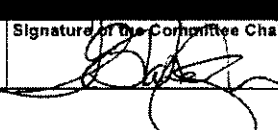
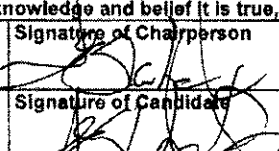
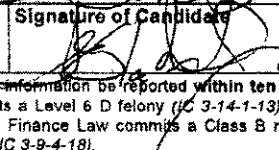




**CANDIDATE'S STATEMENT OF ORGANIZATION AND
DESIGNATION OF PRINCIPAL COMMITTEE OR EXPLORATORY COMMITTEE**
State Form 4604 (R15 / 5-19)
Indiana Election Division (IC 3-9-1-3; IC 3-9-1-4; IC 3-9-1-5)

(CFA-1)

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

| FILE NUMBER | | | | | |
|--|--------------------|---|---|---|---|
| 1. IS THIS AN AMENDMENT? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, please enter the file number in this box. → 410-25-03 | | | | | |
| SECTION A. CANDIDATE INFORMATION: Fill in all applicable boxes as fully and accurately as possible. | | | | | |
| 2. Last Name Slabaugh | | First Name Jody | | 3. Type of Committee (Check one) <input type="checkbox"/> Candidate's Principal Committee <input checked="" type="checkbox"/> Exploratory Committee | |
| 4. Mailing Address (number and street, city, state, and ZIP code) PO Box 171 | | | 5. FAX (Optional) () | | 6. E-mail Address (Optional) team@vote4jody.com |
| 7. City LaPorte | State IN | ZIP Code 46350 | 8. County LaPorte | 9. Telephone (Day) 219, 325-9734 | 10. Telephone (Evening) 219, 325-9734 |
| 11. Party Affiliation <input type="checkbox"/> Democratic <input type="checkbox"/> Libertarian <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Other | | | 12. Office Sought (Include district number, if any. Not required for an exploratory committee.) Not required for exploratory committee. | | |
| SECTION B. COMMITTEE INFORMATION: Fill in all applicable boxes as fully and accurately as possible. | | | | | |
| 13. Full Name of Committee (Do not abbreviate.) <input checked="" type="checkbox"/> Check if this is a new name. People for Slabaugh | | | | | |
| 14. Mailing Address (number and street, city, state, and ZIP code) <input checked="" type="checkbox"/> Check if this is a new address. PO Box 171 | | | 15. FAX (Optional) () | | 16. E-mail Address (Optional) team@vote4jody.com |
| 17. City LaPorte | State IN | ZIP Code 46350 | 18. County LaPorte | 19. Telephone 219, 325-9734 | 20. Committee Organization Date (mm/dd/yy) 12/06/25 |
| 21. Chairperson's Full Name <input checked="" type="checkbox"/> Designate Candidate as Chairperson. <input checked="" type="checkbox"/> Check if this is a new chairperson. Jody Slabaugh | | | | | |
| 22. Mailing Address (number and street, city, state, and ZIP code) <input checked="" type="checkbox"/> Check if this is a new address. PO Box 171 | | | 23. FAX (Optional) () | | 24. E-mail Address (Optional) team@vote4jody.com |
| 25. City LaPorte | State IN | ZIP Code 46350 | 26. County LaPorte | 27. Telephone (Day) 219, 325-9734 | 28. Telephone (Evening) 219, 325-9734 |
| 29. Bank or Other Depositories (List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.) None at this time. | | | | | |
| 30. Exploratory Committee (Give brief statement explaining purpose of an exploratory committee only.) To explore the feasibility of a potential candidacy for public office. | | | 31. Salaries and Reimbursements (Will the committee pay the candidate a salary or reimbursement for lost wages? If Yes, attach a copy of the contract.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | |
| SECTION C. APPOINTMENT OF TREASURER (IC 3-9-1-14) | | | | | |
| 32. I, as Chairperson of the foregoing committee, appoint the following person as Treasurer of the Committee. Jody Slabaugh | | | Signature of the Committee Chairperson  | | |
| 33. Treasurer's Full Name <input checked="" type="checkbox"/> Designate candidate as treasurer. <input checked="" type="checkbox"/> Check if this is a new treasurer. Jody Slabaugh | | | | | |
| 34. Mailing Address (number and street, city, state, and ZIP code) <input checked="" type="checkbox"/> Check if this is a new address. PO Box 171 | | | 35. FAX (Optional) () | | 36. E-mail Address (Optional) team@vote4jody.com |
| 37. City LaPorte | State IN | ZIP Code 46350 | 38. County LaPorte | 39. Telephone (Day) 219, 325-9734 | 40. Telephone (Evening) 219, 325-9734 |
| SECTION D. ACCEPTANCE OF APPOINTMENT (IC 3-9-1-15) | | | | | |
| 41. I give notice that I accept the duties and responsibilities of Treasurer of this Committee. I am not the chairperson of a campaign finance committee (except as permitted for a candidate committee under IC 3-9-1-7). | | | | Signature of Person Accepting Appointment | |
| SECTION E. CERTIFICATION OF STATEMENT | | | | | |
| We certify as the candidate and the duly appointed Chairperson of the Committee and that we have examined this statement. To the best of our knowledge and belief it is true, correct and complete. | | | | | |
| 42. Typed or Printed Name of Chairperson Jody Slabaugh | | Signature of Chairperson  | | Date (mm/dd/yy) 12/06/25 | |
| 43. Typed or Printed Name of Candidate Jody Slabaugh | | Signature of Candidate  | | Date (mm/dd/yy) 12/06/25 | |
| Warning: State law requires that any change in this information be reported within ten (10) days of the change (IC 3-9-1-10). A person who knowingly files a fraudulent report commits a Level 6 D felony (IC 3-14-1-13). A person who fails to file a complete or accurate report as required by the Indiana Campaign Finance Law commits a Class B misdemeanor (IC 3-14-1-14), and may be subject to civil penalties (IC 3-9-4-16, IC 3-9-4-17, and IC 3-9-4-18). | | | | | |

