



**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 checked="" type="checkbox"/> No If Yes, please enter the file number in this box. →					410-24-16
<b>SECTION A. CANDIDATE INFORMATION: Fill in all applicable boxes as fully and accurately as possible.</b>					
2. Last Name Ford	First Name Scott	Middle Name Alan	Nickname Scotty	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) 5654 W Vintage Hills Trail			5. FAX (Optional) ( )	6. E-mail Address (Optional)	
7. City La Porte	State IN	ZIP Code 46350	8. County La Porte	9. Telephone (Day) (219) 575-3562	10. Telephone (Evening) (708)575-3562
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.) County Council At Large		
<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 checked="" type="checkbox"/> Check if this is a new name. Committee to Elect Scott Ford					
14. Mailing Address (number and street, city, state, and ZIP code) 5654 W Vintage Hills Trail			15. FAX (Optional) ( )	16. E-mail Address (Optional)	
17. City La Porte	State IN	ZIP Code 46350	18. County La Porte	19. Telephone (219) 575-3562	20. Committee Organization Date (mm/dd/yy) 02/14/24
21. Chairperson's Full Name <input checked="" type="checkbox"/> Designate Candidate as Chairperson. <input type="checkbox"/> Check if this is a new chairperson. Scott Alan Ford					
22. Mailing Address (number and street, city, state, and ZIP code) 5654 W Vintage Hills Trail			23. FAX (Optional) ( )	24. E-mail Address (Optional)	
25. City La Porte	State IN	ZIP Code 46350	26. County La Porte	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.) None yet					
30. Exploratory Committee (Give brief statement explaining purpose of an exploratory committee only.) None			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 Scott Alan Ford		Signature of the Committee Chairperson <i>Scott Ford</i>
33. Treasurer's Full Name <input checked="" type="checkbox"/> Designate candidate as treasurer. <input type="checkbox"/> Check if this is a new treasurer. Scott Alan Ford					
34. Mailing Address (number and street, city, state, and ZIP code) 5654 W Vintage Hills Trail			35. FAX (Optional) ( )	36. E-mail Address (Optional)	
37. City La Porte	State IN	ZIP Code 46350	38. County La Porte	39. Telephone (Day) (219) 575-3562	40. Telephone (Evening) ( )
<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>Scott Ford</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>Scott Ford</i>		Signature of Chairperson <i>Scott Ford</i>		Date (mm/dd/yy) 2-14-24	
43. Typed or Printed Name of Candidate <i>Scott Ford</i>		Signature of Candidate <i>Scott Ford</i>		Date (mm/dd/yy) 2-14-24	
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 IN CLERKS OFFICE FEB 14 2024 Leanne Stevens CLERK OF LA PORTE CIRCUIT COURT					



# 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

410-241-16

TOTAL PAGES IN ENTIRE CFA-4 REPORT

COMMITTEE INFORMATION		
1. Full Name of Committee (as on Statement of Organization) Committee to Elect Scott Ford	<input type="checkbox"/> Check if this is a new name.	
2. Acronym or Abbreviated Name (if any)	3. Committee Telephone Number ( 219 ) 575-3562	
4. Mailing Address (Address where all campaign finance correspondence is received.) 5654 W Vintage Hills Trail	<input type="checkbox"/> Check if this is a new address.	
5. City, State, ZIP Code La Porte IN 46350	6. Party Affiliation (if applicable) Democrat	
CANDIDATE INFORMATION (For Candidate's Committees Only)		
7. Full Name of Candidate (Include any nickname.) Scott "Scott" Ford	8. Party Affiliation or if Independent Candidate Democrat	
9. Office Sought (Include district number, if any. Not required for exploratory committee.) County Council At Large	10. County of Residence La Porte	
TYPE OF REPORT		CONVENTION CANDIDATES ONLY
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.)	Check one: <input type="checkbox"/> Pre-Convention <input type="checkbox"/> Post-Convention	
12. Reporting Period (mm/dd/yy): From: Jan 1 2024	COLUMN A This Period	COLUMN B Year to Date
Through: April 9, 2024	0.00	0.00
13. Cash on hand and investments at the beginning of this reporting period.	0.00	
14. Cash on hand and investments January 1, current year.	0.00	
CONTRIBUTIONS AND RECEIPTS		
(Note: these amounts include in-kind contributions and loans, as well as cash contributions.)		
15a. Itemized (Use Schedule A.)		
15b. Unitemized		
15c. Add lines 15a and 15b in both columns.	SUBTOTAL	
16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B.	TOTAL	0.00 0.00
EXPENDITURES		
(Note: These amounts include in-kind expenditures and loan repayments.)		
17a. Itemized (Use Schedule B.) (Public Question: use Schedule C.)		
17b. Unitemized		
17c. Add lines 17a and 17b in both columns.	SUBTOTAL	
18. Cash on hand and investments at close of this reporting period (Subtract 17c from 16 in both columns.)	TOTAL	0.00
19. Debts OWED BY the committee (Use Schedule D.)	0.00	
20. Debts OWED TO the committee (Use Schedule E.)	0.00	

