

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

IS THIS AN AMENDMENT? Yes No

COMMITTEE INFORMATION

1. Full Name of Committee (as on Statement of Organization) La Porte County Republican Central Committee	<input type="checkbox"/> Check if this is a new name.	3. Committee Telephone Number (219-326-9565)
2. Acronym or Abbreviated Name (if any) LPC GOP	<input type="checkbox"/> Check if this is a new address.	
4. Mailing Address (Address where all campaign finance correspondence is received.) PO Box 512	6. Party Affiliation (if applicable)	
5. City, State, ZIP Code La Porte IN 46352	7. Full Name of Candidate (Include any nickname)	
9. Office Sought (Include district number, if any. <i>Not required for exploratory committee.</i>)		8. Party Affiliation or If Independent Candidate
		10. County of Residence

TYPE OF REPORT

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.)

CONVENTION CANDIDATES ONLY

Check one:
 Pre-Convention
 Post-Convention

12. Reporting Period (mm/dd/yy):
From: 01-01-2024

Through: 04-12-2024

COLUMN A
This Period

COLUMN B
Year to Date

\$14295.15

\$14295.15

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

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

\$7875.00 \$7875.00

-0-

-0-

SUBTOTAL

\$7875.00

\$7875.00

TOTAL

\$22,170.15

\$22,170.15

EXPENDITURES

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

\$3874.15 \$3874.15

20.77

20.77

17a. Itemized (Use Schedule A.)

\$3,894.92

\$3,894.92

15b. Unitemized

\$18,275.23

\$18,275.23

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

-0-

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

-0-

SUBTOTAL

\$22,170.15

\$22,170.15

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

17b. Unitemized

\$3,894.92

\$3,894.92

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

20.77

20.77

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

TOTAL

\$18,275.23

\$18,275.23

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

-0-

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

-0-

CERTIFICATION

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

TREASURER

Date (mm/dd/yy)

04/18/24

Date (mm/dd/yy)

FOR OFFICE USE ONLY

FILED
IN CLERKS OFFICE

APR 18 2024

Leanne Stevens
CLERK OF LA PORTE CIRCUIT COURT

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 makes 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)

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

46-20-46

Page 2 of 9

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. CHRISTEN ZABEL 2777 W 1650 SOUTH HOBBS IN 46340	<p>Contributions:</p> <p><input checked="" type="checkbox"/> Direct</p> <p><input type="checkbox"/> In-Kind (describe)</p> <p>Other Receipts:</p> <p><input type="checkbox"/> Interest <input type="checkbox"/> Loan</p> <p><input type="checkbox"/> Miscellaneous (specify)</p>	175 ⁰⁰	175 ⁰⁰	
2. Ronald Schaefer 1566 E GLACIER Bluffs Ln Poste 10 46305	<p>Contributions:</p> <p><input type="checkbox"/> Direct</p> <p><input type="checkbox"/> In-Kind (describe)</p> <p>Other Receipts:</p> <p><input type="checkbox"/> Interest <input type="checkbox"/> Loan</p> <p><input type="checkbox"/> Miscellaneous (specify)</p>	300 ⁰⁰	300 ⁰⁰	
3. SIRANNE SCHAEFER 1566 E GLACIER Bluffs Ln Poste 10 46305	<p>Contributions:</p> <p><input checked="" type="checkbox"/> Direct</p> <p><input type="checkbox"/> In-Kind (describe)</p> <p>Other Receipts:</p> <p><input type="checkbox"/> Interest <input type="checkbox"/> Loan</p> <p><input type="checkbox"/> Miscellaneous (specify)</p>	100 ⁰⁰	100 ⁰⁰	
4. CARY KILLIAN P.O. BOX 1823 Ln Poste 10 46302	<p>Contributions:</p> <p><input checked="" type="checkbox"/> Direct</p> <p><input type="checkbox"/> In-Kind (describe)</p> <p>Other Receipts:</p> <p><input type="checkbox"/> Interest <input type="checkbox"/> Loan</p> <p><input type="checkbox"/> Miscellaneous (specify)</p>	250 ⁰⁰	250 ⁰⁰	
5. SIRANNE KILLIAN P.O. BOX 1823 Ln Poste 10 46302	<p>Contributions:</p> <p><input type="checkbox"/> Direct</p> <p><input type="checkbox"/> In-Kind (describe)</p> <p>Other Receipts:</p> <p><input type="checkbox"/> Interest <input type="checkbox"/> Loan</p> <p><input type="checkbox"/> Miscellaneous (specify)</p>	100 ⁰⁰	100 ⁰⁰	APR 18 2024 IN CLERK'S OFFICE
SUBTOTAL THIS PAGE OF SCHEDULE A		\$ 925 ⁰⁰		
TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY (Enter total on ITEM 15a of the Summary Sheet.)		\$		

CONTRIBUTIONS BY INDIVIDUALS
Itemized Contributions and Other Receipts

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FILE NUMBER

46-20-45

Page 3 of 9

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. HEATHER STEVENS 3277 W 14785 S 100 HANCOCK IN 46340	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	
Contributor's Occupation (if required)				
2. ALLEN STEVENS 3277 W. 1425 S 100 HANCOCK IN 46340	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	
Contributor's Occupation (if required)				
3. ADAM KORONKA 2202 MUSTANG DR. LA Porte 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)	100.00	100.00	
Contributor's Occupation (if required)				
4. RICHARD L HOTKE 10246 N. BANGS RD LA Porte 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)	500.00	500.00	
Contributor's Occupation (if required)				
5.	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)			
Contributor's Occupation (if required)				
SUBTOTAL THIS PAGE OF SCHEDULE A		\$ 800.00		
TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY (Enter total on ITEM 15a of the Summary Sheet.)		\$		

FILED
IN CLERK'S OFFICE
APR 18 2024

CONTRIBUTIONS BY INDIVIDUALS
Itemized Contributions and Other Receipts

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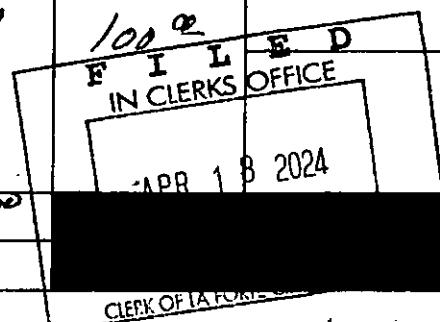
FILE NUMBER

46-20-45

Page 4 of 9

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 MARSEILLE 6764 W. 700 South Union Mills 10 46382	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)	125 ⁰⁰	125 ⁰⁰	
Contributor's Occupation (if required)				
2. JANICE BLAKE 204 RAVEN DR. TRAIL CREEK 10 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)	100 ⁰⁰	100 ⁰⁰	
Contributor's Occupation (if required)				
3. FLORENCE BLACK 204 RAVEN DR. TRAIL CREEK 10 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)	100 ⁰⁰	100 ⁰⁰	
Contributor's Occupation (if required)				
4. BRAVILLO BAER 204 RAVEN DR. TRAIL CREEK 10 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)	100 ⁰⁰	100 ⁰⁰	
Contributor's Occupation (if required)				
5. Ronald GRAVES 4957 N. REEDWOOD SP. GATESVILLE 10 46200	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	
Contributor's Occupation (if required)				
SUBTOTAL THIS PAGE OF SCHEDULE A		\$ 525 ⁰⁰		
TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY (Enter total on ITEM 15a of the Summary Sheet)		\$		

CLERK OF TA FORT



Itemized Contributions and Other Receipts

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1. <i>Robert Galloway 608 Tecumseh St. La Porte IN 46350</i>	<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>	<i>100 00</i>	<i>100 00</i>	
2. <i>Robert Galloway 608 Tecumseh St. La Porte IN 46350</i>	<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>	<i>100 00</i>	<i>100 00</i>	
3. <i>STEVE HOLIFIELD 6782 E 100 South Mill Creek IN 46360</i>	<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>	<i>175 00</i>	<i>175 00</i>	
4. <i>Marvin J. Layne 28638 St. Rd #4 North Liberty IN 46554</i>	<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>	<i>150 00</i>	<i>150 00</i>	
5. <i>Francine Kalita 4372 N 675 West Michigan City IN 46360</i>	<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>	<i>250 00</i>		<p>ED IN CLERKS OFFICE APR 18 2024</p>
SUBTOTAL THIS PAGE OF SCHEDULE A		<i>\$ 775</i>		
TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY (Enter total on ITEM 15a of the Summary Sheet.)		<i>\$</i>		

Itemized Contributions and Other Receipts

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FILE NUMBER

46-20-45

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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. DAN G. ANQUIST P.O. Box 2305 CHESTERTON IN 46304	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)	200 ⁰⁰	200 ⁰⁰	
Contributor's Occupation (if required)				
2. David BARENTE 4323 N BURLIN Dr. MICHAEL CITY IN 46360	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)	200 ⁰⁰	200 ⁰⁰	
Contributor's Occupation (if required)				
3. JACQUELINE STOUT (202 NAPOLEON ST SOUTHERN BEND IN 46617)	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	
Contributor's Occupation (if required)				
4. DEWEY MILLER 608 LAKESIDE ST. La Porte IN 46350	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)	150 ⁰⁰	150 ⁰⁰	
Contributor's Occupation (if required)				
5. TIMOTHY STRAUSZ 1501 MICHIGAN AV. La Porte 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)	1000 ⁰⁰	1000 ⁰⁰	<p>E D I IN CLERK'S OFFICE</p> <p>APR 18 2024</p>
Contributor's Occupation (if required)				
SUBTOTAL THIS PAGE OF SCHEDULE A		\$ 1250 ⁰⁰		
TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY (Enter total on ITEM 15a of the Summary Sheet.)		\$		

CLERK OF

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).

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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. CHAMBERS For Indiana 935 N. Meridian St. Indianapolis IN 46204	<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	
2. Rudy for Indiana 5776 GRAPE RD PMB 176 MISHAWAKA IN 46545	<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>	1000 00	1000 00	
3. FRIENDS OF Jim Pressel 1772 LOFGREN RD La Porte IN 46350	<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>	500 00	500 00	
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>			<p>FILED IN CLERKS OFFICE APR 18 2024 Leanne Stevens CLERK OF LA PORTE CIRCUIT COURT</p>
SUBTOTAL THIS PAGE OF SCHEDULE A		\$ 1700 00		
TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY (Enter total on ITEM 15a of the Summary Sheet.)		\$ 7875 00		

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FILE NUMBER

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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 0 STRAGHT TALK 9700 W 112 AV. MIAMI FL 33128	President	<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: _____	145.83		
Code 0 NIPSCO P.O. BOX 13007 MERRILLVILLE IN 46411	UTILITY	<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: _____	330.00		
Code 0 MASONIC TEMPLE P.O. Box 54 La Porte IN 46352	Post Profit Rent	<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: _____	1600.00		
Code 0 ALLEN STEVENS - REIMBURSE TABLES FOR 3277 W. 107.5 SOUTH THOMAS IN 46340	TABLES FOR OFFICE PURCHASED/RENTALS	<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: _____	262.85		
Code A REPROGRAPHIC ARTS 1824 E. MICHIGAN BLVD. MICHIGAN CITY IN 46360	Custom Printers GRAPHIC SOLUTION	<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: _____	165.00		
Code F HAWKINS PRINT SHOP 315 LINCOLNWAY LA PORTE IN 46350	Printer	<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: _____	72.50		
Code 10 USPS La Porte IN 46350	Postage	<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: _____	204.20	2779.81	APR 18 2024 I L E D IN CLERKS OFFICE
SUBTOTAL THIS PAGE OF SCHEDULE B			\$2779.81		
TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY (Enter total on ITEM 17a of the Summary Sheet.)			\$		

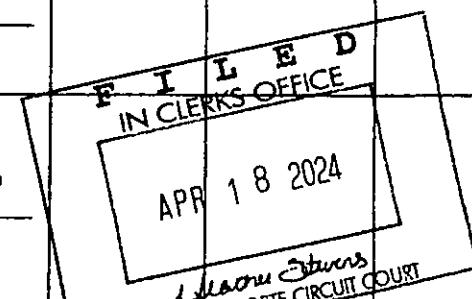
INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document expenditures totaled on ITEM 17a of the Summary Sheet. All cumulative expenses paid to individuals, 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.yr)
Code O KEMPS OFFICE CITY 872 LINCOLNWAY LA Porte IN 46350	RETAIL OFFICE SUPPLY	<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:	15.42		
Code A LA Porte Co. FAIR 2581 ZIGLER RD. LA Porte IN 46350	NON PROFIT COUNTY FAIR	<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:	88.75		
Code A WANTONIA SCARECROW PO 152 FESTIVAL WANTONIA IN 46381	NON PROFIT FESTIVAL	<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:	110.00		
Code A WESTVILLE PUMPKIN FESTIVAL 1083 S. WORNING RD LOT 200 LA 46350	NON PROFIT FESTIVAL	<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:	1500		
Code A ALLEN STEVENS - REINBURG 3277 W. 1475 South HANNA LA 46340	CANDY FOR ST. PATRICK'S DAY MED CITY	<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:	71.10		
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			\$ 109.42		
TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY (Enter total on ITEM 17a of the Summary Sheet.)			\$ 3874.15		





**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

410-24-102

TOTAL PAGES IN ENTIRE CFA-4 REPORT

23

COMMITTEE INFORMATION

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

3. Committee Telephone Number

(219) 326-9565

2. Acronym or Abbreviated Name (if any) Check if this is a new address.

LPC GOP

4. Mailing Address (Address where all campaign finance correspondence is received.) Check if this is a new address.
P.O. Box 512

5. City, State, ZIP Code
LaPorte IN 46352

6. Party Affiliation (if applicable)

7. Full Name of Candidate (Include any nickname.) Party Affiliation or If Independent Candidate

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

10. County of Residence

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: 01-01-2024

Through: 11-11-2024

COI UMN A

This Period

COLUMN B

Year to Date

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

14295.15

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

14295.15

CONTRIBUTIONS AND RECEIPTS

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

15a. Itemized (Use Schedule A.)