FOR OFFICE USE ONLY





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

(CFA-1)

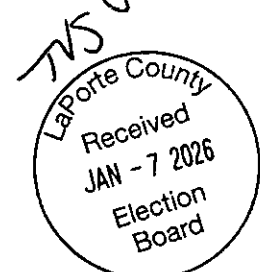
State Form 4604 (R15 / 5-19)

Indiana Election Division (IC 3-9-1-3; IC 3-9-1-4; IC 3-9-1-5)

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

| FILE NUMBER | | | | | | | | | |
|--|--|------------------------------|--------------------------|--|---|--|--|---|--|
| 1. IS THIS AN AMENDMENT? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please enter the file number in this box. → 46-26-01 | | | | | | | | | |
| SECTION A. CANDIDATE INFORMATION: Fill in all applicable boxes as fully and accurately as possible. | | | | | | | | | |
| 2. Last Name Slabaugh | | First Name Jody | | Middle Name | | Nickname | | 3. Type of Committee (Check one) <input checked="" type="checkbox"/> Candidate's Principal Committee <input type="checkbox"/> Exploratory Committee | |
| 4. Mailing Address (number and street, city, state, and ZIP code) PO Box 176 | | | | 5. FAX (Optional) | | 6. E-mail Address (Optional) team@vote4jody.com | | | |
| 7. City LaPorte | | State IN | ZIP Code 46350 | 8. County LaPorte | | 9. Telephone (Day) (219) 325-9734 | | 10. Telephone (Evening) (219) 325-9734 | |
| 11. Party Affiliation <input type="checkbox"/> Democratic <input type="checkbox"/> Libertarian <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Other | | | | 12. Office Sought (Include district number, if any. Not required for an exploratory committee.) County Commissioner District 1 | | | | | |
| SECTION B. COMMITTEE INFORMATION: Fill in all applicable boxes as fully and accurately as possible. | | | | | | | | | |
| 13. Full Name of Committee (Do not abbreviate.) <input type="checkbox"/> Check if this is a new name. People for Slabaugh | | | | | | | | | |
| 14. Mailing Address (number and street, city, state, and ZIP code) <input checked="" type="checkbox"/> Check if this is a new address. | | | | 15. FAX (Optional) | | 16. E-mail Address (Optional) team@vote4jody.com | | | |
| 17. City LaPorte | | State IN | ZIP Code 46350 | 18. County LaPorte | | 19. Telephone (219) 325-9734 | | 20. Committee Organization Date (mm/dd/yy) 01/07/26 | |
| 21. Chairperson's Full Name <input checked="" type="checkbox"/> Designate Candidate as Chairperson. <input type="checkbox"/> Check if this is a new chairperson. Jody Slabaugh | | | | | | | | | |
| 22. Mailing Address (number and street, city, state, and ZIP code) <input checked="" type="checkbox"/> Check if this is a new address. | | | | 23. FAX (Optional) | | 24. E-mail Address (Optional) team@vote4jody.com | | | |
| 25. City LaPorte | | State IN | ZIP Code 46350 | 26. County LaPorte | | 27. Telephone (Day) (219) 325-9734 | | 28. Telephone (Evening) (219) 325-9734 | |
| 29. Bank or Other Depositories (List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.) Horizon Bank | | | | | | | | | |
| 30. Exploratory Committee (Give brief statement explaining purpose of an exploratory committee only.) | | | | | 31. Salaries and Reimbursements (Will the committee pay the candidate a salary or reimbursement for lost wages? If Yes, attach a copy of the contract.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | | |
