



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

(CFA-1)

State Form 4604 (R15 / 5-19)
Indiana Election Division (IC 3-9-1-3; IC 3-9-1-4; IC 3-9-1-5)

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

FILE NUMBER									
1. IS THIS AN AMENDMENT? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If Yes, please enter the file number in this box.</i> → 410-26-14									
SECTION A. CANDIDATE INFORMATION: Fill in all applicable boxes as fully and accurately as possible.									
2. Last Name Ratliff		First Name Kyle		Middle Name Walden		Nickname		3. Type of Committee (Check one) <input checked="" type="checkbox"/> Candidate's Principal Committee <input type="checkbox"/> Exploratory Committee	
4. Mailing Address (number and street, city, state, and ZIP code) 314 N Calumet Ave					5. FAX (Optional)		6. E-mail Address (Optional) kratliff4300@outlook.com		
7. City Michigan City		State IN	ZIP Code 46360	8. County LaPorte County		9. Telephone (Day) (219) 921-9070		10. Telephone (Evening)	
11. Party Affiliation <input type="checkbox"/> Democratic <input type="checkbox"/> Libertarian <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Other					12. Office Sought (Include district number, if any. Not required for an exploratory committee.) Michigan Township Board Member				
SECTION B. COMMITTEE INFORMATION: Fill in all applicable boxes as fully and accurately as possible.									
13. Full Name of Committee (Do not abbreviate.) <input type="checkbox"/> Check if this is a new name. Committee To Elect Kyle Ratliff									
14. Mailing Address (number and street, city, state, and ZIP code) <input type="checkbox"/> Check if this is a new address.					15. FAX (Optional)		16. E-mail Address (Optional) ratliffcommitteehq@gmail.com		
17. City Michigan City		State IN	ZIP Code 46360	18. County LaPorte County		19. Telephone (219) 921-9070		20. Committee Organization Date (mm/dd/yy) 01/21/26	
21. Chairperson's Full Name <input checked="" type="checkbox"/> Designate Candidate as Chairperson. <input type="checkbox"/> Check if this is a new chairperson. Kyle Walden Ratliff									
22. Mailing Address (number and street, city, state, and ZIP code) <input type="checkbox"/> Check if this is a new address.					23. FAX (Optional)		24. E-mail Address (Optional) ratliffcommitteehq@gmail.com		
25. City Michigan City		State IN	ZIP Code 46360	26. County LaPorte County		27. Telephone (Day) (219) 921-9070		28. Telephone (Evening)	
29. Bank or Other Depositories (List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.) CHASE BANK									
30. Exploratory Committee (Give brief statement explaining purpose of an exploratory committee only.)					31. Salaries and Reimbursements (Will the committee pay the candidate a salary or reimbursement for lost wages? If Yes, attach a copy of the contract.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
SECTION C. APPOINTMENT OF TREASURER (IC 3-9-1-14)									
32. I, as Chairperson of the foregoing committee, appoint the following person as Treasurer of the Committee.					Person Appointed Treasurer Kyle Walden Ratliff		Signature of the Committee Chairperson 		
33. Treasurer's Full Name <input checked="" type="checkbox"/> Designate candidate as treasurer. <input type="checkbox"/> Check if this is a new treasurer. Kyle Walden Ratliff									
34. Mailing Address (number and street, city, state, and ZIP code) <input type="checkbox"/> Check if this is a new address.					35. FAX (Optional)		36. E-mail Address (Optional)		
37. City Michigan City		State IN	ZIP Code 46360	38. County LaPorte County		39. Telephone (Day) 219 921-9070		40. Telephone (Evening)	
SECTION D. ACCEPTANCE OF APPOINTMENT (IC 3-9-1-15)									
41. I give notice that I accept the duties and responsibilities of Treasurer of this Committee. I am not the chairperson of a campaign finance committee (except as permitted for a candidate committee under IC 3-9-1-7).					Signature of Person Accepting Appointment 				
SECTION E. CERTIFICATION OF STATEMENT									
We certify as the candidate and the duly appointed Chairperson of the Committee and that we have examined this statement. To the best of our knowledge and belief it is true, correct and complete.									
42. Typed or Printed Name of Chairperson Kyle Walden Ratliff		Signature of Chairperson 				Date (mm/dd/yy) 01/29/26			
43. Typed or Printed Name of Candidate Kyle Walden Ratliff		Signature of Candidate 				Date (mm/dd/yy) 01/29/26			
Warning: State law requires that any change in this information be reported within ten (10) days of the change (IC 3-9-1-10). A person who knowingly files a fraudulent report commits a Level 6 D felony (IC 3-14-1-13). A person who fails to file a complete or accurate report as required by the Indiana Campaign Finance Law commits a Class B misdemeanor (IC 3-14-1-14), and may be subject to civil penalties (IC 3-9-4-16, IC 3-9-4-17, and IC 3-9-4-18).									
FOR OFFICE USE ONLY									