23595.00 31470.00

15b. Unitemized

1587.96 1587.96

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

SUBTOTAL

25182.96 33057.96

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

TOTAL

39478.11 47853.11

EXPENDITURES

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

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

16750.63 20624.78

17b. Unitemized

3658.23 6679.00

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

SUBTOTAL

20408.86 27030.78

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

TOTAL

16269.35 20522.39

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

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

TREASURER

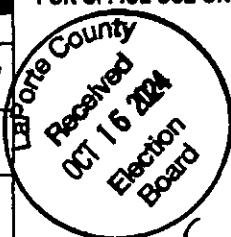
Date (mm/dd/yy)

10-14-24

Date (mm/dd/yy)

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)

FOR OFFICE USE ONLY





**REPORT OF RECEIPTS AND EXPENDITURES
OF A POLITICAL COMMITTEE**
State Form 4606 (R15 / 5-19)
Indiana Election Division (IC 3-9-6-14)

**(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 listed 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	
46-12-45	
Page	7 of 12

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. CHRISTEN ZAREL 2777 W 658 S. HANNA IN 46340	<p>Contributions:</p> <p><input checked="" type="checkbox"/> Direct</p> <p><input type="checkbox"/> In-Kind (describe)</p> <p>Other Receipts:</p> <p><input type="checkbox"/> Interest <input type="checkbox"/> Loan</p> <p><input type="checkbox"/> Miscellaneous (specify)</p>	140 ⁰⁰	315 ⁰⁰	
Contributor's Occupation (if required)				
2. RONALD SCHAFER 1566 E GLACIER BND LA PORTE IN 46350	<p>Contributions:</p> <p><input checked="" type="checkbox"/> Direct</p> <p><input type="checkbox"/> In-Kind (describe)</p> <p>Other Receipts:</p> <p><input type="checkbox"/> Interest <input type="checkbox"/> Loan</p> <p><input type="checkbox"/> Miscellaneous (specify)</p>	0	300 ⁰⁰	
Contributor's Occupation (if required)				
3. SUZANNE SCHAFER 1566 E GLACIER BND LA PORTE IN 46350	<p>Contributions:</p> <p><input checked="" type="checkbox"/> Direct</p> <p><input type="checkbox"/> In-Kind (describe)</p> <p>Other Receipts:</p> <p><input type="checkbox"/> Interest <input type="checkbox"/> Loan</p> <p><input type="checkbox"/> Miscellaneous (specify)</p>	0	100 ⁰⁰	
Contributor's Occupation (if required)				
4. GARY KIRKMAN P.O. Box 1823 LA PORTE IN 46350	<p>Contributions:</p> <p><input checked="" type="checkbox"/> Direct</p> <p><input type="checkbox"/> In-Kind (describe)</p> <p>Other Receipts:</p> <p><input type="checkbox"/> Interest <input type="checkbox"/> Loan</p> <p><input type="checkbox"/> Miscellaneous (specify)</p>	0	250 ⁰⁰	
Contributor's Occupation (if required)				
5. Sharen KIRKMAN P.O. Box 1823 LA PORTE IN 46352	<p>Contributions:</p> <p><input checked="" type="checkbox"/> Direct</p> <p><input type="checkbox"/> In-Kind (describe)</p> <p>Other Receipts:</p> <p><input type="checkbox"/> Interest <input type="checkbox"/> Loan</p> <p><input type="checkbox"/> Miscellaneous (specify)</p>	0	100 ⁰⁰	 TJS
Contributor's Occupation (if required)				
SUBTOTAL THIS PAGE OF SCHEDULE A		\$ 140 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

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FILE NUMBER	
46-20-45	
Page	of
8	12

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. HEATHER STEVENS 3277 W. 1475 S HANNA IN 46340 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)	0	100 ⁰⁰		
2. ALLEN STEVENS 3277 W. 1475 S HANNA IN 46340 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)	440 ⁰⁰	540 ⁰⁰		
3. ADAM KORONKA 2202 MUSTANG DR. LAPORE IN 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)	200 ⁰⁰	300 ⁰⁰		
4. RICHARD LITKE 10296 N. RANGE RD. 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)	100 ⁰⁰	600 ⁰⁰		
5. (Circular stamp: LaPorte County Received OCT 16 2024 Election Board)					
Contributor's Occupation (if required)		SUBTOTAL THIS PAGE OF SCHEDULE A		\$ 740 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

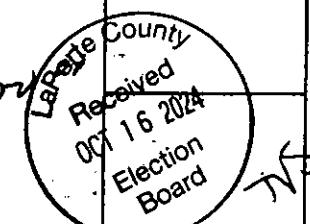
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FILE NUMBER

46-20-45

Page 3 of 12

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 MARSEILLE 6964 W. 700 So Union Mills IN 46387 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) _____	0	125.00		
2. Janice Blake 204 Raven Dr. Trail Creek IN 46360 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) _____	0	100.00		
3. Florence Blake 204 Raven Dr. Trail Creek 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) _____	0	100.00		
4. BRAVILLO BAEZ 204 Raven Dr. Trail Creek 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) _____	0	100.00		
5. Ronald Graves 4957 N. Remington St. La Porte IN 46350 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) _____	0	100.00		
SUBTOTAL THIS PAGE OF SCHEDULE A		\$			
TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY (Enter total on ITEM 15a of the Summary Sheet.)		\$			



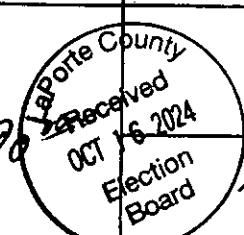


**REPORT OF RECEIPTS AND EXPENDITURES
OF A POLITICAL COMMITTEE**
State Form 4606 (R15/5-19)
Indiana Election Division (IC 3-9-5-14)

**(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
41-20-45
Page 9 of 12

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. Roger Galloway 608 Tecumseh St. La Porte, 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) Contributor's Occupation (if required)	0	100 ⁰⁰	
2. Linton Galloway 608 Tecumseh St. La Porte, 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) Contributor's Occupation (if required)	0	100 ⁰⁰	
3. STEVE HOGUE 6782 E 100 So Mill Creek, IN 46365 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) Contributor's Occupation (if required)	100 ⁰⁰	275 ⁰⁰	
4. Marvin Layne 2538 St. Rd #4 North Liberty, IN 46551 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) Contributor's Occupation (if required)	0	150 ⁰⁰	
5. FRANCINE KALTS 4372 N. 675 West Michigan City, IN 46360 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) Contributor's Occupation (if required)	340 ⁰⁰	590 ⁰⁰	
SUBTOTAL THIS PAGE OF SCHEDULE A		\$ 440 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

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FILE NUMBER
46-20-45
Page 5 of 12

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. <i>DAVID GRADY LTD P.O. Box 2305 Castroville, IN 47304</i>	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)	0	<i>200 00</i>		
Contributor's Occupation (if required)					
2. <i>DAW BORENE 4333 N. BURLee Dr. MICHIGAN CITY, IN 46360</i>	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)	<i>480 00</i>	<i>680 00</i>		
Contributor's Occupation (if required)					
3. <i>JACQUELINE STOUT 1202 NAPOLEON ST SOUTH BEND, IN 46617</i>	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)	0	<i>300 00</i>		
Contributor's Occupation (if required)					
4. <i>DUANE MILLER 605 LAKESIDE DR. Lafayette, IN 47350</i>	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)	<i>560 00</i>	<i>710 00</i>		
Contributor's Occupation (if required)					
5. <i>TIMOTHY STRASBURG 1501 MICHIGAN AV. Lafayette, IN 47350</i>	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)	175	<i>1175 00</i>	<i>Received 01-16-2024 Lafayette County Election Board</i>	<i>TS</i>
Contributor's Occupation (if required)					
SUBTOTAL THIS PAGE OF SCHEDULE A		\$ <i>1315 00</i>			
TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY (Enter total on ITEM 15a of the Summary Sheet.)		\$			

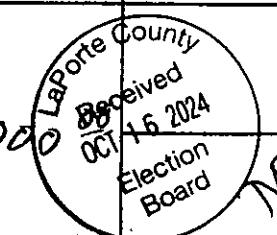


**REPORT OF RECEIPTS AND EXPENDITURES
OF A POLITICAL COMMITTEE**
State Form 4606 (R15 / 5-19)
Indiana Election Division (IC 3-9-5-14)

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

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FILE NUMBER
4L-20-45
Page 8 of 13

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. JULIANNE Harkes 4254 Ridgeway Dr. LaPorte IN 46350	<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>	175.00	1175.00	
Contributor's Occupation (if required)				
2. GEORGE BOHORST P.O. Box 86 New Castle IN 46352	<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>	25.00	225.00	
Contributor's Occupation (if required)				
3. Chris (Cleveland) 5899 E. 1000 N LaPorte IN 46350	<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>	0.00	100.00	
Contributor's Occupation (if required)				
4. WM CHRISTAKES 610 LAKE SIDE DR LaPorte IN 46350	<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>	1175.00	1175.00	
Contributor's Occupation (if required)				
5. Andrew SKWATY 0566 S. Wozinak Rd LaPorte IN	<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>	1000.00	1000.00	
Contributor's Occupation (if required)				
SUBTOTAL THIS PAGE OF SCHEDULE A		\$ 2375.00		
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

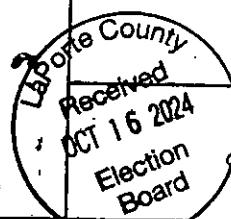
INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY INDIVIDUALS ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on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

46-20-45

Page 7 of 12

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. CHARLES WALTER SAWYER 0782 E 400 So La Porte IN	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)	800.00	800.00		
2. RODALD HEEG 561 Cameron La Porte 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)	400.00	400.00		
3. MIKE ROSENBAUM 1515 INDIANA Av. La Porte	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)	200.00	200.00		
4. SUZY BAWERART 517 MADISON ST MEREDVILLE IN	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)	75.00	75.00		
5. JAKE TESCHKA P.O. Box 2282 South Bend IN 46680	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		
SUBTOTAL THIS PAGE OF SCHEDULE A		\$ 1575.00			
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

46-20-45

Page 12 of 12

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. Andrew Rumiński 1309 Indiana Dr. La Porte 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) _____	100.00	100.00	
Contributor's Occupation (if required)				
2. Doug Newland 2992 N. 300 EAST ROLLING MEADOWS IL 60067	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) _____	375.00	375.00	
Contributor's Occupation (if required)				
3. MARK POPKIN 4052 S. 1100 WEST WESTVILLE 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) _____	100.00	100.00	
Contributor's Occupation (if required)				
4. DION BERGERON 1018 PROVIDENCE ST. MILWAUKEE CITY WI 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) _____	100.00	100.00	
Contributor's Occupation (if required)				
5. CLEAR SKY HEATING 418 E. LINCOLNWAY LA PORTE 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) _____	100.00	100.00	Laporte County Received Oct 16 2024 Election Board NS
Contributor's Occupation (if required)				
SUBTOTAL THIS PAGE OF SCHEDULE A		\$ 725.00		
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

46-20-45

Page 19 of 12

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. ARCHIES RESTAURANT 104 NORTH ST. LA Porte IN 46350	<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>	100 10	100 00		
Contributor's Occupation (if required) _____					
2. SCOTT PESIC 1000 WASHINGTON ST. 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>	400 00	400 00		
Contributor's Occupation (if required) _____					
3. CHARLOTTE TOTTER 7878 N. 175 EAST LA Porte IN 46350	<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>	100 00	100 00		
Contributor's Occupation (if required) _____					
4. LISA PIERZAKOWSKI 3511 JOHNSON RD. 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 type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify) _____</p>	100 00	100 00		
Contributor's Occupation (if required) _____					
5. ROBERT RANKIN 106 PRIMROSE AVE LA Porte IN 46350	<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>	100 00	100 00		
Contributor's Occupation (if required) _____					
SUBTOTAL THIS PAGE OF SCHEDULE A		\$ 800 00			
TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY (Enter total on ITEM 15a of the Summary Sheet)		\$ 800 00			

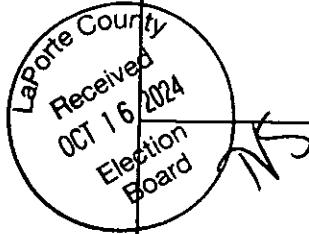


INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY CORPORATIONS ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on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

FILE NUMBER

46-20-45

Page 1 of 1

CONTRIBUTOR'S FULL NAME AND FULL MAILING ADDRESS <small>(street number, city, state, ZIP code)</small>	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED <small>mm dd yy</small> RECEIVED BY
1. M.E. Simpson Co., Inc 3406 ENTERPRISE Av. VALPARAISO IN 46383	<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>	100 00	100 00	
2. Michigan Insurance Services Inc 3385 N. Johnson Rd. Michigan City IN 46360	<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>	100 00	100 00	
3. T & W Maintenance, Inc. 401 E 7TH Michigan City	<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>	250 00	250 00	
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		\$ 450 00		
TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY <small>(Enter total on ITEM 15a of the Summary Sheet.)</small>		\$ 450 00		

**OF A POLITICAL COMMITTEE**

State Form 4606 (R15/5-18)

Indiana Election Division (IC 3-8-5-14)

(CPA-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

41-26-45

Page 1 of 1

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 day yy) RECEIVED BY
1. CARPENTERS LOCAL 1483-PAC 1104 E. 6TH ST. LAPOTE IN 46380	<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>	1475-0	1475-0	
2. NORTHERN Indiana OPERATORS JOINT LABOR-MANAGEMENT PAC 6200 JOLIET Rd. COUNTRY SIDE IL 60525	<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>	1000-0	1000-0	
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>			
SUBTOTAL THIS PAGE OF SCHEDULE A		\$ 2475-00		
TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY (Enter total on ITEM 15a of the Summary Sheet.)		\$ 2475-00		



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-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

46-20-45

Page 1 of 4

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. CHAMBERS FOR INDIANA 935 N. MERIDIAN ST. INDIANAPOLIS IN 46250	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)	0	250.00	
2. RUDY FOR INDIANA 5771 GRAPE RD PMB 176 MISHAWAKA IN 46545	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	2000.00	
3. FRIENDS OF JIM PRESSER 1772 LOFGREN RD ROLLING MEADOWS IL 60087	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)	200.00	700.00	
4. MIKE BRAUN FOR INDIANA P.O. BOX 1126 CARMEL IN 46082	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)	1450.00	1450.00	
5. EARNST FOR INDIANA 4664 MERLOT ST. LAPORE 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)	1000.00	1000.00	LaPorte County Received OCT 16 2024 Election Board
SUBTOTAL THIS PAGE OF SCHEDULE A		\$ 3650.00		
TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY (Enter total on ITEM 15a of the Summary Sheet.)		\$		



