



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

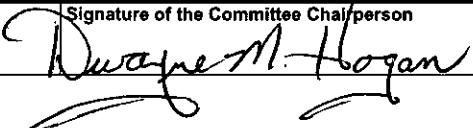
**(CFA-1)**

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 type="checkbox"/> Yes <input type="checkbox"/> No <i>If Yes, please enter the file number in this box.</i> →					46-24-21
<b>SECTION A. CANDIDATE INFORMATION: Fill in all applicable boxes as fully and accurately as possible.</b>					
2. Last Name <i>MARIE BAKER</i>	First Name <i>MARIE</i>	Middle Name <i>P.</i>	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) <i>4783 W. SAN GRIA DR.</i>			5. FAX (Optional) ( )		6. E-mail Address (Optional)
7. City <i>LaPorte</i>	State <i>IN</i>	ZIP Code <i>46350</i>	8. County <i>LaPorte</i>	9. Telephone (Day) <i>(219) 229-7933</i>	10. Telephone (Evening) <i>, SAME</i>
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.) <i>CORONER</i>		
<b>SECTION B. COMMITTEE INFORMATION: Fill in all applicable boxes as fully and accurately as possible.</b>					
13. Full Name of Committee (Do not abbreviate.) <input type="checkbox"/> Check if this is a new name. <b>COMMITTEE TO ELECT MARIE BAKER FOR CORONER</b>					
14. Mailing Address (number and street, city, state, and ZIP code) <i>4783 W. SAN GRIA DR.</i>			15. FAX (Optional) ( )		16. E-mail Address (Optional)
17. City <i>LaPorte</i>	State <i>IN</i>	ZIP Code <i>46350</i>	18. County <i>LaPorte</i>	19. Telephone <i>(219) 229-7933</i>	20. Committee Organization Date <i>(mm/dd/yy) 2-16-24</i>
21. Chairperson's Full Name <input type="checkbox"/> Designate Candidate as Chairperson. <input type="checkbox"/> Check if this is a new chairperson. <i>DWAYNE M. HOGAN</i>					
22. Mailing Address (number and street, city, state, and ZIP code) <i>3424 MASON DR. MICHIGAN CITY, IN 46360</i>			23. FAX (Optional) ( )		24. E-mail Address (Optional) <i>dmhogan@comcast.net</i>
25. City <i>MICHIGAN CITY</i>	State <i>IN</i>	ZIP Code <i>46360</i>	26. County <i>LaPorte</i>	27. Telephone (Day) <i>(219) 608-9551</i>	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.) <i>S 3 BANK</i>					
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		
<b>SECTION C. APPOINTMENT OF TREASURER (IC 3-9-1-14)</b>					
32. I, as Chairperson of the foregoing committee, appoint the following person as Treasurer of the Committee.			Person Appointed Treasurer <i>Robert E. Gaekle</i> 		
33. Treasurer's Full Name <input type="checkbox"/> Designate candidate as treasurer. <input type="checkbox"/> Check if this is a new treasurer. <i>Robert E. Gaekle</i>					
34. Mailing Address (number and street, city, state, and ZIP code) <i>4201S 150W, LaPorte, IN 46350</i>			35. FAX (Optional) ( )		36. E-mail Address (Optional) <i>rgaekle@csinet.net</i>
37. City <i>LaPorte</i>	State <i>IN</i>	ZIP Code <i>46350</i>	38. County <i>LaPorte</i>	39. Telephone (Day) <i>(219) 362-5835</i>	40. Telephone (Evening) <i>(219) 362-5835</i>
<b>SECTION D. ACCEPTANCE OF APPOINTMENT (IC 3-9-1-15)</b>					
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 <i>Robert E. Gaekle</i>		
<b>SECTION E. CERTIFICATION OF STATEMENT</b>					
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 <i>Dwayne M. Hogan</i>	Signature of Chairperson <i>DWAYNE M. HOGAN</i>		Date (mm/dd/yy) <i>2-16-24</i>		
43. Typed or Printed Name of Candidate <i>MARIE P. BAKER</i>	Signature of Candidate <i>MARIE P. BAKER</i>		Date (mm/dd/yy) <i>2-16-24</i>		
<p><b>Warning:</b> 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).</p>					
<p><b>FOR OFFICE USE ONLY</b> <b>FEB 16 2024</b> <b>IN CLERKS OFFICE</b> <b>FEB 16 2024</b></p> <p><i>Heaven Stevens</i> CLERK OF LA PORTE CIRCUIT COURT</p>					



