



# REPORT OF RECEIPTS AND EXPENDITURES OF A POLITICAL COMMITTEE

State Form 4606 (R17 / 8-23)

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

## (CFA-4) Summary Sheet

FILE NUMBER

410-24-61

TOTAL PAGES IN ENTIRE CFA-4 REPORT

7

**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.

The Committee to Elect Adam Koronka

2. Acronym or Abbreviated Name (if any)

3. Committee Telephone Number

( 219 ) 393-4844

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

2202 Mustang Dr

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.)

Adam Koronka

8. Party Affiliation or If Independent Candidate

Republican

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

County Council at large

10. County of Residence

La Porte

### TYPE OF REPORT

11. Check one:

☒ 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: January 1, 2024

Through: April 13, 2024

COLUMN A  
This Period

COLUMN B  
Year to Date

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

390.59

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

390.59

### CONTRIBUTIONS AND RECEIPTS

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

15a. Itemized (Use Schedule A.)

5,184.48

5,184.48

15b. Unitemized

487.00

487.00

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

**SUBTOTAL**

5,671.48

5,671.48

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

**TOTAL**

6,062.07

6,062.07

### EXPENDITURES

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

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

3,799.99

3,799.99

17b. Unitemized

126.96

126.95

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

**SUBTOTAL**

3,926.94

3,926.94

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

**TOTAL**

2,185.13

2,185.13

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

0.00

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.

Signature of Treasurer

Title  
Candidate

Date (mm/dd/yy)  
04/18/2024

Signature of Candidate (if applicable)

Date (mm/dd/yy)

### FOR OFFICE USE ONLY

**FILED**  
IN CLERKS OFFICE

APR 18 2024

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

*Lynn 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)

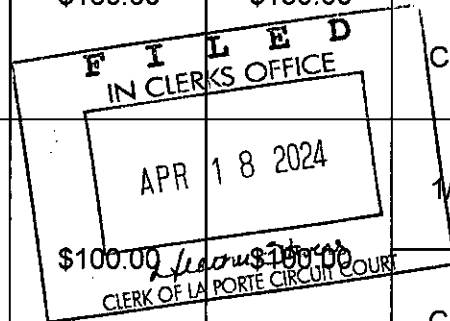
**(CFA-4 SCHEDULE A-1)  
CONTRIBUTIONS BY INDIVIDUALS  
Itemized Contributions and Other Receipts**

**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 2 of 7

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. Sean Fagan 11232 S 1025 W, Wanatah, IN 46390  Contributor's Occupation (if required) <u>Prosecutor</u>	Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) _____  Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify) _____	\$200.00	\$200.00	4/2/2024 Candidate
2. Mike and Dottie Rosenbaum 1515 Indiana Ave, La Porte, IN 46350  Contributor's Occupation (if required) <u>CPA</u>	Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) _____  Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify) _____	\$250.00	\$250.00	4/10/2024 Candidate
3. Christen Zabel 2777 W 1650 S, Hanna, IN 46340  Contributor's Occupation (if required) <u>Co-Director</u>	Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) _____  Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify) _____	\$400.00	\$400.00	4/10/2024 Candidate
4. Michael and Cherri Drayton 2024 Indiana Ave, La Porte, IN 46350  Contributor's Occupation (if required) <u>Attorney</u>	Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) _____  Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify) _____	\$150.00	\$150.00	1/16/2024 Candidate
5. Jim and Becky Pressel 1772 N Lofgren Rd, Rolling Prairie, IN 46371  Contributor's Occupation (if required) <u>Home Builder</u>	Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) _____  Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify) _____	\$100.00	\$100.00	1/16/2024 Candidate
SUBTOTAL THIS PAGE OF SCHEDULE A		\$ 1,100.00		
TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY (Enter total on ITEM 15a of the Summary Sheet.)		\$		





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

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

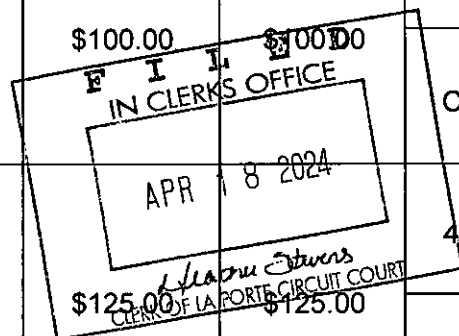
**(CFA-4 SCHEDULE A-1)  
CONTRIBUTIONS BY INDIVIDUALS  
Itemized Contributions and Other Receipts**

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

**FILE NUMBER**

Page 3 of 7

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. Duane and Bonnie Miller 605 Lakeside St, La Porte, IN 46350  Contributor's Occupation (if required) <u>Retired</u>	Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) _____  Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify) _____	\$150.00	\$150.00	1/16/2024  Candidate
2. Ron Heeg 5161 North Cameron, La Porte, IN 46350  Contributor's Occupation (if required) <u>Sheriff</u>	Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) _____  Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify) _____	\$250.00	\$250.00	4/10/2024  Candidate
3. Al and Heather Stevens 5277 W 1475 S, Hanna, IN, 46340  Contributor's Occupation (if required) <u>Project Manager</u>	Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) _____  Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify) _____	\$150.00	\$150.00	1/16/2024  Candidate
4. Ralph and Karen Howes 3487 W Waverly Rd, La Porte, IN 46350  Contributor's Occupation (if required) <u>Attorney</u>	Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) _____  Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify) _____	\$100.00	\$100.00	2/22/2024  Candidate
5. Ken Wojcieszak PO Box 431, La Porte, IN 46352  Contributor's Occupation (if required) <u>Retired</u>	Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) _____  Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify) _____	\$125.00	\$125.00	4/10/2024  Candidate
SUBTOTAL THIS PAGE OF SCHEDULE A		\$ 725.00		
TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY (Enter total on ITEM 15a of the Summary Sheet.)		\$ 1,825.00		



N/A  
APK  
4/19/2024

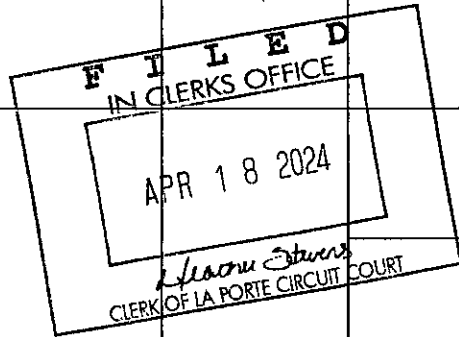
**REPORT OF RECEIPTS AND EXPENDITURES  
OF A POLITICAL COMMITTEE**State Form 4606 (R17 / 8-23)  
Indiana Election Division (IC 3-9-5-14)**(CFA-4 SCHEDULE A-1)  
CONTRIBUTIONS BY INDIVIDUALS  
Itemized Contributions and Other Receipts**