OF A POLITICAL COMMITTEE
State Form 4806 (R15/5-19)
Indiana Election Division (IC 3-9-5-14)

CONTRIBUTIONS BY
OTHER ORGANIZATIONS

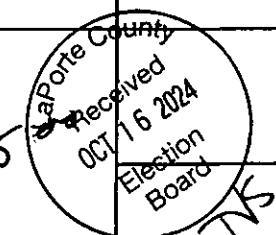
Itemized Contributions and Other Receipts

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

46-20-45

Page 2 of 4

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. COMM TO ELECT MIKE BOHANNON 220 POKAGON TR. MICHIGAN SHORES 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>	1375 ⁰⁰	1375 ⁰⁰		
2 FRIENDS OF ELISE NIESTHALA 3125 S. 875 EAST ZIONSVILLE 46077	<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>	75 ⁰⁰	75 ⁰⁰		
3 FRIENDS OF Tom Deenody 1658 WILLOW BEAN DR. LA Porte IN 46350	<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>	500 ⁰⁰	500 ⁰⁰		
4 COMM TO ELECT HEATHER STEVENS 5277 W. 1475 SOUTH HANNA IN 46340	<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>	1000 ⁰⁰	1000 ⁰⁰		
5. TAD ROKITA ELECTION Comm 200 W. WASHINGTON ST INDIANAPOLIS IN 46202	<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>	75 ⁰⁰	75 ⁰⁰		
SUBTOTAL THIS PAGE OF SCHEDULE A		\$ 3425 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 4608 (R15/5-19)
Indiana Election Division (IC 3-8-5-14)

(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

86-20-45

Page 3 of 4

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. <i>Deutscher Construction LLC 1222 GARFIELD ST. Michigan City IN 46360</i>	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)	<i>375⁰⁰</i>	<i>375⁰⁰</i>	
2. <i>COTTER-BOWEN LAW LLC 4544 W. 103rd St. OAKLAND IL 60453</i>	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)	<i>475⁰⁰</i>	<i>475⁰⁰</i>	
3. <i>Comm. To Elect Adam Koronka 2202 MUSTANG DR. La Porte IN 46350</i>	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)	<i>100⁰⁰</i>	<i>100⁰⁰</i>	
4. <i>RES CONSULTING LLC 1305 PINELOKE DR. La Porte IN 46350</i>	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)	<i>100⁰⁰</i>	<i>100⁰⁰</i>	
5. <i>MCR Partnership LLC 5920 HOFFMAN AV HAMMOND IN 46320</i>	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)	<i>500⁰⁰</i>	<i>500⁰⁰</i>	 LaPorte County Received 01/16/2024 Election Board
SUBTOTAL THIS PAGE OF SCHEDULE A		<i>\$ 1550⁰⁰</i>		
TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY (Enter total on ITEM 15a of the Summary Sheet.)		<i>\$</i>		



**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-5)

**CONTRIBUTIONS BY
OTHER ORGANIZATIONS**

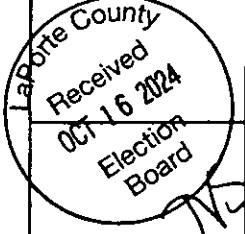
Itemized Contributions and Other Receipts

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

41-20-4X

Page 4 of 4

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. FRIENDS OF JOEL FLOREK 9107 N. WILHELM Rd. LaPorte IN 46350	<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>	100 00	100 00	
2. HOOCHER EQUIPMENT LLC 11465 REDWOOD Rd Plymouth IN 46563	<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>	400 00	400 00	
3. S. ADAMS CONSULTING 51 S. 150 EAST LaPorte IN 46350	<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>	100 00	100 00	
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>			
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.)		\$ 235959		

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

46-20-45

Page 1 of 4

RECIPIENT'S NAME AND MAILING ADDRESS (Street number, city, state, ZIP code)	RECIPIENT'S OCCUPATION (Office sought, if applicable)	TYPE OF EXPENDITURE ITEM PURPOSE (as specified)	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE OF EXPENDITURE (month, year)
Code D STRAIGHT TRICE 9700 W 112 Av. MIAMI FL 33128	Phone & Internet	<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: _____	242.95	388.25	
Code D NIPSCO P.O. Box 13007	UTILITY	<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: _____	140.41	470.41	
Code D MASONIC TEMPLE P.O. Box 54 LA FARGE IN 46350	NON PROFIT - RENT	<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: _____	2000.00	3600.00	
Code D ALLEN STEVENS REIMB 3377 W 475 9D HANNA IN 46340	TABLES	<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: _____	-2	262.95	
Code A REPROGRAPHIC ARTS 2824 E. MICHIGAN BLD MICHIGAN CITY IN 46360	CUSTOM PRINTING	<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: _____	-0	165.85	
Code F HAWKINS PRINT SHOP 315 LINCOLN WAY LA FARGE IN 46350	PRINTER	<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: _____	90.00	162.50	
Code D USPS LA FARGE IN 46352	POSTAGE	<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: _____	34.10		LaPorte County Received 258 Election Board OCT 16 2024
SUBTOTAL THIS PAGE OF SCHEDULE B			\$2507.40		
TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY (Enter total on ITEM 17a of the Summary Sheet.)			\$		

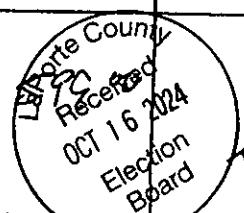
ITEMIZED EXPENDITURES

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

46-20-45

Page 2 of 4

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 Q KEMAS OFFICE CITY 812 LINCOLNWAY LA PORTE IN 46350	RETAIL OFFICE SUPPLIES	<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: _____	-0	15.42	
Code A LA PORTE CO. FAIR 2581 216 LCR RD LA PORTE IN 46350	NON PROFIT COUNTRY FAIR	<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: _____	-0	892.75	
Code A WANATAH SECTION P.O. BOX 152 WANATAH IN 46350	NON PROFIT FESTIVAL	<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: _____	-0	110.00	
Code A Westville & Pauper Festival 1083 S. WOODSTOCK RD LA PORTE IN 46350	NON PROFIT FESTIVAL	<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: _____	-0	15.00	
Code A ALLEN STEVENS REMOVAL 3277 W. 14255 WAYS KENTON IN 46340	SUPPLIES FOR FESTIVALS & FAIRS	<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: _____	626.31	697.41	
Code A KIWANIS OF LA PORTE P.O. BOX 152 LA PORTE IN 46350	NON PROFIT PARADE ENTRY FEE	<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: _____	50.00	50.00	
Code Q CINCINNATI INSURANCE P.O. BOX 145620 CINCINNATI OH 45250	INSURANCE CO.	<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: _____	399.00	\$1275.31	
SUBTOTAL THIS PAGE OF SCHEDULE B			\$1275.31		
TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY (Enter total on ITEM 17a of the Summary Sheet)			\$		

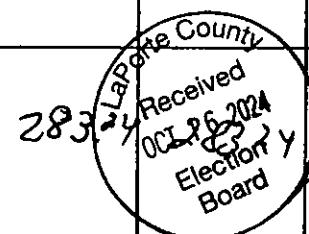
INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document expenditures totaled on ITEM 17a of the Summary Sheet. All cumulative expenses paid to individuals,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

46-20-45

Page 3 of 4

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 F CAPTAIN ROBERT METCALF 1206 INDIANA AV. LA PORTE IN 46350	SECURITY LINCOLN DAY DINNER	<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: _____	261.25	261.25	
Code F COUNTRY CATERERS 701 LINCOLNWAY LA PORTE IN	CATERED LINCOLN DAY DINNER	<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: _____	0.00	3456.00	
Code D INSE BIZ. CON INDIANAPOLIS, IN 46225	FINING Service	<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: _____	31.00	31.00	
Code A DUNELAND MEETS 1305 PINE LAKE AV. LA PORTE IN 46350	WEBSITE CONSULTANT	<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: _____	435.00	435.00	
Code A BONNIE MILLER REIMBURSE 605 LAKESIDE DR. LA PORTE IN 46350	FAIR SUPPLIES	<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: _____	226.74	226.74	
Code A MILL RIVER FESTIVAL P.O. BOX 15 UNION MILLS IN 46383	NON PROFIT FESTIVAL - FEE	<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: _____	50.00	50.00	
Code F DUANE MILLER REIMB. 605 LAKESIDE DR. LA PORTE IN 46350	GOLF OUTING SUPPLIES	<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: _____	283.24	1187.29	
SUBTOTAL THIS PAGE OF SCHEDULE B			\$ 1187.29		
TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY (Enter total on ITEM 17a of the Summary Sheet)			\$		



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

46-10-45

Page 4 of 4

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.yr)
Code <u>F</u> BEECHWOOD GOLF Club 2222 WOODLAWN Dr. LA PORTE IN 46350	GOLF OUTING 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: _____	2880.00	2880.00	
Code <u>F</u> CASHMER INC. 2222 WOODLAWN Dr. LA PORTE IN	GOLF OUTING FOOD	<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: _____	1824.80	1824.80	
Code <u>F</u> 240 DISTRICT REPUBLICAN 204 CLARENCE BLVD ELKHART IN 46516	TRUMP/VANCE YARD SIGNS	<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: _____	267.50	267.50	
Code <u>A</u> WCOE Radio 1700 LINCOLNWAY LA PORTE IN 46350	RADIO ADVERTISEMENT	<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: _____	380.00	380.00	
Code <u>B</u> TOWN & COUNTRY FLORIST 1104 W ST. RD 2 LA PORTE IN 46350	FUNERAL FEE FOR ARRANGEMENT	<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: _____	101.65	101.65	
Code <u>F</u> ST. JOE COUNTY REPUBLICAN PARTY 419 N. HICKORY RD SOUTH BEND IN 46615	TRUMP/VANCE SIGNS	<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: _____	300.00	300.00	
Code <u>A</u> LAMAR BILLBOARDS 9900 GEORGIA ST. CROWN POINT IN 46307	BILLBOARDS ADVERTISING	<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: _____	5926.12	5926.12	LaPorte County Received 10/21/2024 Election Board JJS
SUBTOTAL THIS PAGE OF SCHEDULE B					
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 (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

416-24-12

TOTAL PAGES IN ENTIRE CFA-4 REPORT

23

COMMITTEE INFORMATION

1. Full Name of Committee (as on *Statement of Organization*) Check if this is a new name.
LAPORTE COUNTY REPUBLICAN CENTRAL COMMITTEE

2. Acronym or Abbreviated Name (if any) Check if this is a new name.
LPC GOP (219) 326-9565

4. Mailing Address (Address where all campaign finance correspondence is received.) Check if this is a new address.
PO BOX 512

5. City, State, ZIP Code Check if this is a new address.
LAPORTE IN 46350 REPUBLICAN

CANDIDATE INFORMATION (For Candidate's Committees Only)

7. Full Name of Candidate (Include any nickname.) Check if this is a new name.
8. Party Affiliation (if applicable)

9. Office Sought (Include district number, if any. Not required for exploratory committee.) Check if this is a new name.
10. County of Residence

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: 04/13/24 Through: 10/11/24 Check if this is a new name.
COLUMN A COLUMN B
This Period Year to Date

13. Cash on hand and investments at the beginning of this reporting period. **18,394.88**

14. Cash on hand and investments January 1, current year. **14,295.15**

CONTRIBUTIONS AND RECEIPTS

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

	COLUMN A	COLUMN B
15a. Itemized (Use Schedule A.)	23,934.50	31,929.50
15b. Unitemized	1,587.96	1,587.96
15c. Add lines 15a and 15b in both columns.	SUBTOTAL 25,522.46	33,517.46
16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B.	TOTAL 43,917.34	47,812.61

EXPENDITURES

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

	COLUMN A	COLUMN B
17a. Itemized (Use Schedule B.) (Public Question: use Schedule C.)	20,928.04	24,802.54
17b. Unitemized	6,658.23	6,679.00
17c. Add lines 17a and 17b in both columns.	SUBTOTAL 27,586.27	31,481.54
18. Cash on hand and investments at close of this reporting period (Subtract 17c from 16 in both columns.)	TOTAL 16,331.07	16,331.07
19. Debts OWED BY the committee (Use Schedule D.)		
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	Date (mm/dd/yy)
	TREASURER	02/03/24
Signature of Candidate (if applicable)		Date (mm/dd/yy)

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 3-9-4-14) 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

LaPorte County
Received
FEB - 4 2025
Election
Board



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

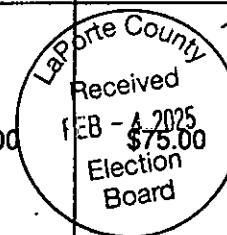
State Form 4606 (R17/8-23)
Indiana Election Division (IC 3-9-5-14)

**(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
46-20-45
Page <u>2</u> of <u>23</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. CHARLES WATTERSON III 0782 E 400 S 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)	\$800.00	\$800.00	04/15/24 RON SCHAFER
2. RONALD HEEG 5161 CAMERON 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)	\$489.50	\$489.50	04/11/24 RON SCHAFER
3. RONALD HEEG 5161 CAMERON 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)	\$400.00	\$889.50	08/08/24 RON SCHAFER
4. MIKE ROSENBAUM 1515 INDIANA AVE 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)	\$200.00	\$200.00	04/11/24 RON SCHAFER
5. SUZY BARNHART 5171 MADISON ST MERRIVILLE IN 46408	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	04/11/24 RON SCHAFER
SUBTOTAL THIS PAGE OF SCHEDULE A		\$ 1,964.50		
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
46-20-45
Page <u>3</u> of <u>23</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. JAKE TESCHKA PO BOX 2282 SOUTH BEND IN 46680	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	04/11/24 RON SCHAFER
Contributor's Occupation (if required) _____				
2. JAKE TESCHKA PO BOX 2282 SOUTH BEND IN 46680	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	\$200.00	08/09/24 RON SCHAFER
Contributor's Occupation (if required) _____				
3. CORAL LAUN PO BOX 344 KINGSFORD HEIGHTS IN 46346	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	04/11/24 RON SCHAFER
Contributor's Occupation (if required) _____				
4. SEAN FAGAN 11232 S 1025 E WANATAH IN 46390	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	04/11/24 RON SCHAFER
Contributor's Occupation (if required) _____				
5. HAROLD PARKER 2602 E STATE RD 4 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)	\$1,000.00	\$1,000.00	04/11/24 RON SCHAFER
Contributor's Occupation (if required) <u>FARMER</u>				
SUBTOTAL THIS PAGE OF SCHEDULE A	\$ 1,575.00			
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)