REPORT OF RECEIPTS AND EXPENDITURES OF A POLITICAL COMMITTEE

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

(CFA-4) Summary Sheet

FILE NUMBER
46-260-14
TOTAL PAGES IN ENTIRE CFA-4 REPORT
6

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
Committee To Elect Kyle Ratliff	
2. Acronym or Abbreviated Name (if any)	3. Committee Telephone Number
	(219) 921-9070
4. Mailing Address (address where all campaign finance correspondence is received)	<input type="checkbox"/> Check if this is a new address
314 N Calumet Ave	
5. City, State, ZIP Code	6. Party Affiliation (if applicable)
Michigan City, IN, 46360	Republican

CANDIDATE INFORMATION (For Candidate's Committees Only)	
7. Full Name of Candidate (include any nickname)	8. Party Affiliation or If Independent Candidate
Kyle Walden Ratliff	Republican
9. Office Sought (Include district number, if any. Not required for exploratory committee.)	10. County of Residence
Michigan Township Board Member	LaPorte County

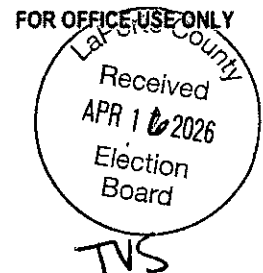
TYPE OF REPORT	CONVENTION CANDIDATES ONLY	
11. Check one:	Check one:	
<input checked="" type="checkbox"/> Pre-Primary <input type="checkbox"/> Pre-Election <input type="checkbox"/> Annual <input type="checkbox"/> Nomination <input type="checkbox"/> Other _____	<input type="checkbox"/> Pre-Convention	
<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)	<input type="checkbox"/> Post-Convention	

12. Reporting Period:	COLUMN A	COLUMN B
From: 01/01/2026 Through: 04/10/2026	This Period	Year to Date
13. Cash on hand and investments at the beginning of this reporting period.	\$0	
14. Cash on hand and investments January 1, current year.		\$0

CONTRIBUTIONS AND RECEIPTS		
<i>(Note: these amounts include in-kind contributions and loans, as well as cash contributions.)</i>		
15a. Itemized (use Schedule A)	\$2057	\$2057
15b. Unitemized	\$320	\$320
15c. Add lines 15a and 15b in both columns	SUBTOTAL	\$2377
16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B	TOTAL	\$2377

EXPENDITURES		
<i>(Note: These amounts include in-kind expenditures and loan repayments.)</i>		
17a. Itemized (use Schedule B) (Public Question: use Schedule C)	\$1520	\$1520
17b. Unitemized	\$0	\$0
17c. Add lines 17a and 17b in both columns	SUBTOTAL	\$1520
18. Cash on hand and investments at close of this reporting period (subtract 17c from 16 in both columns)	TOTAL	\$857
19. Debts OWED BY the committee (use Schedule D)	\$0	
20. Debts OWED TO the committee (use Schedule E)	\$0	

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	Date
<i>Kyle Ratliff</i>	Treasurer	04/15/2026
Signature of Candidate (if applicable)		Date
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)		





