



REPORT OF RECEIPTS AND EXPENDITURES OF A POLITICAL COMMITTEE

State Form 4606 (R13/11-05)
Indiana Election Commission (IC 3-9-5-14)

(CFA-4)

Summary Sheet

FILE NUMBER

46-24-59

TOTAL PAGES IN ENTIRE CFA-4 REPORT

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)		<input type="checkbox"/> Check if this is a new name
TONY HENDRICKS FOR SURVEYOR COMMITTEE		
2. Acronym or Abbreviated Name (if any)	3. Committee Telephone Number (219)363-3808	
4. Mailing Address (address where all campaign finance correspondence is received) 6833 west Linda Lane	<input type="checkbox"/> Check if this is a new address	
5. City, State, ZIP Code Michigan City, in 46360	6. Party Affiliation (if applicable) DEMOCRATIC	

CANDIDATE INFORMATION (For Candidate's Committees Only)

7. Full Name of Candidate (include any nickname) ANTHONY (TONY) CHARLES HENDRICKS	8. Party Affiliation or If Independent Candidate DEMOCRATIC
9. Office Sought (Include district number, if any. Not required for exploratory committee.) COUNTY SURVEYOR	10. County of Residence LA PORTE

TYPE OF REPORT		CONVENTION CANDIDATES ONLY	
11. Check one: <input checked="" type="checkbox"/> Pre-Primary <input type="checkbox"/> Pre-Election <input type="checkbox"/> Annual <input type="checkbox"/> Nomination <input type="checkbox"/> Other _____ <input type="checkbox"/> Final/Disbands Committee (lines 18, 19, and 20 must be '0') <input type="checkbox"/> Outgoing Treasurer (within 10 days amend Statement of Organization)	Check one: <input type="checkbox"/> Pre-Convention <input type="checkbox"/> Post-Convention		

12. Reporting Period: From: 12/31/23	Through: 4/12/24	COLUMN A This Period	COLUMN B Year to Date
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13. Cash on hand and investments at the beginning of this reporting period.	20.69
-----------------------------------------------------------------------------	-------

14. Cash on hand and investments January 1, current year.	20.69
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CONTRIBUTIONS AND RECEIPTS

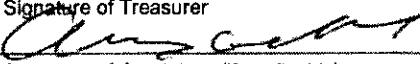
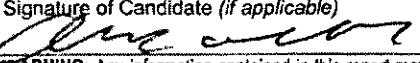
(Note: these amounts include in-kind contributions and loans, as well as cash contributions.)		
15a. Itemized (use Schedule A)	00.00	000.00
15b. Unitemized	0.00	0.00
15c. Add lines 15a and 15b in both columns	SUBTOTAL	0.00
16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B	TOTAL	20.69

EXPENDITURES

(Note: These amounts include in-kind expenditures and loan repayments.)		
17a. Itemized (use Schedule B) (Public Question: use Schedule C)	0.00	0.00
17b. Unitemized	0.00	0.00
17c. Add lines 17a and 17b in both columns	SUBTOTAL	0.00
18. Cash on hand and investments at close of this reporting period (subtract 17c from 16 in both columns)	TOTAL	20.69
19. Debts OWED BY the committee (use Schedule D)	0.00	
20. Debts OWED TO the committee (use Schedule E)	0.00	

CERTIFICATION

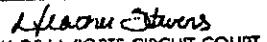
I CERTIFY THAT I HAVE EXAMINED THIS STATEMENT. TO THE BEST OF MY KNOWLEDGE AND BELIEF IT IS TRUE, CORRECT AND COMPLETE.