| SECTION C. APPOINTMENT 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 Ron Schafer | | Signature of the Committee Chairperson | | | |
| 33. Treasurer's Full Name <input type="checkbox"/> Designate candidate as treasurer. <input checked="" type="checkbox"/> Check if this is a new treasurer. Ron Schafer | | | | | | | | | |
| 34. Mailing Address (number and street, city, state, and ZIP code) <input checked="" type="checkbox"/> Check if this is a new address. | | | | 35. FAX (Optional) | | 36. E-mail Address (Optional) | | | |
| 37. City LaPorte | | State IN | ZIP Code 46350 | 38. County LaPorte | | 39. Telephone (Day) (219) 575-3978 | | 40. Telephone (Evening) (219) 575-3978 | |
| SECTION D. ACCEPTANCE OF APPOINTMENT (IC 3-9-1-15) | | | | | | | | | |
| 41. I give notice that I accept the duties and responsibilities of Treasurer of this Committee. I am not the chairperson of a campaign finance committee (except as permitted for a candidate committee under IC 3-9-1-7). | | | | | Signature of Person Accepting Appointment | | | | |
| SECTION E. CERTIFICATION OF STATEMENT | | | | | | | | | |
| We certify as the candidate and the duly appointed Chairperson of the Committee and that we have examined this statement. To the best of our knowledge and belief it is true, correct and complete. | | | | | | | | | |
| 42. Typed or Printed Name of Chairperson Jody Slabaugh | | Signature of Chairperson | | | | Date (mm/dd/yy) 01/07/26 | | | |
| 43. Typed or Printed Name of Candidate Jody Slabaugh | | Signature of Candidate | | | | Date (mm/dd/yy) 01/07/26 | | | |
| Warning: State law requires that any change in this information be reported within ten (10) days of the change (IC 3-9-1-10). A person who knowingly files a fraudulent report commits a Level 6 D felony (IC 3-14-1-13). A person who fails to file a complete or accurate report as required by the Indiana Campaign Finance Law commits a Class B misdemeanor (IC 3-14-1-14), and may be subject to civil penalties (IC 3-9-4-16, IC 3-9-4-17, and IC 3-9-4-18). | | | | | | | | | |

FOR OFFICE USE ONLY





REPORT OF RECEIPTS AND EXPENDITURES OF A POLITICAL COMMITTEE

State Form 4606 (R18 / 6-25)
Indiana Election Division (IC 3-9-5-14)

(CFA-4) Summary Sheet

FILE NUMBER

46-25-03

TOTAL PAGES IN ENTIRE CFA-4 REPORT

5

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) ☐ Check if this is a new name.

People for Slabaugh

2. Acronym or Abbreviated Name (if any)

3. Committee Telephone Number

(219) 325-9734

4. Mailing Address (Address where all campaign finance correspondence is received.)
P.O. Box 176

☐ 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.)
Jody Slabaugh

8. Party Affiliation or If Independent Candidate
Republican

9. Office Sought (Include district number, if any. **Not required for exploratory committee.**)
Commissioner District 1

10. County of Residence
La Porte

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: 01/01/25

Through: 12/31/25

COLUMN A
This Period

COLUMN B
Year to Date

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

\$ 0.00

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

\$ 0.00

CONTRIBUTIONS AND RECEIPTS

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

15a. Itemized (Use Schedule A.)

