REPORT OF RECEIPTS AND EXPENDITURES OF A POLITICAL COMMITTEE

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

(CFA-4) Summary Sheet

FILE NUMBER: 46-26-43

TOTAL PAGES IN ENTIRE CFA-4 REPORT: 1 of 4

*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.
Comm. To Elect Mike Schultz County Assessor

2. Acronym or Abbreviated Name *(if any)*

3. Committee Telephone Number
[redacted]

4. Mailing Address *(Address where all campaign finance correspondence is received.)* ☐ Check if this is a new address.
5375 W. 150 N.

5. City, State, ZIP Code
LaPorte IN 46350

6. Party Affiliation *(if applicable)*
Democratic

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

7. Full Name of Candidate *(Include any nickname.)*
Mike Schultz

8. Party Affiliation or If Independent Candidate
Democratic

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

10. County of Residence
LaPorte

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: Jan 1, 2026 Through: April 10, 2026

	COLUMN A This Period	COLUMN B Year to Date
13. Cash on hand and investments at the beginning of this reporting period.	837.47	
14. Cash on hand and investments January 1, current year.		837.47
CONTRIBUTIONS AND RECEIPTS		
(Note: these amounts include in-kind contributions and loans, as well as cash contributions.)		
15a. Itemized *(Use Schedule A.)*	2050.00	2050.00
15b. Unitemized	-	-
15c. Add lines 15a and 15b in both columns. **SUBTOTAL**	2050.00	2050.00
16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B. **TOTAL**	2887.47	2887.47
EXPENDITURES		
(Note: These amounts include in-kind expenditures and loan repayments.)		
17a. Itemized *(Use Schedule B.) (Public Question: use Schedule C.)*	438.00	438.00
17b. Unitemized	-	-
17c. Add lines 17a and 17b in both columns. **SUBTOTAL**	438.00	438.00
18. Cash on hand and investments at close of this reporting period *(Subtract 17c from 16 in both columns.)* **TOTAL**	2,449.47	2,449.47
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.

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

Signature of Treasurer	Title	Date *(mm/dd/yy)*

Signature of Candidate *(if applicable)*	Date *(mm/dd/yy)*
[signature]	4/16/26

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

FOR OFFICE USE ONLY

LaPorte County
Received
APR 16 2026
Election Board

REPORT OF RECEIPTS AND EXPENDITURES OF A POLITICAL COMMITTEE
State Form 4606 (R18 / 6-25)
Indiana Election Division (IC 3-9-5-14)

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

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

FILE NUMBER
Page 2 of 4

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. Wolfgang Mueller 5796 W. Johnson Rd. Labrte IN 46350 Contributor's Occupation *(if required)* Retired	Contributions: ☒ Direct ☐ In-Kind *(describe)* Other Receipts: ☐ Interest ☐ Loan ☐ Miscellaneous *(specify)*	$1000.00	1000.00	3/9/26 Mike Schultz
2. Contributor's Occupation *(if required)*	Contributions: ☐ Direct ☐ In-Kind *(describe)* Other Receipts: ☐ Interest ☐ Loan ☐ Miscellaneous *(specify)*			
3. Contributor's Occupation *(if required)*	Contributions: ☐ Direct ☐ In-Kind *(describe)* Other Receipts: ☐ Interest ☐ Loan ☐ Miscellaneous *(specify)*			
4. Contributor's Occupation *(if required)*	Contributions: ☐ Direct ☐ In-Kind *(describe)* Other Receipts: ☐ Interest ☐ Loan ☐ Miscellaneous *(specify)*			
5. Contributor's Occupation *(if required)*	Contributions: ☐ Direct ☐ In-Kind *(describe)* Other Receipts: ☐ Interest ☐ Loan ☐ Miscellaneous *(specify)*			
	SUBTOTAL THIS PAGE OF SCHEDULE A	$ 1000.00		
	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 (R18 / 6-25)
Indiana Election Division (IC 3-9-5-14)

(CFA-4 SCHEDULE A-4) CONTRIBUTIONS BY POLITICAL ACTION COMMITTEES

Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY POLITICAL ACTION COMMITTEES 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 political action committees **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 political action 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 3 of 4

