



# 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

**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.

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) <input type="checkbox"/> Check if this is a new name. <b>Faulstich for Marshall County</b>	
2. Acronym or Abbreviated Name (if any)	3. Committee Telephone Number ( <b>559</b> ) 410-0204
4. Mailing Address (Address where all campaign finance correspondence is received.) <input type="checkbox"/> Check if this is a new address. <b>13720 12th Road</b>	
5. City, State, ZIP Code <b>Plymouth, IN 46563</b>	6. Party Affiliation (if applicable) <b>Republican</b>

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

7. Full Name of Candidate (Include any nickname.) <b>Adam Faulstich</b>	8. Party Affiliation or If Independent Candidate <b>Republican</b>
9. Office Sought (Include district number, if any. <b>Not required for exploratory committee.</b> ) <b>County Commissioner District 2</b>	10. County of Residence <b>Marshall</b>

### 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 ten (10) days amend Statement of Organization.)	Check one: <input type="checkbox"/> Pre-Convention <input type="checkbox"/> Post-Convention
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12. Reporting Period (mm/dd/yy): From: <b>01/01/24</b> Through: <b>04/12/2024</b>	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.	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.)	\$ 8,380.04	0
15b. Unitemized	0	0
15c. Add lines 15a and 15b in both columns. <b>SUBTOTAL</b>	\$ 8,380.04	0
16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B. <b>TOTAL</b>	\$ 8,380.04	0

### EXPENDITURES

<i>(Note: These amounts include in-kind expenditures and loan repayments.)</i>		
17a. Itemized (Use Schedule B.) (Public Question: use Schedule C.)	6,249.86	0
17b. Unitemized	0	
17c. Add lines 17a and 17b in both columns. <b>SUBTOTAL</b>	6,249.86	
18. Cash on hand and investments at close of this reporting period (Subtract 17c from 16 in both columns.) <b>TOTAL</b>	2,130.18	
19. Debts OWED BY the committee (Use Schedule D.)	\$ 185.00	
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.

Signature of Treasurer <i>Adam Faulstich</i>	Title	Date (mm/dd/yy) 03/19/24
Signature of Candidate (if applicable) <i>Adam Faulstich</i>		Date (mm/dd/yy) 03/19/24

**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, IC 3-9-4-18)

FOR OFFICE USE ONLY

MARSHALL CO. CLERK

APR 19 AM 11:49

FILED



**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 <u>3</u>	of <u>12</u>

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 <i>(mm/dd/yy)</i>
				RECEIVED BY
1. Adam Faulstich 13720 12th Rd. Plymouth, IN 46563  Contributor's Occupation (if required) <u>Field Service Engineer</u>	Contributions: <input type="checkbox"/> Direct <input checked="" type="checkbox"/> In-Kind (describe) <u>Envelopes</u>  Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify) _____	\$530.51	\$2,454.33	03/13/24  AF
2. Adam Faulstich 13720 12th Rd. Plymouth, IN 46563  Contributor's Occupation (if required) <u>Field Service Engineer</u>	Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) <u>Opening Campaign Account</u>  Other Receipts: <input type="checkbox"/> Interest <input checked="" type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify) _____	\$185.00	\$2,639.33	01/12/24  AF
3. Adam Faulstich 13720 12th Rd. Plymouth, IN 46563  Contributor's Occupation (if required) <u>Field Service Engineer</u>	Contributions: <input type="checkbox"/> Direct <input checked="" type="checkbox"/> In-Kind (describe) <u>Direct Mail</u>  Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify) _____	\$481.16	\$3,120.49	03/20/24  AF
4. Tim Harman 2940 Sycamore Lane Bremen, IN 46506  Contributor's Occupation (if required) _____	Contributions: <input type="checkbox"/> Direct <input checked="" type="checkbox"/> In-Kind (describe) <u>Sign Stakes</u>  Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify) _____	\$85.94	\$85.94	3/23/24  AF
5. Tim Harman 2940 Sycamore Lane Bremen, IN 46506  Contributor's Occupation (if required) _____	Contributions: <input type="checkbox"/> Direct <input checked="" type="checkbox"/> In-Kind (describe) <u>Facebook Ads</u>  Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify) _____	\$58.16	\$144.10	04/12/24  AF
<b>SUBTOTAL THIS PAGE OF SCHEDULE A</b>		\$	1,340.77	
<b>TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY</b> <i>(Enter total on ITEM 15a of the Summary Sheet.)</i>		\$		



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

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				RECEIVED BY
1. Adam Faulstich 13720 12th Rd. Plymouth, IN 46563  Contributor's Occupation (if required) <u>Field Service Engineer</u>	Contributions: <input type="checkbox"/> Direct <input checked="" type="checkbox"/> In-Kind (describe) <u>Postcards</u>  Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify) _____	\$621.65	\$621.65	03/13/24
				AF
2. Adam Faulstich 13720 12th Rd. Plymouth, IN 46563  Contributor's Occupation (if required) _____	Contributions: <input type="checkbox"/> Direct <input checked="" type="checkbox"/> In-Kind (describe) <u>Yard signs, Car Magnets, Business Cards</u>  Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify) _____	\$1,159.17	\$1,780.82	03/15/24
				AF
3. Adam Faulstich 13720 12th Rd. Plymouth, IN 46563  Contributor's Occupation (if required) <u>Field Service Engineer</u>	Contributions: <input type="checkbox"/> Direct <input checked="" type="checkbox"/> In-Kind (describe) <u>Sign Stakes</u>  Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify) _____	\$31.02	\$1,811.84	03/21/24
				AF
4. Adam Faulstich 13720 12th Rd. Plymouth, IN 46563  Contributor's Occupation (if required) <u>Field Service Engineer</u>	Contributions: <input type="checkbox"/> Direct <input checked="" type="checkbox"/> In-Kind (describe) <u>Sign Stakes</u>  Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify) _____	\$55.99	\$1,867.83	03/21/24
				AF
5. Adam Faulstich 13720 12th Rd. Plymouth, IN 46563  Contributor's Occupation (if required) <u>Field Service Engineer</u>	Contributions: <input type="checkbox"/> Direct <input checked="" type="checkbox"/> In-Kind (describe) <u>Sign Stakes</u>  Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify) _____	\$55.99	\$1,923.82	03/26/24
				AF
<b>SUBTOTAL THIS PAGE OF SCHEDULE A</b>		\$ 1,923.82		
<b>TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY</b> <i>(Enter total on ITEM 15a of the Summary Sheet.)</i>		\$		



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				RECEIVED BY
1. Mary Faulstich 123 E. Maple St. Bremen, IN 46506  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	03/07/24
				AF
2. Travis Hensley 6344 E. 800 N. Syracuse, IN 46567  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	03/14/24
				AF
3. Timothy Bookwalter P.O. Box 44 Greencastle, IN 46135  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	03/27/24
				AF
4. Tami Napier 1013 Pennsylvania Ave. Plymouth, IN 46563  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	03/28/24
				AF
5. Brenda & Carl Prochno 13817 20A Rd. Argos, IN 46501  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) _____	\$200.00	\$200.00	3/28/24
				AF
<b>SUBTOTAL THIS PAGE OF SCHEDULE A</b>		\$ 600.00		
<b>TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY</b> <i>(Enter total on ITEM 15a of the Summary Sheet.)</i>		\$		



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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 <i>(mm/dd/yy)</i>
				RECEIVED BY
1. Paul Hebner 12486 Hillside Dr. Plymouth, IN 46563  Contributor's Occupation <i>(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"/> Miscellaneous <i>(specify)</i> _____	\$100.00	\$100.00	03/28/24
				AF
2. Bryan & Cindy Casper 13805 Jarrah Rd. Argos, IN 46501  Contributor's Occupation <i>(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"/> Miscellaneous <i>(specify)</i> _____	\$100.00	\$100.00	3/28/24
				AF
3. Judith Eck P.O. Box 967 Carrabelle, FL 32322  Contributor's Occupation <i>(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"/> Miscellaneous <i>(specify)</i> _____	\$500.00	\$500.00	04/03/24
				AF
4. Troy & Melissa Woodruff 11732 Sea Star Dr. Indianapolis, IN 46256  Contributor's Occupation <i>(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"/> Miscellaneous <i>(specify)</i> _____	\$500.00	\$500.00	02/26/24
				AF
5.  Contributor's Occupation <i>(if required)</i> _____	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> _____			
<b>SUBTOTAL THIS PAGE OF SCHEDULE A</b>		\$ 1,200.00		
<b>TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY</b> <i>(Enter total on ITEM 15a of the Summary Sheet.)</i>		\$ 5,064.59		



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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*).

