



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

**(CFA-1)**

State Form 4604 (R15 / 5-19)

Indiana Election Division (IC 3-9-1-3; IC 3-9-1-4; IC 3-9-1-5)

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

**FILE NUMBER**

**1. IS THIS AN AMENDMENT?  Yes  No If Yes, please enter the file number in this box. →**

410-24-02

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

2. Last Name <b>Henzman</b>	First Name <b>Angela</b>	Middle Name <b>Dean</b>	Nickname	3. Type of Committee (Check one) <input checked="" type="checkbox"/> Candidate's Principal Committee <input type="checkbox"/> Exploratory Committee
4. Mailing Address (number and street, city, state, and ZIP code) <b>237 Leo Ave</b>		5. FAX (Optional) ( )		6. E-mail Address (Optional) <b>angela.henzman@gmail.com</b>
7. City <b>Trail Creek</b>	State <b>IN</b>	ZIP Code <b>46360</b>	8. County <b>LaPorte</b>	9. Telephone (Day) <b>(812) 456-1450</b>
10. Telephone (Evening)				

11. Party Affiliation  
 Democratic  Libertarian  Republican  Other  
**LaPorte County Circuit Court Clerk**

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

13. Full Name of Committee (Do not abbreviate.)  Check if this is a new name.

**Committee to Elect Angela Henzman**

14. Mailing Address (number and street, city, state, and ZIP code) <b>237 Leo Ave</b>	<input type="checkbox"/> Check if this is a new address.	15. FAX (Optional) ( )	16. E-mail Address (Optional) <b>angela.henzman@gmail.com</b>
17. City <b>Trail Creek</b>	State <b>IN</b>	ZIP Code <b>46360</b>	18. County <b>LaPorte</b>
19. Telephone <b>(812) 456-1450</b>	20. Committee Organization Date (mm/dd/yy) <b>1/10/2024</b>		
21. Chairperson's Full Name <input checked="" type="checkbox"/> Designate Candidate as Chairperson.	<input type="checkbox"/> Check if this is a new chairperson.		
<b>Angela Dean Henzman</b>			
22. Mailing Address (number and street, city, state, and ZIP code)	<input type="checkbox"/> Check if this is a new address.	23. FAX (Optional) ( )	24. E-mail Address (Optional)
25. City	State	ZIP Code	26. County
27. Telephone (Day) ( )	28. Telephone (Evening) ( )		

29. Bank or Other Depositories (List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.)

30. Exploratory Committee (Give brief statement explaining purpose of an exploratory committee only.)

31. Salaries and Reimbursements (Will the committee pay the candidate a salary or reimbursement for lost wages? If Yes, attach a copy of the contract.)  Yes  No

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

32. I, as Chairperson of the foregoing committee, appoint the following person as Treasurer of the Committee.	Person Appointed Treasurer <b>Angela Henzman</b>	Signature of the Committee Chairperson <b>Angela Henzman</b>
33. Treasurer's Full Name <input checked="" type="checkbox"/> Designate candidate as treasurer.	<input type="checkbox"/> Check if this is a new treasurer.	

34. Mailing Address (number and street, city, state, and ZIP code)	<input type="checkbox"/> Check if this is a new address.	35. FAX (Optional) ( )	36. E-mail Address (Optional)
37. City	State	ZIP Code	38. County
39. Telephone (Day) ( )	40. Telephone (Evening) ( )		

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

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

**SECTION E. CERTIFICATION OF STATEMENT**

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

42. Typed or Printed Name of Chairperson <b>Angela Henzman</b>	Signature of Chairperson <b>Angela Henzman</b>	Date (mm/dd/yy) <b>1/10/24</b>
43. Typed or Printed Name of Candidate <b>Angela Henzman</b>	Signature of Candidate <b>Angela Henzman</b>	Date (mm/dd/yy) <b>1/10/24</b>

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

**FOR OFFICE USE ONLY**

**FILED  
IN CLERKS OFFICE**

**JAN 10 2024**

**Leanne Stevens  
CLERK OF LA PORTE CIRCUIT COURT**



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

**(CFA-1)**

State Form 4604 (R15 / 5-19)

Indiana Election Division (IC 3-9-1-3; IC 3-9-1-4; IC 3-9-1-5)

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

**FILE NUMBER**

1. IS THIS AN AMENDMENT? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please enter the file number in this box. →					46-24-02
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**SECTION A. CANDIDATE INFORMATION: Fill in all applicable boxes as fully and accurately as possible.**

2. Last Name Henzman	First Name Angela	Middle Name Dean	Nickname		3. Type of Committee (Check one) <input checked="" type="checkbox"/> Candidate's Principal Committee <input type="checkbox"/> Exploratory Committee
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4. Mailing Address (number and street, city, state, and ZIP code) 237 Leo Ave	5. FAX (Optional) ( )	6. E-mail Address (Optional)
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7. City Trail Creek	State IN	ZIP Code 46360	8. County LaPorte	9. Telephone (Day) (812) 456-1450	10. Telephone (Evening) ( )
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11. Party Affiliation <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Libertarian <input type="checkbox"/> Republican <input type="checkbox"/> Other	12. Office Sought (Include district number, if any. Not required for an exploratory committee.)
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**SECTION B. COMMITTEE INFORMATION: Fill in all applicable boxes as fully and accurately as possible.**

13. Full Name of Committee (Do not abbreviate.) Committee to Elect Angela Henzman	<input type="checkbox"/> Check if this is a new name.
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14. Mailing Address (number and street, city, state, and ZIP code) 237 Leo Ave	<input type="checkbox"/> Check if this is a new address.	15. FAX (Optional) ( )	16. E-mail Address (Optional) angela.henzman@gmail.com
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17. City Trail Creek	State IN	ZIP Code 46360	18. County LaPorte	19. Telephone (812) 456-1450	20. Committee Organization Date (mm/dd/yy) 1/10/2024
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21. Chairperson's Full Name Angela Dean Henzman	<input checked="" type="checkbox"/> Designate Candidate as Chairperson.	<input type="checkbox"/> Check if this is a new chairperson.
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22. Mailing Address (number and street, city, state, and ZIP code) 237 Leo Ave	<input type="checkbox"/> Check if this is a new address.	23. FAX (Optional) ( )	24. E-mail Address (Optional)
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25. City Trail Creek	State IN	ZIP Code 46360	26. County LaPorte	27. Telephone (Day) (812) 456-1450	28. Telephone (Evening) ( )
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29. Bank or Other Depositories (List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.) 5/3 Bank	30. Exploratory Committee (Give brief statement explaining purpose of an exploratory committee only.)	31. Salaries and Reimbursements (Will the committee pay the candidate a salary or reimbursement for lost wages? If Yes, attach a copy of the contract.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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SECTION C. APPOINTMENT OF TREASURER (IC 3-9-1-14)		
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32. I, as Chairperson of the foregoing committee, appoint the following person as Treasurer of the Committee.	Person Appointed Treasurer Angela Henzman	Signature of the Committee Chairperson Angela Henzman
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33. Treasurer's Full Name Angela Dean Henzman	<input checked="" type="checkbox"/> Designate candidate as treasurer.	<input type="checkbox"/> Check if this is a new treasurer.
--	---	--