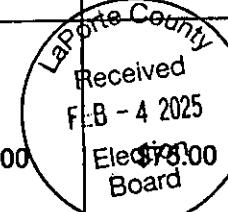
Indiana Election Division (IC 3-9-5-14)

**(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
46-20-45
Page <u>4</u> of <u>23</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. MIA TOSCHI 711 LAKESIDE ST LAPORTE IN 46350	<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>	\$150.00	\$150.00	04/11/24 RON SCHAFER
Contributor's Occupation (if required)				
2. MIA TOSCHI 711 LAKESIDE ST LAPORTE IN 46350	<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>	\$100.00	\$250.00	08/09/24 RON SCHAFER
Contributor's Occupation (if required)				
3. DEBORAH VANCE 318 GARDENIA ST 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>	\$275.00	\$275.00	04/11/24 RON SCHAFER
Contributor's Occupation (if required)				
4. COURTNEY PAPA 204 CLARRET BLVD ELKHART IN 46516	<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>	\$75.00	\$75.00	04/11/24 RON SCHAFER
Contributor's Occupation (if required)				
5. ILENE ZONA 6706 N 300 W 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>	\$75.00	\$75.00	04/11/24 RON SCHAFER
Contributor's Occupation (if required)				
SUBTOTAL THIS PAGE OF SCHEDULE A		\$ 675.00		
TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY		\$		
<i>(Enter total on ITEM 15a of the Summary Sheet)</i>				





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

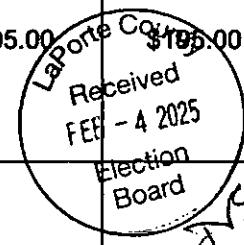
State Form 4606 (R17 / 8-23)
Indiana Election Division (IC 3-9-5-14)

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

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FILE NUMBER
46-20-45
Page <u>5</u> of <u>23</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. PHIL SHERLOCK 9755 N 600 W 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/> <p>Contributor's Occupation (if required) _____</p>	\$150.00	\$150.00	04/11/24 RON SCHAFER
2. PHIL SHERLOCK 9755 N 600 W 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/> <p>Contributor's Occupation (if required) _____</p>	\$175.00	\$325.00	04/11/24 RON SCHAFER
3. KAELENN DECKARD 1482 W 500 S 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/> <p>Contributor's Occupation (if required) _____</p>	\$200.00	\$200.00	04/11/24 RON SCHAFER
4. BERNADETTE MANUEL 1945 S 700 E KNOX IN 46554	<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/> <p>Contributor's Occupation (if required) _____</p>	\$195.00	\$195.00	04/11/24 RON SCHAFER
5. ELA BILDERBACK 1127 INDIANA AVE 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/> <p>Contributor's Occupation (if required) _____</p>	\$100.00	\$100.00	08/09/24 RON SCHAFER
SUBTOTAL THIS PAGE OF SCHEDULE A		\$ 820.00	\$ 820.00	
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)

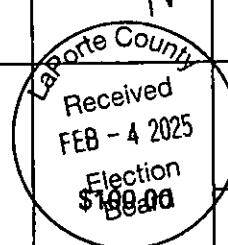
Indiana Election Division (IC 3-9-5-14)

(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
46-20-45
Page <u>6</u> of <u>23</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. RAY MALONEY 206 MOORE RD 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)	\$115.00	\$115.00	08/09/24 RON SCHAFER
Contributor's Occupation (if required)				
2. LYNN SWANSON 5656 W 250 N 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)	\$100.00	\$100.00	08/09/24 RON SCHAFER
Contributor's Occupation (if required)				
3. EVAN WOODING 1405 E LINCOLNWAY 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)	\$100.00	\$100.00	07/10/24 RON SCHAFER
Contributor's Occupation (if required)				
4. GREG HOWARD 102 SPRUCE DR WANATAH IN 46390	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)	\$200.00	\$200.00	07/10/24 RON SCHAFER
Contributor's Occupation (if required)				
5. ANDREW RUMINSKI 1309 INDIANA AVE 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)	\$100.00	\$100.00	08/09/24 RON SCHAFER
Contributor's Occupation (if required)				
SUBTOTAL THIS PAGE OF SCHEDULE A		\$ 615.00		
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 4806 (R17 / 8-23)

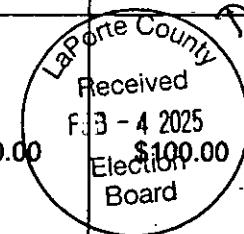
Indiana Election Division (IC 3-9-5-14)

**(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
46-20-45
Page 1 of 23

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. DOUG NEWLAND 2992 N 300 E 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)	\$375.00	\$375.00	08/09/24 RON SCHAFER
2. MARK PARKMAN 4052 S 1100 W WESTVILLE IN 46391	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)	\$100.00	\$100.00	07/10/24 RON SCHAFER
3. DION BERGERON 1018 PROVIDENCE ST 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)	\$100.00	\$100.00	08/10/24 RON SCHAFER
4. SCOTT PEJIC 1000 WASHINGTON ST 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)	\$400.00	\$400.00	08/09/24 RON SCHAFER
5. CHARLOTTE TOTTEN 7878 N 175 E 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)	\$100.00	\$100.00	08/10/24 RON SCHAFER
SUBTOTAL THIS PAGE OF SCHEDULE A		\$ 1,075.00		
TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY (Enter total on ITEM 15a of the Summary Sheet.)		\$		





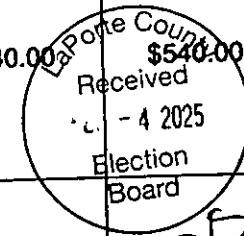
**REPORT OF RECEIPTS AND EXPENDITURES
OF A POLITICAL COMMITTEE**

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				
46-20-45				
Page <u>8</u> of <u>23</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. LISA PIERZAKOWSKI 3511 JOHNSON RD LAPORTE IN 46350	<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>	\$100.00	\$100.00	09/05/24 RON SCHAFER
Contributor's Occupation (if required)				
2. ROBERT RANKIN 106 ARDMORE AVE LAPORTE IN 46350	<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>	\$100.00	\$100.00	09/05/24 RON SCHAFER
Contributor's Occupation (if required)				
3. CHRISTEN ZABEL 2777 W 1650 S HANNA IN 46340	<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>	\$140.00	\$315.00	04/06/24 RON SCHAFER
Contributor's Occupation (if required)				
4. ALLEN STEVENS 3277 W 1475 S HANNA IN 46340	<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>	\$440.00	\$540.00	04/10/24 RON SCHAFER
Contributor's Occupation (if required)				
5. ADAM KORONKA 2202 MUSTANG DR LAPORTE IN 46350	<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	\$300.00	04/10/24 RON SCHAFER
Contributor's Occupation (if required)				
SUBTOTAL THIS PAGE OF SCHEDULE A		\$ 980.00		
TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY (Enter total on ITEM 15a of the Summary Sheet.)		\$		





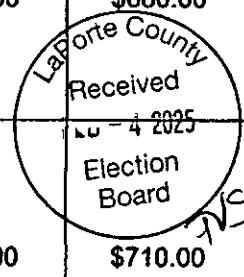
**REPORT OF RECEIPTS AND EXPENDITURES
OF A POLITICAL COMMITTEE**

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**

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FILE NUMBER
46-20-45
Page <u>9</u> of <u>23</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. RICHARD LIDTKE 10296 N RANGE RD LAPORTE IN 46350	<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>	\$100.00	\$600.00	08/10/24 RON SCHAFER
2. STEVE HOLIFIELD 6782 E 100 S MILL CREEK IN 46365	<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>	\$100.00	\$275.00	07/15/24 RON SCHAFER
3. FRANCINE KALITA 4372 N 675 W 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>	\$340.00	\$590.00	04/15/24 RON SCHAFER
4. DAN BARENIE 4333 N BUDLEE 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>	\$480.00	\$680.00	08/09/24 RON SCHAFER
5. DUANE MILLER 605 LAKESIDE DR LAPORTE IN 46350	<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>	\$560.00	\$710.00	04/15/24 RON SCHAFER
Contributor's Occupation (if required)				
SUBTOTAL THIS PAGE OF SCHEDULE A		\$ 1,580.00		
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)

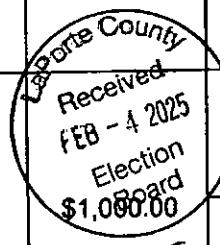
Indiana Election Division (IC 3-9-5-14)

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

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FILE NUMBER
46-20-45
Page <u>10</u> of <u>23</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 RECEIVED BY
1. TIMOTHY STABOSZ 1501 MICHIGAN AVE 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) <u>AUDITOR</u>	\$175.00	\$1,175.00	07/22/24 RON SCHAFER
2. GEORGE BOLLHORST PO BOX 56 NEW CARLISLE IN 46552	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	\$225.00	04/11/24 RON SCHAFER
3. ANDREW SKWIAT 0566 S WOZNIAK RD 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) <u>BUS. OWNER</u>	\$1,000.00	\$1,000.00	04/15/24 RON SCHAFER
4. ANDREW SKWIAT 0566 S WOZNIAK RD 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) <u>BUS. OWNER</u>	\$1,000.00	\$2,000.00	07/26/24 RON SCHAFER
5. WILLIAM CHRISTAKES 610 LAKESIDE DR 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) <u>BUS. OWNER</u>	\$1,000.00	\$1,000.00	04/11/24 RON SCHAFER
SUBTOTAL THIS PAGE OF SCHEDULE A		\$ 3,200.00		
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-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
46-20-45
Page <u>11</u> of <u>23</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 <i>mm dd yy</i> RECEIVED BY
1. HOOSIER EQUIPMENT INC 11485 REDWOOD DR PLYMOUTH IN 46383	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) _____	\$400.00	\$400.00	08/09/24 RON SCHAFER
2. S. ADAMS CONSULTING 51 S 150 E 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) _____	\$100.00	\$100.00	08/09/24 RON SCHAFER
3.	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.	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.	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) _____			<i>Laporte County Received FEB - 4 2025 Election Board</i>
SUBTOTAL THIS PAGE OF SCHEDULE A		\$ 500.00		
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-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
46-20-45
Page 12 of 23

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. CLEAR SKY HEATING 418 E LINCOLNWAY LAPORTE IN 46350	<p>Contributions:</p> <p><input type="checkbox"/> Direct</p> <p><input type="checkbox"/> In-Kind (describe)</p> <hr/> <p>Other Receipts:</p> <p><input type="checkbox"/> Interest <input type="checkbox"/> Loan</p> <p><input type="checkbox"/> Miscellaneous (specify)</p> <hr/>	\$100.00	\$100.00	08/09/24 RON SCHAFER
2. ARCHIES RESTAURANT 104 NORTH ST LAPORTE IN 46350	<p>Contributions:</p> <p><input checked="" type="checkbox"/> Direct</p> <p><input type="checkbox"/> In-Kind (describe)</p> <hr/> <p>Other Receipts:</p> <p><input type="checkbox"/> Interest <input type="checkbox"/> Loan</p> <p><input type="checkbox"/> Miscellaneous (specify)</p> <hr/>	\$100.00	\$100.00	08/09/24 RON SCHAFER
3. RUDY FOR INDIANA 5776 GRAPE RD PMB 176 MISHAWAKA IN 46545	<p>Contributions:</p> <p><input checked="" type="checkbox"/> Direct</p> <p><input type="checkbox"/> In-Kind (describe)</p> <hr/> <p>Other Receipts:</p> <p><input type="checkbox"/> Interest <input type="checkbox"/> Loan</p> <p><input type="checkbox"/> Miscellaneous (specify)</p> <hr/>	\$1,000.00	\$2,000.00	04/11/24 RON SCHAFER
4. FRIENDS OF JIM PRESSEL 1772 LOFGREN RD ROLLING PRAIRIE IN 46371	<p>Contributions:</p> <p><input checked="" type="checkbox"/> Direct</p> <p><input type="checkbox"/> In-Kind (describe)</p> <hr/> <p>Other Receipts:</p> <p><input type="checkbox"/> Interest <input type="checkbox"/> Loan</p> <p><input type="checkbox"/> Miscellaneous (specify)</p> <hr/>	\$200.00	\$700.00	04/11/24 RON SCHAFER
5. MIKE BRAUN FOR INDIANA PO BOX 1126 CARMEL IN 46082	<p>Contributions:</p> <p><input checked="" type="checkbox"/> Direct</p> <p><input type="checkbox"/> In-Kind (describe)</p> <hr/> <p>Other Receipts:</p> <p><input type="checkbox"/> Interest <input type="checkbox"/> Loan</p> <p><input type="checkbox"/> Miscellaneous (specify)</p> <hr/>	\$450.00	\$450.00	04/11/24 RON SCHAFER
SUBTOTAL THIS PAGE OF SCHEDULE A		\$ 1,850.00		
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-5)

CONTRIBUTIONS BY

OTHER ORGANIZATIONS

Itemized Contributions and Other Receipts

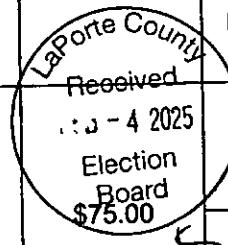
INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY ORGANIZATIONS OTHER THAN CORPORATIONS, LABOR ORGANIZATIONS, POLITICAL ACTION COMMITTEES AND INDIVIDUALS ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on 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

