



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

State Form 4605 (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

410-24-71

TOTAL PAGES IN ENTIRE CFA-4 REPORT

(1)

COMMITTEE INFORMATION

1. Full Name of Committee (as on Statement of Organization)	<input type="checkbox"/> Check if this is a new name.
Michigan City Municipal Democratic PAC	
2. Acronym or Abbreviated Name (if any)	3. Committee Telephone Number
MCMD	(219) 229-2740
4. Mailing Address (Address where all campaign finance correspondence is received.)	<input type="checkbox"/> Check if this is a new address.
PO Box 8754	
5. City, State, ZIP Code	6. Party Affiliation (if applicable)
Michigan City, IN 46360	DEMOCRAT

CANDIDATE INFORMATION (For Candidate's Committees Only)

7. Full Name of Candidate (Include any nickname.)	8. Party Affiliation or If Independent Candidate
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 type="checkbox"/> Pre-Election <input type="checkbox"/> Annual <input type="checkbox"/> Nomination <input type="checkbox"/> Other <u>Annual</u>	<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>01/01/24</u>	Through: <u>04/19/24</u>	COLUMN A This Period	COLUMN B Year to Date
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13. Cash on hand and investments at the beginning of this reporting period.	<u>1003.21</u>
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14. Cash on hand and investments January 1, current year.	<u>0</u>
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CONTRIBUTIONS AND RECEIPTS

(Note: these amounts include in-kind contributions and loans, as well as cash contributions.)			
15a. Itemized (Use Schedule A.)	<u>0</u>	<u>0</u>	<u>0</u>
15b. Unitemized	<u>0</u>	<u>0</u>	<u>0</u>
15c. Add lines 15a and 15b in both columns.	SUBTOTAL	<u>0</u>	<u>0</u>
16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B.	TOTAL	<u>0</u>	<u>0</u>

EXPENDITURES

(Note: These amounts include in-kind expenditures and loan repayments.)			
17a. Itemized (Use Schedule B.) (Public Question: use Schedule C.)	<u>0</u>	<u>0</u>	<u>0</u>
17b. Unitemized	<u>0</u>	<u>0</u>	<u>0</u>
17c. Add lines 17a and 17b in both columns.	SUBTOTAL	<u>0</u>	<u>0</u>
18. Cash on hand and investments at close of this reporting period (Subtract 17c from 16 in both columns.)	TOTAL	<u>1003.21</u>	<u>1003.21</u>
19. Debts OWED BY the committee (Use Schedule D.)	<u>0</u>	<u>0</u>	<u>0</u>
20. Debts OWED TO the committee (Use Schedule E.)	<u>0</u>	<u>0</u>	<u>0</u>

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 <u>Chelle L. Stevens</u>	Title <u>Treasurer</u>	Date (mm/dd/yy) <u>04/23/24</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
FILED
IN CLERKS OFFICE

APR 25 2024

Leanne Stevens
CLERK OF LA FORTE CIRCUIT COURT

NS 9:32am



**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

410-24-71

TOTAL PAGES IN ENTIRE CFA-4 REPORT

2

COMMITTEE INFORMATION

1. Full Name of Committee (as on <i>Statement of Organization</i>) Michigan City Municipal Democratic PAC	<input type="checkbox"/> Check if this is a new name.
2. Acronym or Abbreviated Name (if any) MCMD	3. Committee Telephone Number (219) 2292740
4. Mailing Address (Address where all campaign finance correspondence is received.) PO BOX 8754	<input type="checkbox"/> Check if this is a new address.
5. City, State, ZIP Code Michigan City, IN 46361	6. Party Affiliation (if applicable) Democrat
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: 4/13/2024 Through: 10/11/2024	COLUMN A This Period
13. Cash on hand and Investments at the beginning of this reporting period.	1,003.21
14. Cash on hand and Investments January 1, current year.	1,003.21

CONTRIBUTIONS AND RECEIPTS

(Note: these amounts include in-kind contributions and loans, as well as cash contributions.)	
15a. Itemized (Use Schedule A.)	0.00
15b. Unitemized	0.07
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.)	374.12
17b. Unitemized	0.00
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
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) 10/17/24
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
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State Form 4606 (R17 / 8-23)
Indiana Election Division (IC 3-9-5-14)

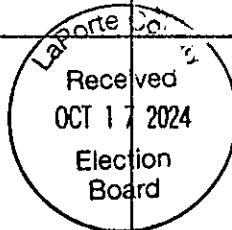
(CFA-4 SCHEDULE B)
ITEMIZED EXPENDITURES

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

FILE NUMBER

Page _____ of _____

RECIPIENT'S NAME AND MAILING ADDRESS (street, number, city, state, ZIP code)	RECIPIENT'S OCCUPATION OFFICE SOUGHT (if applicable)	TYPE OF EXPENDITURE and PURPOSE (be specific)	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE OF EXPENDITURE (month/year)
Code A Acme Printing Crown Point, 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: Marketing Material	90.95	90.95	8/19
Code Q Speedway Chesterton, 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: Gas/Pickups/crown	37.19	37.19	8/16
Code A Walmart Michigan 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: Parade	66.43	66.43	7/1
Code A GFS Michigan 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: Parade	99.97	99.97	7/1
Code A Amazon.com		<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	85.58	85.58	7/1
Code _____		<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:			
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.)					
\$ 374.12					





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

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

**(CFA-4)
Summary Sheet**

460-24-71

1

IS THIS AN AMENDMENT? Yes No

1. Full Name of Committee (as on <i>Statement of Organization</i>) Michigan City Municipal Democratic PAC		<input type="checkbox"/> Check if this is a new name.
2. Acronym or Abbreviated Name (if any) MCMD	3. Committee Telephone Number (219) 229-2740	
4. Mailing Address (<i>Address where all campaign finance correspondence is received.</i>) <input type="checkbox"/> Check if this is a new address. PO Box 8754		
5. City, State, ZIP Code Michigan City, IN 46361	6. Party Affiliation (if applicable) Democrat	
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	
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 (<i>Within ten (10) days amend Statement of Organization.</i>)		Check one: <input type="checkbox"/> Pre-Convention <input type="checkbox"/> Post-Convention
12. Reporting Period (mm/dd/yy): From: October 11, 2024 Through: December 31, 2024		
13. Cash on hand and investments at the beginning of this reporting period. 629.16		
14. Cash on hand and investments January 1, current year. 629.16		
(Note: these amounts include in-kind contributions and loans, as well as cash contributions.)		
15a. Itemized (Use Schedule A.) 0.00		
15b. Unitemized 0.00		
15c. Add lines 15a and 15b in both columns.		SUBTOTAL 0.00
16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B.		TOTAL 629.16
(Note: These amounts include in-kind expenditures and loan repayments.)		
17a. Itemized (Use Schedule B.) (Public Question: use Schedule C.) 0.00		
17b. Unitemized 0.00		
17c. Add lines 17a and 17b in both columns.		SUBTOTAL 0.00
18. Cash on hand and investments at close of this reporting period (Subtract 17c from 16 in both columns.)		TOTAL 629.12
19. Debts OWED BY the committee (Use Schedule D.)		
20. Debts OWED TO the committee (Use Schedule E.)		

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

Christopher G. Johnson

Title

TREASURER

Date (mm/dd/yy)

01/14/25

Signature of Candidate (if applicable)

Date (mm/dd/yy)