34. Mailing Address (number and street, city, state, and ZIP code) 237 Leo Ave	<input type="checkbox"/> Check if this is a new address.	35. FAX (Optional) ( )	36. E-mail Address (Optional)
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37. City	State	ZIP Code	38. County	39. Telephone (Day) ( )	40. Telephone (Evening) ( )
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**SECTION D. ACCEPTANCE OF APPOINTMENT (IC 3-9-1-15)**

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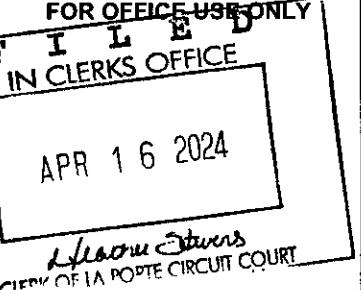
**SECTION E. CERTIFICATION OF STATEMENT**

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

42. Typed or Printed Name of Chairperson Angela Henzman	Signature of Chairperson Angela Henzman	Date (mm/dd/yy) 4/16/24
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43. Typed or Printed Name of Candidate Angela Henzman	Signature of Candidate Angela Henzman	Date (mm/dd/yy) 4/16/24
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**Warning:** State law requires that any change in this information be reported within ten (10) days of the change (IC 3-9-1-10). A person who knowingly files a fraudulent report commits a Level 6 D felony (IC 3-14-1-13). A person who fails to file a complete or accurate report as required by the Indiana Campaign Finance Law commits a Class B misdemeanor (IC 3-14-1-14), and may be subject to civil penalties (IC 3-9-4-16, IC 3-9-4-17, and IC 3-9-4-18).





# REPORT OF RECEIPTS AND EXPENDITURES OF A POLITICAL COMMITTEE

State Form 4606 (R17 / 8-23)

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

(CFA-4)

## Summary Sheet

FILE NUMBER

416-24-02

TOTAL PAGES IN ENTIRE CFA-4 REPORT

4

IS THIS AN AMENDMENT?  Yes  No

## COMMITTEE INFORMATION

1. Full Name of Committee (as on Statement of Organization)  Check if this is a new name.

Committee to Elect Angela Henzman

2. Acronym or Abbreviated Name (if any)

3. Committee Telephone Number

(812) 456-1450

4. Mailing Address (Address where all campaign finance correspondence is received.)  Check if this is a new address.

237 Leo Ave

5. City, State, ZIP Code

6. Party Affiliation (if applicable)

Trail Creek, IN 46360

Democrat

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

7. Full Name of Candidate (Include any nickname.)

8. Party Affiliation or If Independent Candidate

Angela Dean Henzman

Democrat

9. Office Sought (Include district number, if any. Not required for exploratory committee.)

10. County of Residence

LaPorte County Circuit Court Clerk

LaPorte

## TYPE OF REPORT

## CONVENTION CANDIDATES ONLY

11. Check one:

Check one:

 Pre-Primary  Pre-Election  Annual  Nomination  Other \_\_\_\_\_ Pre-Convention Final / Disbands Committee (Lines 18, 19, and 20 must be "0.")  Outgoing Treasurer (Within ten (10) days amend Statement of Organization.) Post-Convention

12. Reporting Period (mm/dd/yy):

From: 11/1/24

Through:

4/12/24

COLUMN A  
This PeriodCOLUMN B  
Year to Date

13. Cash on hand and investments at the beginning of this reporting period.

0

14. Cash on hand and investments January 1, current year.

0

## CONTRIBUTIONS AND RECEIPTS

(Note: these amounts include in-kind contributions and loans, as well as cash contributions.)

15a. Itemized (Use Schedule A.)

237.03

237.03

15b. Unitemized

0

0

15c. Add lines 15a and 15b in both columns.

SUBTOTAL

237.03

237.03

16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B.

TOTAL

237.03

237.03

## EXPENDITURES

(Note: These amounts include in-kind expenditures and loan repayments.)

17a. Itemized (Use Schedule B.) (Public Question: use Schedule C.)

17.12

17.12

17b. Unitemized

0

0

17c. Add lines 17a and 17b in both columns.

SUBTOTAL

17.12

17.12

18. Cash on hand and investments at close of this reporting period (Subtract 17c from 16 in both columns.)

TOTAL

219.91

219.91

19. Debts OWED BY the committee (Use Schedule D.)

0

20. Debts OWED TO the committee (Use Schedule E.)

0

## CERTIFICATION

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

Signature of Treasurer

Angela Henzman

Title

Date (mm/dd/yy)

4/13/24

FOR OFFICE USE ONLY  
IN CLERKS OFFICE

Signature of Candidate (if applicable)

Angela Henzman

Date (mm/dd/yy)

4/13/24

APR 16 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 accurate report as required by the Indiana Campaign Finance Law commits a Class B misdemeanor, (IC 3-9-4-16, IC 3-9-4-17, IC 3-9-4-18) and may be subject to civil penalties. (IC 3-9-4-18)

Leanne Stevens  
CLERK OF LA PORTE CIRCUIT COURT



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

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

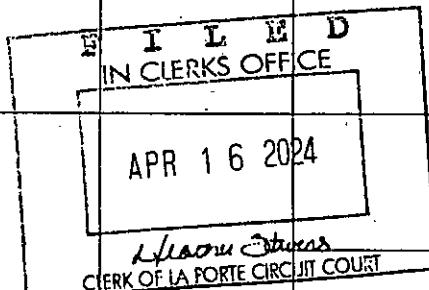
**(CFA-4 SCHEDULE A-1)  
CONTRIBUTIONS BY INDIVIDUALS  
Itemized Contributions and Other Receipts**

**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

Page 2 of 4

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. Patricia Boy 218 Southwood Dr Michigan City, IN 46360  Contributor's Occupation (if required) <u>State Rep</u>	Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe)  Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify)  _____	\$100.00	\$100.00	
2. Angela Henzman 237 Leo Ave Trail Creek, IN 46360  Contributor's Occupation (if required) <u>Voter's Registration</u>	Contributions: <input type="checkbox"/> Direct <input checked="" type="checkbox"/> In-Kind (describe) <u>business cards</u>  Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify)  _____	\$17.12	\$17.12	
3.  Contributor's Occupation (if required) _____	Contributions: <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe)  Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify)  _____			
4.  Contributor's Occupation (if required) _____	Contributions: <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe)  Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify)  _____			
5.  Contributor's Occupation (if required) _____	Contributions: <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe)  Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify)  _____			
SUBTOTAL THIS PAGE OF SCHEDULE A		\$ 117.12		
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 (R17 / 8-23)

