM & PATRICIA SAVERS	In-Kind (describe)	\$1.0 -		
LINE 800N	Other Receipts:	\$100 -		
· · ·	🛄 Interest 🔲 Loan			
LAPORTE, IN 46350	Miscellaneous (specify)			
Contributor's Occupation (if required)4.	Contributions:			
	Direct			
BRIAN CHALIK	In-Kind (describe)	封		
2029 MICHIGAN AVE	Other Receipts:	200	-1	7
	Interest Loan Miscellaneous (specify)		In EACE	\neg
LAPORTE, IN 46350 Contributor's Occupation (il required)		H N	L E	
S.	Contributions:		0000	-+
	Direct In-Kind (describe)		I Par	
			ature	NSOURT
	Other Receipts;	<u>\</u> \ \	ATTI	
	Miscellaneous (specify)	\	EPKOLIC	
Contributor's Occupation (if required)				
	HIS PAGE OF SCHEDULE A	\$ 450-		
TOTAL OF ALL PAGES OF SCHEDULE A (Enter total on ITEM)	ON THE LAST PAGE ONLY 15a of the Summary Sheet.)	\$		



REPORT OF RECEIPTS AND EXPENDITURES OF A POLITICAL COMMITTEE State Form 4606 (R17 / 8-23) Indiana Election Division (IC 3-9-5-14)

(CFA-4 SCHEDULE B) ITEMIZED EXPENDITURES

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

	FILE NUMBER	
Page	of	

RECIPIENT'S NAME AND MAILING ADDRESS	RECIPIENT'S OCCUPATION	TYPE OF EXPENDITURE	COLUMN A	COLUMN B	DATE OF
(street, number, city, state, ZIP code)	OFFICE SOUGHT (if applicable)	- and PURPOSE (be specific)	AMOUNT THIS PERIOD	CUMULATIVE YEAR-TO-DATE	EXPENDITURE (am/dd/yy)
Code_A		Direct In-Kind			
KARAHTESS CLOTHING		Payment of Debt	9		
SIT STATE ST		Returned Contribution Other	89,88		319/24
LAPPRE, IN 46350		Purpose:			
Code A		Direct 🔲 In-Kind			
KARAHTESS CLOTHING		Payment of Debt Returned Contribution	\$ 149.80	239.68	
KARAHTESS CLOTHING 517 STATE ST.		Other	• • • • • •	& 31. %	3/25/24
LAPORTE, IN 46350		Purpose:			
Code A		Direct Direct In-Kind			
HAWKINS PEINT SHOP		Payment of Debt Returned Contribution			
315 KINCOLNWAY		Other	\$121,23		3/26/24
LAPORTE, IN 46350		Purpose:			•
		Direct In-Kind	······		
VICTORY STORE		Payment of Debt Returned Contribution	41343.28		ulalar
		Other	1343-0		41324
		Purpose:			
Code		Direct 🔲 In-Kind			
		Payment of Debt Returned Contribution			
		Other Purpose:			
					7
Code		Direct In-Kind		S OFFICE	
		Payment of Debt Returned Contribution	I I I	S OFFICE	
		Purpose:	IN CLER		
				1 9 2024	() 1
Code		Direct In-Kind	APM		
		Payment of Debt		anu Sturis	URI
		Other Purpose:	CIERKOF	A PORTE CITCUTT C	
	SUBTOTAL THIS PAGE		\$1704.19		
TOTAL OF ALL PAG	ES OF SCHEDULE B ON THE	LAST PAGE ONLY	\$		
	(Enter total on ITEM 17a of the	9 Summary Sheet)	*		