\$ 1,091.71

\$ 1,091.71

15b. Unitemized

\$ 0.00

\$ 0.00

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

SUBTOTAL

\$ 1,091.71

\$ 1,091.71

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

TOTAL

\$ 1,091.71

\$ 1,091.71

EXPENDITURES

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

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

\$ 1,091.71

\$ 1,091.71

17b. Unitemized

\$ 0.00

\$ 0.00

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

SUBTOTAL

\$ 1,091.71

\$ 1,091.71

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

\$ 0.00

\$ 0.00

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

\$ 1,091.71

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

\$ 0.00

CERTIFICATION

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

If a Treasurer of a PAC: I have not knowingly or willfully received, solicited, or accepted, either directly or indirectly, contributions or expenditures from a foreign national that exceeds \$50,000 within the four (4) years immediately preceding the date of the contribution. ☒ (please check box)

Signature of Treasurer

Title

Treasurer

Date (mm/dd/yy)

01/21/26

Signature of Candidate (if applicable)

Date (mm/dd/yy)

01/21/26

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

9:34 am
LaPorte County
Received
JAN 21 2026
Election
Board



REPORT OF RECEIPTS AND EXPENDITURES OF A POLITICAL COMMITTEE

State Form 4606 (R18 / 6-25)
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 2 of 5

| 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. Jody Slabaugh P.O. Box 176 La Porte, IN 46350 Contributor's Occupation (if required) <u>LP Business Owner</u> | Contributions: <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) _____ Other Receipts: <input type="checkbox"/> Interest <input checked="" type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify) _____ | \$ 64.00 | \$ 64.00 | 12/08/25 | |
| | | | | Jody Slabaugh | |
| 2. Jody Slabaugh P.O. Box 176 La Porte, IN 46350 Contributor's Occupation (if required) <u>LP Business Owner</u> | Contributions: <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) _____ Other Receipts: <input type="checkbox"/> Interest <input checked="" type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify) _____ | \$ 497.98 | \$ 561.98 | 12/30/25 | |
| | | | | Jody Slabaugh | |
| 3. Jody Slabaugh P.O. Box 176 La Porte, IN 46350 Contributor's Occupation (if required) <u>LP Business Owner</u> | Contributions: <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) _____ Other Receipts: <input type="checkbox"/> Interest <input checked="" type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify) _____ | \$ 212.93 | \$ 774.91 | 12/12/25 | |
| | | | | Jody Slabaugh | |
| 4. Jody Slabaugh P.O. Box 176 La Porte, IN 46350 Contributor's Occupation (if required) <u>LP Business Owner</u> | Contributions: <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) _____ Other Receipts: <input type="checkbox"/> Interest <input checked="" type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify) _____ | \$ 124.80 | \$ 899.71 | 12/13/25 | |
| | | | | Jody Slabaugh | |
| 5. Jody Slabaugh P.O. Box 176 La Porte, IN 46350 Contributor's Occupation (if required) <u>LP Business Owner</u> | Contributions: <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) _____ Other Receipts: <input type="checkbox"/> Interest <input checked="" type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify) _____ | \$ 168.00 | \$ 1,067.71 | 12/17/25 | |
| | | | | Jody Slabaugh | |
| SUBTOTAL THIS PAGE OF SCHEDULE A | | \$ 1,067.71 | | | |
| TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY (Enter total on ITEM 15a of the Summary Sheet.) | | \$ 1,091.71 | | | |

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

State Form 4606 (R18 / 6-25)

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 3 of 5

| 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. Jody Slabaugh P.O. Box 176 La Porte, IN 46350 Contributor's Occupation (if required) <u>LP Business Owner</u> | Contributions: <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) _____ Other Receipts: <input type="checkbox"/> Interest <input checked="" type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify) _____ | \$ 24.00 | \$ 1,091.71 | 12/24/25 Jody Slabaugh |
| 2. 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) _____ | | | |
| 3. 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) _____ | | | |
| 4. 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) _____ | | | |
| 5. 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) _____ | | | |
| SUBTOTAL THIS PAGE OF SCHEDULE A | | \$ 24.00 | | |
| TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY (Enter total on ITEM 15a of the Summary Sheet.) | | \$ 1,091.71 | | |