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

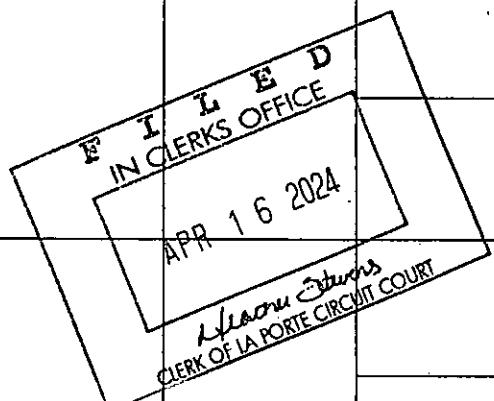
**(CFA-4 SCHEDULE A-4)  
CONTRIBUTIONS BY  
POLITICAL ACTION COMMITTEES  
Itemized Contributions and Other Receipts**

**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**

Page 3 of 4

<b>CONTRIBUTOR'S FULL NAME AND FULL MAILING ADDRESS (street, number, city, state, ZIP code)</b>	<b>TYPE OF CONTRIBUTION OR OTHER RECEIPT</b>	<b>COLUMN A AMOUNT THIS PERIOD</b>	<b>COLUMN B CUMULATIVE YEAR-TO-DATE</b>	<b>DATE RECEIVED (mm/dd/yy)</b>
		<b>RECEIVED BY</b>		
1. Act Blue PO Box 441146 Somerville, MA 02144	<p>Contributions:  <input checked="" type="checkbox"/> Direct  <input type="checkbox"/> In-Kind (describe) _____</p> <p>Other Receipts:  <input type="checkbox"/> Interest <input type="checkbox"/> Loan  <input type="checkbox"/> Miscellaneous (specify) _____</p>	\$119.91	\$119.91	2/6/24
2.	<p>Contributions:  <input type="checkbox"/> Direct  <input type="checkbox"/> In-Kind (describe) _____</p> <p>Other Receipts:  <input type="checkbox"/> Interest <input type="checkbox"/> Loan  <input type="checkbox"/> Miscellaneous (specify) _____</p>			
3.	<p>Contributions:  <input type="checkbox"/> Direct  <input type="checkbox"/> In-Kind (describe) _____</p> <p>Other Receipts:  <input type="checkbox"/> Interest <input type="checkbox"/> Loan  <input type="checkbox"/> Miscellaneous (specify) _____</p>			
4.	<p>Contributions:  <input type="checkbox"/> Direct  <input type="checkbox"/> In-Kind (describe) _____</p> <p>Other Receipts:  <input type="checkbox"/> Interest <input type="checkbox"/> Loan  <input type="checkbox"/> Miscellaneous (specify) _____</p>			
5.	<p>Contributions:  <input type="checkbox"/> Direct  <input type="checkbox"/> In-Kind (describe) _____</p> <p>Other Receipts:  <input type="checkbox"/> Interest <input type="checkbox"/> Loan  <input type="checkbox"/> Miscellaneous (specify) _____</p>			
<b>SUBTOTAL THIS PAGE OF SCHEDULE A</b>		\$ 119.91		
<b>TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY (Enter total on ITEM 15a of the Summary Sheet.)</b>		\$ 237.03		



*Leanne Stevens*  
CLERK OF LA PORTE CIRCUIT COURT

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

State Form 4606 (R17 / 8-23)

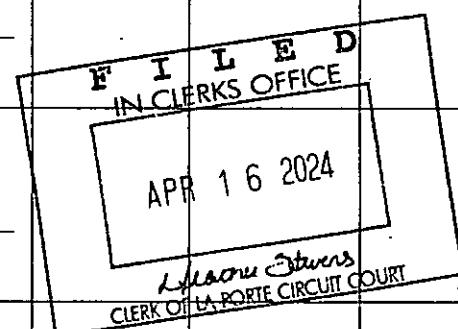
Indiana Election Division (IC 3-9-5-14)

**(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 4 of 4

RECIPIENT'S NAME AND MAILING ADDRESS (street, number, city, state, ZIP code)	RECIPIENT'S OCCUPATION	TYPE OF EXPENDITURE and PURPOSE (be specific)	COLUMN A	COLUMN B	DATE OF EXPENDITURE (mm/dd/yy)
			AMOUNT THIS PERIOD	CUMULATIVE YEAR-TO-DATE	
Code <u>A</u> Office Max		<input type="checkbox"/> Direct <input checked="" type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: <i>Business Cards</i>	\$17.12	\$17.12	4/1/24
Code _____		<input type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose:			
Code _____		<input type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose:			
Code _____		<input type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose:			
Code _____		<input type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose:			
Code _____		<input type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose:			
Code _____		<input type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose:			
Code _____		<input type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose:			
Code _____		<input type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose:			
SUBTOTAL THIS PAGE OF SCHEDULE B			\$ 17.12		
TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY (Enter total on ITEM 17a of the Summary Sheet.)			\$ 17.12		





**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)**

**Summary Sheet**

**FILE NUMBER**

**46-24-02**

**TOTAL PAGES IN ENTIRE CFA-4 REPORT**

**15**

**IS THIS AN AMENDMENT?  Yes  No**

**COMMITTEE INFORMATION**

1. Full Name of Committee (as on Statement of Organization)  Check if this is a new name.

*Committee to Elect Angela Henzman*

2. Acronym or Abbreviated Name (if any)  3. Committee Telephone Number  
*( 812 ) 456-1450*

4. Mailing Address (Address where all campaign finance correspondence is received.)  Check if this is a new address.

*237 Leo Ave*

5. City, State, ZIP Code  6. Party Affiliation (if applicable)

*Trail Creek, IN 46360*

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

7. Full Name of Candidate (Include any nickname.)  8. Party Affiliation or If Independent Candidate  
*Angela Henzman* *Democrat*

9. Office Sought (Include district number, if any. Not required for exploratory committee.)  10. County of Residence  
*Lafayette County Circuit Court Clerk* *Lafayette*

**TYPE OF REPORT**

**CONVENTION CANDIDATES ONLY**

11. Check one:

Pre-Primary  Pre-Election  Annual  Nomination  Other \_\_\_\_\_

Final / Disbands Committee (Lines 18, 19 and 20 must be 0)  Outgoing Treasurer (Within ten (10) days amend Statement of Organization.)

Check one:

Pre-Convention

Post-Convention

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.

*219,91*

14. Cash on hand and investments January 1, current year.

*0*

**CONTRIBUTIONS AND RECEIPTS**

(Note: These amounts include in-kind contributions and loans, as well as cash contributions.)

15a. Itemized (Use Schedule A.)

*5474.12* *5111.15*

15b. Unitemized

*0* *0*

15c. Add lines 15a and 15b in both columns.

**SUBTOTAL**

*5474.12* *5111.15*

16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B.