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FILE NUMBER

Page 4 of 7

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. Matt Reardon 1336 Fran Lin Parkway Munster, IN 46321  Contributor's Occupation (if required) <u>Real Estate/Development</u>	Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) _____  Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify) _____	\$200.00	\$200.00	4/11/2024  Candidate
2. Adam Koronka 2202 Mustang Dr., La Porte, IN 46350  Contributor's Occupation (if required) <u>Candidate/Engineer</u>	Contributions: <input type="checkbox"/> Direct <input checked="" type="checkbox"/> In-Kind (describe) <u>Signs, etc.</u>  Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify) _____	\$2,609.48	\$2,609.48	4/12/2024  Candidate
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		\$ 2,809.48		
TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY (Enter total on ITEM 15a of the Summary Sheet.)		\$ 4,684.48		



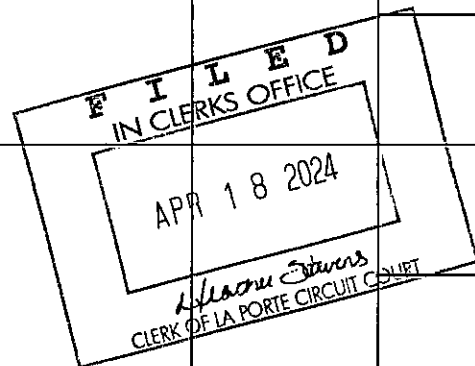
**REPORT OF RECEIPTS AND EXPENDITURES  
OF A POLITICAL COMMITTEE**State Form 4606 (R17 / 8-23)  
Indiana Election Division (IC 3-9-5-14)**(CFA-4 SCHEDULE A-3)  
CONTRIBUTIONS BY  
LABOR ORGANIZATIONS****Itemized Contributions and Other Receipts**

**INSTRUCTIONS:** LIST ONLY CONTRIBUTIONS BY LABOR ORGANIZATIONS 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 labor organizations **OVER \$100** per contributor, within a calendar year **MUST** be itemized on this schedule (over \$200, if regular party committee). All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) **OVER \$100** per contributor, within a calendar year, **MUST** be itemized on this schedule (over \$200 if regular party committee).

FILE NUMBER

Page 5 of 7

CONTRIBUTOR'S FULL NAME AND FULL MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED (mm/dd/yy)
				RECEIVED BY
1. Carpenters Local 1485 PAC 1104 6th St, La Porte, IN 46350	Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) _____ Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify) _____	\$250.00	\$250.00	1/16/2024  Candidate
2.	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.	Contributions: <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) _____ Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify) _____			
4.	Contributions: <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) _____ Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify) _____			
5.	Contributions: <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) _____ Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify) _____			
SUBTOTAL THIS PAGE OF SCHEDULE A		\$ 250.00		
TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY (Enter total on ITEM 15a of the Summary Sheet.)		\$ 250.00		





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

State Form 4606 (R17 / 8-23)

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

**(CFA-4 SCHEDULE A-5)  
CONTRIBUTIONS BY  
OTHER ORGANIZATIONS**

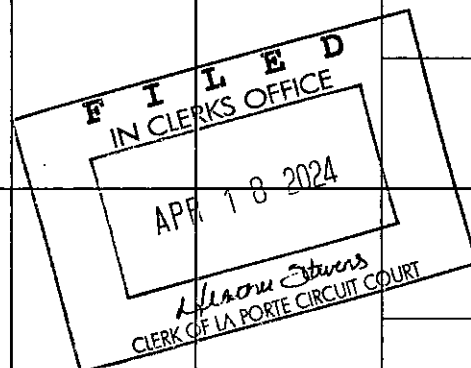
**Itemized Contributions and Other Receipts**

**INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY ORGANIZATIONS OTHER THAN CORPORATIONS, LABOR ORGANIZATIONS, POLITICAL ACTION COMMITTEES AND INDIVIDUALS ON THIS SCHEDULE.** Please type or print legibly **IN BLACK INK** all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from other entities **OVER \$100** per contributor, within a calendar year **MUST** be itemized on this schedule (over \$200, if regular party committee). All transfers-in and in-kind contributions regardless of amount from candidate's, legislative caucus, and regular party committees **MUST** be itemized on this schedule. All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) **OVER \$100** per contributor, within a calendar year, **MUST** be itemized on this schedule (over \$200 if regular party committee).

**FILE NUMBER**

Page 6 of 7

CONTRIBUTOR'S FULL NAME AND FULL MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED (mm/dd/yy)
				RECEIVED BY
1. Committee to Elect Tom Dermody 1658 S. Willow Bend Drive, La Porte, IN 46350	Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) _____  Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify) _____	\$250.00	\$250.00	2/7/2024  Candidate
2.	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.	Contributions: <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) _____  Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify) _____			
4.	Contributions: <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) _____  Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify) _____			
5.	Contributions: <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) _____  Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify) _____			
SUBTOTAL THIS PAGE OF SCHEDULE A		\$ 250.00		
TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY (Enter total on ITEM 15a of the Summary Sheet.)		\$ 250.00		



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

State Form 4606 (R17 / 8-23)

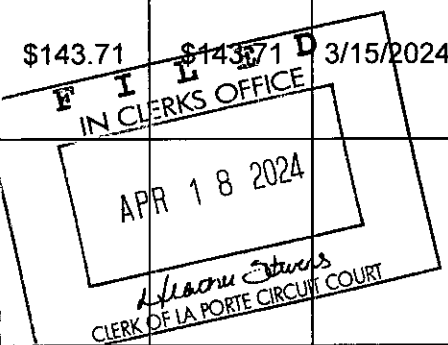
Indiana Election Division (IC 3-9-5-14)