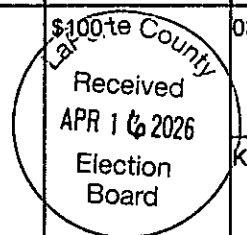
**REPORT OF RECEIPTS AND EXPENDITURES
OF A POLITICAL COMMITTEE**
State Form 4606 (R13/11-05)
Indiana Election Commission (IC 3-9-5-14)

**(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 4 _____	

CONTRIBUTOR'S FULL NAME AND OCCUPATION 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 RECEIVED BY
1. Jody Slabaugh 222 1/2 West 9th St Michigan City, IN, 46360 <i>Contributor's Occupation (if required)</i> _____	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"/> Misc. <i>(specify)</i>	\$100	\$100	03/16/2026 Kyle W. Ratliff
2. Cord Ratliff 1718 Elston St Michigan City, IN, 46360 <i>Contributor's Occupation (if required)</i> _____	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"/> Misc. <i>(specify)</i>	\$100	\$100	03/16/2026 Kyle W. Ratliff
3. Chris Cleveland 5899 E 1000 N La Porte, IN, 46350 <i>Contributor's Occupation (if required)</i> _____	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"/> Misc. <i>(specify)</i>	\$100	\$100	03/16/2026 Kyle W. Ratliff
4. Devin Walton 221 Southwood Dr Michigan City, IN, 46360 <i>Contributor's Occupation (if required)</i> _____	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"/> Misc. <i>(specify)</i>	\$100	\$100	03/16/2026 Kyle W. Ratliff
5. Allen Stevens 6821 West Volk Rd Wanatah, IN, 46390 <i>Contributor's Occupation (if required)</i> _____	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"/> Misc. <i>(specify)</i>	\$100	\$100	03/16/2026 Kyle W. Ratliff
SUBTOTAL THIS PAGE OF SCHEDULE A		\$ 500		
TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY <i>(Enter total on ITEM 15a of the Summary Sheet)</i>		\$		





**REPORT OF RECEIPTS AND EXPENDITURES
OF A POLITICAL COMMITTEE**
State Form 4606 (R13/11-05)
Indiana Election Commission (IC 3-9-5-14)

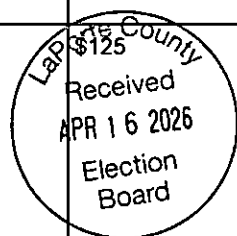
**(CFA-4 SCHEDULE A-1)
CONTRIBUTIONS BY INDIVIDUALS
Itemized Contributions and Other Receipts**

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 2 _____ of 4 _____

CONTRIBUTOR'S FULL NAME AND OCCUPATION 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 RECEIVED BY
1. Chuck Watterson 3313 N Vineyard Dr. 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"/> Misc. (specify)	\$110	\$110	03/16/2026 Kyle W. Ratliff
2. Kyle Ratliff 314 N Calumet Ave 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)	\$800	\$822	03/06/2026 Kyle W. Ratliff
3. Kimberly Tibbles 1718 Elston 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)	\$100	\$195	03/16/2026 Kyle W. Ratliff
4. Kimberly Tibbles 1718 Elston St Michigan City, IN, 46360 Contributor's Occupation (if required) _____	Contributions: <input type="checkbox"/> Direct <input checked="" type="checkbox"/> In-Kind (describe) <u>Donated Raffle Item</u> Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc. (specify)	\$95	\$195	03/16/2026 Kyle W. Ratliff
5. Tina Watts 721 Sheridan Ave 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)	\$100	\$125	03/16/2026 Kyle W. Ratliff
SUBTOTAL THIS PAGE OF SCHEDULE A		\$	1205	
TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY <i>(Enter total on ITEM 15a of the Summary Sheet)</i>		\$		





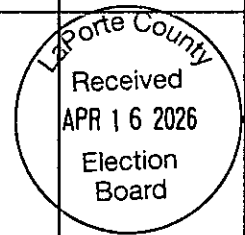
**REPORT OF RECEIPTS AND EXPENDITURES
OF A POLITICAL COMMITTEE**
State Form 4606 (R13/11-05)
Indiana Election Commission (IC 3-9-5-14)