<b>FILE NUMBER</b>
Page <u>6</u> of <u>12</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 <i>(mm/dd/yy)</i>
				RECEIVED BY
1. Jesse for Marshall County 511 Caviler Dr. Culver, IN 46511	Contributions: <input type="checkbox"/> Direct <input checked="" type="checkbox"/> In-Kind ( <i>describe</i> ) <u>Facebook Ad</u>  Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous ( <i>specify</i> ) _____	\$6.51	\$6.51	04/12/24
				AF
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> ) _____			
<b>SUBTOTAL THIS PAGE OF SCHEDULE A</b>		<b>\$ 6.51</b>		
<b>TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY</b> <i>(Enter total on ITEM 15a of the Summary Sheet.)</i>		<b>\$</b>		



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

**Itemized Contributions and Other Receipts**

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				RECEIVED BY
1. Conservatives for Tim Harman 209 N. Main St. Bourbon, IN 46504	Contributions: <input type="checkbox"/> Direct <input checked="" type="checkbox"/> In-Kind <i>(describe)</i> <u>Direct Mail</u>  Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous <i>(specify)</i> _____	\$2,500.00	\$2,500.00	3/25/24
				AF
2. Conservatives for Tim Harman 209 N. Main St. Bourbon, IN 46504	Contributions: <input type="checkbox"/> Direct <input checked="" type="checkbox"/> In-Kind <i>(describe)</i> <u>Direct Mail</u>  Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous <i>(specify)</i> _____	\$197.95	\$2,697.95	3/25/24
				AF
3. Conservatives for Tim Harman 209 N. Main St. Bourbon, IN 46504	Contributions: <input type="checkbox"/> Direct <input checked="" type="checkbox"/> In-Kind <i>(describe)</i> <u>Direct Mail</u>  Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous <i>(specify)</i> _____	\$145.18	\$2,843.13	3/25/24
				AF
4. Conservatives for Tim Harman 209 N. Main St. Bourbon, IN 46504	Contributions: <input type="checkbox"/> Direct <input checked="" type="checkbox"/> In-Kind <i>(describe)</i> <u>Season Banquet Hall</u>  Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous <i>(specify)</i> _____	\$225.63	\$3,213.94	3/28/24
				AF
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> _____			
<b>SUBTOTAL THIS PAGE OF SCHEDULE A</b>		<b>\$ 3,213.94</b>		
<b>TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY</b> <i>(Enter total on ITEM 15a of the Summary Sheet.)</i>		<b>\$</b>		



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**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 <u>8</u> of <u>12</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 <i>(mm/dd/yy)</i>
				RECEIVED BY
1. Bradon Schadek for County Council 19921 Ninth Rd. Plymouth, IN 46563	Contributions: <input type="checkbox"/> Direct <input checked="" type="checkbox"/> In-Kind <i>(describe)</i> <u>Facebook Ad</u> Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous <i>(specify)</i> _____	\$30.00	\$30.00	03/14/24
				AF
2. Bradon Schadek for County Council 19921 Ninth Rd. Plymouth, IN 46563	Contributions: <input type="checkbox"/> Direct <input checked="" type="checkbox"/> In-Kind <i>(describe)</i> <u>Facebook Ad</u> Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous <i>(specify)</i> _____	\$15.00	\$45.00	03/27/24
				AF
3. Bradon Schadek for County Council 19921 Ninth Rd. Plymouth, IN 46563	Contributions: <input type="checkbox"/> Direct <input checked="" type="checkbox"/> In-Kind <i>(describe)</i> <u>Facebook Ad</u> Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous <i>(specify)</i> _____	\$50.00	\$95.00	04/12/24
				AF
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> _____			
<b>SUBTOTAL THIS PAGE OF SCHEDULE A</b>		<b>\$ 95.00</b>		
<b>TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY</b> <i>(Enter total on ITEM 15a of the Summary Sheet.)</i>		<b>\$ 3,315.45</b>		





**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**

FILE NUMBER

Page 9 of 12

**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.

RECIPIENT'S NAME AND MAILING ADDRESS <i>(street, number, city, state, ZIP code)</i>	RECIPIENT'S OCCUPATION	TYPE OF EXPENDITURE and PURPOSE <i>(be specific)</i>	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE OF EXPENDITURE <i>(mm/dd/yy)</i>
	OFFICE SOUGHT <i>(if applicable)</i>				
Code <u>A</u> Adam Faulstich 13720 12th Rd. Plymouth, IN 46563	Field Service Engineer County Commissioner	<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: Postcards	\$621.65	\$621.65	03/13/24
Code <u>A</u> Adam Faulstich 13720 12th Rd. Plymouth, IN 46563	Field Service Engineer County Commissioner	<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: Yard signs, car magnets, Business cards	\$1,159.17	\$1,780.82	03/15/24
Code <u>A</u> Adam Faulstich 13720 12th Rd. Plymouth, IN 46563	Field Service Engineer County Commissioner	<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: Sign Stakes	\$31.02	\$1,811.84	03/21/24
Code <u>A</u> Adam Faulstich 13720 12th Rd. Plymouth, IN 46563	Field Service Engineer County Commissioner	<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: Sign Stakes	\$55.99	\$1,867.83	03/21/24
Code <u>A</u> Adam Faulstich 13720 12th Rd. Plymouth, IN 46563	Field Service Engineer County Commissioner	<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: Sign Stakes	\$55.99	\$1,923.82	03/26/24
Code <u>A</u> Adam Faulstich 13720 12th Rd. Plymouth, IN 46563	Field Service Engineer County Commissioner	<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: Envelopes	\$530.51	\$2,454.33	03/13/24
Code <u>A</u> Adam Faulstich 13720 12th Rd. Plymouth, IN 46563	Field Service Engineer County Commissioner	<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: Direct Mail	\$481.16	\$2,935.49	03/20/24
<b>SUBTOTAL THIS PAGE OF SCHEDULE B</b>			\$ 2,935.49		
<b>TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY</b> <i>(Enter total on ITEM 17a of the Summary Sheet.)</i>			\$		