# REPORT OF RECEIPTS AND EXPENDITURES OF A POLITICAL COMMITTEE

State Form 4606 (R15 / 5-19)  
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

46-24-21

TOTAL PAGES IN ENTIRE CFA-4 REPORT

4

### COMMITTEE INFORMATION

1. Full Name of Committee (as on Statement of Organization) Committee to Elect Mark Baker for Coroner	<input type="checkbox"/> Check if this is a new name.
2. Acronym or Abbreviated Name (if any)	3. Committee Telephone Number ( 219 ) 727-1656

4. Mailing Address (Address where all campaign finance correspondence is received.) 4783 W. Sangria Drive	<input type="checkbox"/> Check if this is a new address.
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5. City, State, ZIP Code LaPorte, IN 46350	6. Party Affiliation (if applicable) Democrat
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### CANDIDATE INFORMATION (For Candidate's Committees Only)

7. Full Name of Candidate (Include any nickname.) Mark P. Baker	8. Party Affiliation or If Independent Candidate Democrat
9. Office Sought (Include district number, if any. <b>Not required for exploratory committee.</b> ) LaPorte County Coroner	10. County of Residence LaPorte

### TYPE OF REPORT

11. Check one: <input checked="" type="checkbox"/> Pre-Primary <input type="checkbox"/> Pre-Election <input type="checkbox"/> Annual <input type="checkbox"/> Nomination <input type="checkbox"/> Other _____ <input type="checkbox"/> Final / Disbands Committee (Lines 18, 19, and 20 must be "0.") <input type="checkbox"/> Outgoing Treasurer (Within ten (10) days amend Statement of Organization.)	CONVENTION CANDIDATES ONLY Check one: <input type="checkbox"/> Pre-Convention <input type="checkbox"/> Post-Convention
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12. Reporting Period (mm/dd/yy): From: 01-01-2024 Through: 04-12-2024	COLUMN A This Period	COLUMN B Year to Date
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13. Cash on hand and investments at the beginning of this reporting period.	100.00
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14. Cash on hand and investments January 1, current year.	100.00
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### CONTRIBUTIONS AND RECEIPTS

(Note: these amounts include in-kind contributions and loans, as well as cash contributions.)		
15a. Itemized (Use Schedule A.)	980.02	980.02
15b. Unitemized		
15c. Add lines 15a and 15b in both columns.	SUBTOTAL	980.02
16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B.	TOTAL	1,080.02

### EXPENDITURES

(Note: These amounts include in-kind expenditures and loan repayments.)		
17a. Itemized (Use Schedule B.) (Public Question: use Schedule C.)	980.02	980.02
17b. Unitemized		
17c. Add lines 17a and 17b in both columns.	SUBTOTAL	980.02
18. Cash on hand and investments at close of this reporting period (Subtract 17c from 16 in both columns.)	TOTAL	100.00
19. Debts OWED BY the committee (Use Schedule D.)		980.02
20. Debts OWED TO the committee (Use Schedule E.)		

### 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 	Title Treasure	Date (mm/dd/yy) 04-12-2024
Signature of Candidate (if applicable) 		Date (mm/dd/yy) 04-12-2024

**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 3-14-1-14) 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  
FILED  
IN CLERKS OFFICE

APR 15 2024

Leanne Stevens  
CLERK OF LA PORTE CIRCUIT CO.