**TOTAL**

*5694.03* *5111.15*

**EXPENDITURES**

(Note: These amounts include in-kind expenditures and loan repayments.)

17a. Itemized (Use Schedule B.) (Public Question: use Schedule C.)

*4705.75* *4722.87*

17b. Unitemized

*0* *0*

17c. Add lines 17a and 17b in both columns.

**SUBTOTAL**

*4705.75* *4722.87*

18. Cash on hand and investments at close of this reporting period (Subtract 17c from 16 in both columns.)

**TOTAL**

*988.28* *988.28*

19. Debts OWED BY the committee (Use Schedule D.)

*0*

20. Debts OWED TO the committee (Use Schedule E.)

*0*

**CERTIFICATION**

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

Signature of Treasurer

*Angela Henzman*

Title

*Candidate*

Date (mm/dd/yy)

*10/17/24*

Signature of Candidate (if applicable)

*Angela Henzman*

Date (mm/dd/yy)

*10/17/24*

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)

**FOR OFFICE USE ONLY**



8:05am



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

State Form 4606 (R16/6-23)

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

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

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

FILE NUMBER

46-24-02

Page 2 of 15

CONTRIBUTOR'S FULL NAME AND OCCUPATION FULL MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED (mm/dd/yy)	RECEIVED BY
1. Connie Lile 905 Tyler St LaPorte, IN 46350  Contributor's Occupation (if required) <u>Office Clerk</u>	Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe)  Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify)  _____	300.00	300.00	9/24/24	AH
2. Beverly Henzman  Contributor's Occupation (if required) <u>Retired</u>	Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe)  Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify)  _____	300.00	300.00	5/15/24	AH
3. Sarah Ferraro 11617 Rhode Island Pl Crown Point, IN 46307  Contributor's Occupation (if required) <u>Political Consultant</u>	Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe)  Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify)  _____	20.24	20.24	6/28/24	AH
4. Larry Zimmer 110 Elmwood Dr Michigan City, IN 46360  Contributor's Occupation (if required) _____	Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe)  Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify)  _____	100.00	100.00	6/28/24	AH
5. Darlene Vance 114 Warsaw St. LaPorte, IN 46350  Contributor's Occupation (if required) _____	Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe)  Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify)  _____	15.00	15.00	OCT 18 2024 LaPorte County Received Election Board 6/28/24	AH
SUBTOTAL THIS PAGE OF SCHEDULE A		\$ 735.24			
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 (R17 / 8-23)  
Indiana Election Division (IC 3-9-5-14)

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

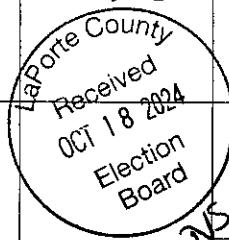
INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY INDIVIDUALS ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on 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

46-24-02

Page 3 of 15

CONTRIBUTOR'S FULL NAME AND OCCUPATION FULL MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED (mm/dd/yy)
				RECEIVED BY
1. Larry Brown 3005 Loma Portal Michigan City, IN 46360 Contributor's Occupation (if required) Retired	Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe)  Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify)	100.00	100.00	6/28/24 AH
2. Teresa Massa 420 Pokagon Dr. Michigan Shores, IN 46360 Contributor's Occupation (if required) Retired	Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe)  Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify)	100.00	100.00	6/28/24 AH
3. Sarah Haefner 5268 E Sugony Trail Rolling Prairie, IN 46371 Contributor's Occupation (if required) Retired	Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe)  Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify)	40.00	40.00	6/28/24 AH
4. Susan Culberson 826 Park St. LaPorte, IN 46350 Contributor's Occupation (if required) Retired	Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe)  Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify)	10.00	10.00	6/28/24 AH
5. Georgetta Cox 2903 Oriole Trail Long Beach, IN 46360 Contributor's Occupation (if required) Doctor	Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe)  Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify)	75.00	75.00	6/28/24 AH
SUBTOTAL THIS PAGE OF SCHEDULE A				\$ 375.00
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 (R17 / 8-23)

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

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

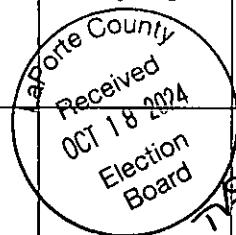
INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY INDIVIDUALS ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on 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

46-24-02

Page 4 of 15

CONTRIBUTOR'S FULL NAME AND OCCUPATION FULL MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED (mm/dd/yy)
				RECEIVED BY
1. James Macalka 2009 Monroe St, LaPorte, IN 46350 Contributor's Occupation (if required) Attorney	Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe)  Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify)	100.00	100.00	6/28/24 AH
2. Angie Nelson Devitch 126 Lady Ln Michigan City, IN 46360 Contributor's Occupation (if required) Mayor	Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe)  Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify)	75.00	75.00	6/28/24 AH
3. Don Briggs 300 Madison St. Michigan City, IN 46360 Contributor's Occupation (if required) Retired	Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe)  Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify)	40.00	40.00	6/28/24 AH
4. Nancy Gonzalez 2813 Oak St. Michigan City, IN 46360 Contributor's Occupation (if required) Retired	Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe)  Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify)	25.00	25.00	6/28/24 AH
5. Johnny Stinley 3205 Tilden Ave Michigan City, IN 46360 Contributor's Occupation (if required)	Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe)  Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify)	25.00	25.00	6/28/24 AH
SUBTOTAL THIS PAGE OF SCHEDULE A		\$ 265.00		
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 (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

46-24-02

Page 5 of 15

CONTRIBUTOR'S FULL NAME AND OCCUPATION FULL MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED (mm/dd/yy)
1. Mike Schultz 308 John St, LaPorte, IN 46350  Contributor's Occupation (if required) <u>Assessor</u>	Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe)  Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify)  _____	50.00	50.00	8/21/24 AH
2. Mike Beach 3872 N 50 W LaPorte, IN 46350  Contributor's Occupation (if required) <u>Retired</u>	Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe)  Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify)  _____	1000.00	1000.00	8/21/24 AH
3. David Alexander 3756 Claret Trl LaPorte, IN 46350  Contributor's Occupation (if required) <u>Retired</u>	Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe)  Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify)  _____	25.00	25.00	8/21/24 AH
4. Nancy Moldenhauer 107 Kaye Lane Michigan City, IN 46360  Contributor's Occupation (if required) <u>City Council</u>	Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe)  Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify)  _____	250.00	250.00	8/21/24 AH
5. Faye Moore  Contributor's Occupation (if required) <u>Retired</u>	Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe)  Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify)  _____	100.00	100.00	10/4/24 AH
SUBTOTAL THIS PAGE OF SCHEDULE A		\$ 1425.00		
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 (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