### CERTIFICATION

### FOR OFFICE USE ONLY

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

Signature of Treasurer

*Scott Ford*

Title

*Treasurer*

Date (mm/dd/yy)  
4-9-2024

FILED  
IN CLERKS OFFICE

Signature of Candidate (if applicable)

*Scott Ford*

Date (mm/dd/yy)  
4/9/2024

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)

APR - 9 2024

*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)

**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

410-24-14

TOTAL PAGES IN ENTIRE CFA-4 REPORT

5

### COMMITTEE INFORMATION

1. Full Name of Committee (as on Statement of Organization) Committee to Elect Scott Ford	<input type="checkbox"/> Check if this is a new name.
2. Acronym or Abbreviated Name (if any)	3. Committee Telephone Number ( 219 ) 575-3562
4. Mailing Address (Address where all campaign finance correspondence is received.) 5654 W Vintage Hills Trail	<input type="checkbox"/> Check if this is a new address.
5. City, State, ZIP Code La Porte IN 46350	6. Party Affiliation (if applicable) Democrat

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

7. Full Name of Candidate (Include any nickname.) Scott "Scotty" Ford	8. Party Affiliation or If Independent Candidate Democrat
9. Office Sought (Include district number, if any. Not required for exploratory committee.) County Council At Large	10. County of Residence La Porte

### 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.)	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: 4-13-24 Through: 10-11-24	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.	0.00	
---	------	--

14. Cash on hand and investments January 1, current year.	0.00	
---	------	--

### CONTRIBUTIONS AND RECEIPTS

(Note: these amounts include in-kind contributions and loans, as well as cash contributions.)		
15a. Itemized (Use Schedule A.)	1,100.00	1,100.00
15b. Unitemized	425.00	425.00
15c. Add lines 15a and 15b in both columns.	SUBTOTAL	1,525.00
16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B.	TOTAL	1,525.00

### EXPENDITURES

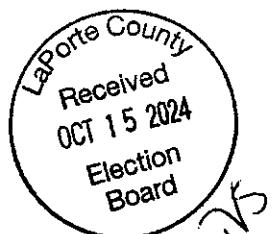
(Note: These amounts include in-kind expenditures and loan repayments.)		
17a. Itemized (Use Schedule B.) (Public Question: use Schedule C.)	688.22	688.22
17b. Unitemized	81.58	81.58
17c. Add lines 17a and 17b in both columns.	SUBTOTAL	769.80
18. Cash on hand and investments at close of this reporting period (Subtract 17c from 16 in both columns.)	TOTAL	755.20
19. Debts OWED BY the committee (Use Schedule D.)	500.00	
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 <i>Scott Ford</i>	Title D-F-24	Date (mm/dd/yy) 10-14-24
Signature of Candidate (If applicable) <i>Scott Ford</i>		Date (mm/dd/yy) 10-14-24

### FOR OFFICE USE ONLY



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)



**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-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 totaled 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	
Page <u>1</u> of <u>1</u>	

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. La Porte Democratic Civic Club La Porte, IN 46350	<p>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)    </p>	\$600.00	\$600.00	June 1  Scott Ford
2.	<p>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)    </p>			
3.	<p>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)    </p>			
4.	<p>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)    </p>			
5.	<p>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)    </p>			
SUBTOTAL THIS PAGE OF SCHEDULE A		\$ 600.00		
TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY (Enter total on ITEM 15a of the Summary Sheet.)		\$ 600.00		