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

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

**FILE NUMBER**Page 7 of 7

RECIPIENT'S NAME AND MAILING ADDRESS (street, number, city, state, ZIP code)	RECIPIENT'S OCCUPATION OFFICE SOUGHT (if applicable)	TYPE OF EXPENDITURE and PURPOSE (be specific)	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE OF EXPENDITURE (mm/dd/yy)
Code _____ Bare Bones Gastropub 518 Lincolnway, La Porte, IN 46350	Pub/Event Venue	<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: Fundraiser host	\$280.75	\$280.75	1/16/2024
Code _____ WIMS 685 East 1675 North Michigan City, IN 46360	Radio Station	<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: Radio Ads	\$690.00	\$690.00	4/5/2024
Code _____ Brix Tasting Room 111 W 6th St, Michigan City, IN 46360	Wine Bar/Event Venue	<input type="checkbox"/> Direct <input checked="" type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: Fundraiser	\$176.53	\$176.53	4/10/2024
Code _____ Region Signs 1345 119th St, Whiting, IN 46394	Sign printer	<input type="checkbox"/> Direct <input checked="" type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: Signs	\$2,335.00	\$2,335.00	4/12/2024
Code _____ USPS 1201 Lincolnway, La Porte, IN 46350	Post Office	<input type="checkbox"/> Direct <input checked="" type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: Postage	\$174.00	\$184.00	3/15/2024
Code _____ Hawkins Print Shop 315 Lincolnway, La Porte, IN 46350	Commercial Printer	<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: Printing service	\$143.71	\$143.71	3/15/2024
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>			\$ 3,799.99		
<b>TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY</b> (Enter total on ITEM 17a of the Summary Sheet.)			\$ 3,799.99		





# REPORT OF RECEIPTS AND EXPENDITURES OF A POLITICAL COMMITTEE

State Form 4606 (R17 / 8-23)

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

## (CFA-4) Summary Sheet

FILE NUMBER

46-24-61

TOTAL PAGES IN ENTIRE CFA-4 REPORT

7

**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.  
The Committee to Elect Adam Koronka

2. Acronym or Abbreviated Name (if any)

3. Committee Telephone Number  
( 219 ) 393-4844

4. Mailing Address (Address where all campaign finance correspondence is received.)  
2202 Mustang Dr

☐ Check if this is a new address.

5. City, State, ZIP Code  
La Porte, IN 46350

6. Party Affiliation (if applicable)

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

7. Full Name of Candidate (Include any nickname.)  
Adam Koronka

8. Party Affiliation or If Independent Candidate  
Republican

9. Office Sought (Include district number, if any. **Not required for exploratory committee.**)  
County Council at large

10. County of Residence  
La Porte

### TYPE OF REPORT

### CONVENTION CANDIDATES ONLY

11. Check one:

☐ Pre-Primary ☒ Pre-Election ☐ Annual ☐ Nomination ☐ Other \_\_\_\_\_  
☐ Final / Disbands Committee (Lines 18, 19, and 20 must be "0".) ☐ Outgoing Treasurer (Within ten (10) days amend Statement of Organization.)

Check one:

☐ Pre-Convention  
☐ Post-Convention

12. Reporting Period (mm/dd/yy):

From: 4/13/2024

Through: 10/11/2024

COLUMN A  
This Period

COLUMN B  
Year to Date

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

2,185.13

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

390.59

### CONTRIBUTIONS AND RECEIPTS

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

15a. Itemized (Use Schedule A.)

7,200.00

12,384.48

15b. Unitemized

0.00

487.00

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

**SUBTOTAL**

7,200.00

12,871.48

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

**TOTAL**

9,385.13

13,262.07

### EXPENDITURES

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

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

3,753.84

7,553.83

17b. Unitemized

83.98

210.93

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

**SUBTOTAL**

3,837.82

7,764.76

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

**TOTAL**

5,547.31

5,547.31

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

0.00

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.

Signature of Treasurer

Title  
Candidate

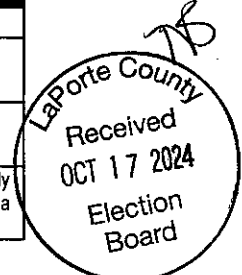
Date (mm/dd/yy)  
10/16/2024

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)

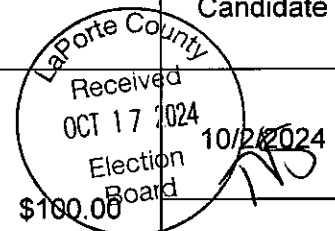
**(CFA-4 SCHEDULE A-1)  
CONTRIBUTIONS BY INDIVIDUALS  
Itemized Contributions and Other Receipts**

**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 1 of 2

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. Wendell Wiltfong 4533 N Us Highway 35 La Porte, IN 46350  Contributor's Occupation (if required) <u>Retired</u>	Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe)  Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify)	\$200.00	\$200.00	5/30/2024	
				Candidate	
2. Timothy Stabosz 1501 Michigan Ave La Porte, IN 46350  Contributor's Occupation (if required) <u>County Auditor</u>	Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe)  Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify)	\$1,000.00	\$1,075.00	7/31/2024	
				Candidate	
3. Michael and Cherri Drayton 2024 Indiana Ave La Porte, IN 46350  Contributor's Occupation (if required) <u>Attorney</u>	Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe)  Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify)	\$200.00	\$350.00	10/3/2024	
				Candidate	
4. Sean Fagan 11232 S 1025 W Wanatah, IN 46390  Contributor's Occupation (if required) <u>County Prosecutor</u>	Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe)  Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify)	\$200.00	\$400.00	9/17/2024	
				Candidate	
5. Mitchell Fiekas 1328 Lakeside St La Porte, IN, 46350  Contributor's Occupation (if required) _____	Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe)  Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify)	\$100.00	\$100.00	10/2/2024	
				Candidate	
SUBTOTAL THIS PAGE OF SCHEDULE A		\$ 1,700.00			
TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY (Enter total on ITEM 15a of the Summary Sheet.)		\$			

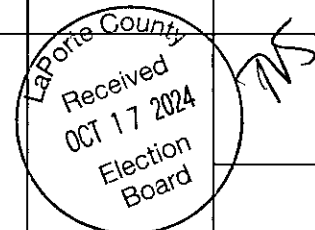


**REPORT OF RECEIPTS AND EXPENDITURES  
OF A POLITICAL COMMITTEE**State Form 4606 (R17 / 8-23)  
Indiana Election Division (IC 3-9-5-14)**(CFA-4 SCHEDULE A-3)  
CONTRIBUTIONS BY  
LABOR ORGANIZATIONS****Itemized Contributions and Other Receipts**

**INSTRUCTIONS:** LIST ONLY CONTRIBUTIONS BY LABOR ORGANIZATIONS 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 labor organizations **OVER \$100** per contributor, within a calendar year **MUST** be itemized on this schedule (over \$200, if regular party committee). All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) **OVER \$100** per contributor, within a calendar year, **MUST** be itemized on this schedule (over \$200 if regular party committee).