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. Indiana Realtors Political Action Comm. (RPAC) 143 W. Market St. Ste 100 Indianapolis, IN 46204	Contributions: ☒ Direct ☐ In-Kind *(describe)* ____ Other Receipts: ☐ Interest ☐ Loan ☐ Miscellaneous *(specify)* ____	850.00	850.00	1/3/26 Mike Schultz
2. Angie For MC P.O. Box 8754 Michigan City, IN 46361	Contributions: ☒ Direct ☐ In-Kind *(describe)* ____ Other Receipts: ☐ Interest ☐ Loan ☐ Miscellaneous *(specify)* ____	200.00	200.00	1/3/26 Mike Schultz
3.	Contributions: ☐ Direct ☐ In-Kind *(describe)* ____ Other Receipts: ☐ Interest ☐ Loan ☐ Miscellaneous *(specify)* ____			
4.	Contributions: ☐ Direct ☐ In-Kind *(describe)* ____ Other Receipts: ☐ Interest ☐ Loan ☐ Miscellaneous *(specify)* ____			
5.	Contributions: ☐ Direct ☐ In-Kind *(describe)* ____ Other Receipts: ☐ Interest ☐ Loan ☐ Miscellaneous *(specify)* ____			
	SUBTOTAL THIS PAGE OF SCHEDULE A	$ 1050.00		
	TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY *(Enter total on ITEM 15a of the Summary Sheet.)*	$ 2,050.00		

REPORT OF RECEIPTS AND EXPENDITURES OF A POLITICAL COMMITTEE
State Form 4606 (R18 / 6-25)
Indiana Election Division (IC 3-9-5-14)

(CFA-4 SCHEDULE B) ITEMIZED EXPENDITURES

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

FILE NUMBER

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 C VFW. Post 9423 4202 N. 400 E Rolling Prairie, IN 46371	Vet Organizatn —	☒ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other Purpose:	$148.00	$148.00	2/10/26
Code C LaPorte Kiwanis P.O. Box 175 LaPorte IN 46352	Service Club	☒ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other Purpose:	$110	$110.00	2/26/26
Code C Michigan City Exchange 409 W. Kieffer Rd Michigan Cit, IN 46350	Service Club	☒ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other Purpose:	$180.00	$180.00	4/7/26
Code		☐ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other Purpose:			
Code		☐ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other Purpose:			
Code		☐ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other Purpose:			
Code		☐ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other Purpose:			
		SUBTOTAL THIS PAGE OF SCHEDULE B	$438.00		
		TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY *(Enter total on ITEM 17a of the Summary Sheet.)*	$438.00		

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

(CFA-11)

State Form 48492 (R8 / 6-25)
Indiana Election Division (IC 3-9-5-20.1; 3-9-5-22)

INSTRUCTIONS: Only candidates receiving a "large contribution" are required to file this report. 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.

FILE NUMBER: 46-26-43

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.: Mike Schultz
2. **Committee Telephone Number**: (219) 608-1321
3. **Mailing Address** *(Address where all campaign finance correspondence is received.)* ☐ Check if this is a new address.: 5375 W. 150 N.
4. **City**: LaPorte | **State**: IN | **ZIP Code**: 46350
5. **Party Affiliation or If Independent Candidate**: Democratic
6. **Office Sought** *(Include district number, if any. Not required for exploratory committee.)*: LaPorte County Assessor
7. **County of Residence**: LaPorte
8. **Reporting Period** *(mm/dd/yy)*: From: Jan 1, 2026 Through: April 10, 2026 Pre Primary

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: INDV 1. Wolfgang S. Mueller 5796 W. Johnson Rd LaPorte IN 46350 Contributor's Occupation *(if applicable)*	Contributions: ☒ Direct ☐ In-Kind *(describe)* Other Receipts: ☐ Interest ☐ Loan ☐ Miscellaneous *(specify)*	$1000.00	03/09/26 Mike Schultz
Classification: 2. Contributor's Occupation *(if applicable)*	Contributions: ☐ Direct ☐ In-Kind *(describe)* Other Receipts: ☐ Interest ☐ Loan ☐ Miscellaneous *(specify)*		
Classification: 3. Contributor's Occupation *(if applicable)*	Contributions: ☐ Direct ☐ In-Kind *(describe)* Other Receipts: ☐ Interest ☐ Loan ☐ Miscellaneous *(specify)*		

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 *(mm/dd/yy)*

Signature of Candidate *(if applicable)*	Date *(mm/dd/yy)*
Mike Schultz	03/10/26

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

FOR OFFICE USE ONLY

LaPorte County Received MAR 10 2026 Election Board

REPORT OF RECEIPTS AND EXPENDITURES OF A POLITICAL COMMITTEE

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

(CFA-4)
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.

FILE NUMBER: 46-710-43

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.
Comm. To Elect Mike Schultz County Assessor

2. Acronym or Abbreviated Name *(if any)*

3. Committee Telephone Number
( )

4. Mailing Address *(Address where all campaign finance correspondence is received.)* ☐ Check if this is a new address.
5375 W. 150 N.