**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.

<b>FILE NUMBER</b>
Page <u>10</u> of <u>12</u>

RECIPIENT'S NAME AND MAILING ADDRESS <i>(street, number, city, state, ZIP code)</i>	RECIPIENT'S OCCUPATION	TYPE OF EXPENDITURE and PURPOSE <i>(be specific)</i>	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE OF EXPENDITURE <i>(mm/dd/yy)</i>
	OFFICE SOUGHT <i>(if applicable)</i>				
Code <u>A</u> Tim Harman 2940 Sycamore Lane Bremen, IN 46506	Restaurateur County Council	<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: Sign Stakes	\$85.94	\$85.94	03/23/24
Code <u>A</u> Tim Harman 2940 Sycamore Lane Bremen, IN 46506	Restaurateur County Council	<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: Facebook Ads	\$58.16	\$144.10	04/12/24
Code <u>A</u> Jesse for Marshall County 511 Caviler Dr. Culver, IN 46511	Candidates Committee County Commissioner	<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: Facebook Ads	\$6.51	\$6.51	04/12/24
Code <u>A</u> Conservatives for Tim Harman 209 N. Main St Bourbon, IN 46504	Candidates Committee County Council	<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: Direct Mail	\$2,500.00	\$2,500.00	03/25/24
Code <u>A</u> Conservatives for Tim Harman 209 N. Main St Bourbon, IN 46504	Candidates Committee County Council	<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: Direct Mail	\$197.95	\$2,697.95	03/25/24
Code <u>A</u> Conservatives for Tim Harman 209 N. Main St Bourbon, IN 46504	Candidates Committee County Council	<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: Direct Mail	\$145.18	\$2,843.13	03/25/24
Code <u>O</u> Conservatives for Tim Harman 209 N. Main St Bourbon, IN 46504	Candidates Committee County Council	<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: Seasons Banquet Hall	\$225.63	\$3,068.76	03/28/24
<b>SUBTOTAL THIS PAGE OF SCHEDULE B</b>			\$ 3,219.37		
<b>TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY</b> <i>(Enter total on ITEM 17a of the Summary Sheet.)</i>			\$		



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

State Form 4806 (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 10 of 12

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 <i>(mm/dd/yy)</i>
Code <u>A</u> Brandon Schadek for County Co. 19921 Ninth Rd Plymouth, IN 46563	Steelworker County Council	<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: Facebook Ads	\$30.00	\$30.00	03/14/24	
Code <u>A</u> Brandon Schadek for County Co. 19921 Ninth Rd Plymouth, IN 46563	Steelworker County Council	<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: Facebook Ads	\$15.00	\$45.00	03/27/24	
Code <u>A</u> Brandon Schadek for County Co. 19921 Ninth Rd Plymouth, IN 46563	Steelworker County Council	<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: Facebook Ads	\$50.00	\$95.00	04/12/24	
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>				\$ 95.00		
<b>TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY</b> <i>(Enter total on ITEM 17a of the Summary Sheet.)</i>				\$ 6,249.86		



**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 D)  
DEBTS OWED BY THIS COMMITTEE**

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

**FILE NUMBER**

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CREDITOR'S OR LENDER'S NAME AND MAILING ADDRESS <i>(street, number, city, state, ZIP code)</i>	ENDORSER'S OR VENDOR'S NAME AND MAILING ADDRESS <i>(if any)</i> <i>(street, number, city, state, ZIP code)</i>	AMOUNT	DATE DEBT INCURRED <i>(mm/dd/yy)</i>	CUMULATIVE PAID YEAR-TO-DATE	OUTSTANDING BALANCE THIS PERIOD
		NATURE OF DEBT			
Adam Faulstich 13720 12th Rd Plymouth, IN 46563  LENDER'S OCCUPATION: <b>Field Service Engineer</b>		\$185.00	01/12/24	\$0.00	\$185.00
		Loan			
LENDER'S OCCUPATION:					
LENDER'S OCCUPATION:					
LENDER'S OCCUPATION:					
LENDER'S OCCUPATION:					
LENDER'S OCCUPATION:					
LENDER'S OCCUPATION:					
<b>SUBTOTAL THIS PAGE OF SCHEDULE D</b>					\$
<b>TOTAL OF ALL PAGES OF SCHEDULE D ON THE LAST PAGE ONLY</b> <i>(Enter total on ITEM 19 of the Summary Sheet.)</i>					\$



# 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
11

### COMMITTEE INFORMATION

1. Full Name of Committee (as on Statement of Organization) <input type="checkbox"/> Check if this is a new name. <b>Brandon Schadek For County Council</b>	
2. Acronym or Abbreviated Name (if any)	3. Committee Telephone Number <b>(574) 780-1326</b>
4. Mailing Address (Address where all campaign finance correspondence is received.) <input type="checkbox"/> Check if this is a new address. <b>19921 9<sup>th</sup> Road</b>	
5. City, State, ZIP Code <b>Plymouth IN 46563</b>	6. Party Affiliation (if applicable) <b>Republican</b>

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

7. Full Name of Candidate (Include any nickname.) <b>Brandon Scott Schadek</b>	8. Party Affiliation or If Independent Candidate <b>Republican</b>
9. Office Sought (Include district number, if any. Not required for exploratory committee.) <b>Marshall County Council AT LARGE</b>	10. County of Residence <b>Marshall</b>

### 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 ten (10) days amend Statement of Organization.)	Check one: <input type="checkbox"/> Pre-Convention <input type="checkbox"/> Post-Convention
--	---

12. Reporting Period (mm/dd/yy): From: <b>01/01/24</b> Through: <b>04/12/24</b>	COLUMN A This Period	COLUMN B Year to Date
13. Cash on hand and investments at the beginning of this reporting period.	0	0
14. Cash on hand and investments January 1, current year.		0

### CONTRIBUTIONS AND RECEIPTS

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

15a. Itemized (Use Schedule A.)	9,393.30	9,393.30
15b. Unitemized	0	0
15c. Add lines 15a and 15b in both columns. <b>SUBTOTAL</b>	9,393.30	9,393.30
16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B. <b>TOTAL</b>	9,393.30	9,393.30

### EXPENDITURES

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

17a. Itemized (Use Schedule B.) (Public Question: use Schedule C.)	9,058.81	9,058.81
17b. Unitemized	0	0
17c. Add lines 17a and 17b in both columns. <b>SUBTOTAL</b>	9,058.81	9,058.81
18. Cash on hand and investments at close of this reporting period (Subtract 17c from 16 in both columns.) <b>TOTAL</b>	334.49	334.49
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 <i>Brandon Scott Schadek</i>	Title <b>Treasurer</b>	Date (mm/dd/yy) <b>04/18/24</b>
Signature of Candidate (if applicable) <i>Brandon Scott Schadek</i>		Date (mm/dd/yy) <b>04/18/24</b>

**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

2024 APR 18 A 11:23  
FILED



**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**

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Page 2 of 11

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 <i>(mm/dd/yy)</i>
				RECEIVED BY
1. Brandon Schadek 19921 9 <sup>th</sup> Road Plymouth, IN 46563  Contributor's Occupation <i>(if required)</i> _____	Contributions: <input type="checkbox"/> Direct <input checked="" type="checkbox"/> In-Kind <i>(describe)</i> <u>Walking List</u> Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous <i>(specify)</i> _____	50. <sup>00</sup>	150. <sup>00</sup>	02/01/24  BJS
2. Brandon Schadek 19921 9 <sup>th</sup> Rd Plymouth, IN 46563  Contributor's Occupation <i>(if required)</i> _____	Contributions: <input type="checkbox"/> Direct <input checked="" type="checkbox"/> In-Kind <i>(describe)</i> <u>yard signs</u> Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous <i>(specify)</i> _____	1,319.14	1,469.14	02/14/24  BJS
3. Brandon Schadek 19921 9 <sup>th</sup> Road Plymouth, IN 46563  Contributor's Occupation <i>(if required)</i> _____	Contributions: <input type="checkbox"/> Direct <input checked="" type="checkbox"/> In-Kind <i>(describe)</i> <u>handouts</u> Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous <i>(specify)</i> _____	123.59	1,592.73	02/15/24  BJS
4. Brandon Schadek 19921 9 <sup>th</sup> Road Plymouth, IN 46563  Contributor's Occupation <i>(if required)</i> _____	Contributions: <input type="checkbox"/> Direct <input checked="" type="checkbox"/> In-Kind <i>(describe)</i> <u>Mailing</u> Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous <i>(specify)</i> _____	532.96	2,125.69	02/19/24  BJS
5. Brandon Schadek 19921 9 <sup>th</sup> Road Plymouth, IN 46563  Contributor's Occupation <i>(if required)</i> _____	Contributions: <input type="checkbox"/> Direct <input checked="" type="checkbox"/> In-Kind <i>(describe)</i> <u>Web Ad</u> Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous <i>(specify)</i> _____	318. <sup>00</sup>	2,443.69	02/19/24  BJS
<b>SUBTOTAL THIS PAGE OF SCHEDULE A</b>		\$ 2,443.69		
<b>TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY</b> <i>(Enter total on ITEM 15a of the Summary Sheet.)</i>		\$		