**FILE NUMBER**Page 1 of 1

CONTRIBUTOR'S FULL NAME AND FULL MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED (mm/dd/yy)
				RECEIVED BY
1. Northern Indiana Operators Joint Labor-Management PAC  Merrillville, IN, 46410	Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe)  Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify)	\$2,000.00	\$2,000.00	10/11/2024  Candidate
2. International Associate of Bridge, Structural, Ornamental, and Reinforcing Iron Workers 3515 Boland Dr South Bend, IN 46628	Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe)  Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify)	\$500.00	\$500.00	10/1/2024  Candidate
3.	Contributions: <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe)  Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify)			
4.	Contributions: <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe)  Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify)			
5.	Contributions: <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe)  Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify)			
SUBTOTAL THIS PAGE OF SCHEDULE A		\$ 2,500.00		
TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY (Enter total on ITEM 15a of the Summary Sheet.)		\$ 2,500.00		

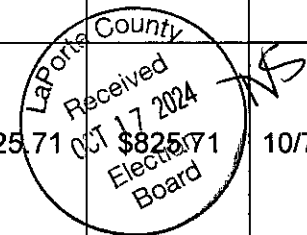


**REPORT OF RECEIPTS AND EXPENDITURES  
OF A POLITICAL COMMITTEE**State Form 4606 (R17 / 8-23)  
Indiana Election Division (IC 3-9-5-14)**(CFA-4 SCHEDULE B)  
ITEMIZED EXPENDITURES**

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

**FILE NUMBER**Page 1 of 2

RECIPIENT'S NAME AND MAILING ADDRESS (street, number, city, state, ZIP code)	RECIPIENT'S OCCUPATION OFFICE SOUGHT (if applicable)	TYPE OF EXPENDITURE and PURPOSE (be specific)	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE OF EXPENDITURE (mm/dd/yy)
Code _____ Leadership La Porte County 605 Michigan Ave La Porte, IN 46350		<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: Event Sponsor	\$100.00	\$100.00	5/15/2024
Code _____ Relay for Life of Indiana Lakeshore		<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: Event Sponsor	\$110.00	\$110.00	6/3/2024
Code _____ La Porte County Republican Party 814 Jefferson Ave La Porte, IN 46350		<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: Event Sponsor	\$100.00	\$100.00	6/6/2024
Code _____ Lamar Advertising Company of Northeast Indiana South Bend, IN 46615		<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: Billboard	\$850.00	\$850.00	9/17/2024
Code _____ WIMS 685 East 1675 North Michigan City, IN 46360		<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: Radio Ads	\$621.00	\$1,311.00	10/2/2024
Code _____ Spoon River Media LLC 1700 Lincolnway Pl La Porte, IN, 46350		<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: Internet Ads	\$675.00	\$675.00	10/4/2024
Code _____ Reprographic Arts 2824 E Michigan Blvd, Michigan City, IN 46360		<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: Signs	\$825.71	\$825.71	10/7/2024
SUBTOTAL THIS PAGE OF SCHEDULE B			\$ 3,281.71		
TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY (Enter total on ITEM 17a of the Summary Sheet.)			\$		





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

State Form 4606 (R17 / 8-23)

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

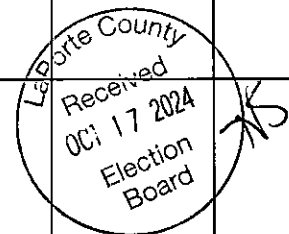
**(CFA-4 SCHEDULE B)  
ITEMIZED EXPENDITURES**

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

**FILE NUMBER**

Page 2 of 2

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 _____ Diamond Storage La Porte, IN 46350		<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: Sign Storage	\$472.13	\$472.13	8/5/2024
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:			
<b>SUBTOTAL THIS PAGE OF SCHEDULE B</b>			\$ 472.13		
<b>TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY</b> (Enter total on ITEM 17a of the Summary Sheet.)			\$ 3,753.84		





# REPORT OF RECEIPTS AND EXPENDITURES OF A POLITICAL COMMITTEE

State Form 4606 (R17 / 8-23)

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

## (CFA-4) Summary Sheet

**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

FILE NUMBER

TOTAL PAGES IN ENTIRE CFA-4 REPORT

3

### COMMITTEE INFORMATION

1. Full Name of Committee (as on *Statement of Organization*) ☐ Check if this is a new name.  
The Committee to Elect Adam Koronka

2. Acronym or Abbreviated Name (if any)

3. Committee Telephone Number  
( 219 ) 393-4844

4. Mailing Address (Address where all campaign finance correspondence is received.)  
12202 Mustang Dr

☐ Check if this is a new address.

5. City, State, ZIP Code  
La Porte, IN 46350

6. Party Affiliation (if applicable)

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

7. Full Name of Candidate (Include any nickname.)  
Adam Koronka

8. Party Affiliation or If Independent Candidate  
Republican

9. Office Sought (Include district number, if any. **Not required for exploratory committee.**)  
County Council at large

10. County of Residence  
La Porte

### TYPE OF REPORT

11. Check one:

☐ 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: 10/12/2024 Through: 12/31/2024

COLUMN A  
This Period

COLUMN B  
Year to Date

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

5,547.31

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

390.59

### CONTRIBUTIONS AND RECEIPTS

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

15a. Itemized (Use Schedule A.)

100.00

12,484.48

15b. Unitemized

0.00

487.00

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

SUBTOTAL

100.00

12,971.48

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

TOTAL

5,647.31

13,362.07

### EXPENDITURES

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

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

5,596.56

13,100.39

17b. Unitemized

22.95

233.88

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

SUBTOTAL

5,619.51

13,334.27

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

TOTAL

27.80

27.80

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

0.00

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.

Signature of Treasurer

Title  
Candidate

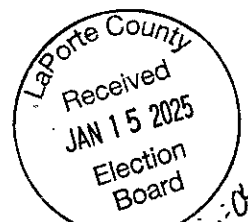
Date (mm/dd/yy)  
1/14/2025

Signature of Candidate (if applicable)

Date (mm/dd/yy)  
1/14/2025

**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



TNS 6:04 am

**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 2 of 3 +

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. Adam Koronka 2202 Mustang Dr. La Porte, IN 46350  Contributor's Occupation (if required) <u>Candidate</u>	Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) _____  Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify) _____	\$100.00	\$2,709.48	12/1/2024  Candidate
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		\$ 100.00		
TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY (Enter total on ITEM 15a of the Summary Sheet.)		\$ 100.00		