Signature of Treasurer 	Title CANDIDATE	Date 4/12/24
Signature of Candidate (if applicable) 		Date 4/12/24

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 Class D felony. (IC 3-14-1-13) A person who fails to file a complete or accurate report as required by the Indiana Campaign Finance Law commits a Class B misdemeanor. (IC 3-14-1-14) and may be subject to civil penalties. (IC 3-9-4-16, IC 3-9-4-17, IC 3-9-4-18)

FOR OFFICE USE ONLY
E T L E D
IN CLERKS OFFICE

APR 12 2024


Leanne Stivers
CLERK OF LA PORTE CIRCUIT COURT



**SUPPLEMENTAL "LARGE CONTRIBUTION" REPORT
BY A CANDIDATE'S COMMITTEE
(\$1,000 CONTRIBUTIONS OR MORE)**

State Form 48492 (R7 / 8-23)
Indiana Election Division (IC 3-9-5-20.1; 3-9-5-22)

(CFA-11)

FILE NUMBER

410-24-59

TOTAL PAGES IN ENTIRE CFA-11
REPORT

IS THIS AN AMENDMENT? Yes No

COMMITTEE INFORMATION

1. Full Name of Candidate (Include any nickname.) Check if this is a new name. 2. Committee Telephone Number
Anthony Tony Charles Hendricks (219) 363-3808

3. Mailing Address (Address where all campaign finance correspondence is received.) Check if this is a new address.
6833 West Linda Lane

4. City Michigan City State IN ZIP Code 46360 5. Party Affiliation or If Independent Candidate Democrat

6. Office Sought (Include district number, if any. Not required for exploratory committee.) 7. County of Residence
La Porte County Surveyor La Porte

8. Reporting Period (mm/dd/yy):
From: 04/13/2024 Through: 10/11/2024

For classification, enter INDV for individual; PAC for political action committee; CORP for corporation; LAB for labor organization; OTHER for all entries which are not one of the above categories.

CONTRIBUTOR'S FULL NAME AND OCCUPATION FULL MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT OF CONTRIBUTION	DATE RECEIVED & ACCEPTED (mm/dd/yy) RECEIVED BY
Classification 1. corp CHARLES HENDRICKS & ASSOCIATES PC. 512 LINCOLN #17 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) _____ Contributor's Occupation (if applicable)	1,000	8/23/24
Classification 2. _____ Contributor's Occupation (if applicable)	Contributions: <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify) _____ Contributor's Occupation (if applicable)		
Classification 3. _____ Contributor's Occupation (if applicable)	Contributions: <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify) _____ Contributor's Occupation (if applicable)		

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)

8/25/24

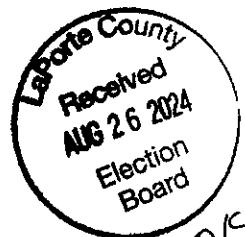
Signature of Candidate (if applicable)

Date (mm/dd/yy)

8/23/24

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, and IC 3-9-4-18)

FOR OFFICE USE ONLY



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REPORT OF RECEIPTS AND EXPENDITURES OF A POLITICAL COMMITTEE

State Form 4606 (R13/11-05)
Indiana Election Commission (IC 3-9-5-14)

(CFA-4)

Summary Sheet

FILE NUMBER

46-24-59

TOTAL PAGES IN ENTIRE CFA-4 REPORT

IS THIS AN AMENDMENT? Yes No

COMMITTEE INFORMATION

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

TONY HENDRICKS FOR SURVEYOR COMMITTEE

2. Acronym or Abbreviated Name (if any)

3. Committee Telephone Number
(219)363-3808

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

6833 west Linda Lane

5. City, State, ZIP Code
Michigan City, in 46360

6. Party Affiliation (if applicable) DEMOCRATIC

CANDIDATE INFORMATION (For Candidate's Committees Only)

7. Full Name of Candidate (include any nickname)
ANTHONY (TONY) CHARLES HENDRICKS

8. Party Affiliation or If Independent Candidate
DEMOCRATIC

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

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 10 days amend Statement of Organization)

Check one:

Pre-Convention
 Post-Convention

12. Reporting Period:

From: 4/12/24 Through: 10/18/24

COLUMN A
This Period

COLUMN B
Year to Date

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

20.69

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

20.69

CONTRIBUTIONS AND RECEIPTS

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

15a. Itemized (use Schedule A) 3100.00 3100.00

15b. Unitemized 0.00 0.00

15c. Add lines 15a and 15b in both columns SUBTOTAL 0.00 0.00

16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B TOTAL 3120.69 3120.69

EXPENDITURES

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

17a. Itemized (use Schedule B) (Public Question: use Schedule C) 3058.01 3058.01

17b. Unitemized 0.00 0.00

17c. Add lines 17a and 17b in both columns SUBTOTAL 0.00 0.00

18. Cash on hand and investments at close of this reporting period (subtract 17c from 16 in both columns) TOTAL 62.68 62.68