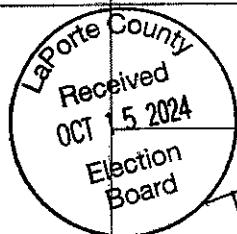
**REPORT OF RECEIPTS AND EXPENDITURES  
OF A POLITICAL COMMITTEE**  
State Form 4606 (R17 / 8-23)  
Indiana Election Division (IC 3-9-5-14)

**(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.

<b>FILE NUMBER</b>
Page <u>1</u> of <u>1</u>

<b>CONTRIBUTOR'S FULL NAME AND OCCUPATION 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. Scott Ford 5654 W Vintage Hills Trail La Porte, 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>	\$500.00	\$500.00	June 1 Scott Ford
Contributor's Occupation (if required) <u>Instructor</u>				
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>			
Contributor's Occupation (if required) _____				
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>			
Contributor's Occupation (if required) _____				
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>			
Contributor's Occupation (if required) _____				
<b>SUBTOTAL THIS PAGE OF SCHEDULE A</b>		\$ <u>500.00</u>		
<b>TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY</b> <i>(Enter total on ITEM 15a of the Summary Sheet.)</i>		\$ <u>500.00</u>		



VS



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

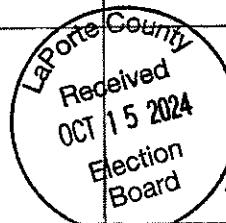
**(CFA-4 SCHEDULE B)  
ITEMIZED EXPENDITURES**

**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 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 4 Imprint USA 101 Commerce Street Oshkosh, WI 54901	Printer County Council At LArge	<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: _____	\$438.22	\$438.22	6-5-2024
Code La Porte County Democratic Party LA Porte IN 46350	Advertising Bill Board/Mailings	<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	9-15-24
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: _____			
<b>SUBTOTAL THIS PAGE OF SCHEDULE B</b>			<b>\$ 688.22</b>		
<b>TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY</b> (Enter total on ITEM 17a of the Summary Sheet.)			<b>\$ 688.22</b>		



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

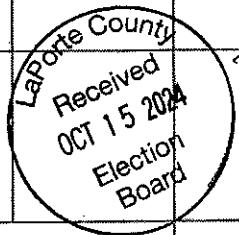
**(CFA-4 SCHEDULE D)  
DEBTS OWED BY THIS COMMITTEE**

**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

Page 1 of 1

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					
Scott Ford 5654 W Vintage Hills Trail La Porte In	Same	\$500.00	June 1	\$0.00	\$500.00
LENDER'S OCCUPATION: Instructor		Loan			
LENDER'S OCCUPATION:					
LENDER'S OCCUPATION:					
LENDER'S OCCUPATION: -					
LENDER'S OCCUPATION:					
LENDER'S OCCUPATION:					
LENDER'S OCCUPATION:					
LENDER'S OCCUPATION:					
LENDER'S OCCUPATION:					
SUBTOTAL THIS PAGE OF SCHEDULE D					\$ 500.00
TOTAL OF ALL PAGES OF SCHEDULE D ON THE LAST PAGE ONLY (Enter total on ITEM 19 of the Summary Sheet.)					\$ 500.00





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

State Form 4606 (R17 / 8-23)

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

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

IS THIS AN AMENDMENT?  Yes  No

**(CFA-4)  
Summary Sheet**

FILE NUMBER

146-24-16

TOTAL PAGES IN ENTIRE CFA-4 REPORT

3

**COMMITTEE INFORMATION**

1. Full Name of Committee (as on Statement of Organization) Committee to Elect Scott Ford	<input type="checkbox"/> Check if this is a new name.
2. Acronym or Abbreviated Name (if any)	3. Committee Telephone Number ( 219 ) 575-3562

4. Mailing Address (Address where all campaign finance correspondence is received.) 5654 W Vintage Hills Trail	<input type="checkbox"/> Check if this is a new address.
---	--

5. City, State, ZIP Code La Porte, IN 46350	6. Party Affiliation (if applicable) Democat
--	---

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

7. Full Name of Candidate (Include any nickname.) Scott "Scotty" Ford	8. Party Affiliation or If Independent Candidate Democrat
9. Office Sought (Include district number, if any. Not required for exploratory committee.) County Council At Large	10. County of Residence La Porte

**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: 10-12-24 Through: 12-6-24	COLUMN A This Period	COLUMN B Year to Date
13. Cash on hand and investments at the beginning of this reporting period.	755.20	0.00
14. Cash on hand and investments January 1, current year.		

