

POLITICAL ACTION COMMITTEE  
OR LEGISLATIVE CAUCUS COMMITTEE  
STATEMENT OF ORGANIZATION

State Form 28251 (R11 / 12-18)  
Indiana Election Division (IC 3-9-1-3 and IC 3-9-1-4)

(CFA-2)

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

FILE NUMBER

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

410-24-85

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

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

LaPorte Firefighters Political Action Committee

3. Acronym or Abbreviated Name (if any)

LPFF PAC

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

809 W 18th St

5. E-mail Address (Optional)

6. City  State  ZIP Code  FAX (Optional)  Telephone  Committee Organization Date (mm/dd/yy)

LePorte  IN  46350  ( )  (219) 448 0236  (mm/dd/yy)

10. Is this committee registered with the Federal Election Commission?  Yes  No

11. Is this committee a "Legislative Caucus Committee" under IC 3-5-2-27.3?  Yes  No

12. State the purpose of the committee and on which issues the committee expects to focus.

For the well being of the LaPorte Fire Department

13. Name and address of any connected, affiliated, sponsoring organization, corporation, group, or individual.

14. Is this committee supporting a political party's entire ticket?  Yes  No

Check party affiliation if applicable:  Democratic  Libertarian  Republican

Other \_\_\_\_\_

15. If supporting or opposing a public question, state both the subject of the question AND the committee position.

16. Chairperson's Name  Check if this is a new chairperson.

17. E-mail Address (Optional)

Michaelmulcrone3@gmail.com

18. Mailing Address (number and street, city, state, and ZIP code)  Check if this is a new address.

19. Telephone (Day)

20. Telephone (Evening)

5523 E Sauganaw Trail Rolling Prairie IN 46371  (773) 573-7346  (773) 623-7346

21. Treasurer's Name  Check if this is a new treasurer.

22. E-mail Address (Optional)

erik.jednaseh@laportefire.com

23. Mailing Address (number and street, city, state, and ZIP code)  Check if this is a new address.

24. Telephone (Day)

25. Telephone (Evening)

6239 W Darlene Dr LaPorte IN 46350  (219) 448 0236  ( ) same

26. Custodian of Records' Name  Check if this is a new custodian.

27. E-mail Address (Optional)

(same)

28. Mailing Address (number and street, city, state, and ZIP code)  Check if this is a new address.

29. Telephone (Day)

30. Telephone (Evening)

6239 W Darlene Dr LaPorte IN 46350  (219) 448 0236  ( ) same

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

Flagstar Bank

SECTION B. AFFOIMENT OF TREASURER (IC 3-9-1-14)

32. I, as Chairperson of the foregoing committee, appoint the following person as Treasurer of the Committee.

Person Appointed Treasurer

Signature of the Committee Chairperson

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

33. I give notice that I accept the duties and responsibilities of Treasurer of this Committee.

I am not the chairperson of any other campaign finance committee.

FOR OFFICE USE ONLY

34. Typed or Printed Name of Treasurer

Signature of Treasurer

Date (mm/dd/yy)

6/13/24

SECTION D. CERTIFICATION OF STATEMENT

I certify that I am the duly appointed Chairperson of the Committee and have examined this statement. To the best of my knowledge and belief it is true, correct and complete.

35. Typed or Printed Name of Chairperson

Signature of Chairperson

Date (mm/dd/yy)

Warning: Any information contained in this statement may not be copied for sale or used for any commercial purpose. (IC 3-9-4-5) State law requires that any change in this information must be reported within ten (10) days of the change. (IC 3-9-1-10) A person who knowingly files a fraudulent report commits a Level 6 felony. (IC 3-14-1-13) A person who fails to file a complete or accurate report as required by the Indiana Campaign Finance Law commits a Class B misdemeanor (IC 3-14-1-14) and may be subject to civil penalties. (IC 3-9-4-16, IC 3-9-4-17, and IC 3-9-4-18)