46-20-45

Page 13 of 23

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. MIKE BRAUN FOR INDIANA PO BOX 1126 CARMEL IN 46082	<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>	\$100.00	\$550.00	08/09/24 RON SCHAFER
2. EARNST FOR JUDGE 4664 MERLOT CT LAPORTE IN 46350	<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>	\$1,000.00	\$1,000.00	07/10/24 RON SCHAFER
3. COMMITTEE TO ELECT MIKE BOHACEK 220 POKAGON TR MICHIANA SHORES 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>	\$1,000.00	\$1,000.00	04/11/24 RON SCHAFER
4. COMMITTEE TO ELECT MIKE BOHACEK 220 POKAGON TR MICHIANA SHORES 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>	\$375.00	\$1,375.00	08/09/24 RON SCHAFER
5. FRIENDS OF ELISE NIESHALA 3125 S 875 E ZIONSVILLE IN 46077	<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>	\$75.00	\$75.00	04/11/24 RON SCHAFER
SUBTOTAL THIS PAGE OF SCHEDULE A		\$ 2,550.00		
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-5)

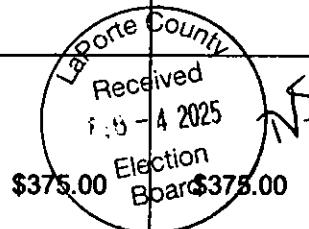
**CONTRIBUTIONS BY
OTHER ORGANIZATIONS**

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	
46-20-45	
Page	14
of	23

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 <i>mm dd yy</i> RECEIVED BY
1. FRIENDS OF TOM DERMODY 1658 WILLOW BEND DR LAPORTE IN 46350	<p>Contributions:</p> <p><input checked="" type="checkbox"/> Direct</p> <p><input type="checkbox"/> In-Kind (describe)</p> <hr/> <p>Other Receipts:</p> <p><input type="checkbox"/> Interest <input type="checkbox"/> Loan</p> <p><input type="checkbox"/> Miscellaneous (specify)</p> <hr/>	\$500.00	\$500.00	04/11/24 RON SCHAFER
2. COMMITTEE TO ELECT HEATHER STEVENS 3277 W 1475 S HANNA IN 46340	<p>Contributions:</p> <p><input checked="" type="checkbox"/> Direct</p> <p><input type="checkbox"/> In-Kind (describe)</p> <hr/> <p>Other Receipts:</p> <p><input type="checkbox"/> Interest <input type="checkbox"/> Loan</p> <p><input type="checkbox"/> Miscellaneous (specify)</p> <hr/>	\$1,000.00	\$1,000.00	04/11/24 RON SCHAFER
3. COMMITTEE TO ELECT HEATHER STEVENS 3277 W 1475 S HANNA IN 46340	<p>Contributions:</p> <p><input checked="" type="checkbox"/> Direct</p> <p><input type="checkbox"/> In-Kind (describe)</p> <hr/> <p>Other Receipts:</p> <p><input type="checkbox"/> Interest <input type="checkbox"/> Loan</p> <p><input type="checkbox"/> Miscellaneous (specify)</p> <hr/>	400.00 -6,000.00	\$1,400.00	08/09/24 RON SCHAFER
4. TODD ROKITA ELECTION COMMITTEE 200 W WASHINGTON ST INDIANAPOLIS IN 46340	<p>Contributions:</p> <p><input checked="" type="checkbox"/> Direct</p> <p><input type="checkbox"/> In-Kind (describe)</p> <hr/> <p>Other Receipts:</p> <p><input type="checkbox"/> Interest <input type="checkbox"/> Loan</p> <p><input type="checkbox"/> Miscellaneous (specify)</p> <hr/>	\$75.00	\$75.00	04/11/24 RON SCHAFER
5. DEUTSCHER CONSTRUCTION LLC 1222 GARFIELD ST MICHIGAN CITY IN 46360	<p>Contributions:</p> <p><input checked="" type="checkbox"/> Direct</p> <p><input type="checkbox"/> In-Kind (describe)</p> <hr/> <p>Other Receipts:</p> <p><input type="checkbox"/> Interest <input type="checkbox"/> Loan</p> <p><input type="checkbox"/> Miscellaneous (specify)</p> <hr/>	\$375.00	\$375.00	06/09/24 RON SCHAFER
SUBTOTAL THIS PAGE OF SCHEDULE A		\$ 2,350.00		
TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY <i>(Enter total on ITEM 15a of the Summary Sheet.)</i>		\$		





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

46-20-45

Page 15 of 23

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. COTTER-BOWEN LAW LLC 4544 W 103RD ST OAKLAWN IL 60453	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) _____	\$475.00	\$475.00	08/09/24 RON SCHAFER
2. COMMITTEE TO ELECT ADAM KORONKA 2202 MUSTANG DR 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) _____	\$100.00	\$100.00	08/09/24 RON SCHAFER
3. RE3 CONSULTING LLC 1305 PINE LAKE AVE 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) _____	\$100.00	\$100.00	08/09/24 RON SCHAFER
4. MCR PARTNERSHIP LLC 5920 HOHMAN AVE HAMMOND IL 46320	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) _____	\$500.00	\$500.00	08/09/24 RON SCHAFER
5. FRIENDS OF JOEL FLOREK 9107 N WILHELM RD 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) _____	\$100.00	\$100.00	08/09/24 RON SCHAFER
SUBTOTAL THIS PAGE OF SCHEDULE A		\$ 1,275.00		
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-2)
CONTRIBUTIONS BY CORPORATIONS
Itemized Contributions and Other Receipts

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

FILE NUMBER
46-20-45
Page <u>16</u> of <u>23</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. M.E. SIMPSON CO, INC 3406 ENTERPRISE AVE VALPARAISO IN 46383	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	08/09/24 RON SCHAFER
2. MICHIANA INSURANCE SERVICES, INC 5385 N JOHNSON RD 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) _____	\$100.00	\$100.00	08/09/24 RON SCHAFER
3. T&W MAINTENANCE INC 401 E 7TH 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) _____	\$250.00	\$250.00	08/09/24 RON SCHAFER
4.	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.	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) _____			LaPorte County Received 8-4-2025 Election Board
SUBTOTAL THIS PAGE OF SCHEDULE A		\$ 450.00		
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-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
46-20-45
Page <u>17</u> of <u>23</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. CARPENTERS LOCAL 1485 PAC 1104 E 6TH 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) _____	\$1,475.00	\$1,475.00	07/15/24 RON SCHAFER
2. NORTHERN INDIANA OPERATORS JOINT LABOR MANAGEMENT PAC 6200 JOLIET RD COUNTRYSIDE IL 60525	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) _____	\$1,000.00	\$1,000.00	06/20/24 RON SCHAFER
3.	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.	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.	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) _____			<i>Received FEB - 4 2025 Election Board</i>
SUBTOTAL THIS PAGE OF SCHEDULE A		\$ 2,475.00		
TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY (Enter total on ITEM 15a of the Summary Sheet)			\$ 23,934.50	



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

46-20-45

Page 18 of 23

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 STRAIGHT TALK 9700 W 112 AVE MIAMI FL 33125		<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: PHNE/INTRNT	\$48.61	\$194.44	04/13/24
Code O STRAIGHT TALK 9700 W 112 AVE MIAMI FL 33125		<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: PHNE/INTRNT	\$48.59	\$243.03	05/13/24
Code O STRAIGHT TALK 9700 W 112 AVE MIAMI FL 33125		<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: PHNE/INTRNT	\$48.59	\$291.62	06/13/24
Code O STRAIGHT TALK 9700 W 112 AVE MIAMI FL 33125		<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: PHNE/INTRNT	\$48.59	\$340.21	07/13/24
Code O STRAIGHT TALK 9700 W 112 AVE MIAMI FL 33125		<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: PHNE/INTRNT	\$48.33	\$388.54	08/13/24
Code O STRAIGHT TALK 9700 W 112 AVE MIAMI FL 33125		<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: PHNE/INTRNT	\$48.33	\$436.87	09/13/24
Code O STRAIGHT TALK 9700 W 112 AVE MIAMI FL 33125		<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: PHNE/INTRNT	\$48.33	\$485.20	10/13/24
SUBTOTAL THIS PAGE OF SCHEDULE B			\$ 339.37		
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 (R17 / 8-23)

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

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

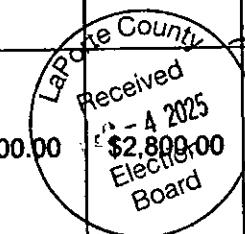
INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document expenditures totaled on ITEM 17a of the Summary Sheet. All cumulative expenses paid to individuals,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

46-20-45

Page 16 of 23

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 NIPSCO PO BOX 13007 MERRILLVILLE IN 46411		<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: UTILITIES	\$110.00	\$440.00	04/13/24
Code O NIPSCO PO BOX 13007 MERRILLVILLE IN 46411		<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: UTILITIES	\$54.41	\$494.41	7/13/24 05/13/24
Code O NIPSCO PO BOX 13007 MERRILLVILLE IN 46411		<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: UTILITIES	\$86.00	\$580.41	09/13/24
Code O NIPSCO PO BOX 13007 MERRILLVILLE IN 46411		<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: UTILITIES	\$86.00	\$666.41	10/13/24
Code O MASONIC TEMPLE PO BOX 54 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: RENT	\$400.00	\$2,000.00	5/13/24
Code O MASONIC TEMPLE PO BOX 54 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: RENT	\$400.00	\$2,400.00	06/13/24
Code O MASONIC TEMPLE PO BOX 54 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: RENT	\$400.00	\$2,800.00	07/13/24
SUBTOTAL THIS PAGE OF SCHEDULE B			\$ 1,536.41		
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 (R17 1/8-23)

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

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

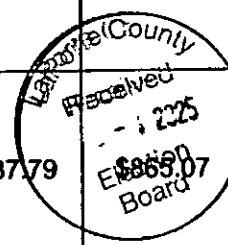
INSTRUCTIONS: Please type or print legibly in **BLACK INK** all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document expenditures totaled on **ITEM 17a** of the Summary Sheet. All cumulative expenses paid to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

46-20-45

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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 (as specific)	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE OF EXPENDITURE mm dd yy
Code O MASONIC TEMPLE PO BOX 54 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: RENT	\$400.00	\$3,200.00	8/13/24
Code O MASONIC TEMPLE PO BOX 54 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: RENT	\$400.00	\$3,600.00	9/13/24
Code O MASONIC TEMPLE PO BOX 54 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: RENT	\$400.00	\$4,000.00	10/13/24
Code F HAWKINS PRINT SHOP 315 LINCOLNWAY LAPORTE IN 46350		<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: PRINTER	\$90.00	\$162.50	6/25/24
Code O ADAM KORONKA 2202 MUSTANG DR LAPORTE IN 46350		<input type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input checked="" type="checkbox"/> Other REIMBU Purpose: POSTAGE	\$34.10	\$34.10	07/12/24
Code A ALLEN STEVENS 3277 N 1475 S HANNA IN 46340		<input type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input checked="" type="checkbox"/> Other REIMBU Purpose: FAIR SUPPLY	\$114.43	\$377.28	07/01/24
Code A ALLEN STEVENS 3277 N 1475 S HANNA IN 46340		<input type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input checked="" type="checkbox"/> Other REIMBU Purpose: PARADE SUP	\$487.79	\$865.07	07/01/24
SUBTOTAL THIS PAGE OF SCHEDULE B			\$ 1,926.32		
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 (R17 / 8-23)

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

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

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

FILE NUMBER

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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 ALLEN STEVENS 3277 W 1475 S HANNA IN 46340	PARTY CHAIR	<input type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input checked="" type="checkbox"/> Other REIMBU Purpose: FEST SUPP	\$54.44	\$919.51	09/17/24
Code A KIWANIS OF LAPORTE PO BOX 152 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: PARADE ENT	\$50.00	\$50.00	06/25/24
Code O CINCINNATI INSURANCE PO BOX 145620 CINCINNATI OH 45250		<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: INSURANCE	\$599.00	\$599.00	06/15/24
Code F CAPT ROBERT METCALF 1206 INDIANA AVE 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: SECURITY	\$261.25	\$261.25	04/11/24
Code O INSE BIZ.COM INDIANAPOLIS 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: FILING SVC	\$31.00	\$31.00	08/06/24
Code A DUNELAND MEDIA 1305 PINE LAKE DR 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: WEBSITE	\$435.00	\$435.00	07/10/24
Code A BONNIE MILLER 605 LAKESIDE DR LAPORTE IN 46350		<input type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input checked="" type="checkbox"/> Other REIMB Purpose: FAIR SUPP	\$226.74	\$226.74	07/10/24
SUBTOTAL THIS PAGE OF SCHEDULE B			\$ 1,657.43		
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 (R17 / 8-23)
Indiana Election Division (IC 3-9-5-14)

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

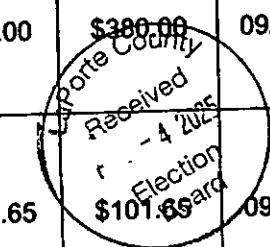
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FILE NUMBER

46-20-45

Page 23 of 23

RECIPIENT'S NAME AND MAILING ADDRESS STREET NUMBER, CITY, STATE, ZIP CODE	RECIPIENT'S OCCUPATION OFFICE SOUGHT (if applicable)	TYPE OF EXPENDITURE 3-14 PURPOSE (be specific)	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE OF EXPENDITURE mm dd yy
Code A MILL POIND FESTIVAL PO BOX 15 UNION MILLS IN 46382		<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: FESTIVAL FEE	\$50.00	\$50.00	08/15/24
Code F DUANE MILLER 605 LAKESIDE DR LAPORTE IN 46350		<input type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input checked="" type="checkbox"/> Other REIMBU Purpose: GOLF SUPPLY	\$283.24	\$283.24	08/15/24
Code F BEECHWOOD GOLF COURSE 2222 WOODLAWN DR 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: GOLF FEES	\$2,880.00	\$2,880.00	08/09/24
Code F CASHMER INC 2222 WOODLAWN DR 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: FOOD	\$1,824.00	\$1,824.00	08/09/24
Code F 2ND DISTRICT REPUBLICAN 204 CLARRET BLVD ELKHART IN 46516		<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: TRUMP SIGNS	\$267.00	\$267.00	08/25/24
Code A WCOE RADIO 1700 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: RADIO AD	\$380.00	\$380.00	09/15/24
Code O TOWN & COUNTRY FLORIST 1101 W STATE RD 2 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: FUNERAL	\$101.65	\$101.65	09/10/24
SUBTOTAL THIS PAGE OF SCHEDULE B			\$ 5,785.89		
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 (R17 / 8-23)
Indiana Election Division (IC 3-9-5-14)