REPORT OF RECEIPTS AND EXPENDITURES OF A POLITICAL COMMITTEE

State Form 4606 (R18 / 6-25)
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 4 of 5

| 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 <u>O</u> U.S.P.S. 1201 Lincolnway La Porte, IN 46350 | Commissioner District 1 | <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: PO Box Rental | \$ 64.00 | \$ 64.00 | 12/08/25 |
| Code <u>A</u> Menards 5260 Franklin Street Michigan City, IN 46350 | Commissioner District 1 | <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: Sign Stakes | \$ 497.98 | \$ 497.98 | 12/30/25 |
| Code <u>A</u> Elementor Ltd Tuval 40 Ramat Gan 5252247 | Commissioner District 1 | <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 Builder | \$ 212.93 | \$ 212.93 | 12/12/25 |
| Code <u>A</u> WPManageNinja 2035 Sunset Lake Road, Suite B-2 Newark, DE, 19702 | Commissioner District 1 | <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: Fluent Forms Pro Software | \$ 47.40 | \$ 47.40 | 12/13/25 |
| Code <u>A</u> WPManageNinja 2035 Sunset Lake Road, Suite B-2 Newark, DE, 19702 | Commissioner District 1 | <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: FluentCRM Pro Software | \$ 77.40 | \$ 124.80 | 12/13/25 |
| Code <u>A</u> PureButtons.com 2991 Interstate Parkway Brunswick, Ohio 44212 | Commissioner District 1 | <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: Campaign buttons | \$ 168.00 | \$ 168.00 | 12/17/25 |
| Code <u>A</u> RumbleUp 2300 Clarendon Blvd, Suite 620 Arlington, VA 22201 | Commissioner District 1 | <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: Text messaging service. | \$ 24.00 | \$ 24.00 | 12/24/25 |
| SUBTOTAL THIS PAGE OF SCHEDULE B | | | \$ 1,091.71 | | |
| TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY (Enter total on ITEM 17a of the Summary Sheet.) | | | \$ 1,091.71 | | |



REPORT OF RECEIPTS AND EXPENDITURES OF A POLITICAL COMMITTEE

State Form 4606 (R18 / 6-25)
Indiana Election Division (IC 3-9-5-14)

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

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

FILE NUMBER

Page 5 of 5

| CREDITOR'S OR LENDER'S NAME AND MAILING ADDRESS <i>(street, number, city, state, ZIP code)</i> | ENDORSER'S OR VENDOR'S NAME AND MAILING ADDRESS <i>(if any)</i> <i>(street, number, city, state, ZIP code)</i> | AMOUNT | DATE DEBT INCURRED <i>(mm/dd/yy)</i> | CUMULATIVE PAID YEAR-TO-DATE | OUTSTANDING BALANCE THIS PERIOD |
|---|--|----------------|--|------------------------------------|---------------------------------------|
| | | NATURE OF DEBT | | | |
| Jody Slabaugh P.O. Box 176 La Porte, IN 46350 LENDER'S OCCUPATION: LP Business Owner | | \$ 64.00 | 12/08/25 | \$ 0.00 | \$ 1,091.71 |
| | | Loan | | | |
| Jody Slabaugh P.O. Box 176 La Porte, IN 46350 LENDER'S OCCUPATION: LP Business Owner | | \$ 497.98 | 12/30/25 | \$ 0.00 | \$ 1,091.71 |
| | | Loan | | | |
| Jody Slabaugh P.O. Box 176 La Porte, IN 46350 LENDER'S OCCUPATION: LP Business Owner | | \$ 212.93 | 12/12/25 | \$ 0.00 | \$ 1,091.71 |
| | | Loan | | | |
| Jody Slabaugh P.O. Box 176 La Porte, IN 46350 LENDER'S OCCUPATION: LP Business Owner | | \$ 124.80 | 12/13/25 | \$ 0.00 | \$ 1,091.71 |
| | | Loan | | | |
| Jody Slabaugh P.O. Box 176 La Porte, IN 46350 LENDER'S OCCUPATION: LP Business Owner | | \$ 168.00 | 12/17/25 | \$ 0.00 | \$ 1,091.71 |
| | | Loan | | | |
| Jody Slabaugh P.O. Box 176 La Porte, IN 46350 LENDER'S OCCUPATION: LP Business Owner | | \$ 24.00 | 12/24/25 | \$ 0.00 | \$ 1,091.71 |
| | | Loan | | | |
| LENDER'S OCCUPATION: | | | | | |
| | | | | | |
| SUBTOTAL THIS PAGE OF SCHEDULE D | | | | | \$ 1,091.71 |
| TOTAL OF ALL PAGES OF SCHEDULE D ON THE LAST PAGE ONLY <i>(Enter total on ITEM 19 of the Summary Sheet.)</i> | | | | | \$ 1,091.71 |