FILED  
IN CLERKS OFFICE

JUN 13 2024

Leanne Stevens  
CLERK OF LA PORTE CIRCUIT COURT



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

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

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

**IS THIS AN AMENDMENT?**  Yes  No

**(CFA-4)**

**Summary Sheet**

FILE NUMBER

40-24-85

TOTAL PAGES IN ENTIRE CFA-4 REPORT

**COMMITTEE INFORMATION**

1. Full Name of Committee (as on Statement of Organization) <i>LaPorte Firefighters Political Action Committee</i>	<input type="checkbox"/> Check if this is a new name.
2. Acronym or Abbreviated Name (if any) <i>LPFF PAC</i>	3. Committee Telephone Number <i>(219) 362-3456</i>
4. Mailing Address (Address where all campaign finance correspondence is received.) <i>809 W 18th St</i>	<input type="checkbox"/> Check if this is a new address.
5. City, State, ZIP Code <i>LaPorte IN 46350</i>	6. Party Affiliation (if applicable)
<b>CANDIDATE INFORMATION (For Candidate's Committees Only)</b>	
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:

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: *January 2020* Through: *DEC 2020*

COLUMN A

This Period

COLUMN B

Year to Date

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

*16,902.19*

*16,902.19*

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

*2977.08*

*2977.08*

**CONTRIBUTIONS AND RECEIPTS**

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

15a. Itemized (Use Schedule A.)	SUBTOTAL	<i>2977.08</i>	<i>2977.08</i>
15b. Unitemized			
15c. Add lines 15a and 15b in both columns.	SUBTOTAL	<i>2977.08</i>	<i>2977.08</i>
16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B.	TOTAL	<i>19,879.18</i>	<i>19,879.18</i>

**EXPENDITURES**

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

17a. Itemized (Use Schedule B.) (Public Question: use Schedule C.)	<i>3840.00</i>	<i>3840.00</i>
17b. Unitemized		
17c. Add lines 17a and 17b in both columns.	SUBTOTAL	<i>3840.00</i>
18. Cash on hand and investments at close of this reporting period (Subtract 17c from 16 in both columns.)	TOTAL	<i>16,039.18</i>
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 <i>[Signature]</i>	Title <i>Sec/Treasurer</i>	Date (mm/dd/yy) <i>6/13/24</i>	FILED IN CLERKS OFFICE
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Signature of Candidate (if applicable)  
*[Signature]*

Date (mm/dd/yy)

JUN 13 2024

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*Leanne Stevens*  
CLERK OF LA PORTE CIRCUIT COURT



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

State Form 4606 (R17 / 8-23)

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

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

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

FILE NUMBER

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

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. <i>Accumulative w/ interest</i>	<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)              Contributor's Occupation (if required) _____</p>	<i>297709</i>	<i>297709</i>	
2.	<p>Contributions:  <input type="checkbox"/> Direct  <input type="checkbox"/> In-Kind (describe)              Other Receipts:  <input type="checkbox"/> Interest <input type="checkbox"/> Loan  <input type="checkbox"/> Miscellaneous (specify)              Contributor's Occupation (if required) _____</p>			
3.	<p>Contributions:  <input type="checkbox"/> Direct  <input type="checkbox"/> In-Kind (describe)              Other Receipts:  <input type="checkbox"/> Interest <input type="checkbox"/> Loan  <input type="checkbox"/> Miscellaneous (specify)              Contributor's Occupation (if required) _____</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)              Contributor's Occupation (if required) _____</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)              Contributor's Occupation (if required) _____</p>			
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 (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**