46-24-02

Page 6 of 15

CONTRIBUTOR'S FULL NAME AND OCCUPATION FULL MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED (mm/dd/yy)
				RECEIVED BY
1. Angie Nelson Deutch 126 Lady Ln Michigan City, IN 46360	Contributions: <input type="checkbox"/> Direct <input checked="" type="checkbox"/> In-Kind (describe) <i>Large Signs</i> Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify)  Contributor's Occupation (if required) <u>Mayor</u>	116.00	191.00	7/11/24 AH
2. Sarah Haefner 5268 E Sugony Trail Rolling Prairie, IN 46371	Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe)  Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify)  Contributor's Occupation (if required) <u>Retired</u>	30.00	70.00	8/21/24 AH
3. Dr. Vidya Kara 105 Woodside Dr. Michigan City, IN 46360	Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe)  Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify)  Contributor's Occupation (if required) <u>Doctor</u>	200.00	200.00	10/11/24 AH
4. Amy Kipris 2775 N Long Knob Park LaPorte, IN 46350	Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe)  Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify)  Contributor's Occupation (if required)	25.00	25.00	10/11/24 AH
5. Connie Lile 905 Tyler St. LaPorte, IN 46350	Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe)  Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify)  Contributor's Occupation (if required)	25.00	325.00	10/11/24 AH
SUBTOTAL THIS PAGE OF SCHEDULE A		\$ 146.00		
TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY (Enter total on ITEM 15a of the Summary Sheet.)		\$ 3201.00		3223.04



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

State Form 4606 (R16 / 6-23)

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

**(CFA-4 SCHEDULE A-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

46-24-02

Page 7 of 15

CONTRIBUTOR'S FULL NAME AND FULL MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED (mm/dd/yy)
				RECEIVED BY
1. Act Blue 366 Summer St. Somerville, MA 02144	<p>Contributions:  <input checked="" type="checkbox"/> Direct  <input type="checkbox"/> In-Kind (describe)</p> <p>Other Receipts:  <input type="checkbox"/> Interest <input type="checkbox"/> Loan  <input type="checkbox"/> Miscellaneous (specify)</p>	76.58	196.49	5/15/24 AH
2. Act Blue	<p>Contributions:  <input checked="" type="checkbox"/> Direct  <input type="checkbox"/> In-Kind (describe)</p> <p>Other Receipts:  <input type="checkbox"/> Interest <input type="checkbox"/> Loan  <input type="checkbox"/> Miscellaneous (specify)</p>	288.21	484.70	5/22/24 AH
3. Act Blue	<p>Contributions:  <input checked="" type="checkbox"/> Direct  <input type="checkbox"/> In-Kind (describe)</p> <p>Other Receipts:  <input type="checkbox"/> Interest <input type="checkbox"/> Loan  <input type="checkbox"/> Miscellaneous (specify)</p>	28.66	513.36	6/17/24 AH
4. Act Blue	<p>Contributions:  <input checked="" type="checkbox"/> Direct  <input type="checkbox"/> In-Kind (describe)</p> <p>Other Receipts:  <input type="checkbox"/> Interest <input type="checkbox"/> Loan  <input type="checkbox"/> Miscellaneous (specify)</p>	47.92	561.28	6/18/24 AH
5. Act Blue	<p>Contributions:  <input checked="" type="checkbox"/> Direct  <input type="checkbox"/> In-Kind (describe)</p> <p>Other Receipts:  <input type="checkbox"/> Interest <input type="checkbox"/> Loan  <input type="checkbox"/> Miscellaneous (specify)</p>	76.58	637.86	6/24/24 AH
SUBTOTAL THIS PAGE OF SCHEDULE A		\$ 517.95		
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 (R16 / 6-23)

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

46-24-02

Page 8 of 15

CONTRIBUTOR'S FULL NAME AND FULL MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED (mm/dd/yy)
				RECEIVED BY
1. Committee to Elect Pat Bay 218 Southwood Dr. Michigan City, IN 46360	<p>Contributions:  <input checked="" type="checkbox"/> Direct  <input type="checkbox"/> In-Kind (describe)</p> <p>Other Receipts:  <input type="checkbox"/> Interest <input type="checkbox"/> Loan  <input type="checkbox"/> Miscellaneous (specify)</p>	200.00	200.00	6/28/24 AH
2. Act Blue	<p>Contributions:  <input checked="" type="checkbox"/> Direct  <input type="checkbox"/> In-Kind (describe)</p> <p>Other Receipts:  <input type="checkbox"/> Interest <input type="checkbox"/> Loan  <input type="checkbox"/> Miscellaneous (specify)</p>	23.84	661.70	6/26/24 AH
3. Act Blue	<p>Contributions:  <input checked="" type="checkbox"/> Direct  <input type="checkbox"/> In-Kind (describe)</p> <p>Other Receipts:  <input type="checkbox"/> Interest <input type="checkbox"/> Loan  <input type="checkbox"/> Miscellaneous (specify)</p>	47.92	709.62	6/27/24 AH
4. Act Blue	<p>Contributions:  <input checked="" type="checkbox"/> Direct  <input type="checkbox"/> In-Kind (describe)</p> <p>Other Receipts:  <input type="checkbox"/> Interest <input type="checkbox"/> Loan  <input type="checkbox"/> Miscellaneous (specify)</p>	23.84	733.46	6/28/24 AH
5. Act Blue	<p>Contributions:  <input checked="" type="checkbox"/> Direct  <input type="checkbox"/> In-Kind (describe)</p> <p>Other Receipts:  <input type="checkbox"/> Interest <input type="checkbox"/> Loan  <input type="checkbox"/> Miscellaneous (specify)</p>	66.95	800.41	7/2/24 AH
SUBTOTAL THIS PAGE OF SCHEDULE A		\$ 362.55		
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 (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**

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46-24-02

Page 9 of 15

1.	Act Blue	<p>Contributions:  <input checked="" type="checkbox"/> Direct  <input type="checkbox"/> In-Kind (describe)</p> <p>Other Receipts:  <input type="checkbox"/> Interest <input type="checkbox"/> Loan  <input type="checkbox"/> Miscellaneous (specify)</p>	240.52	1040.93
2.	Act Blue	<p>Contributions:  <input checked="" type="checkbox"/> Direct  <input type="checkbox"/> In-Kind (describe)</p> <p>Other Receipts:  <input type="checkbox"/> Interest <input type="checkbox"/> Loan  <input type="checkbox"/> Miscellaneous (specify)</p>	28.66	1069.59
3.	Act Blue	<p>Contributions:  <input checked="" type="checkbox"/> Direct  <input type="checkbox"/> In-Kind (describe)</p> <p>Other Receipts:  <input type="checkbox"/> Interest <input type="checkbox"/> Loan  <input type="checkbox"/> Miscellaneous (specify)</p>	240.52	1310.11
4.	Act Blue	<p>Contributions:  <input checked="" type="checkbox"/> Direct  <input type="checkbox"/> In-Kind (describe)</p> <p>Other Receipts:  <input type="checkbox"/> Interest <input type="checkbox"/> Loan  <input type="checkbox"/> Miscellaneous (specify)</p>	23.84	1333.95
5.	Act Blue 192.14	<p>Contributions:  <input checked="" type="checkbox"/> Direct  <input type="checkbox"/> In-Kind (describe)</p> <p>Other Receipts:  <input type="checkbox"/> Interest <input type="checkbox"/> Loan  <input type="checkbox"/> Miscellaneous (specify)</p>	192.14	1526.09
<b>SUBTOTAL THIS PAGE OF SCHEDULE A</b>				<b>\$ 725.68</b>
<b>TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY</b> (Enter total on ITEM 15a of the Summary Sheet.)				<b>\$ —</b>