**REPORT OF RECEIPTS AND EXPENDITURES  
OF A POLITICAL COMMITTEE**  
State Form 4606 (R15/5-19)  
Indiana Election Division (IC 3-8-5-14)

**(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
46-24-21
Page 1 of 1

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. Mark P. Baker 4783 W. Sangria Drive LaPorte, IN 46350	<p>Contributions:  <input type="checkbox"/> Direct  <input type="checkbox"/> In-Kind (describe)</p> <p>Other Receipts:  <input type="checkbox"/> Interest <input checked="" type="checkbox"/> Loan  <input type="checkbox"/> Miscellaneous (specify)</p>	\$621.67	\$621.67	3-1-2024	Mark Baker
Contributor's Occupation (if required) <u>Retired</u>					
2. Mark P. Baker 4783 W. Sangria Drive LaPorte, IN 46350	<p>Contributions:  <input type="checkbox"/> Direct  <input type="checkbox"/> In-Kind (describe)</p> <p>Other Receipts:  <input type="checkbox"/> Interest <input checked="" type="checkbox"/> Loan  <input type="checkbox"/> Miscellaneous (specify)</p>	\$36.38	\$36.28	3-15-2024	Mark Baker
Contributor's Occupation (if required) <u>Retired</u>					
3. Mark P. Baker 4783 W. Sangria Drive LaPorte, IN 46350	<p>Contributions:  <input type="checkbox"/> Direct  <input type="checkbox"/> In-Kind (describe)</p> <p>Other Receipts:  <input type="checkbox"/> Interest <input checked="" type="checkbox"/> Loan  <input type="checkbox"/> Miscellaneous (specify)</p>	\$322.07	\$322.07	4-1-2024	Mark Baker
Contributor's Occupation (if required) <u>Retired</u>					
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>				
Contributor's Occupation (if required)					
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>			<p><b>F I L E D</b> IN CLERKS OFFICE APR 15 2024 Leanne Stevens CLERK OF LA PORTE CIRCUIT COURT</p>	
Contributor's Occupation (if required)					
<b>SUBTOTAL THIS PAGE OF SCHEDULE A</b>		\$ 980.02			
<b>TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY</b> (Enter total on <b>ITEM 15a</b> of the Summary Sheet.)		\$ 980.02			



**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**

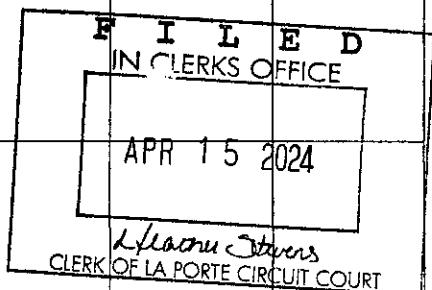
**INSTRUCTIONS:** Please type or print legibly **IN BLACK INK** all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document expenditures totaled on ITEM 17a of the Summary Sheet. All cumulative expenses paid to 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

46-24-21

Page 1 of 1

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 Mark P. Baker 4783 W. Sangria Drive LaPorte, IN 46350	LaPorte County Coroner	<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: <b>Advertising</b>	\$621.64	\$621.64	3-19-2024
Code A Mark P. Baker 4783 W. Sangria Drive LaPorte, IN 46350	LaPorte County Coroner	<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 <b>Parade</b> _____ Purpose: <b>Candy</b>	\$36.28	\$36.28	3-15-2024
Code A Mark P. Baker 4783 W. Sangria Drive LaPorte, IN 46350	LaPorte County Coroner	<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: <b>Advertising</b>	\$322.07	\$322.07	4-1-2024
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>		\$ 980.02			
<b>TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY (Enter total on ITEM 17a of the Summary Sheet.)</b>		\$ 980.02			





**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 D)  
DEBTS OWED BY THIS COMMITTEE**

**INSTRUCTIONS:** Please type or print legibly **IN BLACK INK** all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. List all debts and loans, regardless of the amount, OWED BY the committee during the reporting period. Include all amounts owed for or to lend institutions, individuals, credit purchases, committee credit card accounts, etc. List each vendor paid by credit card issued in the name of the committee in the ENDORSER'S column. A lender's occupation is required if an individual makes loans of at least \$1,000 during the calendar year. Otherwise, this is optional.