.1-3

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.] / 🦾
ب ب هد د			*	FILE NU	
1. IS THIS AN AMENDMENT?		nlesse enter the file	number in this be		· · · · · · · · · · · · · · · · · · ·
SECTION A . CANDIDATE IN					
2. Last Name	First Name	Middle Name	Nickname	3. Type of Con	mittee (Check one)
SMITH	MARTIN		MAR	Exploratory	Principal Committee Committee
4. Mailing Address (number and street, city, state, P.O. BOX, 235	and ZIP code)	1 5. FAX (0	Optional)	6. E-mail Address (Optional)	•
	te ZiP Code	8. County	9. Telephone (Day)	10. Telephone (Ev	rening)
Rolling PRAIRIE IN		LAPORTE	219 808-	-1105 ()	
11. Party Affiliation	n 🗖 Other	12. Office Sou	ght (Include district numb	er, if any. Not required for an ex	ploratory committee.)
SECTION B. COMMITTEE IN	FORMATION: Fill	in all applicable bi	oxes as fully and	accurately as possib	le.
13. Full Name of Committee (Do not abbrevi THE COMMITTEE TO		RTIN SMIT	ч.		. · .
14. Mailing Address (number and street, city, state				16. E-mail Address (Optional)	
POBOX 235	<u> </u>)	· · · · · · · · · · · · · · · · · · ·	
Rolling PRAIRIE		LA PAPTE	19. Telephone (2(9) 608 - 11	20. Committee Orga	inization Date
21. Chairperson's Full Name 📓 Designat		. Check if this is a ne			
MARTIN SMITH		· · · · · · · · · · · · · · · · · · ·			
22. Melting Address (number and street, city, state POBOX-235	e, and Z/P code) [] Check if 1	this is a new address. 23.	FAX (Optional)	24. E-mail Address (Optional)	· · ·
25. City Sta	te ZIP Code) 27. Telephone (Dsy)	28. Telephone (Ev	ening)
Rolling PRAIRIE I	146371	LA PORTE	219,608-1		
29. Bank or Other Depositories (List all bani	is or other depositories in wh	nich the committee deposits	funds, holds accounts, re	ents safety deposit boxes or main	ntains funds.)
30. Exploratory Committee (Give brief statemen	l explaining purpose of an explorat	ory committee only.) 31. Sala	ries and Reimbursemen	nts (Will the committee pay the c	andidate a salary or
		reimbun	ement for lost wages? If	Yes, attach a copy of the contract	⊄.) 🗋 Yes 🗋 No
SECTION C. APPOINTMENT 32. I, as Chairperson of the f	OF TREASURER (I		Signature	of the Complitue Chairperson	
committee, appoint the following p		SMITH	Xha	The little	"·、
Treasurer of the Committee. 33. Treasurer's Full Name 🔛 Designate of	andidate as treasurer.		surer.	un xing r	
A		L			ł
34. Malling Address (number and street, oily, state	, and ZIP code) ∐ Check if t	this is a new address. 35.	FAX (Optional)	36. E-mail Address (Optional)	
37. City Sta	te ZIP Code	38. County	39. Telephone (Day)	40. Telephone (Ev	ening)
				. ()	
SECTION D. ACCEPTANCE (41. I give notice that I accept the			this Signature of Br	tron Accepting Appelntm	ont
Committee. I am not the chairperso	on of a campaign fina	nce committee (excep	t as	авон месерану мрронная	ent
permitted for a candidate committee u SECTION E. CERTIFICATION	OF STATEMENT			FOR OFFICE	USE ONLY
We certify as the candidate and th	e duly appointed Cha	irperson of the Com	mittee and that we		
examined this statement. To the best 42. Typed or Printed Name of Chairper	of our knowledge and b rson Signature of C		and complete. Date (mm/dd/yy)	IN CLERKS	
MARTIN SMITH	Sollinew	Allif 5			
43. Typed or Printed Name of Candida	te Signature of C	No Th	Date (mm/dd/yy)	MAY - :	3 2024
MARTIN SMITH	1 YIIanta	Amilh			·
Warning: State law requires that any chang person who knowingly files a fraudulent report	t commits a Level 6 D felor	vy (IC 3-14-1-13). A persoi	who fails to file a comp	lete or) Liconu	Oturs
accurate report as required by the Indiana C subject to civil penalties (IC 3-9-4-16, IC 3-9-4-	empaigh Finance Law comi 17, end IC 3-9-4-18).	mits a Class B misdemear	or (IC 3-14-1-14), and n	nay de <u>CLERK OF LA PORTI</u>	

In Kind Contribution

To: Martin Smith for Commissioner

Amount: \$430.00

Date: 4/15/24

Description: Room space, appetizers

From: Friends of Jim Pressel

1772 N Lofgren Rd. Rolling Prairie IN. 46371

This is an In-Kind contribution from Friends of Jim Pressel. Please present this to the treasurer of your committee.