**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 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

46-24-02

Page 10 of 15

CONTRIBUTOR'S FULL NAME AND FULL MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED (mm/dd/yy)
				RECEIVED BY
1. Act Blue	<p>Contributions:  <input checked="" type="checkbox"/> Direct  <input type="checkbox"/> In-Kind (describe)</p> <hr/> <p>Other Receipts:  <input type="checkbox"/> Interest <input type="checkbox"/> Loan  <input type="checkbox"/> Miscellaneous (specify)</p> <hr/>	98.50	1624.59	8/9/24 AH
2. Act Blue	<p>Contributions:  <input checked="" type="checkbox"/> Direct  <input type="checkbox"/> In-Kind (describe)</p> <hr/> <p>Other Receipts:  <input type="checkbox"/> Interest <input type="checkbox"/> Loan  <input type="checkbox"/> Miscellaneous (specify)</p> <hr/>	9.85	1634.44	8/14/24 AH
3. Act Blue	<p>Contributions:  <input checked="" type="checkbox"/> Direct  <input type="checkbox"/> In-Kind (describe)</p> <hr/> <p>Other Receipts:  <input type="checkbox"/> Interest <input type="checkbox"/> Loan  <input type="checkbox"/> Miscellaneous (specify)</p> <hr/>	29.55	1663.99	8/15/24 AH
4. Act Blue	<p>Contributions:  <input checked="" type="checkbox"/> Direct  <input type="checkbox"/> In-Kind (describe)</p> <hr/> <p>Other Receipts:  <input type="checkbox"/> Interest <input type="checkbox"/> Loan  <input type="checkbox"/> Miscellaneous (specify)</p> <hr/>	98.50	1762.49	8/16/24 AH
5. Act Blue	<p>Contributions:  <input checked="" type="checkbox"/> Direct  <input type="checkbox"/> In-Kind (describe)</p> <hr/> <p>Other Receipts:  <input type="checkbox"/> Interest <input type="checkbox"/> Loan  <input type="checkbox"/> Miscellaneous (specify)</p> <hr/>	96.07	1858.56	8/21/24 AH
SUBTOTAL THIS PAGE OF SCHEDULE A		\$ 332.47		
TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY (Enter total on ITEM 15a of the Summary Sheet.)		\$ 332.47		





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 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

46-24-02

Page 11 of 15

CONTRIBUTOR'S FULL NAME AND FULL MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED (mm/dd/yy)
				RECEIVED BY
1. Act Blue	<p>Contributions:  <input checked="" type="checkbox"/> Direct  <input type="checkbox"/> In-Kind (describe)</p> <p>Other Receipts:  <input type="checkbox"/> Interest <input type="checkbox"/> Loan  <input type="checkbox"/> Miscellaneous (specify)</p>	167.59	2026.15	8/23/24 AH
2. Act Blue	<p>Contributions:  <input checked="" type="checkbox"/> Direct  <input type="checkbox"/> In-Kind (describe)</p> <p>Other Receipts:  <input type="checkbox"/> Interest <input type="checkbox"/> Loan  <input type="checkbox"/> Miscellaneous (specify)</p>	124.73	2150.88	9/17/24 AH
3. Act Blue	<p>Contributions:  <input checked="" type="checkbox"/> Direct  <input type="checkbox"/> In-Kind (describe)</p> <p>Other Receipts:  <input type="checkbox"/> Interest <input type="checkbox"/> Loan  <input type="checkbox"/> Miscellaneous (specify)</p>	96.07	2246.95	10/1/24 AH
4. Act Blue	<p>Contributions:  <input checked="" type="checkbox"/> Direct  <input type="checkbox"/> In-Kind (describe)</p> <p>Other Receipts:  <input type="checkbox"/> Interest <input type="checkbox"/> Loan  <input type="checkbox"/> Miscellaneous (specify)</p>	23.84	2270.79	10/11/24 AH
5.	<p>Contributions:  <input type="checkbox"/> Direct  <input type="checkbox"/> In-Kind (describe)</p> <p>Other Receipts:  <input type="checkbox"/> Interest <input type="checkbox"/> Loan  <input type="checkbox"/> Miscellaneous (specify)</p>			 NS
SUBTOTAL THIS PAGE OF SCHEDULE A		\$ 412.23		
TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY (Enter total on ITEM 15a of the Summary Sheet.)		\$ 2350.88		
		5474.12		



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

State Form 4606 (R16 / 6-23)

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

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

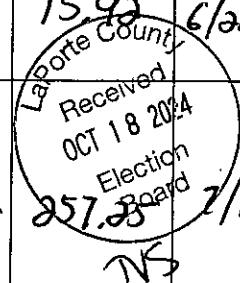
**INSTRUCTIONS:** Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document expenditures totaled on ITEM 17a of the Summary Sheet. All cumulative expenses paid to individuals,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

FILE NUMBER

46-24-02

Page 12 of 15

RECIPIENT'S NAME AND MAILING ADDRESS (street, number, city, state, ZIP code)	RECIPIENT'S OCCUPATION	TYPE OF EXPENDITURE and PURPOSE (be specific)	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE OF EXPENDITURE (mm/dd/yy)
Code <u>A</u>  Makestickers.com 18621 81st Ave Tinley Park, IL 60487		<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____  Purpose: Stickers	111.49	111.49	6/10/24
Code <u>A</u>  CustomInk LLC 1640 Boro Place Suite 301 Tysons, VA 22102		<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____  Purpose: Shirts	151.12	151.12	6/10/24
Code <u>F</u>  Office Max 118 Dunes Plaza Michigan City, IN 46360		<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____  Purpose: Printing Invitations	42.80	59.92	6/21/24
Code <u>A</u>  Next Day Flyers 8000 Hostell Ave Van Nuys, CA 91406		<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____  Purpose: Bookmarks	372.56	372.56	6/26/24
Code <u>F</u>  Speedway 101 US-20 Michigan City, IN 46360		<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____  Purpose: Ice for Event	5.49	5.49	6/26/24
Code <u>F</u>  Dollar General 2052 US-20 Michigan City, IN 46360		<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____  Purpose: Dollar/Food	75.42	75.42	6/28/24
Code <u>O</u>  INDEMS (Act Blue) 101 W Washington St #1110 Indianapolis, IN 46204		<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____  Purpose: Voter Database	257.25	257.25	7/8/24
<b>SUBTOTAL THIS PAGE OF SCHEDULE B</b>			\$1016.13		
<b>TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY</b> (Enter total on ITEM 17a of the Summary Sheet.)			\$ —		