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

Anthony Charles Hendricks CANDIDATE

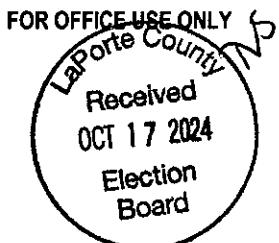
Date
10/17/24

Signature of Candidate (if applicable)

Anthony Charles Hendricks

Date
10/17/24

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 Class D felony. (IC 3-14-1-13) A person who fails to file a complete or accurate report as required by the Indiana Campaign Finance Law commits a Class B misdemeanor, (IC 3-14-1-14) and may be subject to civil penalties. (IC 3-9-4-16, IC 3-9-4-17, IC 3-9-4-18)





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

State Form 4606 (R13/11-05)

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

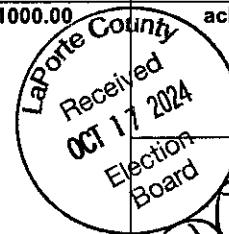
**(CFA-4 SCHEDULE A-1)
CONTRIBUTIONS BY INDIVIDUALS
Itemized Contributions and Other Receipts**

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 RECEIVED BY
1. Anthony C. Hendricks 6833 West Linda Lane. Michigan City, IN 46360	<p>Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe)</p> <p>Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc. (specify)</p>	200.00	200.00	ach
Contributor's Occupation (if required) _____				
2. Wally Pritz 9149 west summit court Michigan city, in 46360	<p>Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe)</p> <p>Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc. (specify)</p>	250.00	250.00	ach
Contributor's Occupation (if required) _____				
3. Sue Bailey 1050 Borghese Ln Apt 1006 Naples, FL 34114	<p>Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe)</p> <p>Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc. (specify)</p>	200.00	200.00	ach
Contributor's Occupation (if required) _____				
4. Jim Kell 3207 W 1350 S. Hanna, IN 46340	<p>Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe)</p> <p>Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc. (specify)</p>	200.00	200.00	ach
Contributor's Occupation (if required) _____				
5. Charles Hendricks & Associates P.C. 512 Lincolnway La Porte, IN 46350	<p>Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe)</p> <p>Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc. (specify)</p>	1000.00	1000.00	ach
Contributor's Occupation (if required) _____				
SUBTOTAL THIS PAGE OF SCHEDULE A		\$1850.00		
TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY (Enter total on ITEM 15a of the Summary Sheet)		\$1850.00		





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

State Form 4806 (R13/11-05)

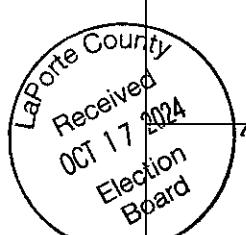
Indiana Election Commission (IC 3-9-5-14)

**(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 RECEIVED BY
1. Keith Sandin 3511 Manitou trail Michigan City, IN 46360 Contributor's Occupation (if required) _____	Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc. (specify) Contributor's Occupation (if required) _____	500.00	500.00	ach
2. Mia Sandin 3511 Manitou trail Michigan city, IN 46360 Contributor's Occupation (if required) _____	Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc. (specify) Contributor's Occupation (if required) _____	500.00	500.00	ach
3. Duane Parry 2206 Maple St Michigan City, IN 46360 Contributor's Occupation (if required) _____	Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc. (specify) Contributor's Occupation (if required) _____	250.00	250.00	ach
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"/> Misc. (specify) Contributor's Occupation (if required) _____			
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"/> Misc. (specify) Contributor's Occupation (if required) _____			
SUBTOTAL THIS PAGE OF SCHEDULE A		\$1250.00		
TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY (Enter total on ITEM 15a of the Summary Sheet)		\$1250.00		