<b>FILE NUMBER</b>			
46-24-01			
Page	1	of	1



# REPORT OF RECEIPTS AND EXPENDITURES OF A POLITICAL COMMITTEE

State Form 4606 (R15 / 5-19)  
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
46-24-21
TOTAL PAGES IN ENTIRE CFA-4 REPORT
8

### COMMITTEE INFORMATION

1. Full Name of Committee (as on Statement of Organization) Committee to Elect Mark Baker for Coroner	<input type="checkbox"/> Check if this is a new name.
2. Acronym or Abbreviated Name (if any)	3. Committee Telephone Number ( 219 ) 727-1656
4. Mailing Address (Address where all campaign finance correspondence is received.) 4783 W. Sangria Drive	<input type="checkbox"/> Check if this is a new address.
5. City, State, ZIP Code LaPorte, IN 46350	6. Party Affiliation (if applicable) Democatae
<b>CANDIDATE INFORMATION (For Candidate's Committees Only)</b>	
7. Full Name of Candidate (Include any nickname.) Mark P. Baker	8. Party Affiliation or If Independent Candidate Democratice
9. Office Sought (Include district number, if any. <b>Not required for exploratory committee.</b> ) LaPorte County Coroner	10. County of Residence LaPortre

### TYPE OF REPORT

11. Check one: <input type="checkbox"/> Pre-Primary <input checked="" type="checkbox"/> Pre-Election <input type="checkbox"/> Annual <input type="checkbox"/> Nomination <input type="checkbox"/> Other _____ <input type="checkbox"/> Final / Disbands Committee (Lines 18, 19, and 20 must be "0") <input type="checkbox"/> Outgoing Treasurer (Within ten (10) days amend Statement of Organization.)	Check one: <input type="checkbox"/> Pre-Convention <input type="checkbox"/> Post-Convention
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12. Reporting Period (mm/dd/yy): From: 4-13-24 Through: 10-11-2024	COLUMN A This Period	COLUMN B Year to Date
13. Cash on hand and investments at the beginning of this reporting period.	100.00	
14. Cash on hand and investments January 1, current year.		100.00

### CONTRIBUTIONS AND RECEIPTS

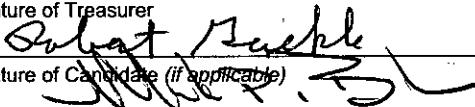
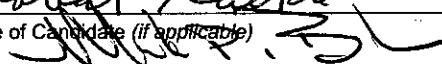
(Note: these amounts include in-kind contributions and loans, as well as cash contributions.)		
15a. Itemized (Use Schedule A.)	2,117.03	2,117.03
15b. Unitemized		
15c. Add lines 15a and 15b in both columns.	SUBTOTAL	2,117.03
16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B.	TOTAL	2,217.03

### EXPENDITURES

(Note: These amounts include in-kind expenditures and loan repayments.)		
17a. Itemized (Use Schedule B.) (Public Question: use Schedule C.)	1,208.00	1,208.00
17b. Unitemized		
17c. Add lines 17a and 17b in both columns.	SUBTOTAL	1,208.00
18. Cash on hand and investments at close of this reporting period (Subtract 17c from 16 in both columns.)	TOTAL	1,009.03
19. Debts OWED BY the committee (Use Schedule D.)		858.03
20. Debts OWED TO the committee (Use Schedule E.)		

### 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 	Title Treasure	Date (mm/dd/yy) 10-12-2024
Signature of Candidate (if applicable) 		Date (mm/dd/yy) 10-12-2024

**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 3-14-1-14) 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





**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
46-24-21
Page <u>1</u> of <u>4</u>

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. Nancy Hawkins 7128N 300W Michigan City, IN 46360	<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/>	\$50.00	\$50.00	5-20-2024
Contributor's Occupation (if required) <u>Retired</u>				Mark Baker
2. Dwayne Hogan 3424 Mason Drive Michigan City, IN 46360	<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	9-10-2024
Contributor's Occupation (if required) <u>Retired</u>				Mark Baker
3. Michael Mollenhauer 1510 Michigan Avenue LaPorte, IN 46350	<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/>	\$100.00	\$100.00	9-13-2024
Contributor's Occupation (if required) <u>Retired</u>				Mark Baker
4. Robert Gaekle 4201S 150W LaPorte, IN 463540	<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/>	\$250.00	\$250.00	9-14-2024
Contributor's Occupation (if required) <u>Retired</u>				Mark Baker
5. Attley Price 4667N 400W LaPorte, IN 46350	<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/>	\$99.00	\$99.00	Oct 15 2024 10-4-2024
Contributor's Occupation (if required) <u>Attorney</u>				Mark Baker
SUBTOTAL THIS PAGE OF SCHEDULE A		\$ 799.00		
TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY (Enter total on ITEM 15a of the Summary Sheet.)		\$		