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

State Form 4606 (R16 / 6-23)

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

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

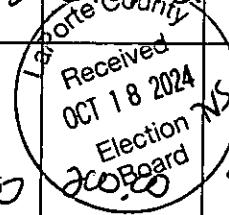
**INSTRUCTIONS:** Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document expenditures totaled on ITEM 17a of the Summary Sheet. All cumulative expenses paid to individuals,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

FILE NUMBER

46-24-02

Page 13 of 15

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 O Walmart 5780 Franklin St Michigan City, IN 46360		<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: <i>Office Supplies</i>	40.29	40.29	8/20/24
Code O Dollar General 3052 US 30 Michigan City, IN 46360		<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: <i>Office Supplies</i>	8.82	84.24	8/20/24
Code A Next Day Flyers 8000 Haskell Ave Van Nuys, CA 91406		<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: <i>Bookmarks</i>	193.24	565.80	8/21/24
Code A Al's Supermarket 702 E Lincolnway LaPorte, IN 46350		<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: <i>Door Prize</i>	29.18	29.18	8/22/24
Code A Baxter Printing 31 N Broad St. Griffith, IN 46319		<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: <i>Literature</i>	390	390	8/23/24
Code O Walmart 5780 Franklin St Michigan City, IN		<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: <i>Office Supplies</i>	168.13	210.42	9/4/24
Code A State to Labor LaPorte County Central Committee		<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: <i>Union Event</i>	200.00	200.00	9/6/24
SUBTOTAL THIS PAGE OF SCHEDULE B			\$ 1031.66		
TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY (Enter total on ITEM 17a of the Summary Sheet.)			\$		





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

State Form 4606 (R16 / 6-23)

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

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

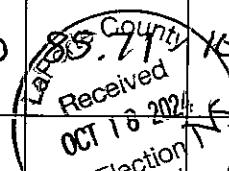
**INSTRUCTIONS:** Please type or print legibly in **BLACK INK** all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document expenditures totaled on ITEM 17a of the Summary Sheet. All cumulative expenses paid to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

FILE NUMBER

46-24-02

Page 14 of 15

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  South Bend Chocolate 307 Lighthouse Pl Michigan City, IN 46360		<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____  Purpose: <i>Door Prize</i>	50.48	50.48	9/6/24
Code O  Act Blue 700 E Lincolnway LaPorte, IN 46350		<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____  Purpose: <i>User Fees</i>	6.20	6.20	9/16/24
Code O  AIS Supermarket 702 E Lincolnway LaPorte, IN 46350		<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____  Purpose: <i>Food for Event</i>	11.87	41.05	9/18/24
Code A  Baxter Printing 311 N Broad St Griffith, IN 46319		<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____  Purpose: <i>Signs/Lit</i>	2225.66	2615.60	9/18/24
Code O  Speedway 101 US 20 Michigan City, IN 46360		<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____  Purpose: <i>Gas</i>	50.22	55.71	9/30/24
Code O  Speedway 101 US 20 Michigan City, IN 46360		<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____  Purpose: <i>Gas</i>	30.00	85.71	10/7/24
Code O  Family Express 7687 US 20 Michigan City, IN 46360		<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____  Purpose: <i>Gas</i>	55.32	55.32	10/8/24
<b>SUBTOTAL THIS PAGE OF SCHEDULE B</b>			\$ 2429.69		
<b>TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY</b> (Enter total on ITEM 17a of the Summary Sheet.)			\$		





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

State Form 4606 (R16 / 6-23)

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

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

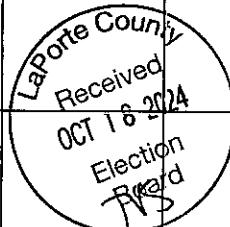
**INSTRUCTIONS:** Please type or print legibly IN **BLACK INK** all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document expenditures totaled on **ITEM 17a** of the **Summary Sheet**. All cumulative expenses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

FILE NUMBER

46-24-02

Page 15 of 15

RECIPIENT'S NAME AND MAILING ADDRESS (street, number, city, state, ZIP code)	RECIPIENT'S OCCUPATION	TYPE OF EXPENDITURE and PURPOSE (be specific)	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE OF EXPENDITURE (mm/dd/yy)
OFFICE SOUGHT (if applicable)					
Code O  Office Max 118 Dunes Plaza Michigan City, IN 46360		<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____  Purpose: Office Supplies	84.27	144.19	10/11/24
Code O  Bank Fees		<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____  Purpose: Bank Fees	28.00	28.00	10/4/24
Code A  Reproductive Art 2824 E Michigan Blvd Michigan City, IN 46360		<input type="checkbox"/> Direct <input checked="" type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____  Purpose: Large Signs	116.00	116.00	7/11/24
Code _____		<input type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____  Purpose:			
Code _____		<input type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____  Purpose:			
Code _____		<input type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____  Purpose:			
Code _____		<input type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____  Purpose:			
Code _____		<input type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____  Purpose:			
<b>SUBTOTAL THIS PAGE OF SCHEDULE B</b>			\$ 112.27		
<b>TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY</b> (Enter total on <b>ITEM 17a</b> of the <b>Summary Sheet</b> )			\$ 4705.75		



4705.75



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

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

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

IS THIS AN AMENDMENT?  Yes  No

**(CFA-4)  
Summary Sheet**

FILE NUMBER

1 46-24-02

TOTAL PAGES IN ENTIRE CFA-4 REPORT

5

**COMMITTEE INFORMATION**

1. Full Name of Committee (as on Statement of Organization)  Check if this is a new name.

Committee to Elect Angela Henzman

2. Acronym or Abbreviated Name (if any)

3. Committee Telephone Number

(812) 456-1450

4. Mailing Address (Address where all campaign finance correspondence is received.)  Check if this is a new address.

237 Leo Ave.

5. City, State, ZIP Code

Trail Creek, IN 46360

6. Party Affiliation (if applicable)

Democrat

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

7. Full Name of Candidate (Include any nickname.)

Angela Henzman

8. Party Affiliation or if Independent Candidate

Democrat

9. Office Sought (Include district number, if any. Not required for exploratory committee.)

LaPorte County Circuit Court Clerk

10. County of Residence

LaPorte

**TYPE OF REPORT**

**CONVENTION CANDIDATES ONLY**

11. Check one:

Pre-Primary  Pre-Election  Annual  Nomination  Other \_\_\_\_\_

Check one:

Pre-Convention

Final / Dissbands Committee (Lines 16, 19, and 20 must be 0)  Outgoing Treasurer (Within ten (10) days around Statement of Organization.)