**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**

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Page 3 of 11

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 <i>(mm/dd/yy)</i> RECEIVED BY
1. Brandon Schadek 19921 9 <sup>th</sup> Road Plymouth, IN 46563  Contributor's Occupation (if required) _____	Contributions: <input type="checkbox"/> Direct <input checked="" type="checkbox"/> In-Kind (describe) <u>Mail Service</u>  Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify) _____	2,581.10	<del>4,924.79</del> 5,024.79	02/26/24  BJR
2. Brandon Schadek 19921 9 <sup>th</sup> Road Plymouth, IN 46563  Contributor's Occupation (if required) _____	Contributions: <input type="checkbox"/> Direct <input checked="" type="checkbox"/> In-Kind (describe) <u>Magnets Ad</u>  Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify) _____	39.98	<del>4,964.77</del> 5,064.77	02/21/24  BJR
3. Brandon Schadek 19921 9 <sup>th</sup> Rd Plymouth, IN 46563  Contributor's Occupation (if required) _____	Contributions: <input type="checkbox"/> Direct <input checked="" type="checkbox"/> In-Kind (describe) <u>handouts</u>  Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify) _____	176. <sup>00</sup>	<del>5,140.77</del> 5,240.77	3/15/24  BJR
4. Brandon Schadek 19921 9 <sup>th</sup> Rd Plymouth, IN 46563  Contributor's Occupation (if required) _____	Contributions: <input type="checkbox"/> Direct <input checked="" type="checkbox"/> In-Kind (describe) <u>Shirts</u>  Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify) _____	119. <sup>00</sup>	<del>5,159.77</del> 5,359.77	03/11/24  BJR
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) _____			
<b>SUBTOTAL THIS PAGE OF SCHEDULE A</b>		\$ 2,916.08		
<b>TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY</b> <i>(Enter total on ITEM 15a of the Summary Sheet.)</i>		\$		



**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.

<b>FILE NUMBER</b>
Page <u>4</u> of <u>11</u>

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 <i>(mm/dd/yy)</i>
				RECEIVED BY
1. Bryan Casper 13805 Jarrak Rd Argos, IN 46501  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) _____	91.94	367.76	02/20/24  BPS
2. Judy Eck 3820 William Richardson Dr South Bend, IN 46628  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) _____	500. <sup>00</sup>	500. <sup>00</sup>	04/06/24  BPS
3. Anonymous  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) _____	99. <sup>00</sup>	99. <sup>00</sup>	3/13/24  BPS
4. Bryan Casper 13805 Jarrak Rd Argos, IN 46501  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) _____	91.94	459.70	03/11/24  BPS
5. DAVID SCHADEK SR. 8429 Quince Rd Plymouth, IN 46563  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) _____	500. <sup>00</sup>	500. <sup>00</sup>	03/05/24  BPS
<b>SUBTOTAL THIS PAGE OF SCHEDULE A</b>		\$ 1,282.88		
<b>TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY</b> <i>(Enter total on ITEM 15a of the Summary Sheet.)</i>		\$		





**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**

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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 <i>(mm/dd/yy)</i>
				RECEIVED BY
1. Brandon Schadek 19921 9th Road Plymouth, IN 46563  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	01/22/24  BS
2. Bryan Casper 13805 Jarrah Rd Argos, IN 46501  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)	91.94	91.94	02/08/24  BS
3. Ronda Wade 6571 E. 1000 S Walkerton, IN 46574  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)	291.00	291.00	02/08/24  BS
4. Bryan Casper 13805 Jarrah Rd Argos, IN 46501  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)	91.94	183.88	02/09/24  BS
5. Bryan Casper 13805 Jarrah Rd Argos, IN 46501  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)	91.94	275.82	02/12/24  BS
<b>SUBTOTAL THIS PAGE OF SCHEDULE A</b>		\$ 666.82		
<b>TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY</b> <i>(Enter total on ITEM 15a of the Summary Sheet.)</i>		\$		



**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.

<b>FILE NUMBER</b>
Page <u>6</u> of <u>11</u>

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 <i>(mm/dd/yy)</i>
				RECEIVED BY
1. Tim Harman 29540 Sycamore Lane Bremen, IN 46506  Contributor's Occupation (if required) _____	Contributions: <input type="checkbox"/> Direct <input checked="" type="checkbox"/> In-Kind (describe) <u>Ad</u>  Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify) _____	58.16	58.16	04/12/24  BJS
2. Tim Harman 29540 Sycamore Lane Bremen, IN 46506  Contributor's Occupation (if required) _____	Contributions: <input type="checkbox"/> Direct <input checked="" type="checkbox"/> In-Kind (describe) <u>Signs</u>  Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify) _____	310.47	368.63	03/22/24  BJS
3. Tim Harman 29540 Sycamore Lane Bremen, IN 46506  Contributor's Occupation (if required) _____	Contributions: <input checked="" type="checkbox"/> Direct <input checked="" type="checkbox"/> In-Kind (describe) <u>Sign Stakes</u>  Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify) _____	85.94	454.57	03/23/24  BJS
4. Tim Harman 29540 Sycamore Lane Bremen, IN 46506  Contributor's Occupation (if required) _____	Contributions: <input type="checkbox"/> Direct <input checked="" type="checkbox"/> In-Kind (describe) <u>Banners</u>  Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify) _____	472.83	927.40	03/23/24  BJS
5. Adam Faulstich 13720 12 <sup>th</sup> Rd Plymouth, IN 46563  Contributor's Occupation (if required) _____	Contributions: <input type="checkbox"/> Direct <input checked="" type="checkbox"/> In-Kind (describe) <u>Mailings</u>  Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify) _____	481.16	481.16	03/20/24  BJS
<b>SUBTOTAL THIS PAGE OF SCHEDULE A</b>		<b>\$1,408.56</b>		
<b>TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY</b> <i>(Enter total on ITEM 15a of the Summary Sheet.)</i>		<b>\$8,888.43</b>		



**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**

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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. Roberts - Cook Agency Inc. 204 N. Michigan St. Plymouth, IN 46563	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. <sup>00</sup>	100. <sup>00</sup>	02/07/24  BLL
2. Conservatives For Tim Harman 209 N. Main St. Bourbon, IN 46504	Contributions: <input type="checkbox"/> Direct <input checked="" type="checkbox"/> In-Kind (describe) <u>Direct Mail Service</u> Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify)	145.18	145.18	03/25/24  BLL
3. Conservatives For Tim Harman 209 N. Main St. Bourbon, IN 46504	Contributions: <input type="checkbox"/> Direct <input checked="" type="checkbox"/> In-Kind (describe) <u>Seasoned Banquet Hall</u> Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify)	225.63	370.81	03/28/24  BLL
4. Conservatives For Tim Harman 209 N. Main St Bourbon, IN 46504	Contributions: <input type="checkbox"/> Direct <input checked="" type="checkbox"/> In-Kind (describe) <u>Mailing</u> Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify)	197.95	568.76	03/25/24  BLL
5. Jesse For Marshall County 511 Cavalier Dr 109 Culver, IN 46511	Contributions: <input type="checkbox"/> Direct <input checked="" type="checkbox"/> In-Kind (describe) <u>Ad</u> Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify)	6.51	6.51	04/12/24  BLL
<b>SUBTOTAL THIS PAGE OF SCHEDULE A</b>		<b>\$ 675.27</b>		
<b>TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY</b> <i>(Enter total on ITEM 15a of the Summary Sheet.)</i>		<b>\$ 9,393.30</b>		