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

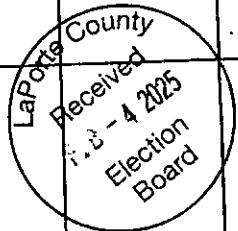
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FILE NUMBER

46-20-45

Page 23 of 23

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 F ST JOE COUNTY REPUBLICAN PARTY 419 N HICKORY RD SOUTH BEND IN 46615		<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: _____	\$300.00	\$300.00	10/03/24
Code A LAMAR BILLBOARDS 9900 GEORGIA ST CROWN POINT IN 46307		<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: _____	\$5,926.62	\$5,926.62	10/05/24
Code F COUNTRY CATERERS 701 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: _____	\$3,456.00	\$3,456.00	04/13/24
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: _____			
SUBTOTAL THIS PAGE OF SCHEDULE B			\$ 9,682.62		
TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY (Enter total on ITEM 17a of the Summary Sheet.)			\$20,928.04		





**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

410-24-102

TOTAL PAGES IN ENTIRE CFA-4 REPORT

11

COMMITTEE INFORMATION

1. Full Name of Committee (as on <i>Statement of Organization</i>) La Porte County Republican Central Committee	<input type="checkbox"/> Check if this is a new name.
2. Acronym or Abbreviated Name (if any) LPC GOP	3. Committee Telephone Number (219) 326-9565
4. Mailing Address (Address where all campaign finance correspondence is received.) PO Box 512	<input type="checkbox"/> Check if this is a new address.
5. City, State, ZIP Code La Porte IN 46350	6. Party Affiliation (if applicable) Republican

CANDIDATE INFORMATION (For Candidate's Committees Only)

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

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.)	Check one: <input type="checkbox"/> Pre-Convention <input type="checkbox"/> Post-Convention
---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	---------------------------------------------------------------------------------------------------

12. Reporting Period (mm/dd/yy): From: 1/1/2024 Through: 4/12/2024	COLUMN A This Period	COLUMN B Year to Date
13. Cash on hand and investments at the beginning of this reporting period.	14,295.15	
14. Cash on hand and investments January 1, current year.	14,295.15	

CONTRIBUTIONS AND RECEIPTS

(Note: these amounts include in-kind contributions and loans, as well as cash contributions.)		
15a. Itemized (Use Schedule A.)	7,995.00	7,995.00
15b. Unitemized	0.00	0.00
15c. Add lines 15a and 15b in both columns.	SUBTOTAL	7,995.00
16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B.	TOTAL	22,290.15

EXPENDITURES

(Note: These amounts include in-kind expenditures and loan repayments.)		
17a. Itemized (Use Schedule B.) (Public Question: use Schedule C.)	3,874.50	3,874.50
17b. Unitemized	20.77	20.77
17c. Add lines 17a and 17b in both columns.	SUBTOTAL	3,895.27
18. Cash on hand and investments at close of this reporting period (Subtract 17c from 16 in both columns.)	TOTAL	18,394.88
19. Debts OWED BY the committee (Use Schedule D.)		
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 TREASURER	Date (mm/dd/yy) 02/03/24
Signature of Candidate (if applicable)		Date (mm/dd/yy)

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)

FOR OFFICE USE ONLY





**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**

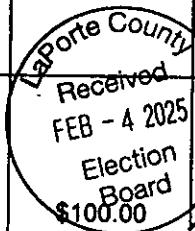
INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY INDIVIDUALS ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on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

46-20-45

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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. CHRISTEN ZABEL 2717 W 1650 S HANNA IN 46340	<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>	\$175.00	\$175.00	01/01/2024 RON SCHAFER
Contributor's Occupation (if required)				
2. RONALD SCHAFER 1566 E GLACIER BEND LAPORTE IN 46350	<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>	\$300.00	\$300.00	01/03/2024 RON SCHAFER
Contributor's Occupation (if required)				
3. SUZANNE SCHAFER 1566 E GLACIER BEND LAPORTE IN 46350	<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>	\$100.00	\$100.00	01/03/2024 RON SCHAFER
Contributor's Occupation (if required)				
4. CARY KIRKHAM PO BOX 1823 LAPORTE IN 46350	<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>	\$250.00	\$250.00	01/03/2024 RON SCHAFER
Contributor's Occupation (if required)				
5. SHARON KIRKHAM PO BOX 1823 LAPORTE IN 46350	<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>	\$100.00	\$100.00	01/03/2024 RON SCHAFER
Contributor's Occupation (if required)				
SUBTOTAL THIS PAGE OF SCHEDULE A		\$ 925.00		
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)

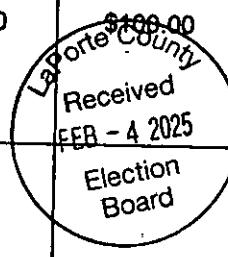
**(CFA-4 SCHEDULE A-1)
CONTRIBUTIONS BY INDIVIDUALS**
Itemized Contributions and Other Receipts

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

46-20-45

Page 3 of 11

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. CHRIS CLEVELAND 5899 E 1000 N LAPORTE IN 46350	<p>Contributions:</p> <p><input checked="" type="checkbox"/> Direct</p> <p><input type="checkbox"/> In-Kind (describe)</p> <p>Other Receipts:</p> <p><input type="checkbox"/> Interest <input type="checkbox"/> Loan</p> <p><input type="checkbox"/> Miscellaneous (specify)</p>	\$100.00	\$100.00	03/02/24 RON SCHAFER
2. HEATHER STEVENS 3277 W 1425 S HANNA IN 46340	<p>Contributions:</p> <p><input checked="" type="checkbox"/> Direct</p> <p><input type="checkbox"/> In-Kind (describe)</p> <p>Other Receipts:</p> <p><input type="checkbox"/> Interest <input type="checkbox"/> Loan</p> <p><input type="checkbox"/> Miscellaneous (specify)</p>	\$100.00	\$100.00	01/03/24 RON SCHAFER
3. ALLEN STEVENS 3277 W 1425 S HANNA IN 46340	<p>Contributions:</p> <p><input checked="" type="checkbox"/> Direct</p> <p><input type="checkbox"/> In-Kind (describe)</p> <p>Other Receipts:</p> <p><input type="checkbox"/> Interest <input type="checkbox"/> Loan</p> <p><input type="checkbox"/> Miscellaneous (specify)</p>	\$100.00	\$100.00	01/03/24 RON SCHAFER
4. ADAM KORONKA 2202 MUSTANG DR LAPORTE IN 46350	<p>Contributions:</p> <p><input checked="" type="checkbox"/> Direct</p> <p><input type="checkbox"/> In-Kind (describe)</p> <p>Other Receipts:</p> <p><input type="checkbox"/> Interest <input type="checkbox"/> Loan</p> <p><input type="checkbox"/> Miscellaneous (specify)</p>	\$100.00	\$100.00	02/02/24 RON SCHAFER
5. RICHARD LIDTKE 10296 N RANGE RD LAPORTE IN 46350	<p>Contributions:</p> <p><input checked="" type="checkbox"/> Direct</p> <p><input type="checkbox"/> In-Kind (describe)</p> <p>Other Receipts:</p> <p><input type="checkbox"/> Interest <input type="checkbox"/> Loan</p> <p><input type="checkbox"/> Miscellaneous (specify)</p>	\$500.00	\$500.00	02/02/24 RON SCHAFER
Contributor's Occupation (if required)				
Contributor's Occupation (if required)		SUBTOTAL THIS PAGE OF SCHEDULE A \$ 900.00		
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

46-20-45

Page 4 of 11

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 MARSEILLE 6764 W 700 S UNION MILLS IN 46382	<p>Contributions:</p> <p><input checked="" type="checkbox"/> Direct</p> <p><input type="checkbox"/> In-Kind (describe)</p> <hr/> <p>Other Receipts:</p> <p><input type="checkbox"/> Interest <input type="checkbox"/> Loan</p> <p><input type="checkbox"/> Miscellaneous (specify)</p> <hr/> <p>Contributor's Occupation (if required)</p>	\$125.00	\$125.00	02/02/24	RON SCHAFER
2. JANICE BLAKE 204 RAVEN DR TRAIL CREEK IN 46360	<p>Contributions:</p> <p><input checked="" type="checkbox"/> Direct</p> <p><input type="checkbox"/> In-Kind (describe)</p> <hr/> <p>Other Receipts:</p> <p><input type="checkbox"/> Interest <input type="checkbox"/> Loan</p> <p><input type="checkbox"/> Miscellaneous (specify)</p> <hr/> <p>Contributor's Occupation (if required)</p>	\$100.00	\$100.00	02/02/24	RON SCHAFER
3. FLORENCE BLAKE 204 RAVEN DR TRAIL CREEK IN 46360	<p>Contributions:</p> <p><input checked="" type="checkbox"/> Direct</p> <p><input type="checkbox"/> In-Kind (describe)</p> <hr/> <p>Other Receipts:</p> <p><input type="checkbox"/> Interest <input type="checkbox"/> Loan</p> <p><input type="checkbox"/> Miscellaneous (specify)</p> <hr/> <p>Contributor's Occupation (if required)</p>	\$100.00	\$100.00	02/02/24	RON SCHAFER
4. BRAVILLE BAKER 204 RAVEN DR TRAIL CREEK IN 46360	<p>Contributions:</p> <p><input checked="" type="checkbox"/> Direct</p> <p><input type="checkbox"/> In-Kind (describe)</p> <hr/> <p>Other Receipts:</p> <p><input type="checkbox"/> Interest <input type="checkbox"/> Loan</p> <p><input type="checkbox"/> Miscellaneous (specify)</p> <hr/> <p>Contributor's Occupation (if required)</p>	\$100.00	\$100.00	02/02/24	RON SCHAFER
5. RHONDA GRAVES 4957 N REMINGTON SQ LAPORTE IN 46350	<p>Contributions:</p> <p><input checked="" type="checkbox"/> Direct</p> <p><input type="checkbox"/> In-Kind (describe)</p> <hr/> <p>Other Receipts:</p> <p><input type="checkbox"/> Interest <input type="checkbox"/> Loan</p> <p><input type="checkbox"/> Miscellaneous (specify)</p> <hr/> <p>Contributor's Occupation (if required)</p>	\$100.00	\$100.00	03/02/24	RON SCHAFER
SUBTOTAL THIS PAGE OF SCHEDULE A		\$ 525.00			
TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY (Enter total on ITEM 15a of the Summary Sheet.)		\$			

LaPorte County
Received
FEB - 4 2025
Election
Board



**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

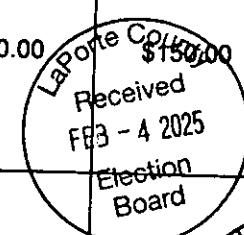
INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY INDIVIDUALS ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on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

46-20-45

Page 5 of 11

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. ROGER GALLOWAY 608 TECUMSEH ST 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/> <p>Contributor's Occupation (if required)</p>	\$100.00	\$100.00	03/02/24 RON SCHAFER
2. LINDA GALLOWAY 608 TECUMSEH ST 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/> <p>Contributor's Occupation (if required)</p>	\$100.00	\$100.00	03/02/24 RON SCHAFER
3. STEVE HOLIFIELD 6782 E 100 S MILL CREEK IN 46365	<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/> <p>Contributor's Occupation (if required)</p>	\$175.00	\$175.00	03/02/24 RON SCHAFER
4. MARVIN J LAYNE 2563 S STATE RD 4 NORTH LIBERTY IN 46554	<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/> <p>Contributor's Occupation (if required)</p>	\$150.00	\$150.00	03/02/24 RON SCHAFER
5. FRANCINE KALITA 4372 N 675 W 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/> <p>Contributor's Occupation (if required)</p>	\$250.00	\$250.00	03/09/24 RON SCHAFER
SUBTOTAL THIS PAGE OF SCHEDULE A		\$ 775.00		
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**

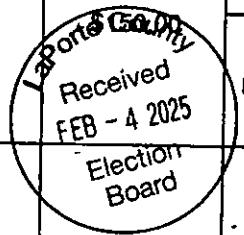
INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY INDIVIDUALS ON THIS SCHEDULE. Please type or print legibly in **BLACK INK** all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts **totaled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

46-20-45

Page 6 of 11

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. DAN GRANQUIST PO BOX 2305 CHESTERTON IN 46304 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) Contributor's Occupation (if required) _____	\$200.00	\$200.00	03/02/24 RON SCHAFER
2. DAN BARENIE 4333 BUDLEE 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) Contributor's Occupation (if required) _____	\$200.00	\$200.00	03/02/24 RON SCHAFER
3. JACQUELINE STOUT 1202 NAPOLEON ST. SOUTH BEND IN 46617 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) Contributor's Occupation (if required) _____	\$300.00	\$300.00	04/08/24 RON SCHAFER
4. DUANE MILLER 605 LAKESIDE 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) Contributor's Occupation (if required) _____	\$150.00	\$150.00	04/08/24 RON SCHAFER
5. TIMOTHY STABOSZ 1501 MICHIGAN AVE LAPORTE IN 46350 Contributor's Occupation (if required) <u>COUNTY AUDITOR</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) Contributor's Occupation (if required) _____	\$1,000.00	\$1,000.00	04/08/24 RON SCHAFER
SUBTOTAL THIS PAGE OF SCHEDULE A		\$ 1,850.00		
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**

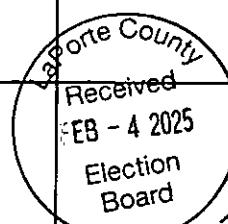
INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY INDIVIDUALS ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on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

46-20-45

Page 7 of 11

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. GEORGE BOLLHORST PO BOX 86 NEW CARLISLE IN 46552	<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	03/15/24 RON SCHAFER
Contributor's Occupation (if required)				
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)				
SUBTOTAL THIS PAGE OF SCHEDULE A		\$ 200.00		
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-5)

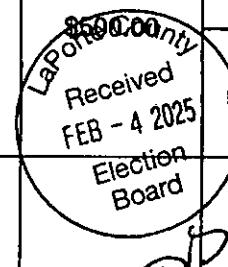
**CONTRIBUTIONS BY
OTHER ORGANIZATIONS**