Post-Convention

12. Reporting Period (mm/dd/yy):

From: 10/12/24

Through: 12/31/24

COLUMN A  
This Period

COLUMN B  
Year to Date

13. Cash on hand and investments at the beginning of this reporting period.

988.28

14. Cash on hand and investments January 1, current year.

0

**CONTRIBUTIONS AND RECEIPTS**

(Note: these amounts include in-kind contributions and loans, as well as cash contributions.)

15a. Itemized (Use Schedule A.)

1246.07

6957.22

15b. Unitemized

0

0

15c. Add lines 15a and 15b in both columns.

SUBTOTAL

1246.07

6957.22

16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B.

TOTAL

2234.35

6957.22

**EXPENDITURES**

(Note: These amounts include in-kind expenditures and loan repayments.)

17a. Itemized (Use Schedule B.) (Public Question: use Schedule C.)

1774.58

6497.45

17b. Unitemized

0

0

17c. Add lines 17a and 17b in both columns.

SUBTOTAL

1774.58

6497.45

18. Cash on hand and investments at close of this reporting period (Subtract 17c from 16 in both columns.)

TOTAL

6459.77

6459.77

19. Debts OWED BY the committee (Use Schedule D.)

0

20. Debts OWED TO the committee (Use Schedule E.)

0

**CERTIFICATION**

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

Signature of Treasurer

Angela Henzman

Title

Candidate

Date (mm/dd/yy)

1/14/25

Signature of Candidate (if applicable)

Angela Henzman

Date (mm/dd/yy)

1/14/25

WARNING: Any information contained in this report may not be copied for sale or used for any commercial purpose. (IC 3-8-4-5) 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)

FOR OFFICE USE ONLY

8:30 am  
LaPorte County  
Received  
JAN 15 2025  
Election Board  
TNS



**REPORT OF RECEIPTS AND EXPENDITURES  
OF A POLITICAL COMMITTEE**  
State Form 4608 (R17 / 8-23)  
Indiana Election Division (IC 3-9-5-14)

**(CFA-4 SCHEDULE A-5)  
CONTRIBUTIONS BY  
OTHER ORGANIZATIONS**

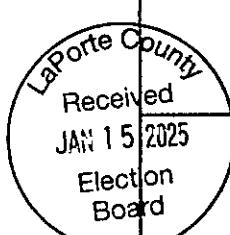
**Itemized Contributions and Other Receipts**

**INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY ORGANIZATIONS OTHER THAN CORPORATIONS, LABOR ORGANIZATIONS, POLITICAL ACTION COMMITTEES AND INDIVIDUALS ON THIS SCHEDULE.** Please type or print legibly IN BLACK 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 listed on ITEM 15a of the Summary Sheet. All cumulative contributions from other entities OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All transfers-in and in-kind contributions (regardless of amount) from candidate's, legislative caucus, and regular party committees MUST be itemized on this schedule. All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee).

FILE NUMBER

46-24-02

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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. Democratic Civic Club	<p>Contributions:  <input checked="" type="checkbox"/> Direct  <input type="checkbox"/> In-Kind (describe)</p> <hr/> <p>Other Receipts:  <input type="checkbox"/> Interest <input type="checkbox"/> Loan  <input type="checkbox"/> Miscellaneous (specify)</p> <hr/>	\$300.00	\$300.00	10/03/04 AH
2.	<p>Contributions:  <input type="checkbox"/> Direct  <input type="checkbox"/> In-Kind (describe)</p> <hr/> <p>Other Receipts:  <input type="checkbox"/> Interest <input type="checkbox"/> Loan  <input type="checkbox"/> Miscellaneous (specify)</p> <hr/>			
3.	<p>Contributions:  <input type="checkbox"/> Direct  <input type="checkbox"/> In-Kind (describe)</p> <hr/> <p>Other Receipts:  <input type="checkbox"/> Interest <input type="checkbox"/> Loan  <input type="checkbox"/> Miscellaneous (specify)</p> <hr/>			
4.	<p>Contributions:  <input type="checkbox"/> Direct  <input type="checkbox"/> In-Kind (describe)</p> <hr/> <p>Other Receipts:  <input type="checkbox"/> Interest <input type="checkbox"/> Loan  <input type="checkbox"/> Miscellaneous (specify)</p> <hr/>			
5.	<p>Contributions:  <input type="checkbox"/> Direct  <input type="checkbox"/> In-Kind (describe)</p> <hr/> <p>Other Receipts:  <input type="checkbox"/> Interest <input type="checkbox"/> Loan  <input type="checkbox"/> Miscellaneous (specify)</p> <hr/>			 <i>TS</i> LaPorte County Received JAN 15 2025 Election Board
SUBTOTAL THIS PAGE OF SCHEDULE A		\$300.00		
TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY (Enter total on ITEM 15a of the Summary Sheet.)		\$1246.07		



**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 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
46-24-02
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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)
1. Act Blue	<p>Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe)</p> <p>Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify)</p>	\$47.92	\$2318.71	10/15/24 AH
2. Act Blue	<p>Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe)</p> <p>Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify)</p>	\$57.81	\$2376.52	10/17/24 AH
3. Act Blue	<p>Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe)</p> <p>Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify)</p>	\$23.84	\$2400.36	10/25/24 AH
4. Act Blue	<p>Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe)</p> <p>Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify)</p>	\$38.40	\$2438.76	10/31/24 TVS LaPorte County Received JAX 15 2025 11/4/24 AH
5. Act Blue	<p>Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe)</p> <p>Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify)</p>	\$15.42	\$2459.18	AH
SUBTOTAL THIS PAGE OF SCHEDULE A		\$ 183.39		
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 (R16 / 6-23)  
Indiana Election Division (IC 3-9-5-14)

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

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

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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)
Code O Family Express 7687 US 30 Michigan City, IN 46360		<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: Gas	\$33.73	\$89.05	10/15/24
Code O Office Max 118 Dunes Plaza Michigan City, IN 46360		<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: Mailing Supplier	\$432.02	\$576.21	10/28/24
Code A Office Max 118 Dunes Plaza Michigan City, IN 46360		<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: Mailer	\$326.35	\$902.56	10/28/24
Code A Baxter Printing 311 N Broad St Griffin, IN 46319		<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: Literature	\$363.80	\$2979.40	10/28/24
Code O 5th/3rd Bank		<input type="checkbox"/> Direct <input checked="" type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: Bank Fees	\$6.00	\$34	12/11/24
Code A Reprographic Arts 2824 E Michigan Blvd Michigan City, IN 46360		<input type="checkbox"/> Direct <input checked="" type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose:	\$610.68	\$728.68	10/31/24
Code _____		<input type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose:	1774.58		Lafayette County Received JAN 15 2025 Election Board
SUBTOTAL THIS PAGE OF SCHEDULE B			\$1161.70		
TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY (Enter total on ITEM 17a of the Summary Sheet.)			\$1774.58		