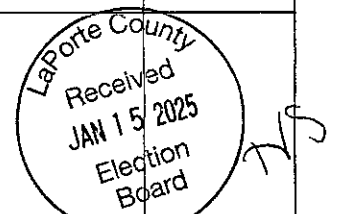
**REPORT OF RECEIPTS AND EXPENDITURES  
OF A POLITICAL COMMITTEE**State Form 4606 (R17 / 8-23)  
Indiana Election Division (IC 3-9-5-14)**(CFA-4 SCHEDULE B)  
ITEMIZED EXPENDITURES**

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

FILE NUMBER

Page 3 of 3

RECIPIENT'S NAME AND MAILING ADDRESS (street, number, city, state, ZIP code)	RECIPIENT'S OCCUPATION OFFICE SOUGHT (if applicable)	TYPE OF EXPENDITURE and PURPOSE (be specific)	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE OF EXPENDITURE (mm/dd/yy)
Code _____ Hawkins Print Shop 315 Lincolnway La Porte, IN 46350	commercial printer	<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: Printing	\$1,743.00	\$1,886.71	10/22/2024
Code _____ USPS 1201 Lincolnway, La Porte, IN 46350	post office	<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: postage	\$2,046.06	\$2,220.06	10/23/2024
Code _____ La Porte County Herald Dispatch 422 Franklin St., Suite B Michigan City, IN 46360	Newspaper	<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: Advertising	\$527.50	\$527.50	10/26/2024
Code _____ Spoon River Media LLC 1700 Lincolnway PI La Porte, IN, 46350	Radio Station	<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: Advertising	\$800.00	\$1,475.00	11/1/2024
Code _____ Duneland Media 1305 Pine Lake Ave, La Porte, IN 46350	Media Design	<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: Media Design	\$300.00	\$300.00	11/2/2024
Code _____ Diamond Storage La Porte, IN 46350	Storage	<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 Storage	\$180.00	\$532.13	12/2/2024
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			\$ 5,596.56		
TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY (Enter total on ITEM 17a of the Summary Sheet.)			\$ 5,596.56		





# REPORT OF RECEIPTS AND EXPENDITURES OF A POLITICAL COMMITTEE

State Form 4606 (R17 / 8-23)

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

## (CFA-4) Summary Sheet

**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

FILE NUMBER

46-24-61

TOTAL PAGES IN ENTIRE CFA-4 REPORT

7

### COMMITTEE INFORMATION

1. Full Name of Committee (as on *Statement of Organization*) ☐ Check if this is a new name.  
The Committee to Elect Adam Koronka

2. Acronym or Abbreviated Name (if any)

3. Committee Telephone Number  
( 219 ) 393-4844

4. Mailing Address (Address where all campaign finance correspondence is received.)  
2202 Mustang Dr

☐ 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.)  
Adam Koronka

8. Party Affiliation or If Independent Candidate  
Republican

9. Office Sought (Include district number, if any. **Not required for exploratory committee.**)  
County Council at large

10. County of Residence  
La Porte

### TYPE OF REPORT

11. Check one:

☒ 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: 1/1/2024 Through: 4/13/2024

COLUMN A  
This Period

COLUMN B  
Year to Date

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

390.59

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

390.59

### CONTRIBUTIONS AND RECEIPTS

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

15a. Itemized (Use Schedule A.)

5,184.48

5,184.48

15b. Unitemized

487.00

487.00

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

**SUBTOTAL**

5,671.48

5,671.48

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

**TOTAL**

6,062.07

6,062.07

### EXPENDITURES

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

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

3,799.99

3,799.99

17b. Unitemized

126.96

126.96

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

**SUBTOTAL**

3,926.95

3,926.95

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

**TOTAL**

2,135.12

2,135.12

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

0.00

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.

Signature of Treasurer

Title  
Candidate

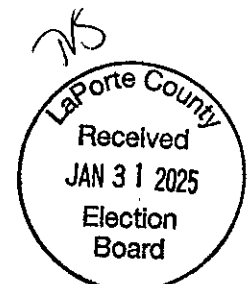
Date (mm/dd/yy)  
1/31/2025

Signature of Candidate (if applicable)

Date (mm/dd/yy)  
1/31/2025

**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





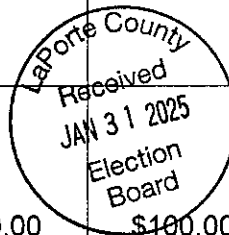
**REPORT OF RECEIPTS AND EXPENDITURES  
OF A POLITICAL COMMITTEE**State Form 4606 (R17 / 8-23)  
Indiana Election Division (IC 3-9-5-14)**(CFA-4 SCHEDULE A-1)  
CONTRIBUTIONS BY INDIVIDUALS  
Itemized Contributions and Other Receipts**

**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 2 of 7

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. Sean Fagan 11232 S 1025 W, Wanatah, IN 46390  Contributor's Occupation (if required) <u>Prosecutor</u>	Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) _____  Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify) _____	\$200.00	\$200.00	4/2/2024 Candidate
2. Mike and Dottie Rosenbaum 1515 Indiana Ave, La Porte, IN 46350  Contributor's Occupation (if required) <u>CPA</u>	Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) _____  Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify) _____	\$250.00	\$250.00	4/10/2024 Candidate
3. Christen Zabel 2777 W 1650 S, Hanna, IN 46340  Contributor's Occupation (if required) <u>Co-Director</u>	Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) _____  Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify) _____	\$400.00	\$400.00	4/10/2024 Candidate
4. Michael and Cherri Drayton 2024 Indiana Ave, La Porte, IN 46350  Contributor's Occupation (if required) <u>Attorney</u>	Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) _____  Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify) _____	\$150.00	\$150.00	1/16/2024 Candidate
5. Jim and Becky Pressel 1772 N Lofgren Rd, Rolling Prairie, IN 46371  Contributor's Occupation (if required) <u>Home Builder</u>	Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) _____  Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify) _____	\$100.00	\$100.00	1/16/2024 Candidate
SUBTOTAL THIS PAGE OF SCHEDULE A		\$ 1,100.00		
TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY (Enter total on ITEM 15a of the Summary Sheet.)		\$		



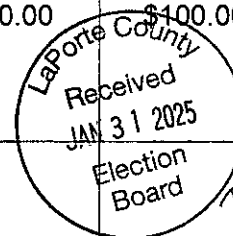
**REPORT OF RECEIPTS AND EXPENDITURES  
OF A POLITICAL COMMITTEE**State Form 4606 (R17 / 8-23)  
Indiana Election Division (IC 3-9-5-14)**(CFA-4 SCHEDULE A-1)  
CONTRIBUTIONS BY INDIVIDUALS  
Itemized Contributions and Other Receipts**