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
46-20-45
Page 8 of 11

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. CHAMBERS FOR INDIANA 935 N MERIDIAN INDIANAPOLIS IN 46204	<p>Contributions:</p> <p><input checked="" type="checkbox"/> Direct</p> <p><input type="checkbox"/> In-Kind (describe)</p> <hr/> <p>Other Receipts:</p> <p><input type="checkbox"/> Interest <input type="checkbox"/> Loan</p> <p><input type="checkbox"/> Miscellaneous (specify)</p> <hr/>	\$120.00	\$120.00	01/15/24 RON SCHAFER
2. CHAMBERS FOR INDIANA 935 N MERIDIAN INDIANAPOLIS IN 46204	<p>Contributions:</p> <p><input checked="" type="checkbox"/> Direct</p> <p><input type="checkbox"/> In-Kind (describe)</p> <hr/> <p>Other Receipts:</p> <p><input type="checkbox"/> Interest <input type="checkbox"/> Loan</p> <p><input type="checkbox"/> Miscellaneous (specify)</p> <hr/>	\$200.00	\$320.00	04/08/24 RON SCHAFER
3. RUDY FOR INDIANA 5775 GRAPE RD PMB 176 MISHAWAKA IN 46545	<p>Contributions:</p> <p><input checked="" type="checkbox"/> Direct</p> <p><input type="checkbox"/> In-Kind (describe)</p> <hr/> <p>Other Receipts:</p> <p><input type="checkbox"/> Interest <input type="checkbox"/> Loan</p> <p><input type="checkbox"/> Miscellaneous (specify)</p> <hr/>	\$1,000.00	\$1,000.00	04/08/24 RON SCHAFER
4. FRIENDS OF JIM PRESSEL 1772 LOFGREN RD ROLLING PRAIRIE IN 46371	<p>Contributions:</p> <p><input checked="" type="checkbox"/> Direct</p> <p><input type="checkbox"/> In-Kind (describe)</p> <hr/> <p>Other Receipts:</p> <p><input type="checkbox"/> Interest <input type="checkbox"/> Loan</p> <p><input type="checkbox"/> Miscellaneous (specify)</p> <hr/>	\$500.00		03/15/24 RON SCHAFER
5. PEOPLE FOR HAVENS FOR JUDGE 4254 RIDGEWAY DR LAPORTE IN 46350	<p>Contributions:</p> <p><input checked="" type="checkbox"/> Direct</p> <p><input type="checkbox"/> In-Kind (describe)</p> <hr/> <p>Other Receipts:</p> <p><input type="checkbox"/> Interest <input type="checkbox"/> Loan</p> <p><input type="checkbox"/> Miscellaneous (specify)</p> <hr/>	\$1,000.00	\$1,000.00	03/15/24 RON SCHAFER
SUBTOTAL THIS PAGE OF SCHEDULE A		\$ 2,820.00		
TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY (Enter total on ITEM 15a of the Summary Sheet.)		\$ 7,995.00		





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 B)
ITEMIZED EXPENDITURES

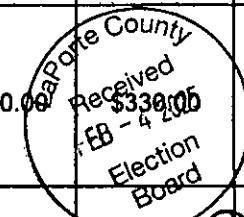
INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document expenditures totaled on ITEM 17a of the Summary Sheet. All cumulative expenses paid to individuals,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

46-20-45

Page 9 of 11

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 STRAIGHT TALK 9700 W 112 AVE MIAMI FL 33178		<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: PHONE & INTERNET	\$48.61	\$48.61	01/11/24
Code O STRAIGHT TALK 9700 W 112 AVE MIAMI FL 33178		<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: PHONE & INTERNET	\$48.61	\$97.22	02/11/24
Code O STRAIGHT TALK 9700 W 112 AVE MIAMI FL 33178		<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: PHONE & INTERNET	\$48.61	\$145.83	03/11/24
Code O NIPSCO PO BOX 13007 MERRILLVILLE IN 46411		<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: UTILITIES	\$110.00	\$110.00	01/11/24
Code O NIPSCO PO BOX 13007 MERRILLVILLE IN 46411		<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: UTILITIES	\$110.00	\$220.00	02/11/24
Code O NIPSCO PO BOX 13007 MERRILLVILLE IN 46411		<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: UTILITIES	\$110.00	\$330.00	03/11/24
Code O ALLEN, STEVENS 3277 W 1475 S HANNA IN 46340		<input type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input checked="" type="checkbox"/> Other REIMBURSE Purpose: TABLES PURCHASED AT MEXICANOS	\$262.05	\$262.05	01/30/24
SUBTOTAL THIS PAGE OF SCHEDULE B			\$ 737.88		
TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY <i>(Enter total on ITEM 17a of the Summary Sheet.)</i>			\$		





**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

46-20-45

Page 10 of 11

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 REPROGRAPHIC ARTS 2824 E MICHIGAN BLVD 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: CUTLON PRINTER GRAPHIC SOLUTIONS	\$165.85	\$165.85	02/25/24
Code F HAWKINS PRINT SHOP 315 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: PRINTER	\$72.50	\$72.50	03/02/24
Code O ALLEN STEVENS 3277 W 1475 S HANNA IN 46340	PARTY CHAIR	<input type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input checked="" type="checkbox"/> Other REIMBURSE Purpose: POSTAGE	\$204.00	\$466.05	03/28/24
Code O KEMPS OFFICE CITY 812 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: OFFICE SUPPLIES	\$15.42	\$15.42	03/04/24
Code A LAPORTE COUNTY FAIR 2581 ZIGLER RD 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: COUNTY FAIR	\$882.75	\$882.75	03/08/24
Code A WANATAH SCARECROW FESTIVAL PO BOX 152 WANATAH IN 46390		<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: FESTIVAL	\$118.00	\$118.00 Received FEB - 4 2025 Election Board	03/08/24
Code A WESTVILLE PUMPKIN FEST 1083 S WOZNIAK RD 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: FESTIVAL	\$15.00	\$15.00	03/15/24
SUBTOTAL THIS PAGE OF SCHEDULE B			\$ 1,465.52		
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 (R17 / 8-23)

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

(CFA-4 SCHEDULE B)
ITEMIZED EXPENDITURES

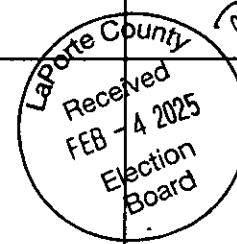
INSTRUCTIONS: Please type or print legibly in **BLACK INK** all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document expenditures totaled on ITEM 17a of the Summary Sheet. All cumulative expenses paid to individuals,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

46-20-45

Page 1A of 11

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 ALLEN STEVENS 3277 W 1475 S HANNA IN 46340	PARTY CHAIR	<input type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input checked="" type="checkbox"/> Other REIMBURSE Purpose: CANDY FOR ST PATRICK PARADE MC	\$71.10	\$537.15	03/18/24
Code O MASONIC TEMPLE PO BOX 54 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: RENT	\$400.00	\$400.00	01/01/24
Code O MASONIC TEMPLE PO BOX 54 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: RENT	\$400.00	\$800.00	02/01/24
Code O MASONIC TEMPLE PO BOX 54 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: RENT	\$400.00	\$1,200.00	03/01/24
Code O MASONIC TEMPLE PO BOX 54 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: RENT	\$400.00	\$1,600.00	04/01/24
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:			
		<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			\$ 1,671.10		
TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY (Enter total on ITEM 17a of the Summary Sheet.)			\$ 3,874.50		





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

46-24-62

TOTAL PAGES IN ENTIRE CFA-4 REPORT

23

IS THIS AN AMENDMENT? Yes No

COMMITTEE INFORMATION

1. Full Name of Committee (as on Statement of Organization) LAPORTE COUNTY REPUBLICAN CENTRAL COMMITTEE	<input type="checkbox"/> Check if this is a new name.
2. Acronym or Abbreviated Name (if any) LPC GOP	3. Committee Telephone Number (219) 326-9565

4. Mailing Address (Address where all campaign finance correspondence is received.) PO BOX 512	<input type="checkbox"/> Check if this is a new address.
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5. City, State, ZIP Code LAPORTE IN 46532	6. Party Affiliation (if applicable) REPUBLICAN
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CANDIDATE INFORMATION (For Candidate's Committees Only)

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

TYPE OF REPORT		CONVENTION CANDIDATES ONLY	
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	

12. Reporting Period (mm/dd/yy): From: 04/13/24	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.		18,394.65	14,295.15
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.)		23,934.50	31,929.50
15b. Unitemized		10,439.85	10,439.85
15c. Add lines 15a and 15b in both columns.	SUBTOTAL	34,374.35	42,369.35
16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B.	TOTAL	52,769.00	56,664.50

EXPENDITURES

(Note: These amounts include in-kind expenditures and loan repayments.)			
17a. Itemized (Use Schedule B.) (Public Question: use Schedule C.)		20,928.04	24,802.54
17b. Unitemized		6,658.23	6,679.00
17c. Add lines 17a and 17b in both columns.	SUBTOTAL	27,586.27	31,481.54
18. Cash on hand and investments at close of this reporting period (Subtract 17c from 16 in both columns.)	TOTAL	25,182.96	25,182.96
19. Debts OWED BY the committee (Use Schedule D.)			
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
TREASURERDate (mm/dd/yy)
03/06/24

Signature of Candidate (if applicable)

Date (mm/dd/yy)

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)

Summary Sheet

FILE NUMBER

46-20-45

TOTAL PAGES IN ENTIRE CFA-4 REPORT

13

IS THIS AN AMENDMENT? Yes No

COMMITTEE INFORMATION

1. Full Name of Committee (as on <i>Statement of Organization</i>) LAPORTE COUNTY REPUBLICAN CENTRAL COMMITTEE	<input type="checkbox"/> Check if this is a new name.
2. Acronym or Abbreviated Name (if any) LPC GOP	3. Committee Telephone Number (219) 326-9565
4. Mailing Address (Address where all campaign finance correspondence is received.) PO BOX 512	<input type="checkbox"/> Check if this is a new address.
5. City, State, ZIP Code LAPORTE IN 46532	6. Party Affiliation (if applicable) REPUBLICAN

CANDIDATE INFORMATION (For Candidate's Committees Only)

7. Full Name of Candidate (Include any nickname.)	8. Party Affiliation or if Independent Candidate
9. Office Sought (Include district number, if any. <i>Not required for exploratory committee.</i>)	10. County of Residence

TYPE OF REPORT

11. Check one: <input type="checkbox"/> Pre-Primary <input type="checkbox"/> Pre-Election <input checked="" 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 <input type="checkbox"/> Pre-Convention <input type="checkbox"/> Post-Convention
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12. Reporting Period (mm/dd/yy): From: 09/13/24 10/12/24 Through: 10/11/24 12/31/24	COLUMN A This Period 25,182.96	COLUMN B Year to Date 14,295.15
13. Cash on hand and investments at the beginning of this reporting period.		
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.)		8,825.00	40,754.50
15b. Unitemized		0.00	10,439.85
15c. Add lines 15a and 15b in both columns.	SUBTOTAL	8,825.00	51,194.35
16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B.	TOTAL	34,007.96	65,489.50

EXPENDITURES

(Note: These amounts include in-kind expenditures and loan repayments.)			
17a. Itemized (Use Schedule B.) (Public Question: use Schedule C.)		19,692.73	44,495.27
17b. Unitemized		0.00	6,679.00
17c. Add lines 17a and 17b in both columns.	SUBTOTAL	19,692.73	51,174.27
18. Cash on hand and investments at close of this reporting period (Subtract 17c from 16 in both columns.)	TOTAL	14,315.23	14,315.23
19. Debts OWED BY the committee (Use Schedule D.)			
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
TREASURER

Date (mm/dd/yy)
03/06/24

Signature of Candidate (if applicable)

Date (mm/dd/yy)

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 (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

46-24-162

TOTAL PAGES IN ENTIRE CFA-4 REPORT

13

COMMITTEE INFORMATION

1. Full Name of Committee (as on <i>Statement of Organization</i>) LAPORTE COUNTY REPUBLICAN CENTRAL COMMITTEE	<input type="checkbox"/> Check if this is a new name.
2. Acronym or Abbreviated Name (if any) LPC GOP	3. Committee Telephone Number (219) 326-9565
4. Mailing Address (Address where all campaign finance correspondence is received.) PO BOX 512	<input type="checkbox"/> Check if this is a new address.
5. City, State, ZIP Code LAPORTE IN 46350	6. Party Affiliation (if applicable) REPUBLICAN
CANDIDATE INFORMATION (For Candidate's Committees Only)	
7. Full Name of Candidate (Include any nickname.)	8. Party Affiliation or If Independent Candidate
9. Office Sought (Include district number, if any. Not required for exploratory committee.)	10. County of Residence

TYPE OF REPORT

CONVENTION CANDIDATES ONLY

11. Check one: <input type="checkbox"/> Pre-Primary <input type="checkbox"/> Pre-Election <input checked="" 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: 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.		16,331.07	
14. Cash on hand and investments January 1, current year.			14,295.15

CONTRIBUTIONS AND RECEIPTS

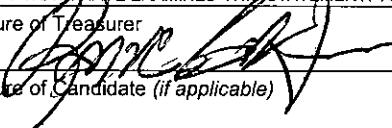
(Note: these amounts include in-kind contributions and loans, as well as cash contributions.)			
15a. Itemized (Use Schedule A.)		8,825.00	40,754.50
15b. Unitemized		0.00	1,587.96
15c. Add lines 15a and 15b in both columns.	SUBTOTAL	8,825.00	42,342.46
16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B.	TOTAL	25,156.07	56,637.61

EXPENDITURES

(Note: These amounts include in-kind expenditures and loan repayments.)			
17a. Itemized (Use Schedule B.) (Public Question: use Schedule C.)		19,692.73	44,495.27
17b. Unitemized		0.00	6,679.00
17c. Add lines 17a and 17b in both columns.	SUBTOTAL	19,692.73	51,174.27
18. Cash on hand and investments at close of this reporting period (Subtract 17c from 16 in both columns.)	TOTAL	5,463.34	5,463.34
19. Debts OWED BY the committee (Use Schedule D.)			
20. Debts OWED TO the committee (Use Schedule E.)			