**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	8 of 11

RECIPIENT'S NAME AND MAILING ADDRESS <i>(street, number, city, state, ZIP code)</i>	RECIPIENT'S OCCUPATION	TYPE OF EXPENDITURE and PURPOSE <i>(be specific)</i>	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE OF EXPENDITURE <i>(mm/dd/yy)</i>
	OFFICE SOUGHT <i>(if applicable)</i>				
Code <u>0</u> Just Mailings 921 S Main St South Bend, IN 46601	Direct Mail N/A	<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: Mail	145.18	2,726.28	03/25/24
Code <u>A</u> Seasoned Banquet Hall 830 Lincoln Hwy Plymouth, IN 46563	Hall Renting N/A	<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: Campaign event	225.63	225.63	03/28/24
Code <u>0</u> <del>Cameron</del> Duley Press 2906 N. Home St Mishawaka, IN 46545	Printing N/A	<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: Mail	197.95	197.95	03/25/24
Code <u>A</u> Facebook 1 Hacker Way Menlo Park, CA 94025	Social Media N/A	<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: Ad	6.51	681.72	04/12/24
Code <u>A</u> Facebook 1 Hacker Way Menlo Park, CA 94025	Social Media N/A	<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: Ad	58.16	739.88	04/12/24
Code <u>A</u> Signs on the Cheap 11525 Stonehollow Dr Austin, TX 78758	Sign Manufacture N/A	<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	310.47	1,629.61	03/22/24
Code <u>0</u> Signs on The Cheap 11525 Stonehollow Dr Austin, TX 78758	Sign Manufacture N/A	<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: stakes	85.94	1,715.55	03/23/24
<b>SUBTOTAL THIS PAGE OF SCHEDULE B</b>			\$ 1,029.84		
<b>TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY</b> <i>(Enter total on ITEM 17a of the Summary Sheet.)</i>			\$		



**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 9 of 11

RECIPIENT'S NAME AND MAILING ADDRESS <i>(street, number, city, state, ZIP code)</i>	RECIPIENT'S OCCUPATION		TYPE OF EXPENDITURE and PURPOSE <i>(be specific)</i>	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE OF EXPENDITURE <i>(mm/dd/yy)</i>
	OFFICE SOUGHT <i>(if applicable)</i>					
Code <u>A</u> Pilot News 218 N. Michigan St Plymouth, IN 46563	Newspaper	N/A	<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:	150. <sup>00</sup>	265. <sup>00</sup>	03/05/24
Code <u>A</u> Pilot News 218 N. Michigan St Plymouth, IN 46563	Newspaper	N/A	<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: <u>Ad</u>	425	690	03/05/24
Code <u>A</u> Magnets on The Cheap 11525 Stonehollow Dr Austin, TX 78758	Magnet Designer	N/A	<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: <u>Car Magnets</u>	39.98	39.98	02/21/24
Code <u>A</u> Bowen Printing Co 200 S. Michigan St Plymouth, IN 46563	Printing	N/A	<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: <u>Note pad hand outs</u>	176. <sup>00</sup>	299.59	03/15/24
Code <u>A</u> Simon Speedshop 13 Davis St. Hamlet, IN 46532	Printing	N/A	<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: <u>Shirts</u>	119. <sup>00</sup>	119. <sup>00</sup>	03/11/24
Code <u>A</u> Pilot News 218 N. Michigan St Plymouth, IN 46563	Newspaper	N/A	<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: <u>Ad</u>	450. <sup>00</sup>	1,140	04/12/24
Code <u>A</u> Facebook 1 Hacker Way Menlo Park, CA 94025	Social media	N/A	<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:	675.21	675.21	01/12/24
<b>2,035.19 SUBTOTAL THIS PAGE OF SCHEDULE B</b>				<b>2,035.19</b>		
<b>TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY</b>				<b>\$7,357.98</b>		
<b>(Enter total on ITEM 17a of the Summary Sheet.)</b>				<b>\$</b>		



**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**

FILE NUMBER

Page 10 of 11

**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.

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 <i>(mm/dd/yy)</i>
Code <u>0</u> Marshall County Clerk 112 W. Jefferson St. Plymouth, IN 46563	County Clerk	<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: Walking List	50. <sup>00</sup>	50. <sup>00</sup>	02/01/24
Code <u>A</u> Signs On The Cheap 11525 Stonehollow Pr Austin, TX 78758	Sign manufactured	<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: Yard Signs	1,319.14	1319.14	02/14/24
Code <u>A</u> Bowen Printing Co 200 S. Michigan St Plymouth, IN 46563	Printing	<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: handouts	123.59	123.59	02/15/24
Code <u>A</u> Vista Print 275 Wyman St. Waltham, MA 02451	Printing	<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: Mailer	532.96	532.96	02/19/24
Code <u>A</u> Pilot News 218 N. Michigan St. Plymouth, IN 46563	News	<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: Ad	115. <sup>00</sup>	115. <sup>00</sup>	02/16/24
Code <u>A</u> Giant FM 112 W. Washington St. Plymouth, IN 46563	Radio	<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: Web Ad	318. <sup>00</sup>	318. <sup>00</sup>	02/19/24
Code <u>0</u> Just Mailings 921 S. Main St South Bend, IN 46601	Mailing & Postage	<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	2,581.10	2581.10	02/26/24
<b>SUBTOTAL THIS PAGE OF SCHEDULE B</b>			<b>\$5,039.79</b>		
<b>TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY</b> <i>(Enter total on ITEM 17a of the Summary Sheet.)</i>			<b>\$</b>		



**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

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RECIPIENT'S NAME AND MAILING ADDRESS <i>(street, number, city, state, ZIP code)</i>	RECIPIENT'S OCCUPATION	TYPE OF EXPENDITURE and PURPOSE <i>(be specific)</i>	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE OF EXPENDITURE <i>(mm/dd/yy)</i>
	OFFICE SOUGHT <i>(if applicable)</i>				
Code <u>A</u> Banners on the Cheap 11525 Stonehollow Dr Austin, TX 78758	Banner Makers N/A	<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: Banners	472.83	472.83	03/23/24
Code <u>O</u> Adorn Just Mailings 921 S. Main St South Bend, IN 46601	Mail N/A	<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	481.16	3,207.44	03/20/24
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>			\$953.99		
<b>TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY</b> <i>(Enter total on ITEM 17a of the Summary Sheet.)</i>			\$9058.81		



# 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

**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.

**FILED**

TOTAL PAGES IN ENTIRE CFA-4 REPORT

IS THIS AN AMENDMENT?  Yes  No **2024 APR 17 A 9:08**

### COMMITTEE INFORMATION

1. Full Name of Committee (as on Statement of Organization) Cultice For County Surveyor		<input type="checkbox"/> Check if this is a new name.
2. Acronym or Abbreviated Name (if any)	3. Committee Telephone Number ( 574 ) 952-0648	
4. Mailing Address (Address where all campaign finance correspondence is received.) 18761 17th Road		<input type="checkbox"/> Check if this is a new address.
5. City, State, ZIP Code Culver, Indiana 46511	6. Party Affiliation (if applicable) Republican	

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

7. Full Name of Candidate (Include any nickname.) Craig D. Cultice	8. Party Affiliation or If Independent Candidate Republican
9. Office Sought (Include district number, if any. Not required for exploratory committee.) Marshall County Surveyor	10. County of Residence Marshall

### 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 ten (10) days amend Statement of Organization.)	Check one: <input type="checkbox"/> Pre-Convention <input type="checkbox"/> Post-Convention
---	---

12. Reporting Period (mm/dd/yy): From: 1/1/24 Through: 4/12/24	COLUMN A This Period	COLUMN B Year to Date
13. Cash on hand and investments at the beginning of this reporting period.	0.00	
14. Cash on hand and investments January 1, current year.		