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FILE NUMBER

Page 3 of 7

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. Duane and Bonnie Miller 605 Lakeside St, La Porte, IN 46350  Contributor's Occupation (if required) <u>Retired</u>	Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) _____  Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify) _____	\$150.00	\$150.00	1/16/2024 Candidate
2. Ron Heeg 5161 North Cameron, La Porte, IN 46350  Contributor's Occupation (if required) <u>Sheriff</u>	Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) _____  Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify) _____	\$250.00	\$250.00	4/10/2024 Candidate
3. Al and Heather Stevens 5277 W 1475 S, Hanna, IN, 46340  Contributor's Occupation (if required) <u>Project Manager</u>	Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) _____  Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify) _____	\$150.00	\$150.00	1/16/2024 Candidate
4. Ralph and Karen Howes 3487 W Waverly Rd, La Porte, IN 46350  Contributor's Occupation (if required) <u>Attorney</u>	Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) _____  Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify) _____	\$100.00	\$100.00	2/22/2024 Candidate
5. Ken Wojcieszak PO Box 431, La Porte, IN 46352  Contributor's Occupation (if required) <u>Retired</u>	Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) _____  Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify) _____	\$125.00	\$125.00	4/10/2024 Candidate
SUBTOTAL THIS PAGE OF SCHEDULE A		\$ 725.00		
TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY (Enter total on ITEM 15a of the Summary Sheet.)		\$ 1,825.00		



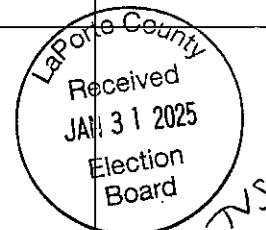
**REPORT OF RECEIPTS AND EXPENDITURES  
OF A POLITICAL COMMITTEE**State Form 4606 (R17 / 8-23)  
Indiana Election Division (IC 3-9-5-14)**(CFA-4 SCHEDULE A-1)  
CONTRIBUTIONS BY INDIVIDUALS  
Itemized Contributions and Other Receipts**

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FILE NUMBER

Page 4 of 7

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. Matt Reardon 1336 Fran Lin Parkway Munster, IN 46321  Contributor's Occupation (if required) <u>Real Estate/Development</u>	Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) _____  Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify) _____	\$200.00	\$200.00	4/11/2024  Candidate
2. Adam Koronka 2202 Mustang Dr., La Porte, IN 46350  Contributor's Occupation (if required) <u>Candidate/Engineer</u>	Contributions: <input type="checkbox"/> Direct <input checked="" type="checkbox"/> In-Kind (describe) <u>Signs, etc.</u>  Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify) _____	\$2,609.48	\$2,609.48	4/12/2024  Candidate
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		\$ 2,809.48		
TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY (Enter total on ITEM 15a of the Summary Sheet.)		\$ 4,684.48		





**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-3)  
CONTRIBUTIONS BY  
LABOR ORGANIZATIONS**

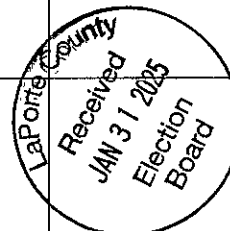
**Itemized Contributions and Other Receipts**

**INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY LABOR ORGANIZATIONS 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 labor organizations **OVER \$100** per contributor, within a calendar year **MUST** be itemized on this schedule (over \$200, if regular party committee). All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) **OVER \$100** per contributor, within a calendar year, **MUST** be itemized on this schedule (over \$200 if regular party committee).

**FILE NUMBER**

Page <sup>5</sup> of <sup>7</sup>

CONTRIBUTOR'S FULL NAME AND FULL MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED (mm/dd/yy)
				RECEIVED BY
1. Carpenters Local 1485 PAC 1104 6th St, La Porte, IN 46350	Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe)  Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify)	\$250.00	\$250.00	1/16/2024  Candidate
2.	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.	Contributions: <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe)  Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify)			
4.	Contributions: <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe)  Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify)			
5.	Contributions: <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe)  Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify)			
SUBTOTAL THIS PAGE OF SCHEDULE A		\$ 250.00		
TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY (Enter total on ITEM 15a of the Summary Sheet.)		\$ 250.00		



RS



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

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

**(CFA-4 SCHEDULE A-5)  
CONTRIBUTIONS BY  
OTHER ORGANIZATIONS**

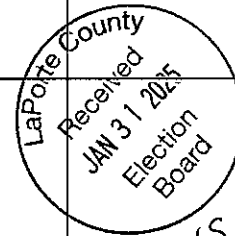
**Itemized Contributions and Other Receipts**

**INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY ORGANIZATIONS OTHER THAN CORPORATIONS, LABOR ORGANIZATIONS, POLITICAL ACTION COMMITTEES AND INDIVIDUALS ON THIS SCHEDULE.** Please type or print legibly in **BLACK INK** all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from other entities **OVER \$100** per contributor, within a calendar year **MUST** be itemized on this schedule (over \$200, if regular party committee). All transfers-in and in-kind contributions regardless of amount from candidate's, legislative caucus, and regular party committees **MUST** be itemized on this schedule. All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) **OVER \$100** per contributor, within a calendar year, **MUST** be itemized on this schedule (over \$200 if regular party committee).

**FILE NUMBER**

Page 6 of 7

CONTRIBUTOR'S FULL NAME AND FULL MAILING ADDRESS <i>(street, number, city, state, ZIP code)</i>	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED <i>(mm/dd/yy)</i>
				RECEIVED BY
1. Committee to Elect Tom Dermody 1658 S. Willow Bend Drive, La Porte, IN 46350	Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <i>(describe)</i> _____ Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous <i>(specify)</i> _____	\$250.00	\$250.00	2/7/2024  Candidate
2.	Contributions: <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind <i>(describe)</i> _____ Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous <i>(specify)</i> _____			
3.	Contributions: <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind <i>(describe)</i> _____ Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous <i>(specify)</i> _____			
4.	Contributions: <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind <i>(describe)</i> _____ Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous <i>(specify)</i> _____			
5.	Contributions: <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind <i>(describe)</i> _____ Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous <i>(specify)</i> _____			
SUBTOTAL THIS PAGE OF SCHEDULE A		\$ 250.00		
TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY <i>(Enter total on ITEM 15a of the Summary Sheet.)</i>		\$ 250.00		



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

State Form 4606 (R17 / 8-23)

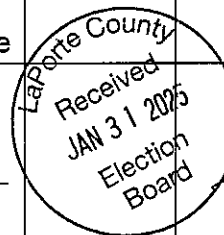
Indiana Election Division (IC 3-9-5-14)