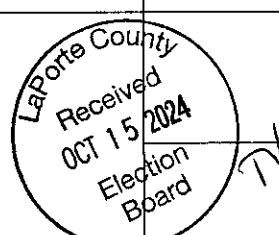
**REPORT OF RECEIPTS AND EXPENDITURES  
OF A POLITICAL COMMITTEE**

State Form 4606 (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
42-24-21
Page <u>2</u> of <u>4</u>

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. Dr. Vidya Kora 105 Woodside Ct. Michigan City, IN 46360	<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/>	\$200.00	\$200.00	10-7-2024
Contributor's Occupation (if required) <u>Physician</u>				Mark Baker
2. Matthew Sikorski 2012W 850N Michigan City, IN 46360	<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/>	\$200.00	\$200.00	10-8-2024
Contributor's Occupation (if required) <u>Business Owner</u>				Mark Baker
3. Mark P. Baker 4783 W. Sangria Drive LaPorte, IN 46350	<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/>	\$60.00	\$60.00	10-10-2025
Contributor's Occupation (if required) <u>Retired</u>				Mark Baker
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/>			
Contributor's Occupation (if required)				
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/>			
Contributor's Occupation (if required)				
<b>SUBTOTAL THIS PAGE OF SCHEDULE A</b>		\$ 460.00		
<b>TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY</b> (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
46-24-21
Page <u>3</u> of <u>4</u>

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. Mark P. Baker 4783 W. Sangria Drive LaPorte, IN 46350	Contributions: <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe)  Other Receipts: <input type="checkbox"/> Interest <input checked="" type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify)	\$78.11	\$78.11	4-16-2024 Mark Baker
Contributor's Occupation (if required) <u>Retired</u>				
2. Mark Baker 4783 W Sangria Drive LaPorte, IN 46350	Contributions: <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe)  Other Receipts: <input type="checkbox"/> Interest <input checked="" type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify)	\$42.80	\$42.80	4-16-2024 Mark Baker
Contributor's Occupation (if required) <u>Retired</u>				
3. Mark Baker 4783 W Sangria Drive LaPorte, IN 46350	Contributions: <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe)  Other Receipts: <input type="checkbox"/> Interest <input checked="" type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify)	\$46.25	\$46.25	6-28-2024 Mark Baker
Contributor's Occupation (if required) <u>Retired</u>				
4. Mark Baker 4783 W Sangria Drive LaPorte, IN 46350	Contributions: <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe)  Other Receipts: <input type="checkbox"/> Interest <input checked="" type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify)	\$25.00	\$25.00	9-6-2024 Mark Baker
Contributor's Occupation (if required) <u>Retired</u>				
5. Mark Baker 4783 W Sangria Drive LaPorte, IN 46350	Contributions: <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe)  Other Receipts: <input type="checkbox"/> Interest <input checked="" type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify)	\$14.98	\$14.98	OCT 15 2024 Election 9-12-2024 Board Mark Baker
Contributor's Occupation (if required) <u>Retired</u>				
<b>SUBTOTAL THIS PAGE OF SCHEDULE A</b>		\$ 207.14		
<b>TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY</b> (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
46-24-21
Page 4 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)
1. Mark P. Baker 4783 W. Sangria Drive LaPorte, IN 46350	Contributions: <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe)  Other Receipts: <input type="checkbox"/> Interest <input checked="" type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify)  Contributor's Occupation (if required) <u>Retired</u>	\$42.80	\$42.80	9-26-2024 Mark Baker
2. Mark Baker 4783 W Sangria Drive LaPorte, IN 46350	Contributions: <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe)  Other Receipts: <input type="checkbox"/> Interest <input checked="" type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify)  Contributor's Occupation (if required) <u>Retired</u>	\$113.20	\$113.20	10-4-2024 Mark Baker
3. Mark Baker 4783 W Sangria Drive LaPorte, IN 46350	Contributions: <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe)  Other Receipts: <input type="checkbox"/> Interest <input checked="" type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify)  Contributor's Occupation (if required) <u>Retired</u>	\$11.64	\$11.64	10-7-2024 Mark Baker
4. Mark Baker 4783 W Sangria Drive LaPorte, IN 46350	Contributions: <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe)  Other Receipts: <input type="checkbox"/> Interest <input checked="" type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify)  Contributor's Occupation (if required) <u>Retired</u>	\$32.09	\$32.09	9-22-2024 Mark Baker
5. Mark Baker 4783 W Sangria Drive LaPorte, IN 46350	Contributions: <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe)  Other Receipts: <input type="checkbox"/> Interest <input checked="" type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify)  Contributor's Occupation (if required) <u>Retired</u>	\$451.16	\$451.16	4-24 to 9-24 LaPorte County Received OCT 15 2024 Election Board \$451.16 Mark Baker
<b>SUBTOTAL THIS PAGE OF SCHEDULE A</b>		\$ 650.89		
<b>TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY (Enter total on ITEM 15a of the Summary Sheet.)</b>		\$ 2,117.03		