**CONTRIBUTIONS AND RECEIPTS**

(Note: these amounts include in-kind contributions and loans, as well as cash contributions.)		
15a. Itemized (Use Schedule A.)	0.00	1,100.00
15b. Unitemized	0.00	425.00
15c. Add lines 15a and 15b in both columns.	SUBTOTAL	0.00
16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B.	TOTAL	755.20
		1,525.00

**EXPENDITURES**

(Note: These amounts include in-kind expenditures and loan repayments.)		
17a. Itemized (Use Schedule B.) (Public Question: use Schedule C.)	607.20	1,295.42
17b. Unitemized	148.00	229.58
17c. Add lines 17a and 17b in both columns.	SUBTOTAL	755.20
18. Cash on hand and investments at close of this reporting period (Subtract 17c from 16 in both columns.)	TOTAL	0.00
19. Debts OWED BY the committee (Use Schedule D.)		0.00
20. Debts OWED TO the committee (Use Schedule E.)		0.00

**FOR OFFICE USE ONLY**

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>Scott Ford</i>	Title	Date (mm/dd/yy) 12-6-24
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Signature of Candidate (if applicable) <i>Scott Ford</i>	Date (mm/dd/yy) 12-6-24
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WARNING: Any information contained in this report may not be copied for sale or used for any commercial purpose. (IC 3-9-4-5) A person who knowingly files a fraudulent report commits a Level 6 felony. (IC 3-14-1-13) A person who fails to file a complete or accurate report as required by the Indiana Campaign Finance Law commits a Class B misdemeanor. (IC 3-14-1-14) and may be subject to civil penalties. (IC 3-9-4-10, IC 3-9-4-17, 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)

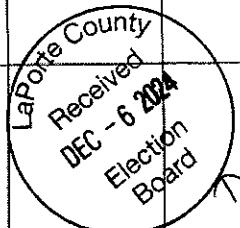
**(CFA-4 SCHEDULE B)  
ITEMIZED EXPENDITURES**

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

**FILE NUMBER**

Page \_\_\_\_\_ of \_\_\_\_\_

RECIPIENT'S NAME AND MAILING ADDRESS (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 _____ WEFM 1903 Springfield 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: Radio Adds	\$378.00	\$378.00	10-16-24
Code _____ Scott Ford 5654 W Vintage Hills Trail La Porte IN 46350	Instructor Ivy Tech	<input type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input checked="" type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____  Purpose: repay loan	\$229.20	\$229.20	12-6-24
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:			
<b>SUBTOTAL THIS PAGE OF SCHEDULE B</b>			\$ 607.20		
<b>TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY</b> (Enter total on ITEM 17a of the Summary Sheet.)			\$ 607.20		





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

State Form 4506 (R17 / 8-23)  
Indiana Election Division (IC 3-9-5-14)

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

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

**FILE NUMBER**

Page 1 of 1

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			
Scott Ford 5654 W Vintage Hills Trail La Porte, IN 46350		\$500.00	6-1-24	229.20	—
LENDER'S OCCUPATION: Instructor Ivy Tech					
LENDER'S OCCUPATION:					
LENDER'S OCCUPATION:					
LENDER'S OCCUPATION:					
LENDER'S OCCUPATION:					
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LENDER'S OCCUPATION:					
<b>SUBTOTAL THIS PAGE OF SCHEDULE D</b>					\$
<b>TOTAL OF ALL PAGES OF SCHEDULE D ON THE LAST PAGE ONLY</b> (Enter total on ITEM 19 of the Summary Sheet.)					\$