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

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

**FILE NUMBER**Page 7 of 7

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 _____ Bare Bones Gastropub 518 Lincolnway, La Porte, IN 46350	Pub/Event Venue	<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: Fundraiser host	\$280.75	\$280.75	1/16/2024
Code _____ WIMS 685 East 1675 North Michigan City, IN 46360	Radio Station	<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: Radio Ads	\$690.00	\$690.00	4/5/2024
Code _____ Brix Tasting Room 111 W 6th St, Michigan City, IN 46360	Wine Bar/Event Venue	<input type="checkbox"/> Direct <input checked="" type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: Fundraiser	\$176.53	\$176.53	4/10/2024
Code _____ Region Signs 1345 119th St, Whiting, IN 46394	Sign printer	<input type="checkbox"/> Direct <input checked="" type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: Signs	\$2,335.00	\$2,335.00	4/12/2024
Code _____ USPS 1201 Lincolnway, La Porte, IN 46350	Post Office	<input type="checkbox"/> Direct <input checked="" type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: Postage	\$174.00	\$184.00	3/15/2024
Code _____ Hawkins Print Shop 315 Lincolnway, La Porte, IN 46350	Commercial Printer	<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: Printing service	\$143.71	\$143.71	3/15/2024
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			\$ 3,799.99		
TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY (Enter total on ITEM 17a of the Summary Sheet.)			\$ 3,799.99		





# REPORT OF RECEIPTS AND EXPENDITURES OF A POLITICAL COMMITTEE

State Form 4606 (R17 / 8-23)

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

## (CFA-4) Summary Sheet

FILE NUMBER

410-24-61

TOTAL PAGES IN ENTIRE CFA-4 REPORT

7

**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.  
The Committee to Elect Adam Koronka

2. Acronym or Abbreviated Name (if any)

3. Committee Telephone Number  
( 219 ) 393-4844

4. Mailing Address (Address where all campaign finance correspondence is received.)  
2202 Mustang Dr

☐ 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.)  
Adam Koronka

8. Party Affiliation or If Independent Candidate  
Republican

9. Office Sought (Include district number, if any. **Not required for exploratory committee.**)  
County Council at large

10. County of Residence  
La Porte

### TYPE OF REPORT

11. Check one:

☐ 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: 4/13/2024 Through: 10/11/2024

COLUMN A  
This Period

COLUMN B  
Year to Date

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

2,135.12

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

390.59

### CONTRIBUTIONS AND RECEIPTS

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

15a. Itemized (Use Schedule A.)

7,200.00

12,384.48

15b. Unitemized

0.00

487.00

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

**SUBTOTAL**

7,200.00

12,871.48

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

**TOTAL**

9,335.12

13,262.07

### EXPENDITURES

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

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

3,753.84

7,553.83

17b. Unitemized

83.98

210.93

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

**SUBTOTAL**

3,837.82

7,764.76

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

**TOTAL**

5,497.30

2,135.12

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

0.00

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.

Signature of Treasurer

*Adam Koronka*

Title

Candidate

Date (mm/dd/yy)

1/31/2025

Signature of Candidate (if applicable)

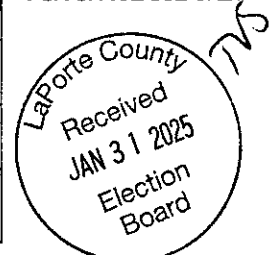
*Adam Koronka*

Date (mm/dd/yy)

1/31/2025

**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



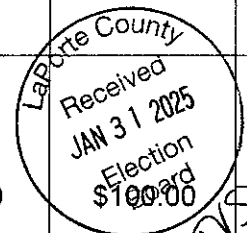
**REPORT OF RECEIPTS AND EXPENDITURES  
OF A POLITICAL COMMITTEE**State Form 4606 (R17 / 8-23)  
Indiana Election Division (IC 3-9-5-14)**(CFA-4 SCHEDULE A-1)  
CONTRIBUTIONS BY INDIVIDUALS  
Itemized Contributions and Other Receipts**

**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 1 of 2

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. Wendell Wiltfong 4533 N Us Highway 35 La Porte, IN 46350  Contributor's Occupation (if required) <u>Retired</u>	Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe)  Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify)	\$200.00	\$200.00	5/30/2024 Candidate
2. Timothy Stabosz 1501 Michigan Ave La Porte, IN 46350  Contributor's Occupation (if required) <u>County Auditor</u>	Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe)  Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify)	\$1,000.00	\$1,075.00	7/31/2024 Candidate
3. Michael and Cherri Drayton 2024 Indiana Ave La Porte, IN 46350  Contributor's Occupation (if required) <u>Attorney</u>	Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe)  Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify)	\$200.00	\$350.00	10/3/2024 Candidate
4. Sean Fagan 11232 S 1025 W Wanatah, IN 46390  Contributor's Occupation (if required) <u>County Prosecutor</u>	Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe)  Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify)	\$200.00	\$400.00	9/17/2024 Candidate
5. Mitchell Fiekas 1328 Lakeside St La Porte, IN, 46350  Contributor's Occupation (if required) _____	Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe)  Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify)	\$100.00		10/2/2024 Candidate
SUBTOTAL THIS PAGE OF SCHEDULE A		\$ 1,700.00		
TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY (Enter total on ITEM 15a of the Summary Sheet.)		\$		



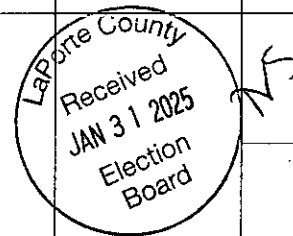


**REPORT OF RECEIPTS AND EXPENDITURES  
OF A POLITICAL COMMITTEE**State Form 4606 (R17 / 8-23)  
Indiana Election Division (IC 3-9-5-14)**(CFA-4 SCHEDULE A-1)  
CONTRIBUTIONS BY INDIVIDUALS  
Itemized Contributions and Other Receipts**

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

**FILE NUMBER**Page 2 of 2

CONTRIBUTOR'S FULL NAME AND OCCUPATION FULL MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED (mm/dd/yy)
				RECEIVED BY
1. Andrew Skwiat 566 S Wozniak Rd LA Porte, IN 46350  Contributor's Occupation (if required) <u>Business Owner</u>	Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) _____  Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify) _____	\$800.00	\$800.00	9/26/2024  Candidate
2. Edward F and S Kosmyna Skwiat 448 N Shebel Rd Michigan City, IN 46360  Contributor's Occupation (if required) <u>Retired</u>	Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) _____  Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify) _____	\$850.00	\$850.00	9/27/2024  Candidate
3. Marlee Doms 566 S Wozniak Rd LA Porte, IN 46350  Contributor's Occupation (if required) <u>Unknown</u>	Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) _____  Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify) _____	\$850.00	\$850.00	9/27/2024  Candidate
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		\$ 2,500.00		
TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY (Enter total on ITEM 15a of the Summary Sheet.)		\$ 4,200.00		