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

State Form 4606 (R13/11-05)

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

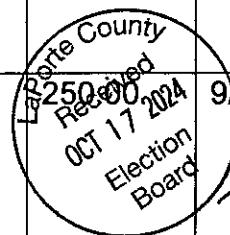
**(CFA-4 SCHEDULE B)
ITEMIZED EXPENDITURES**

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 1

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
OFFICE SOUGHT (if applicable)					
Code <u>O</u> USPS United States postal service		<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose:	1249.96	1249.96	10/15/24
Code <u>A</u> Menards 5101 Menard Drive, Eau Claire, WI 54703		<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:	141.31	141.31	9/19/24
Code <u>A</u> signs on the cheap 11525 Stonehollow Dr B220, Austin, TX, 78758 US		<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:	389.90	389.90	9/1/24
Code <u>A</u> Amazon		<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose:	330.44	330.44	9/27/24
Code <u>A</u> juat yard signs 2235 Mercator Dr. Orlando, FL 32807		<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:	596.40	596.40	9/3/24
Code <u>C</u> Young Democrats of La Porte County		<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:	100.00	100.00	10/12/24
Code <u>C</u> La Porte County central committee		<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:	250.00	250.00	9/10/24
SUBTOTAL THIS PAGE OF SCHEDULE B			\$3058.01		
TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY (Enter total on ITEM 17a of the Summary Sheet)			\$3058.01		



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REPORT OF RECEIPTS AND EXPENDITURES OF A POLITICAL COMMITTEE

State Form 4606 (R13/11-05)
Indiana Election Commission (IC 3-9-5-14)

(CFA-4)

Summary Sheet

FILE NUMBER

460-74-59

TOTAL PAGES IN ENTIRE CFA-4 REPORT

IS THIS AN AMENDMENT? Yes No

COMMITTEE INFORMATION

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

TONY HENDRICKS FOR SURVEYOR COMMITTEE

2. Acronym or Abbreviated Name (if any)

3. Committee Telephone Number

(219)363-3808

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

6833 west Linda Lane

5. City, State, ZIP Code

Michigan City, In 46360

6. Party Affiliation (if applicable) DEMOCRATIC

CANDIDATE INFORMATION (For Candidate's Committees Only)

7. Full Name of Candidate (include any nickname)

8. Party Affiliation or If Independent Candidate

ANTHONY (TONY) CHARLES HENDRICKS

DEMOCRATIC

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

10. County of Residence LA PORTE

COUNTY SURVEYOR

TYPE OF REPORT

CONVENTION CANDIDATES ONLY

11. Check one:

Pre-Primary Pre-Election Annual Nomination Other _____

Check one:

Pre-Convention

Final/Disbands Committee (lines 18, 19, and 20 must be '0') Outgoing Treasurer (within 10 days amend Statement of Organization)

Post-Convention

12. Reporting Period:

From: 10/18/24

Through: 12/31/24

COLUMN A
This Period

COLUMN B
Year to Date

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

62.68

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

20.69

CONTRIBUTIONS AND RECEIPTS

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

15a. Itemized (use Schedule A)

0.00

3100.00

15b. Unitemized

0.00

0.00

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

SUBTOTAL

0.00

0.00

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

TOTAL

62.68

3120.69

EXPENDITURES

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

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

0.00

3058.01

17b. Unitemized

0.00

0.00

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

SUBTOTAL

0.00

0.00

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

TOTAL

62.68

62.68

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

0.00

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

0.00

FILED

FOR OFFICE USE ONLY

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

DEMOCRATIC

Date

1/10/25

JAN 13 2025

Signature of Candidate (if applicable)

Date

1/10/25

George Stevens

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 Class D felony. (IC 3-14-1-13) A person who fails to file a complete or accurate report as required by the Indiana Campaign Finance Law commits a Class B misdemeanor, (IC 3-14-1-14) and may be subject to civil penalties. (IC 3-9-4-18, IC 3-9-4-17, IC 3-9-4-18)

CLERK OF LA PORTE CIRCUIT COURT