### CONTRIBUTIONS AND RECEIPTS

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

### 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. <b>SUBTOTAL</b>	0.00	0.00
18. Cash on hand and investments at close of this reporting period (Subtract 17c from 16 in both columns.) <b>TOTAL</b>	0.00	
19. Debts OWED BY the committee (Use Schedule D.)	0.00	
20. Debts OWED TO the committee (Use Schedule E.)	0.00	

### CERTIFICATION

### 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	Date (mm/dd/yy)
Signature of Candidate (if applicable) 		Date (mm/dd/yy) 4/17/2024

**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)





# 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

FILED

2024 APR 16

FILE NUMBER

**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.

TOTAL PAGES IN ENTIRE CFA-4 REPORT

IS THIS AN AMENDMENT?  Yes  No

MARSHALL CO. CLERK

## COMMITTEE INFORMATION

1. Full Name of Committee (as on <i>Statement of Organization</i> ) <input type="checkbox"/> Check if this is a new name. DEBBIE VANDEMARK FOR COUNTY COUNCIL AT LARGE	
2. Acronym or Abbreviated Name (if any)	3. Committee Telephone Number ( 574 ) 274-8325
4. Mailing Address (Address where all campaign finance correspondence is received.) <input type="checkbox"/> Check if this is a new address. 14750 TULIP ROAD	
5. City, State, ZIP Code CULVER IN 46511	6. Party Affiliation (if applicable) REPUBLICAN

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

7. Full Name of Candidate (Include any nickname.) DEBORAH P VANDEMARK (DEBBIE) (DEB)	8. Party Affiliation or If Independent Candidate REPUBLICAN
9. Office Sought (Include district number, if any. <b>Not required for exploratory committee.</b> ) COUNTY COUNCIL AT LARGE	10. County of Residence MARSHALL

## 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 ten (10) days amend Statement of Organization.)	Check one: <input type="checkbox"/> Pre-Convention <input type="checkbox"/> Post-Convention
---	---

12. Reporting Period (mm/dd/yy): From: 2-5-24 Through: 4-12-24	COLUMN A This Period	COLUMN B Year to Date
13. Cash on hand and investments at the beginning of this reporting period.	0.00	
14. Cash on hand and investments January 1, current year.		

## CONTRIBUTIONS AND RECEIPTS

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

15a. Itemized (Use Schedule A.)	2,150.00	2,150.00
15b. Unitemized	0.00	0.00
15c. Add lines 15a and 15b in both columns. <b>SUBTOTAL</b>	2,150.00	2,150.00
16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B. <b>TOTAL</b>	2,150.00	2,150.00

## EXPENDITURES

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

17a. Itemized (Use Schedule B.) (Public Question: use Schedule C.)	1,226.59	1,226.59
17b. Unitemized	0.00	0.00
17c. Add lines 17a and 17b in both columns. <b>SUBTOTAL</b>	1,226.59	1,226.59
18. Cash on hand and investments at close of this reporting period (Subtract 17c from 16 in both columns.) <b>TOTAL</b>	923.41	923.41
19. Debts OWED BY the committee (Use Schedule D.)		
20. Debts OWED TO the committee (Use Schedule E.)		

## CERTIFICATION

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 <i>Deborah VanDeMark</i>	Title TREASURER	Date (mm/dd/yy) 4/16/24
Signature of Candidate (if applicable) <i>Deborah VanDeMark</i>		Date (mm/dd/yy) 4/16/24

**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, IC 3-9-4-18)



**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**

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Page \_\_\_\_\_ of \_\_\_\_\_

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 <i>(mm/dd/yy)</i>
				RECEIVED BY
1.  DEBORAH VANDEMARK 14750 TULIP ROAD CULVER IN 46511  Contributor's Occupation <i>(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"/> Miscellaneous <i>(specify)</i> _____	\$50.00	\$50.00	2-12-24  DV
2.  JON & RUTH VANVECTOR 11108 12TH ROAD ARGOS IN 46501  Contributor's Occupation <i>(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"/> Miscellaneous <i>(specify)</i> _____	\$200.00	\$200.00	2-26-24  DV
3.  TAMI NAPIER  PLYMOUTH IN 46563  Contributor's Occupation <i>(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"/> Miscellaneous <i>(specify)</i> _____	\$250.00	\$250.00	3-5-24  DV
4.  TIMOTHY BOOKWALTER P O BOX 44 GREENCASTLE IN 46135  Contributor's Occupation <i>(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"/> Miscellaneous <i>(specify)</i> _____	\$250.00	\$250.00	3-19-24  DV
5.    Contributor's Occupation <i>(if required)</i> _____	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> _____			
<b>SUBTOTAL THIS PAGE OF SCHEDULE A</b>		\$ 750.00		
<b>TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY</b> <i>(Enter total on ITEM 15a of the Summary Sheet.)</i>		\$		



**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-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>  1  </u> of <u>  1  </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 <i>(mm/dd/yy)</i>
				RECEIVED BY
1.  PLYMOUTH FOUNDRY INC 523 W HARRISON PLYMOUTH IN 46563	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> _____	\$900.00	\$900.00	3-4-24
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> _____			DV
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> _____			
<b>SUBTOTAL THIS PAGE OF SCHEDULE A</b>		\$ 900.00		
<b>TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY</b> <i>(Enter total on ITEM 15a of the Summary Sheet.)</i>		\$		



**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-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**

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Page 1 of 1

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.  REPUBLICANS UNITED TO DEFEND YOU PAC RUDY PAC P O BOX 26141 ALEXANDRIA VA 22313	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> _____	\$500.00	\$500.00	2-26-24
				DV
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> _____			
<b>SUBTOTAL THIS PAGE OF SCHEDULE A</b>		<b>\$ 500.00</b>		
<b>TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY</b> <i>(Enter total on ITEM 15a of the Summary Sheet.)</i>		<b>\$</b>		



**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.

<b>FILE NUMBER</b>
Page <u>  1  </u> of <u>  1  </u>

RECIPIENT'S NAME AND MAILING ADDRESS <i>(street, number, city, state, ZIP code)</i>	RECIPIENT'S OCCUPATION	TYPE OF EXPENDITURE and PURPOSE <i>(be specific)</i>	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE OF EXPENDITURE <i>(mm/dd/yy)</i>
	OFFICE SOUGHT <i>(if applicable)</i>				
Code <u>  0  </u> LAKE CITY BANK P O BOX 1387 WARSAW IN 46581 (PLYMOUTH BRANCH)	BANK	<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>CHECKS</b>	\$19.95	\$19.95	2-21-24
Code <u>  0  </u> JAYMIES PHOTOGRAPHY 4820 N RANGE RD KNOX IN 46534	PHOTOGRAPHY	<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 <u>CK 1001</u> Purpose: <b>PICTURE</b>	\$75.00	\$75.00	3-4-24
Code <u>  0  </u> CAREY WHITEMAN 8091 ELM RD BOURBON IN 46504	EMBROIDERY	<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 <u>CK1002</u> Purpose: <b>SHIRT</b>	\$21.40	\$21.40	3-4-24
Code <u>  A  </u> BOWEN PRINTING 200 S MICHIGAN ST PLYMOUTH	PRINTING COMPANY	<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 <u>CK1003</u> Purpose: <b>SIGNS</b>	\$772.50	\$772.50	3-12-24
Code <u>  A  </u> HARCOURT OUTLINES, INC 7765 S 175 W P O BOX 128 MILROY IN 46156	PRINTING COMPANY	<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 <u>CK1004</u> Purpose: <b>NOTE PADS</b>	\$219.49	\$219.49	3-20-24
Code <u>  A  </u> TOWN & COUNTRY PRINTERS 1920 JIM NEU DRIVE PLYMOUTH IN 46563	PRINTING COMPANY	<input type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other <u>CK1005</u> Purpose: <b>POSTCARDS</b>	\$118.25	\$118.25	3-26-24
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>			\$ 1,226.59		
<b>TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY</b> <i>(Enter total on ITEM 17a of the Summary Sheet.)</i>			\$ 1226.59		



# 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

FILED

FILE NUMBER
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.