**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**

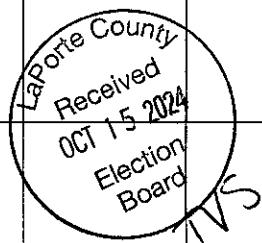
**INSTRUCTIONS:** Please type or print legibly **IN BLACK INK** all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document expenditures totaled on ITEM 17a of the Summary Sheet. All cumulative expenses paid to 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

46-24-21

Page 1 of 1

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 _____ Democrat Central Committee Evergreen Plaza 1902 US 20 Michigan City, IN 46360	Political	<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:	\$250.00	\$250.00	9-14-2024
Code A _____ Gerald Media, LLC. 685E 1657N Michigan City, IN 46360	Radio Station	<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:	\$207.00	\$207.00	10-3-2024
Code A _____ The Eagle WCOE 1700 Lincolnway LaPorte, IN 46350	Radio Station	<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:	\$314.00	\$314.00	10-9-2024
Code A _____ Kankakee Valley Broadcasting Co. Inc. 400 W. Culver Road Knox, IN 46534	Radio Station	<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:	\$192.00	\$192.00	10-9-2024
Code A _____ WEFM 1903 Springland Avenue Michigan City, IN 46360	Radio Station	<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:	\$245.00	\$245.00	10-10-2024
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>			\$ 1,208.00		
<b>TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY</b> (Enter total on ITEM 17a of the Summary Sheet.)			\$ 1,208.00		





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

State Form 4806 (R17/8-23)

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

**(CFA-4 SCHEDULE D)  
DEBTS OWED BY THIS COMMITTEE**

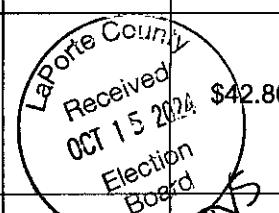
**INSTRUCTIONS:** Please type or print legibly **IN BLACK INK** all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. List all debts and loans, regardless of the amount, **OWED BY** the committee during the reporting period. Include all amounts owed for or to lend institutions, individuals, credit purchases, committee credit card accounts, etc. List each vendor paid by credit card issued in the name of the committee in the ENDORSER'S column. A lender's occupation is required if an individual makes loans of at least \$1,000 during the calendar year. Otherwise, this is optional.