RECIPIENT'S NAME AND MAILING ADDRESS (street, number, city, state, ZIP code)	RECIPIENT'S OCCUPATION	TYPE OF EXPENDITURE and PURPOSE (be specific)	COLUMN A		COLUMN B CUMULATIVE YEAR-TO-DATE	DATE OF EXPENDITURE (mm/dd/yy)
			AMOUNT THIS PERIOD	AMOUNT THIS PERIOD		
Code _____  Contribution to PFFUT State PAC		<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: _____	3840'	3840'		1/21/20
Code _____		<input type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: _____				
Code _____		<input type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: _____				
Code _____		<input type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: _____				
Code _____		<input type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: _____				
Code _____		<input type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: _____				
Code _____		<input type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: _____				
Code _____		<input type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: _____				
Code _____		<input type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: _____				
SUBTOTAL THIS PAGE OF SCHEDULE B			\$			
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

410-24-85

TOTAL PAGES IN ENTIRE CFA-4 REPORT

COMMITTEE INFORMATION			
1. Full Name of Committee (as on Statement of Organization) <input type="checkbox"/> Check if this is a new name. <i>LaPorte Firefighters Political Action Committee</i>			
2. Acronym or Abbreviated Name (if any) <i>LPFF PAC</i>	3. Committee Telephone Number <i>219 1362 3456</i>		
4. Mailing Address (Address where all campaign finance correspondence is received.) <input type="checkbox"/> Check if this is a new address. <i>809 W 18th St.</i>			
5. City, State, ZIP Code <i>La Porte IN 46350</i>	6. Party Affiliation (if applicable)		
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. <b>Not required for exploratory committee.</b> )	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	
12. Reporting Period (mm/dd/yy): From: <i>January 2021</i> Through: <i>December 2021</i>		COLUMN A This Period <i>16039.18</i>	COLUMN B Year to Date <i>16039.18</i>
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.)		<i>2977.08</i>	<i>2977.08</i>
15b. Unitemized			
15c. Add lines 15a and 15b in both columns.		SUBTOTAL <i>2977.08</i>	<i>2977.08</i>
16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B.		TOTAL <i>19016.26</i>	<i>19016.26</i>
EXPENDITURES			
(Note: These amounts include in-kind expenditures and loan repayments.)			
17a. Itemized (Use Schedule B.) (Public Question: use Schedule C.)		<i>0</i>	<i>0</i>
17b. Unitemized			
17c. Add lines 17a and 17b in both columns.		SUBTOTAL <i>0</i>	<i>0</i>
18. Cash on hand and investments at close of this reporting period (Subtract 17c from 16 in both columns.)		TOTAL <i>19016.26</i>	<i>19016.26</i>
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

*John Stevens*

Title

*6/13/24/sec*

Date (mm/dd/yy)

*6/13/24*

FOR OFFICE USE ONLY

IN CLERKS OFFICE

Date (mm/dd/yy)

JUN 13 2024

WARNING: Any information contained in this report may not be copied for sale or used for any commercial purpose. (IC 3-9-4-5) A person who knowingly files a fraudulent report commits a Level 6 felony. (IC 3-14-1-13) A person who fails to file a complete or accurate report as required by the Indiana Campaign Finance Law commits a Class B misdemeanor. (IC 3-9-4-16, IC 3-9-4-17, IC 3-9-4-18)