Authorized Signature

REPORT OF RECEIPTS AND EXPENDITURES OF A POLITICAL COMMITTEE State Form 4606 (R15 / 5-19) Indiana Election Division (IC 3-9-5-14)			Summ	FA-4) ary 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.		L TOTAL P	110-21	4-28 INTIRE CFA-4 REPORT	
IS THIS AN AMENDMENT? Yes No				ATTINE OF A 4 REPORT	
COMMITTEE INFORMATION					
1. Full Name of Committee (as on Statement of Organization) Check if this is a new THE COMMITTEE TO ELECT MARTIN SMITH	v name,				
2. Acronym or Abbreviated Name (if any)		mittee Tel	ephone Num	Der	
	(21	2) (08-11	05	
4. Mailing Address (Address where all campaign finance correspondence is received.)	Check if th	nis is a new	address.		
5. City, State, ZIP Code	6. Party	Affiliation,	(if applicable)	
ROLLING PRAIRIE, IN 46371	Ref	UBLI	CAN		
CANDIDATE INFORMATION (For Candidate's	Committe	es Only)			
7. Full Name of Candidate (Include any nickname.)				dent Candidate	
MARTIN C SMITH			LICAN		
9. Office Sought (Include district number, if any. Not required for exploratory committee.) COUNTY COMMISSION DIST 2	10. Cou	inty of Res	dence		
TYPE OF REPORT	LAT	ORTE			
11. Check one:			_	ION CANDIDATES ONLY	
Pre-Primary Pre-Election Annual Nomination Other			Check one.		
Final / Disbands Committee (Lines 18, 19, and 20 must be "0".) Utgoing Treasurer (Within ten (10) days amend Sta			Pre-Co	onvention	
12. Reporting Period (mm/dd/yy):	tement of Orgi	anization.)	Post-C	onvention	
			UMN A	COLUMN B	
From: Through:			Period	Year to Date	
 Cash on hand and investments at the beginning of this reporting period. Cash on hand and investments January 1, current year. 		2491	2.81		
CONTRIBUTIONS AND RECEIPTS				· · · · · · · · · · · · · · · · · · ·	
(Note: these amounts include in-kind contributions and loans, as well as cash contributions.)					
15a. Itemized (Use Schedule A.)		(\	}	
15b. Uniternized		<u> </u>		•	
15c. Add lines 15a and 15b in both columns. SUB	TOTAL	<u>~</u> ~(·	
16 Add lines 12 and 15a in Onlymp A and the state state in a second	TOTAL	-0	_		
EXPENDITURES	IUTAL				
(Note: These amounts include in-kind expenditures and loan repayments.)					
17a. Itemized (Use Schedule B.) (Public Question: use Schedule C.)					
17b. Unitemized				·····	
17c. Add lines 17a and 17b in both columns. SUB	TOTAL			+	
18. Cash on hand and investments at close of this reporting period (Subtract 17c from 16 in both columns.)	TOTAL	^		+	
19. Debts OWED BY the committee (Use Schedule D.)		<u> </u>			
20. Debts OWED TO the committee (Use Schedule E.)		<u> </u>			
	, I_				

I CERTIFY THAT I HAVE EXAMINED THIS STATEMENT. T	O THE BEST OF MY KNOWLEDGE AN	
Signature of Treasurer	Title	Date (mm/dd/yy)
Signatione of Candidate (it applicable)	,_I,	Date (mm/dd/yy), 10-16-24
WARNING: Any information contained in this report may not files a fraudulent report commits a Level 6 felony. (IC 3-14 Campaign Finance Law commits a Class B misdemeanor, (IC	(-1-13) A person who fails to file a co	molete or accurate report as required by the Indiana

OR OFFICE USE ONLY





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

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

	FILE NUMBER	
· · ·		
Page _	of	

RECIPIENT'S NAME AND MAILING ADDRESS	RECIPIENT'S OCCUPATION	TYPE OF EXPENDITURE		COLUMN B	DATE OF
(street, number, city, state, ZiP code)	OFFICE SOUGHT (if applicable)	H and PURPOSE (be specific)	Alfount This Period	CUMULATIVE YEAR-TO-DATE	EXPENDITURE (mm/dd/yy)
RADIO ADS		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:	[≰] !545.00		
MAILING POST CARES HAWKING PRINT SHOP		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:	121103		
RETURNOFLASH DONATIONS		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:	1600		
Code MONEY RETURN TO SELF		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:	¥74.78		
Code		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:			
Code		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:		VaPor Proce	· to County
Code		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:		UCT 18 Election Board	nei AS
	SUBTOTAL THIS PAGE	E OF SCHEDULE B	\$2430?1		
TOTAL OF ALL PAG	ES OF SCHEDULE B ON THE (Enter total on ITEM 17a of the	LAST PAGE ONLY	\$2430.81		