5. City, State, ZIP Code
LaPorte IN 46350

6. Party Affiliation *(if applicable)*
Democratic

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

7. Full Name of Candidate *(Include any nickname.)*
Mike Schultz

8. Party Affiliation or If Independent Candidate
Democratic

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

10. County of Residence
LaPorte

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: April 11, 2026 Through: Oct 9, 2026

	COLUMN A This Period	COLUMN B Year to Date
13. Cash on hand and investments at the beginning of this reporting period.	2,887.47	
14. Cash on hand and investments January 1, current year.		837.47
CONTRIBUTIONS AND RECEIPTS		
(Note: these amounts include in-kind contributions and loans, as well as cash contributions.)		
15a. Itemized *(Use Schedule A.)*	1050	3,100
15b. Unitemized		
15c. Add lines 15a and 15b in both columns. **SUBTOTAL**	1050	3100
16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B. **TOTAL**	3,937.47	3,937.47
EXPENDITURES		
(Note: These amounts include in-kind expenditures and loan repayments.)		
17a. Itemized *(Use Schedule B.) (Public Question: use Schedule C.)*	1,685	2123
17b. Unitemized	350	350
17c. Add lines 17a and 17b in both columns. **SUBTOTAL**	~~2035~~ 2,035	2473
18. Cash on hand and investments at close of this reporting period *(Subtract 17c from 16 in both columns.)* **TOTAL**	1902.47	1,464.47
19. Debts OWED BY the committee *(Use Schedule D.)*		
20. Debts OWED TO the committee *(Use Schedule E.)*		

CERTIFICATION

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

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

Signature of Treasurer	Title	Date *(mm/dd/yy)*
	Candidate	
Signature of Candidate *(if applicable)*		Date *(mm/dd/yy)* 10/16/26

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

FOR OFFICE USE ONLY
TD 11:50 am
LaPorte County Received OCT 16 2026 Election Board

REPORT OF RECEIPTS AND EXPENDITURES OF A POLITICAL COMMITTEE
State Form 4606 (R18 / 6-25)
Indiana Election Division (IC 3-9-5-14)

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

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

FILE NUMBER
Page _____ of _____

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. Keith Sandin 3511 Manitou Tr. Mich. City Contributor's Occupation *(if required)* _____	Contributions: ☒ Direct ☐ In-Kind *(describe)* _____ Other Receipts: ☐ Interest ☐ Loan ☐ Miscellaneous *(specify)* _____	500	500	10/9/26 MS
2. Contributor's Occupation *(if required)* _____	Contributions: ☐ Direct ☐ In-Kind *(describe)* _____ Other Receipts: ☐ Interest ☐ Loan ☐ Miscellaneous *(specify)* _____			
3. Contributor's Occupation *(if required)* _____	Contributions: ☐ Direct ☐ In-Kind *(describe)* _____ Other Receipts: ☐ Interest ☐ Loan ☐ Miscellaneous *(specify)* _____			
4. Contributor's Occupation *(if required)* _____	Contributions: ☐ Direct ☐ In-Kind *(describe)* _____ Other Receipts: ☐ Interest ☐ Loan ☐ Miscellaneous *(specify)* _____			
5. Contributor's Occupation *(if required)* _____	Contributions: ☐ Direct ☐ In-Kind *(describe)* _____ Other Receipts: ☐ Interest ☐ Loan ☐ Miscellaneous *(specify)* _____			
	SUBTOTAL THIS PAGE OF SCHEDULE A	$ 500		
	TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY ***(Enter total on ITEM 15a of the Summary Sheet.)***	$ 500		

REPORT OF RECEIPTS AND EXPENDITURES OF A POLITICAL COMMITTEE
State Form 4606 (R18 / 6-25)
Indiana Election Division (IC 3-9-5-14)

(CFA-4 SCHEDULE B) ITEMIZED EXPENDITURES

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

FILE NUMBER
Page _____ of _____

RECIPIENT'S NAME AND MAILING ADDRESS *(street, number, city, state, ZIP code)*	RECIPIENT'S OCCUPATION / OFFICE SOUGHT *(if applicable)*	TYPE OF EXPENDITURE and PURPOSE *(be specific)*	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE OF EXPENDITURE *(mm/dd/yy)*
Code _____ Hawkins Print Shop 315 Lincolnway LP	Printer	☐ Direct ☐ In-Kind ☒ Payment of Debt ☐ Returned Contribution ☐ Other _____ Purpose:	1625.73	1625.73	10/9/26
Code _____ Menards 5260 Franklin Mic.	Hardware	☐ Direct ☐ In-Kind ☒ Payment of Debt ☐ Returned Contribution ☐ Other _____ Purpose:	123.84	123.85	10/9/26
Code _____		☐ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other _____ Purpose:			
Code _____		☐ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other _____ Purpose:			
Code _____		☐ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other _____ Purpose:			
Code _____		☐ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other _____ Purpose:			
Code _____		☐ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other _____ Purpose:	1749.57		
		SUBTOTAL THIS PAGE OF SCHEDULE B	$ ~~1625.73~~		
		TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY *(Enter total on ITEM 17a of the Summary Sheet.)*	$ ~~1625.73~~ 1749.57		

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

(CFA-11)

State Form 48492 (R8 / 6-25)
Indiana Election Division (IC 3-9-5-20.1; 3-9-5-22)

INSTRUCTIONS: Only candidates receiving a "large contribution" are required to file this report. 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.