*John Stevens*

CLERK OF LA PORTE CIRCUIT COURT



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

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

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

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

FILE NUMBER
Page _____ of _____

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>Accelerative with Interest</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>2917.00</i>	<i>2917.00</i>	
2.	<p>Contributions:  <input type="checkbox"/> Direct  <input type="checkbox"/> In-Kind (describe)  _____</p> <p>Other Receipts:  <input type="checkbox"/> Interest <input type="checkbox"/> Loan  <input type="checkbox"/> Miscellaneous (specify)  _____</p>			
3.	<p>Contributions:  <input type="checkbox"/> Direct  <input type="checkbox"/> In-Kind (describe)  _____</p> <p>Other Receipts:  <input type="checkbox"/> Interest <input type="checkbox"/> Loan  <input type="checkbox"/> Miscellaneous (specify)  _____</p>			
4.	<p>Contributions:  <input type="checkbox"/> Direct  <input type="checkbox"/> In-Kind (describe)  _____</p> <p>Other Receipts:  <input type="checkbox"/> Interest <input type="checkbox"/> Loan  <input type="checkbox"/> Miscellaneous (specify)  _____</p>			
5.	<p>Contributions:  <input type="checkbox"/> Direct  <input type="checkbox"/> In-Kind (describe)  _____</p> <p>Other Receipts:  <input type="checkbox"/> Interest <input type="checkbox"/> Loan  <input type="checkbox"/> Miscellaneous (specify)  _____</p>			
<b>SUBTOTAL THIS PAGE OF SCHEDULE A</b>		\$		
<b>TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY (Enter total on ITEM 15a of the Summary Sheet.)</b>		\$		



**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

460-24-85

TOTAL PAGES IN ENTIRE CFA-4 REPORT

**COMMITTEE INFORMATION**

1. Full Name of Committee (as on Statement of Organization)  Check if this is a new name.  
*Laporte Firefighters Political Action Committee*

2. Acronym or Abbreviated Name (if any)

*LPFF PAC*

3. Committee Telephone Number

*(219) 1362 3456*

4. Mailing Address (Address where all campaign finance correspondence is received.)  Check if this is a new address.  
*809 W 18th St.*

5. City, State, ZIP Code

*Laporte IN 46350*

6. Party Affiliation (if applicable)

**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:

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: *January 2022* Through: *December 2022*

COLUMN A  
This Period

COLUMN B  
Year to Date

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

*19016.26*

*19016.26*

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.)

*7796.81* *7796.61*

15b. Unitemized

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

SUBTOTAL

*7796.61*

*7796.61*

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

TOTAL

*26812.81*

*26812.81*

**EXPENDITURES**

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

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

*4584.94* *4584.94*

17b. Unitemized

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

SUBTOTAL

*4584.94*

*4584.94*

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

TOTAL

*22227.93*

*22227.93*

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)

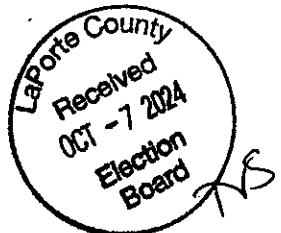
*7/22/24*

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
Page _____ of _____

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>Accumulative w/ interest</i>	<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>		<i>7,796.61</i>	
Contributor's Occupation (if required) _____				
2.	<p>Contributions:  <input type="checkbox"/> Direct  <input type="checkbox"/> In-Kind (describe)              Other Receipts:  <input type="checkbox"/> Interest <input type="checkbox"/> Loan  <input type="checkbox"/> Miscellaneous (specify)              _____</p>			
Contributor's Occupation (if required) _____				
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>			
Contributor's Occupation (if required) _____				
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>			
Contributor's Occupation (if required) _____				
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>			
Contributor's Occupation (if required) _____				
<b>SUBTOTAL THIS PAGE OF SCHEDULE A</b>		\$		
<b>TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY</b> (Enter total on ITEM 15a of the Summary Sheet.)		\$		



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

State Form 4606 (R17 / 8-23)

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

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

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

**FILE NUMBER**

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

RECIPIENT'S NAME AND MAILING ADDRESS (street, number, city, state, ZIP code)	RECIPIENT'S OCCUPATION	TYPE OF EXPENDITURE and PURPOSE (be specific)	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE OF EXPENDITURE (mm/dd/yy)
OFFICE SOUGHT (if applicable)					
Code  Midwest Communication Group		<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: _____		4186 <sup>94</sup>	
Code  PFFUT PAC		<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: _____		1536 <sup>1</sup>	
Code  Committee to Elect Mike Rosenbaum		<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: _____		150 <sup>1</sup>	
Code		<input type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: _____			
Code		<input type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: _____			
Code		<input type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: _____			
Code		<input type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: _____			
<b>SUBTOTAL THIS PAGE OF SCHEDULE B</b> \$ _____					
<b>TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY</b> (Enter total on ITEM 17a of the Summary Sheet.) \$ _____					