FILE NUMBER

46-24-21

Page 1 of 2

CREDITOR'S OR LENDER'S NAME AND MAILING ADDRESS (street, number, city, state, ZIP code)	ENDORSER'S OR VENDOR'S NAME AND MAILING ADDRESS (if any) (street, number, city, state, ZIP code)	AMOUNT	DATE DEBT INCURRED (mm/dd/yy)	CUMULATIVE PAID YEAR-TO-DATE	OUTSTANDING BALANCE THIS PERIOD			
		NATURE OF DEBT						
Mark P. Baker 4783 W. Sangria Drive LaPorte, IN 46350  LENDER'S OCCUPATION: Retired	Acme Print Copy Design 1620 E. Summit St. Crown Point, IN 46307	\$78.11	4-16-2024		\$78.11			
		Loan						
Mark P. Baker 4783 W. Sangria Drive LaPorte, IN 46350  LENDER'S OCCUPATION: Retired	Acme Print Copy Design 1620 E. Summit St. Crown Point, IN 46307	\$42.80	4-16-2024		\$42.80			
		Loan						
Mark P. Baker 4783 W. Sangria Drive LaPorte, IN 46350  LENDER'S OCCUPATION:	Walmart 5780 Franklin St. Michigan City, IN 46360	\$46.25	6-28-2024		\$46.25			
		Loan						
Mark P. Baker 4783 W. Sangria Drive LaPorte, IN 46350  LENDER'S OCCUPATION: Retired	Salute to Labor Dinner 2001 Franklin St. Michigan City, IN 46360	\$25.00	9-6-2024		\$25.00			
		Loan						
Mark P. Baker 4783 W. Sangria Drive LaPorte, IN 46350  LENDER'S OCCUPATION:	Walmart 5780 Franklin St. Michigan City, IN 46360	\$14.98	9-12-2024		\$14.98			
		Loan						
Mark P. Baker 4783 W. Sangria Drive LaPorte, IN 46350  LENDER'S OCCUPATION: Retired	Acme Print Copy Design 1620 E. Summit St. Crown Point, IN 46307	\$42.80	9-26-2024		\$42.80			
		Loan						
Mark P. Baker 4783 W. Sangria Drive LaPorte, IN 46350  LENDER'S OCCUPATION: Retired	Rural King 1460W St. Rd. 2 LaPorte, IN 46350	\$113.20	10-4-2024		\$113.20			
		Loan						
<b>SUBTOTAL THIS PAGE OF SCHEDULE D</b>					\$ 363.14			
<b>TOTAL OF ALL PAGES OF SCHEDULE D ON THE LAST PAGE ONLY</b> (Enter total on ITEM 19 of the Summary Sheet.)					\$			





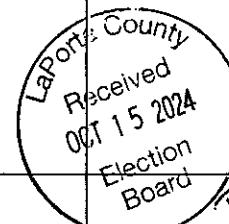
**REPORT OF RECEIPTS AND EXPENDITURES  
OF A POLITICAL COMMITTEE**  
State Form 4606 (R17 / 8-23)  
Indiana Election Division (IC 3-9-5-14)

**(CFA-4 SCHEDULE D)  
DEBTS OWED BY THIS COMMITTEE**

**INSTRUCTIONS:** Please type or print legibly **IN BLACK INK** all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. List all debts and loans, regardless of the amount, OWED BY the committee during the reporting period. Include all amounts owed for or to lend institutions, individuals, credit purchases, committee credit card accounts, etc. List each vendor paid by credit card issued in the name of the committee in the ENDORSER'S column. A lender's occupation is required if an individual makes loans of at least \$1,000 during the calendar year. Otherwise, this is optional.

FILE NUMBER
46-24-21
Page <u>2</u> of <u>2</u>

CREDITOR'S OR LENDER'S NAME AND MAILING ADDRESS (street, number, city, state, ZIP code)	ENDORSER'S OR VENDOR'S NAME AND MAILING ADDRESS (if any) (street, number, city, state, ZIP code)	AMOUNT NATURE OF DEBT	DATE DEBT INCURRED (mm/dd/yy)	CUMULATIVE PAID YEAR-TO-DATE	OUTSTANDING BALANCE THIS PERIOD
Mark P. Baker 4783 W. Sangria Drive LaPorte, IN 46350  <small>LENDER'S OCCUPATION: Retired</small>	Walmart 333 Boyd Blvd. LaPorte, IN 46350	\$11.64  Loan	10-7-2024		\$11.64
Mark P. Baker 4783 W. Sangria Drive LaPorte, IN 46350  <small>LENDER'S OCCUPATION: Retired</small>	Tractor Supply 71 Pine Lake Ave. LaPorte, IN 46350	\$32.09  Loan	9-22-2024		\$32.09
Mark P. Baker 4783 W. Sangria Drive LaPorte, IN 46350  <small>LENDER'S OCCUPATION: Retired</small>	ATT PO Box 5074 Carol Stream, IL 60197	\$451.16  Loan	4-24 to 9-24		\$451.16
<small>LENDER'S OCCUPATION:</small>					
<small>LENDER'S OCCUPATION:</small>					
<small>LENDER'S OCCUPATION:</small>					
<small>LENDER'S OCCUPATION:</small>					
<small>LENDER'S OCCUPATION:</small>					
<small>LENDER'S OCCUPATION:</small>					
<small>LENDER'S OCCUPATION:</small>					
<b>SUBTOTAL THIS PAGE OF SCHEDULE D</b>					<b>\$ 494.89</b>
<b>TOTAL OF ALL PAGES OF SCHEDULE D ON THE LAST PAGE ONLY (Enter total on ITEM 19 of the Summary Sheet.)</b>					<b>\$ 858.03</b>