FILE NUMBER: 46-26-43

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.: Comm. To Elect Mike Schultz County Assessor
2. **Committee Telephone Number**: (219) 608-1321
3. **Mailing Address** *(Address where all campaign finance correspondence is received.)* ☐ Check if this is a new address.: 5375 W. 150 N.
4. **City**: LaPorte | **State**: IN | **ZIP Code**: 46350
5. **Party Affiliation or If Independent Candidate**: Democratic
6. **Office Sought** *(Include district number, if any. Not required for exploratory committee.)*: LaPorte County Assessor
7. **County of Residence**: LaPorte
8. **Reporting Period** *(mm/dd/yy)*: From: Oct 10, 2026 Through: Dec 31, 2026

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. Laborers Local 81 Political Fund. 3502 Enterprise Ave Valparaiso, IN 46383 Contributor's Occupation *(if applicable)*	Contributions: ☒ Direct ☐ In-Kind *(describe)* Other Receipts: ☐ Interest ☐ Loan ☐ Miscellaneous *(specify)*	$1000.00	10/23/26 Mike Schultz
Classification 2. LaPorte County Democratic Central Comm. LaPorte County Fairgrounds LaPorte IN 46350 Contributor's Occupation *(if applicable)*	Contributions: ☒ Direct ☐ In-Kind *(describe)* Other Receipts: ☐ Interest ☐ Loan ☐ Miscellaneous *(specify)*	$1000.00	10/23/26 Mike Schultz
Classification 3. Contributor's Occupation *(if applicable)*	Contributions: ☐ Direct ☐ In-Kind *(describe)* Other Receipts: ☐ Interest ☐ Loan ☐ Miscellaneous *(specify)*		

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)*:

Signature of Candidate *(if applicable)*: [signature] | **Date** *(mm/dd/yy)*: 10/26/26

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

FOR OFFICE USE ONLY

LaPorte County Received OCT 26 2026 Election Board

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

(CFA-11)

State Form 48492 (R8 / 6-25)
Indiana Election Division (IC 3-9-5-20.1; 3-9-5-22)

INSTRUCTIONS: Only candidates receiving a "large contribution" are required to file this report. 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.

FILE NUMBER: 46-26-43

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.: Comm. To Elect Mike Schultz County Assessor
2. **Committee Telephone Number**: (219) 608-1321
3. **Mailing Address** ***(Address where all campaign finance correspondence is received.)*** ☐ Check if this is a new address.: 5375 W. 150 N.
4. **City**: LaPorte | **State**: IN | **ZIP Code**: 46350
5. **Party Affiliation or If Independent Candidate**: Democratic
6. **Office Sought** *(Include district number, if any. Not required for exploratory committee.)*: LaPorte County Assessor
7. **County of Residence**: LaPorte
8. **Reporting Period** *(mm/dd/yy)*: From: Oct 10, 2026 Through: Dec 31, 2026

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. Laborers Local 81 Political Fund, 3502 Enterprise Ave, Valparaiso, IN 46383 Contributor's Occupation *(if applicable)*:	Contributions: ☒ Direct ☐ In-Kind *(describe)* Other Receipts: ☐ Interest ☐ Loan ☐ Miscellaneous *(specify)*	$1000 00/100	10/23/26 Mike Schultz
Classification: 2. LaPorte County Democratic Central Comm., LaPorte County Fairgrounds, LaPorte IN 46350 Contributor's Occupation *(if applicable)*:	Contributions: ☒ Direct ☐ In-Kind *(describe)* Other Receipts: ☐ Interest ☐ Loan ☐ Miscellaneous *(specify)*	1000 00/100	10/23/26 Mike Schultz
Classification: 3. Indiana Realtor Political Action Committee, 143 W. Market St. Ste 100, Indianapolis IN 46204 Contributor's Occupation *(if applicable)*:	Contributions: ☒ Direct ☐ In-Kind *(describe)* Other Receipts: ☐ Interest ☐ Loan ☐ Miscellaneous *(specify)*	1000 00/100	10/26/26 Mike Schultz

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)*:

Signature of Candidate ***(if applicable)*** | **Date** *(mm/dd/yy)*: 10/27/26

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