# REPORT OF RECEIPTS AND EXPENDITURES OF A POLITICAL COMMITTEE

State Form 4606 (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

410-24-85

TOTAL PAGES IN ENTIRE CFA-4 REPORT

### COMMITTEE INFORMATION

1. Full Name of Committee (as on Statement of Organization)	<input type="checkbox"/> Check if this is a new name.
LaPorte Firefighters Political Action Committee	
2. Acronym or Abbreviated Name (if any)	3. Committee Telephone Number
LPFF PAC	(219) 362 3456
4. Mailing Address (Address where all campaign finance correspondence is received.)	<input type="checkbox"/> Check if this is a new address.
809 W 18th St	
5. City, State, ZIP Code	6. Party Affiliation (if applicable)
LaPorte IN 46350	

### 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. <b>Not required for exploratory committee.</b> )	10. County of Residence

### TYPE OF REPORT

11. Check one:	Check one:
<input type="checkbox"/> Pre-Primary <input type="checkbox"/> Pre-Election <input type="checkbox"/> Annual <input type="checkbox"/> Nomination <input type="checkbox"/> Other _____	<input type="checkbox"/> Pre-Convention
<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.)	<input type="checkbox"/> Post-Convention

12. Reporting Period (mm/dd/yy): From: <u>January 2023</u> Through: <u>December 2023</u>	COLUMN A This Period	COLUMN B Year to Date
---	-------------------------	--------------------------

13. Cash on hand and investments at the beginning of this reporting period.	<u>22,227.93</u>	<u>22,227.93</u>
---	------------------	------------------

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.)	<u>0</u>	<u>0</u>
---------------------------------	----------	----------

15b. Unitemized		
-----------------	--	--

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

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

### EXPENDITURES

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

17a. Itemized (Use Schedule B.) (Public Question: use Schedule C.)	<u>.75</u>	<u>.75</u>
--	------------	------------

17b. Unitemized		
-----------------	--	--

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

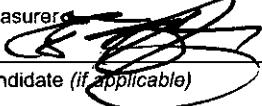
18. Cash on hand and investments at close of this reporting period (Subtract 17c from 16 in both columns.)	TOTAL	<u>22,227.18</u>
--	-------	------------------

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

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

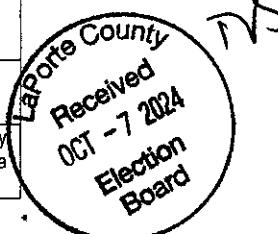
### CERTIFICATION

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 <u>Treasurer</u>	Date (mm/dd/yy) <u>10/7/24</u>
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 (R15 / 5-19)

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

(CFA-4)

## Summary Sheet

FILE NUMBER

410-24-85

TOTAL PAGES IN ENTIRE CFA-4 REPORT

IS THIS AN AMENDMENT?  Yes  No

## COMMITTEE INFORMATION

1. Full Name of Committee (as on Statement of Organization)	<input type="checkbox"/> Check if this is a new name.
La Porte Firefighters Political Action Committee	
2. Acronym or Abbreviated Name (if any)	3. Committee Telephone Number
LPFF PAC	(219) 362 3456
4. Mailing Address (Address where all campaign finance correspondence is received.)	<input type="checkbox"/> Check if this is a new address.
809 W 18th St	

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

## 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:	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"/> Pre-Convention
<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.)	<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
		24992.00	23910.31

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.)	308.00	1540.00	
15b. Unitemized			
15c. Add lines 15a and 15b in both columns.	SUBTOTAL		
16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B.	TOTAL		