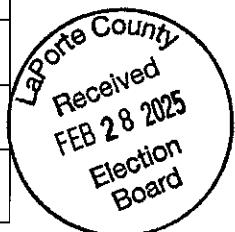
CERTIFICATION

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 TREASURER	Date (mm/dd/yy) 02/28/24
Signature of Candidate (if applicable)		Date (mm/dd/yy)

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 (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
46-20-45
Page <u>2</u> of <u>13</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. JUANITA HANEY 2695 W JOLIET RD 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)	\$90.00	\$90.00	11/1/24 RON SCHAFER
Contributor's Occupation (if required)				
2. JODY SLAYBAUGH 2402 N STATE RD 39 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)	\$90.00	\$90.00	11/1/24 RON SCHAFER
Contributor's Occupation (if required)				
3. KIM LOGWOOD 104 W GREENLAWN DR 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)	\$90.00	\$90.00	11/1/24 RON SCHAFER
Contributor's Occupation (if required)				
4. JERRILYN WADE 3932 W 900 S UNION MILLS IN 46382	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)	\$45.00	\$45.00	11/1/24 RON SCHAFER
Contributor's Occupation (if required)				
5. DAN GRANQUIST PO BOX 2305 CHESTERTON IN 46304	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)	\$90.00	\$290.00	11/01/24 RON SCHAFER
Contributor's Occupation (if required)				
SUBTOTAL THIS PAGE OF SCHEDULE A		\$ 405.00		
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
46-20-45
Page <u>3</u> of <u>13</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. DAN BARENIE 4333 N BUDLEE 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)	\$90.00	\$770.00	11/01/24 RON SCHAFER
Contributor's Occupation (if required)				
2. TIMOTHY STABOSZ 1501 MICHIGAN AVE 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)	\$90.00	\$6,265.00	11/01/24 RON SCHAFER
Contributor's Occupation (if required) <u>COUNTY AUDITOR</u>				
3. CHRIS CLEVELAND 5899 E 1000 N 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)	\$45.00	\$145.00	11/01/24 RON SCHAFER
Contributor's Occupation (if required)				
4. CHRISTIN ZABEL 2717 W 1650 S HANNA IN 46340	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)	\$45.00	\$360.00	12/01/24 RON SCHAFER
Contributor's Occupation (if required)				
5. RONALD SCHAFER 1566 E GLACIER BEND 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)	\$90.00	\$390.00	12/01/24 RON SCHAFER
Contributor's Occupation (if required)				
SUBTOTAL THIS PAGE OF SCHEDULE A		\$ 360.00		
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
46-20-45
Page <u>4</u> of <u>13</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. HEATHER STEVENS 3277 W 1425 S HANNA IN 46340	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)	\$135.00	\$235.00	12/01/24 RON SCHAFER
Contributor's Occupation (if required)				
2. ADAM KORONKA 2202 MUSTANG DR 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)	\$45.00	\$345.00	12/01/24 RON SCHAFER
Contributor's Occupation (if required)				
3. RICHARD LIDTKE 10296 N RANGE RD 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)	\$45.00	\$645.00	12/01/24 RON SCHAFER
Contributor's Occupation (if required)				
4. LYNN SWANSON 5656 W 250 N 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)	\$45.00	\$145.00	12/01/24 RON SCHAFER
Contributor's Occupation (if required)				
5. DOUG NEWLAND 2992 N 300 E 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)	\$90.00	\$465.00	12/01/24 RON SCHAFER
Contributor's Occupation (if required)				
SUBTOTAL THIS PAGE OF SCHEDULE A		\$ 360.00		
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
46-20-45
Page <u>5</u> of <u>13</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. ROBERT LONIE 1401 FRANKLIN ST MICHIGAN CITY IN 46360	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)	\$45.00	\$45.00	12/01/24 RON SCHAFER
Contributor's Occupation (if required)				
2. DION BERGERON 1018 PROVIDENCE ST MICHIGAN CITY IN 46360	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)	\$90.00	\$190.00	12/01/24 RON SCHAFER
Contributor's Occupation (if required)				
3. BRETT KESSLER 4189 W STATE RD 2 LAPORTE IN 46350	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)	\$90.00	\$190.00	12/01/24 RON SCHAFER
Contributor's Occupation (if required)				
4. ANDY SKWIAT 0566 S WOZNIAK RD 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)	\$90.00	\$2,090.00	12/01/24 RON SCHAFER
Contributor's Occupation (if required) <u>BUSINESS OWNER</u>				
5. CORAL LAUN PO BOX 344 KINGSFORD HEIGHTS IN 46346	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)	\$90.00	\$165.00	12/01/24 RON SCHAFER
Contributor's Occupation (if required)				
SUBTOTAL THIS PAGE OF SCHEDULE A		\$ 405.00		
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
46-20-45
Page <u>6</u> of <u>13</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. DEB VANCE 318 GARDENIA ST 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)	\$90.00	\$365.00	12/01/24 RON SCHAFER
Contributor's Occupation (if required)				
2. ELZBIETA BILDERBACK 1127 INDIANA AVE 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)	\$45.00	\$145.00	12/01/24 RON SCHAFER
Contributor's Occupation (if required)				
3. RAY MALONEY 206 MOORE RD 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)	\$90.00	\$205.00	12/01/24 RON SCHAFER
Contributor's Occupation (if required)				
4. <i>Mike Gonder Po Box 8807 Michigan City IN 46360</i>	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)	<i>120 00</i>		<i>12/01/24 Ron Schaf</i>
Contributor's Occupation (if required)				
5.	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)			
Contributor's Occupation (if required)				
SUBTOTAL THIS PAGE OF SCHEDULE A		\$ <u>225.00</u>		
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
46-20-45
Page <u>7</u> of <u>13</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. TIMOTHY STABOSZ 1501 MICHIGAN AVE LAPORTE IN 46350	Contributions: <input type="checkbox"/> Direct <input checked="" type="checkbox"/> In-Kind (describe) POLLING SURVEY Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify) _____	\$5,000.00	\$6,175.00	10/15/24 RON SCHAFER
2. SEAN FAGAN 11232 S 1025 E WANATAH IN 46390	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) _____	\$500.00	\$800.00	10/15/24 RON SCHAFER
3. SEAN FAGAN 11232 S 1025 E WANATAH IN 46390	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) _____	\$600.00	\$1,400.00	10/21/24 RON SCHAFER
4. BRETT KESSLER 4189 W STATE RD 2 4189 W STATE RD 2 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) _____	\$100.00	\$100.00	10/21/24 RON SCHAFER
5. CYNTHIA HEDGE 2912 N REGAL DR 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) _____	\$150.00	\$150.00	10/14/24 RON SCHAFER
Contributor's Occupation (if required) <u>PROSECUTOR</u>				
Contributor's Occupation (if required) <u>PROSECUTOR</u>				
Contributor's Occupation (if required) <u>PROSECUTOR</u>				
Contributor's Occupation (if required) <u>PROSECUTOR</u>				
SUBTOTAL THIS PAGE OF SCHEDULE A	\$ 8,625.00			
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-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

46-20-45

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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. COMMITTEE TO ELECT MIKE BOHACEK 220 POKAGON TR MICHIANA SHORES IN 46360	<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>	\$100.00	\$1,475.00	10/15/24 RON SCHAFER
2. RUDY FOR INDIANA 5776 GRAPE RD PMB 176 MISHAWAKA IN 46545	<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>	\$500.00	\$2,500.00	12/15/24 RON SCHAFER
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.)		\$ 8825.00		



**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 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
46-20-45
Page <u>9</u> of <u>13</u>

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)					
<u>Code A</u> ALLEN STEVENS 3277 W 1475 S HANNA IN 46340		<input type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input checked="" type="checkbox"/> Other <u>REIMBURSE</u> Purpose: RADIO ADS	\$536.00	\$1,673.96	10/31/24
<u>Code O</u> ALLEN STEVENS 3277 W 1475 S HANNA IN 46340		<input type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input checked="" type="checkbox"/> Other <u>REIMBURSE</u> Purpose: CANDY FOR PARADE	\$140.69	\$1,814.65	10/31/24
<u>Code O</u> USPS 1201 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: BULK MAIL PERMIT	\$350.00	\$2,677.66	11/01/24
<u>Code A</u> BONNIE MILLER 605 LAKESIDE DR LAPORTE IN 46350		<input type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input checked="" type="checkbox"/> Other <u>REIMBURSE</u> Purpose: TRUMP SIGNS	\$65.00	\$337.29	11/01/24
<u>Code A</u> EZBIETA BILDERBACK 1127 INDIANA AVE LAPORTE IN 46350		<input type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input checked="" type="checkbox"/> Other <u>REIMBURSE</u> Purpose: TRUNK OR TREAT EVENT	\$106.84	\$233.04	11/01/24
<u>Code O</u> STRAIGHT TALK 9700 W 112 AVE MIAMI FL 33176		<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: PHONE & INTERNET	\$96.68	\$581.88	11/13/24
<u>Code O</u> STRAIGHT TALK 9700 W 112 AVE MIAMI FL 33176		<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: PHONE & INTERNET	\$48.34	\$630.22	12/13/24
SUBTOTAL THIS PAGE OF SCHEDULE B			\$ 1,343.55		
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 (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.

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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 F ROUND THE CLOCK RESTAURANT 219 PINE LAKE AVE 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: CHRISTMAS PARTY	\$1,122.97	\$1,122.97	12/13/24
Code A DUNELAND MEDIA 1305 PINE LAKE DR 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: DESIGN FLIERS/WEBSITE	\$300.00	\$735.00	11/1/24
Code A RIGHT STRATEGIES 3120 SW 21ST St ANKENY IA 50023		<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: PARTY ADVERTISING	\$915.60	\$915.60	11/15/24
Code O CINCINNATI INSURANCE PO BOX 145496 CINCINNATI OH 45250		<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: INSURANCE	\$600.00	\$600.00	12/1/24
Code C TIMOTHY STABOSZ 1501 MICHIGAN AVE LAPORTE IN 46350		<input type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input checked="" type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: AMOUNT IN EXCESS OF POLLING SURVEY	\$2,000.00	\$2,000.00	12/4/24
Code F ELZBIETA BILDERBACK 1127 INDIANA AVE 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 checked="" type="checkbox"/> Other REIMBURSEMENT Purpose: BLD RENTAL	\$126.20	\$126.20	12/8/24
Code A WEFM 200 E MICHIGAN BLVD 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: REDWAVE ADVERTISING	\$249.00	\$249.00	12/1/24
SUBTOTAL THIS PAGE OF SCHEDULE B			\$ 5,313.77		
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 (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

46-20-45

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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 F JUANITA HANEY 2695 W JOLIET RD LAPORTE IN 46350		<input type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input checked="" type="checkbox"/> Other <u>REIMBURSEMENT</u> Purpose: <u>CHRISTMAS PARTY EXPENSES</u>	\$72.46	\$72.46	12/10/24
Code A HAWKINS PRINT SHOP 315 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: <u>MAILER</u>	\$1,785.70	\$1,948.20	10/15/24
Code A DUNELAND MEDIA 1305 PINE LAKE DR 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: <u>DESIGN MAILER</u>	\$300.00	\$1,035.00	10/15/24
Code D USPS 1201 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: <u>POSTAGE FOR MAILER</u>	\$2,327.66	\$2,327.66	10/15/24
Code A HEATHER STEVENS 3277 N 1475 S HANNA IN 46340		<input type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input checked="" type="checkbox"/> Other <u>REIMBURSE</u> Purpose: <u>PARTY ADV ON WCOE</u>	\$1,472.00	\$1,472.00	10/31/24
Code O SILVER PALACE 1719 STATE ST 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: <u>RENTAL ELECTION NIGHT</u>	\$1,100.00	\$1,100.00	11/05/24
Code A RIGHT STRATEGIES 3120 SW 21ST ST ANKENY IA 50023		<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: <u>PARTY ADVERTISING</u>	\$956.50	\$1,872.10	11/7/24
SUBTOTAL THIS PAGE OF SCHEDULE B			\$ 8,014.32		
TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY (Enter total on ITEM 17a of the Summary Sheet.)			\$		



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Code A RIGHT STRATEGIES 3120 SW 21ST ST ANKENY IA 50023		<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: PARTY ADVERTISING	\$916.60	\$2,788.70	11/08/24
Code A RIGHT STRATEGIES 3120 SW 21ST ST ANKENY IA 50023		<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: POLLING SURVEY	\$1,794.20	\$4,582.90	10/30/24
Code O TOWN & COUNTRY FLORIST 1101 W STATE RD 2 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: L. B. MOM FUNERAL	\$74.29	\$175.94	10/16/24
Code C FRIENDS OF JOE HANEY 2695 W JOLIET RD 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: SUPPORT CAMPAIGN	\$1,000.00	\$1,000.00	10/15/24
Code F BONNIE MILLER 605 LAKESIDE DR LAPORTE IN 46350		<input type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input checked="" type="checkbox"/> Other REIMBURSE Purpose: RED WAVE SUPPLIES	\$45.55	\$272.29	10/20/24
Code F ALLEN STEVENS 3277 W 1475 S HANNA IN 46340		<input type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input checked="" type="checkbox"/> Other REIMBURSE Purpose: FOOD RED WAVE	\$118.45	\$1,037.96	10/31/24
Code F ALLEN STEVENS 3277 W 1475 S HANNA IN 46340		<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: FOOD FOR EVENT	\$100.00	\$1,137.96	10/31/24
SUBTOTAL THIS PAGE OF SCHEDULE B			\$ 4,049.09		
TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY (Enter total on ITEM 17a of the Summary Sheet.)			\$		



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Code O NIPSCO PO BOX 13007 MERRILLVILLE IN 46411		<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: UTILITIES	\$86.00	\$752.41	11/11/24
Code O NIPSCO PO BOX 13007 MERRILLVILLE IN 46411		<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: UTILITIES	\$86.00	\$838.41	12/11/24
Code O MASONIC TEMPLE PO BOX 54 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: RENT	\$400.00	\$4,400.00	11/13/24
Code O MASONIC TEMPLE PO BOX 54 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: RENT	\$400.00	\$4,800.00	12/34/24
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:			
SUBTOTAL THIS PAGE OF SCHEDULE B			\$ 972.00		
TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY (Enter total on ITEM 17a of the Summary Sheet.)			\$ 1969273		