2024 APR 17 P 2:34

IS THIS AN AMENDMENT?  Yes  No

MARSHALL CO. CLERK

## COMMITTEE INFORMATION

1. Full Name of Committee (as on <i>Statement of Organization</i> ) Francis Ellert for County Commissioner		<input type="checkbox"/> Check if this is a new name.
2. Acronym or Abbreviated Name (if any)	3. Committee Telephone Number ( 574 ) 298-1548	
4. Mailing Address ( <i>Address where all campaign finance correspondence is received.</i> ) 304 N. Shore Ln		<input type="checkbox"/> Check if this is a new address.
5. City, State, ZIP Code Culver, IN 46511	6. Party Affiliation ( <i>if applicable</i> ) Republican	

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

7. Full Name of Candidate ( <i>Include any nickname.</i> )	8. Party Affiliation or If Independent Candidate
9. Office Sought ( <i>Include district number, if any. Not required for exploratory committee.</i> )	10. County of Residence

## TYPE OF REPORT

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 ( <i>Lines 18, 19, and 20 must be "0."</i> ) <input type="checkbox"/> Outgoing Treasurer ( <i>Within ten (10) days amend Statement of Organization.</i> )	<b>CONVENTION CANDIDATES ONLY</b>	
	Check one: <input type="checkbox"/> Pre-Convention <input type="checkbox"/> Post-Convention	

12. Reporting Period ( <i>mm/dd/yy</i> ): From: 01/01/24 Through: 04/12/24	COLUMN A This Period	COLUMN B Year to Date
13. Cash on hand and investments at the beginning of this reporting period.	0.00	
14. Cash on hand and investments January 1, current year.		0.00

## CONTRIBUTIONS AND RECEIPTS

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

15a. Itemized ( <i>Use Schedule A.</i> )	10,718.00	10,718.00
15b. Unitemized	720.00	720.00
15c. Add lines 15a and 15b in both columns. <b>SUBTOTAL</b>	11,438.00	11,438.00
16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B. <b>TOTAL</b>	11,438.00	11,438.00

## EXPENDITURES

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

17a. Itemized ( <i>Use Schedule B.</i> ) ( <i>Public Question: use Schedule C.</i> )	3,670.87	3,670.87
17b. Unitemized	0.00	0.00
17c. Add lines 17a and 17b in both columns. <b>SUBTOTAL</b>	3,670.87	3,670.87
18. Cash on hand and investments at close of this reporting period ( <i>Subtract 17c from 16 in both columns.</i> ) <b>TOTAL</b>	7,767.13	7,767.13
19. Debts OWED BY the committee ( <i>Use Schedule D.</i> )	0.00	
20. Debts OWED TO the committee ( <i>Use Schedule E.</i> )	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 <i>Francis H. Ellert</i>	Title Treasurer	Date ( <i>mm/dd/yy</i> ) 04/17/24
Signature of Candidate ( <i>if applicable</i> ) <i>Francis H. Ellert</i>		Date ( <i>mm/dd/yy</i> ) 04/17/24

FOR OFFICE USE ONLY

**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)



**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 <u>1</u> of <u>23</u>	

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 <i>(mm/dd/yy)</i>
				RECEIVED BY
1. Ruth Van Vactor 11108 12th Rd Plymouth, IN 46563  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) _____	\$200.00		03/05/24  FE
2. Sanjay Patel 1501 Continental Dr. Zionsville, IN 46077  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) _____	\$500.00		03/05/24  FE
3. John J Oliver P.O. Box 224 Plymouth, IN 46563  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) _____	\$5,000.00		03/12/24  FE
4. Sam Schlosser P.O. Box 523 Plymouth, IN 4653  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) _____	\$500.00		03/26/24  FE
5. Dave Franckowiak 1305 Prospect Ave Willow Springs, IL 60480  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) _____	\$250.00		03/26/24  FE
<b>SUBTOTAL THIS PAGE OF SCHEDULE A</b>		\$ 6,450.00		
<b>TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY</b> <i>(Enter total on ITEM 15a of the Summary Sheet.)</i>		\$		



**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 <u>2</u> of <u>3</u>	

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 <i>(mm/dd/yy)</i>
				RECEIVED BY
1. Sarah Smith 10665 Nutmeg Rd. Plymouth, IN 46563  Contributor's Occupation <i>(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"/> Miscellaneous <i>(specify)</i> _____	\$200.00		03/26/24
				FE
2. Joe Martin P. O. Box 538 Plymouth, IN 46563  Contributor's Occupation <i>(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"/> Miscellaneous <i>(specify)</i> _____	\$250.00		03/26/24
				FE
3. Francis Ellert 304 N Shore Ln Culver, IN 46511  Contributor's Occupation <i>(if required)</i> _____	Contributions: <input type="checkbox"/> Direct <input checked="" type="checkbox"/> In-Kind <i>(describe)</i> _____  Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input checked="" type="checkbox"/> Miscellaneous <i>(specify)</i> <u>Radio ads</u>	\$1,318.00		03/27/24
				FE
4. Chris Reid P.O. Box 351 Fishers, IN 46038  Contributor's Occupation <i>(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"/> Miscellaneous <i>(specify)</i> _____	\$1,000.00		04/01/24
				FE
5. Carrie Hart 4539 E. Foxmoor Ln Lafayette, IN 47905  Contributor's Occupation <i>(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"/> Miscellaneous <i>(specify)</i> _____	\$500.00		04/01/24
				FE
<b>SUBTOTAL THIS PAGE OF SCHEDULE A</b>		\$ 3,268.00		
<b>TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY</b> <i>(Enter total on ITEM 15a of the Summary Sheet.)</i>		\$		





**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 3

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 <i>(mm/dd/yy)</i>
				RECEIVED BY
1. Wendy Loehr 1300 Academy Rd Culver, IN 46511  Contributor's Occupation <i>(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"/> Miscellaneous <i>(specify)</i> _____	\$250.00		04/01/24  FE
2.  Contributor's Occupation <i>(if required)</i> _____	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.  Contributor's Occupation <i>(if required)</i> _____	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.  Contributor's Occupation <i>(if required)</i> _____	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.  Contributor's Occupation <i>(if required)</i> _____	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> _____			
<b>SUBTOTAL THIS PAGE OF SCHEDULE A</b>		\$ 250.00		
<b>TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY</b> <i>(Enter total on ITEM 15a of the Summary Sheet.)</i>		\$ 9,968.00		



**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-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>1</u> of <u>1</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 <i>(mm/dd/yy)</i>
				RECEIVED BY
1. Robertson-Cook Agency 204 N. Michigan St. Plymouth, IN 46563	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	03/05/24
2. Treat's Squire Shop 308 N. Michigan St. Plymouth, IN 46563	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	03/26/24
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> _____			
<b>SUBTOTAL THIS PAGE OF SCHEDULE A</b>		\$ 500.00		
<b>TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY</b> <i>(Enter total on ITEM 15a of the Summary Sheet.)</i>		\$ 500.00		

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**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 1