## EXPENDITURES

(Note: These amounts include in-kind expenditures and loan repayments.)			
17a. Itemized (Use Schedule B.) (Public Question: use Schedule C.)	0	150-	
17b. Unitemized			

17c. Add lines 17a and 17b in both columns.	SUBTOTAL		
18. Cash on hand and investments at close of this reporting period (Subtract 17c from 16 in both columns.)	TOTAL	25,300.86	25,300.86
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

Date (mm/dd/yy)

11/18/24

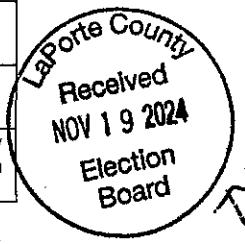
Date (mm/dd/yy)

11/18/24

Signature of Candidate (if applicable)

## 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)



TJS



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

State Form 4606 (R15 / 5-19)

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

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

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

FILE NUMBER

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

RECIPIENT'S NAME AND MAILING ADDRESS (street, number, city, state, ZIP code)	RECIPIENT'S OCCUPATION	TYPE OF EXPENDITURE and PURPOSE (be specific)	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE OF EXPENDITURE (mm/dd/yy)
Code _____  Randi Y Novak		<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: _____		150	7/11/20
Code _____		<input type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: _____			
Code _____		<input type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: _____			
Code _____		<input type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: _____			
Code _____		<input type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: _____			
Code _____		<input type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: _____			
Code _____		<input type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: _____			
<b>SUBTOTAL THIS PAGE OF SCHEDULE B</b>			\$		
<b>TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY (Enter total on ITEM 17a of the Summary Sheet.)</b>			\$		



**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
Page _____ of _____

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. <i>Accumulative w/ interest</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>308 13</i>	<i>154065</i>	
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		\$		
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)

## Summary Sheet

FILE NUMBER

46-24-115

TOTAL PAGES IN ENTIRE CFA-4 REPORT

IS THIS AN AMENDMENT?  Yes  No

## COMMITTEE INFORMATION

1. Full Name of Committee (as on Statement of Organization)  Check if this is a new name.  
*LaPorte Firefighters Political Action Committee*

2. Acronym or Abbreviated Name (if any)  LPFF PAC

3. Committee Telephone Number *219 1362 3456*

4. Mailing Address (Address where all campaign finance correspondence is received.)  Check if this is a new address.  
*809 W 18th St*

5. City, State, ZIP Code *LaPorte IN 46350*  Party Affiliation (if applicable) *—*

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

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.)  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: *01/01/24*Through: *12/31/24*COLUMN A  
This PeriodCOLUMN B  
Year to Date*25609.25**22,227.8*

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.)

*308.00**3840.02*

15b. Unitemized

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

SUBTOTAL

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

TOTAL

## EXPENDITURES

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

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

*0**150-*

17b. Unitemized

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

SUBTOTAL

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

TOTAL

*25,917.25**25,917.25*

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

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

## CERTIFICATION

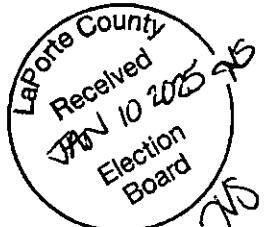
I CERTIFY THAT I HAVE EXAMINED THIS STATEMENT, TO THE BEST OF MY KNOWLEDGE AND BELIEF IT IS TRUE, CORRECT AND COMPLETE.

Signature of Treasurer *[Signature]*Title *Treasurer*Date (mm/dd/yy) *1/10/25*Signature of Candidate (if applicable) *[Signature]*

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 (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

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

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>Accumulative w/interest</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>308</i>	<i>3040</i>	<i>07</i>
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>			<i>70</i>
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>			
Contributor's Occupation (if required)				
SUBTOTAL THIS PAGE OF SCHEDULE A		\$ <i>308</i>		
TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY (Enter total on ITEM 15a of the Summary Sheet.)		\$		