**(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 3	of 4

CONTRIBUTOR'S FULL NAME AND OCCUPATION 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 RECEIVED BY
1. Tina Watts 721 Sheridan Ave Michigan City, IN, 46360 Contributor's Occupation (if required) _____	Contributions: <input type="checkbox"/> Direct <input checked="" type="checkbox"/> In-Kind (describe) <u>Donated Raffle Item</u> Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc. (specify) _____	\$25	\$125	03/16/2026 Kyle W. Ratliff
2. Tim Stabosz 1501 Michigan Ave 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"/> Misc. (specify) _____	\$200	\$200	03/16/2026 Kyle W. Ratliff
3. Kyle Ratliff 314 N Calumet Ave Michigan City, IN, 46360 Contributor's Occupation (if required) _____	Contributions: <input type="checkbox"/> Direct <input checked="" type="checkbox"/> In-Kind (describe) <u>Business Cards</u> Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc. (specify) _____	\$22	\$822	02/07/2026 Kyle W. Ratliff
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) _____			
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) _____			
SUBTOTAL THIS PAGE OF SCHEDULE A		\$	247	
TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY <i>(Enter total on ITEM 15a of the Summary Sheet)</i>		\$		





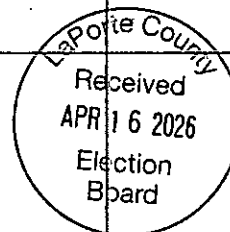
**REPORT OF RECEIPTS AND EXPENDITURES
OF A POLITICAL COMMITTEE**
State Form 4606 (R13/11-05)
Indiana Election Commission (IC 3-9-5-14)

**(CFA-4 SCHEDULE A-2)
CONTRIBUTIONS BY CORPORATIONS
Itemized Contributions and Other Receipts**

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY CORPORATIONS 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 corporations 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 <u>4</u> of <u>4</u>

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 RECEIVED BY
1. Collins Creations 1045 Albin Dr La Porte, IN, 46350	Contributions: <input type="checkbox"/> Direct <input checked="" type="checkbox"/> In-Kind (describe) <u>Donated Raffle Item</u> Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc. (specify)	\$60	\$105	03/16/2026 Kyle W. Ratliff
2. Collins Creations 1045 Albin Dr La Porte, IN, 46350	Contributions: <input type="checkbox"/> Direct <input checked="" type="checkbox"/> In-Kind (describe) <u>Donated Decor</u> Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc. (specify)	\$45	\$105	03/16/2026 Kyle W. Ratliff
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"/> Misc. (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"/> Misc. (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"/> Misc. (specify)			
SUBTOTAL THIS PAGE OF SCHEDULE A		\$ 105		
TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY <i>(Enter total on ITEM 15a of the Summary Sheet)</i>		\$ 2057		





**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 <i>(street, number, city, state, ZIP code)</i>	RECIPIENT'S OCCUPATION <i>OFFICE SOUGHT (if applicable)</i>	TYPE OF EXPENDITURE and PURPOSE <i>(be specific)</i>	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE OF EXPENDITURE
Code <u>A</u> Rbla Creations 631 Cub Run Valparaiso, IN, 46383	Graphic Designer	<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: T-Shirts	\$450	\$450	03/06/2026
Code <u>F</u> Siagon City Bar & Grill 615 IN-212 Michigan City, IN, 46360	Restaurant Owner	<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 Venue	\$940	\$940	03/16/2026
Code <u>F</u> Committee To Elect Kyle Ratliff 314 N Calumet Ave Michigan City IN, 46360	Michigan Township Board Member	<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: Use of Donations	\$247	\$247	03/16/2026
Code _____		<input type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose:			
Code _____		<input type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose:			
Code _____		<input type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose:			
Code _____		<input type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose:			
Code _____		<input type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose:			
SUBTOTAL THIS PAGE OF SCHEDULE B			\$ 1520		
TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY <i>(Enter total on ITEM 17a of the Summary Sheet)</i>			\$ 1520		