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

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

**(CFA-4 SCHEDULE A-3)  
CONTRIBUTIONS BY  
LABOR ORGANIZATIONS**

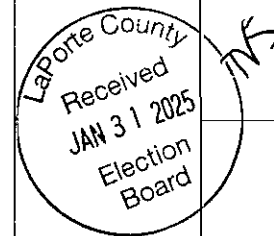
**Itemized Contributions and Other Receipts**

**INSTRUCTIONS:** LIST ONLY CONTRIBUTIONS BY LABOR ORGANIZATIONS 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 labor organizations **OVER \$100** per contributor, within a calendar year **MUST** be itemized on this schedule (over \$200, if regular party committee). All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) **OVER \$100** per contributor, within a calendar year, **MUST** be itemized on this schedule (over \$200 if regular party committee).

**FILE NUMBER**

Page 1 of 1

CONTRIBUTOR'S FULL NAME AND FULL MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED (mm/dd/yy)
				RECEIVED BY
1. Northern Indiana Operators Joint Labor-Management PAC  Merrillville, IN, 46410	Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) _____ Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify) _____	\$2,000.00	\$2,000.00	10/11/2024  Candidate
2. International Associate of Bridge, Structural, Ornamental, and Reinforcing Iron Workers 3515 Boland Dr South Bend, IN 46628	Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) _____ Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify) _____	\$500.00	\$500.00	10/1/2024  Candidate
3.	Contributions: <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) _____ Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify) _____			
4.	Contributions: <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) _____ Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify) _____			
5.	Contributions: <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) _____ Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify) _____			
SUBTOTAL THIS PAGE OF SCHEDULE A		\$ 2,500.00		
TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY (Enter total on ITEM 15a of the Summary Sheet.)		\$ 2,500.00		





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

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

**(CFA-4 SCHEDULE A-5)  
CONTRIBUTIONS BY  
OTHER ORGANIZATIONS**

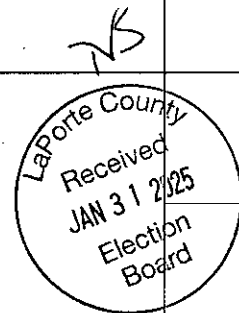
**Itemized Contributions and Other Receipts**

**INSTRUCTIONS:** LIST ONLY CONTRIBUTIONS BY ORGANIZATIONS OTHER THAN CORPORATIONS, LABOR ORGANIZATIONS, POLITICAL ACTION COMMITTEES AND INDIVIDUALS ON THIS SCHEDULE. Please type or print legibly **IN BLACK INK** all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from other entities **OVER \$100** per contributor, within a calendar year **MUST** be itemized on this schedule (over \$200, if regular party committee). All transfers-in and in-kind contributions regardless of amount from candidate's, legislative caucus, and regular party committees **MUST** be itemized on this schedule. All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) **OVER \$100** per contributor, within a calendar year, **MUST** be itemized on this schedule (over \$200 if regular party committee).

FILE NUMBER

Page 1 of 1

CONTRIBUTOR'S FULL NAME AND FULL MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED (mm/dd/yy)
				RECEIVED BY
1. 463GOP Club PO Box 512 La Porte, IN 46350	Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) _____  Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify) _____	\$500.00	\$500.00	9/21/2024  Candidate
2.	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.	Contributions: <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) _____  Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify) _____			
4.	Contributions: <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) _____  Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify) _____			
5.	Contributions: <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) _____  Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify) _____			
SUBTOTAL THIS PAGE OF SCHEDULE A		\$ 500.00		
TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY (Enter total on ITEM 15a of the Summary Sheet.)		\$ 500.00		

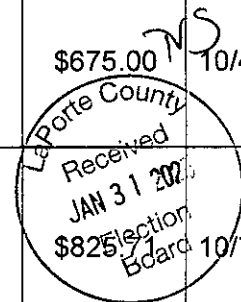


**REPORT OF RECEIPTS AND EXPENDITURES  
OF A POLITICAL COMMITTEE**State Form 4606 (R17 / 8-23)  
Indiana Election Division (IC 3-9-5-14)**(CFA-4 SCHEDULE B)  
ITEMIZED EXPENDITURES**

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

**FILE NUMBER**Page 1 of 2

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 _____ Leadership La Porte County 605 Michigan Ave La Porte, IN 46350		<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: Event Sponsor	\$100.00	\$100.00	5/15/2024
Code _____ Relay for Life of Indiana Lakeshore		<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: Event Sponsor	\$110.00	\$110.00	6/3/2024
Code _____ La Porte County Republican Party 814 Jefferson Ave La Porte, IN 46350		<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: Event Sponsor	\$100.00	\$100.00	6/6/2024
Code _____ Lamar Advertising Company of Northeast Indiana South Bend, IN 46615		<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: Billboard	\$850.00	\$850.00	9/17/2024
Code _____ WIMS 685 East 1675 North Michigan City, IN 46360		<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: Radio Ads	\$621.00	\$1,311.00	10/2/2024
Code _____ Spoon River Media LLC 1700 Lincolnway Pl La Porte, IN, 46350		<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: Internet Ads	\$675.00	\$675.00	10/4/2024
Code _____ Reprographic Arts 2824 E Michigan Blvd, Michigan City, IN 46360		<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: Signs	\$825.71	\$825.71	10/7/2024
SUBTOTAL THIS PAGE OF SCHEDULE B			\$ 3,281.71		
TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY (Enter total on ITEM 17a of the Summary Sheet.)			\$		



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

State Form 4606 (R17 / 8-23)

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

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

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

**FILE NUMBER**Page 2 of 2

RECIPIENT'S NAME AND MAILING ADDRESS (street, number, city, state, ZIP code)	RECIPIENT'S OCCUPATION OFFICE SOUGHT (if applicable)	TYPE OF EXPENDITURE and PURPOSE (be specific)	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE OF EXPENDITURE (mm/dd/yy)
Code _____ Diamond Storage La Porte, IN 46350		<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: <b>Sign Storage</b>	\$472.13	\$472.13	8/5/2024
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:			
<b>SUBTOTAL THIS PAGE OF SCHEDULE B</b>			\$ 472.13		
<b>TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY</b> (Enter total on ITEM 17a of the Summary Sheet.)			\$ 3,753.84		