# REPORT OF RECEIPTS AND EXPENDITURES OF A POLITICAL COMMITTEE

State Form 4606 (R15 / 5-19)  
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

46-24-21

TOTAL PAGES IN ENTIRE CFA-4 REPORT

1

### COMMITTEE INFORMATION

1. Full Name of Committee (as on Statement of Organization) Committee to Elect Mark Baker for Coroner	<input type="checkbox"/> Check if this is a new name.
2. Acronym or Abbreviated Name (if any)	3. Committee Telephone Number ( 219 ) 727-1656
4. Mailing Address (Address where all campaign finance correspondence is received.) 4783 W. Sangria Drive	<input type="checkbox"/> Check if this is a new address.
5. City, State, ZIP Code LaPorte, Indiana 46350	6. Party Affiliation (if applicable) Democrat

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

7. Full Name of Candidate (Include any nickname.) Mark P. Baker	8. Party Affiliation or If Independent Candidate Democrat
9. Office Sought (Include district number, if any. Not required for exploratory committee.) LaPorte County Coroner	10. County of Residence LaPorte

### TYPE OF REPORT

### CONVENTION CANDIDATES ONLY

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

12. Reporting Period (mm/dd/yy): From: 10-12-2024	Through: 12-31-2024	COLUMN A This Period	COLUMN B Year to Date
		151.00	151.00
13. Cash on hand and investments at the beginning of this reporting period.			151.00
14. Cash on hand and investments January 1, current year.			151.00

### CONTRIBUTIONS AND RECEIPTS

(Note: these amounts include in-kind contributions and loans, as well as cash contributions.)		0.00	1,208.00
15a. Itemized (Use Schedule A.)		0.00	1,208.00
15b. Unitemized \$824.45 Loan Baker Written Off		151.00	1,208.00
15c. Add lines 15a and 15b in both columns.	SUBTOTAL	151.00	1,208.00
16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B.	TOTAL	151.00	1,359.00

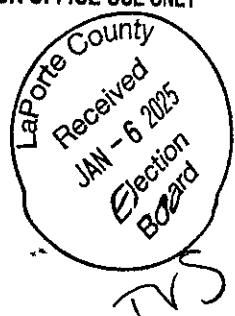
### EXPENDITURES

(Note: These amounts include in-kind expenditures and loan repayments.)		0.00	0.00
17a. Itemized (Use Schedule B.) (Public Question: use Schedule C.)		0.00	0.00
17b. Unitemized		0.00	0.00
17c. Add lines 17a and 17b in both columns.	SUBTOTAL	0.00	0.00
18. Cash on hand and investments at close of this reporting period (Subtract 17c from 16 in both columns.)	TOTAL	0.00	0.00
19. Debts OWED BY the committee (Use Schedule D.) \$824.45 Baker Written Off		0.00	0.00
20. Debts OWED TO the committee (Use Schedule E.) No Debit Owed		0.00	0.00

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 <i>Robert Saele</i>	Title Treasure	Date (mm/dd/yy) 12-31-2024
Signature of Candidate (if applicable) <i>S. Saele</i>		Date (mm/dd/yy) 12-31-2024

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 3-14-1-14) 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





**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 D)  
DEBTS OWED BY THIS COMMITTEE**

**INSTRUCTIONS:** Please type or print legibly **IN BLACK INK** all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. List all debts and loans, regardless of the amount, OWED BY the committee during the reporting period. Include all amounts owed for or to lend institutions, individuals, credit purchases, committee credit card accounts, etc. List each vendor paid by credit card issued in the name of the committee in the ENDORSER'S column. A lender's occupation is required if an individual makes loans of at least \$1,000 during the calendar year. Otherwise, this is optional.

FILE NUMBER			
46-24-21			
Page	1	of	1