RECIPIENT'S NAME AND MAILING ADDRESS <i>(street, number, city, state, ZIP code)</i>	RECIPIENT'S OCCUPATION	TYPE OF EXPENDITURE and PURPOSE <i>(be specific)</i>	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE OF EXPENDITURE <i>(mm/dd/yy)</i>
	OFFICE SOUGHT <i>(if applicable)</i>				
Code <u>A</u> Francis Ellert 304 N Shore Ln Culver, IN 46511 RE: Giant FM -radio ads	Radio Station	<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:	\$1,318.00	\$1,318.00	03/27/24
Code <u>A</u> Bowen Printing 200 S. Michigan St Plymouth, IN 46563	Printing Co.	<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:	\$1,391.00	\$1,391.00	03/27/24
Code <u>A</u> Bowen Printing 200 S. Michigan St Plymouth, IN 46563	Printing Co.	<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:	\$861.35	\$2,252.35	04/01/24
Code <u>O</u> Deluxe	Banking Supply Co.	<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:	\$100.52	\$100.52	04/10/24
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>			\$ 3,670.87		
<b>TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY</b> <i>(Enter total on ITEM 17a of the Summary Sheet.)</i>			\$ 3,670.87		

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**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 <u>1</u> of <u>1</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 <i>(mm/dd/yy)</i>
				RECEIVED BY
1. Compton for Mayor Committee 713 N. Michigan St. Plymouth, IN 46563	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	03/05/24
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> _____			FE
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> _____			
<b>SUBTOTAL THIS PAGE OF SCHEDULE A</b>		\$ 250.00		
<b>TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY</b> <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)  
**Summary Sheet**

FILE NUMBER

**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.

TOTAL PAGES IN ENTIRE CFA-4 REPORT

IS THIS AN AMENDMENT?  Yes  No

### COMMITTEE INFORMATION

1. Full Name of Committee (as on <i>Statement of Organization</i> ) <input type="checkbox"/> Check if this is a new name. <b>Friends of Culver Community Schools</b>	
2. Acronym or Abbreviated Name (if any) <b>Friends of CCS</b>	3. Committee Telephone Number <b>(574) 842 0630</b>
4. Mailing Address (Address where all campaign finance correspondence is received.) <input type="checkbox"/> Check if this is a new address. <b>700 School St.</b>	
5. City, State, ZIP Code <b>Culver IN 46511</b>	6. Party Affiliation (if applicable)

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

7. Full Name of Candidate (Include any nickname.)	8. Party Affiliation or If Independent Candidate
9. Office Sought (Include district number, if any. <b>Not required for exploratory committee.</b> )	10. County of Residence

### TYPE OF REPORT

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 ten (10) days amend Statement of Organization.)	CONVENTION CANDIDATES ONLY Check one: <input type="checkbox"/> Pre-Convention <input type="checkbox"/> Post-Convention
---	---

12. Reporting Period (mm/dd/yy): From: <b>1.1.24</b> Through: <b>3.31.24</b>	COLUMN A This Period	COLUMN B Year to Date
13. Cash on hand and investments at the beginning of this reporting period.	<b>1850.66</b>	
14. Cash on hand and investments January 1, current year.		<b>1850.66</b>

### CONTRIBUTIONS AND RECEIPTS

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

15a. Itemized (Use Schedule A.)		
15b. Unitemized		
15c. Add lines 15a and 15b in both columns. <b>SUBTOTAL</b>	<b>- 0 -</b>	<b>- 0 -</b>
16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B. <b>TOTAL</b>	<b>1850.66</b>	<b>1850.66</b>

### EXPENDITURES

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

17a. Itemized (Use Schedule B.) (Public Question: use Schedule C.)		
17b. Unitemized		
17c. Add lines 17a and 17b in both columns. <b>SUBTOTAL</b>	<b>- 0 -</b>	<b>- 0 -</b>
18. Cash on hand and investments at close of this reporting period (Subtract 17c from 16 in both columns.) <b>TOTAL</b>	<b>1850.66</b>	<b>1850.66</b>
19. Debts OWED BY the committee (Use Schedule D.)	<b>-</b>	
20. Debts OWED TO the committee (Use Schedule E.)	<b>-</b>	

### CERTIFICATION

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 <b>Daniel Lee</b>	Title <b>Treasurer</b>	Date (mm/dd/yy) <b>4/18/24</b>
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)

MARSHALL CO. CLERK  
 2024 APR 19 A 8:54

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**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**

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IN CLERK'S OFFICE

2024 APR 15 A 9 51

FILE NUMBER
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 <i>Statement of Organization</i> ) Byers for Coroner <input type="checkbox"/> Check if this is a new name.	
2. Acronym or Abbreviated Name (if any)	3. Committee Telephone Number ( 574 ) 952-1560
4. Mailing Address ( <i>Address where all campaign finance correspondence is received.</i> ) 1708 Westgate Ave <input type="checkbox"/> Check if this is a new address.	
5. City, State, ZIP Code Plymouth, IN 46563	6. Party Affiliation (if applicable) Republican

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

7. Full Name of Candidate ( <i>Include any nickname.</i> ) George Dean Byers	8. Party Affiliation or If Independent Candidate Republican
9. Office Sought ( <i>Include district number, if any. Not required for exploratory committee.</i> ) Coroner	10. County of Residence Marshall

**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 ( <i>Lines 18, 19, and 20 must be "0".</i> ) <input type="checkbox"/> Outgoing Treasurer ( <i>Within ten (10) days amend Statement of Organization.</i> )	Check one: <input type="checkbox"/> Pre-Convention <input type="checkbox"/> Post-Convention
---	---

12. Reporting Period (mm/dd/yy): From: 1/1/2024 Through: April 12, 2024	COLUMN A This Period	COLUMN B Year to Date
13. Cash on hand and investments at the beginning of this reporting period.	0.00	
14. Cash on hand and investments January 1, current year.		0.00

**CONTRIBUTIONS AND RECEIPTS**

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

15a. Itemized (Use Schedule A.)	0.00	
15b. Unitemized	0.00	
15c. Add lines 15a and 15b in both columns. <b>SUBTOTAL</b>	0.00	
16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B. <b>TOTAL</b>	0.00	

**EXPENDITURES**

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

17a. Itemized (Use Schedule B.) (Public Question: use Schedule C.)	0.00	
17b. Unitemized	0.00	
17c. Add lines 17a and 17b in both columns. <b>SUBTOTAL</b>	0.00	
18. Cash on hand and investments at close of this reporting period (Subtract 17c from 16 in both columns.) <b>TOTAL</b>	0.00	
19. Debts OWED BY the committee (Use Schedule D.)	0.00	
20. Debts OWED TO the committee (Use Schedule E.)	0.00	

**CERTIFICATION** **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 <i>[Signature]</i>	Title Treasurer	Date (mm/dd/yy) April 15, 2024
Signature of Candidate (if applicable) <i>[Signature]</i>		Date (mm/dd/yy) April 15, 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)

FILED  
IN CLERK'S OFFICE



# 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

**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.

TOTAL PAGES IN ENTIRE CFA-4 REPORT

IS THIS AN AMENDMENT?  Yes  No **2024 APR 15 P 1:30**

4

### COMMITTEE INFORMATION

1. Full Name of Committee (as on Statement of Organization)  Check if this is a new name.  
**JEFF JOHNSON FOR COUNTY COMMISSIONER**

2. Acronym or Abbreviated Name (if any)

3. Committee Telephone Number  
**(574) 514-1032**

4. Mailing Address (Address where all campaign finance correspondence is received.)  Check if this is a new address.  
**2283 BITTER ROOT DR. APT. #101**

5. City, State, ZIP Code  
**PLYMOUTH, IN 46563**

6. Party Affiliation (if applicable)  
**DEMOCRAT**

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

7. Full Name of Candidate (Include any nickname.)  
**JEFF JOHNSON**

8. Party Affiliation or If Independent Candidate  
**DEMOCRAT**

9. Office Sought (Include district number, if any. Not required for exploratory committee.)  
**COUNTY COMMISSIONER DIST# 2**

10. County of Residence  
**MARSHALL**

### 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: **April 12-2024**

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

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

### CONTRIBUTIONS AND RECEIPTS

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

	COLUMN A This Period	COLUMN B Year to Date
15a. Itemized (Use Schedule A.)	2000.00	
15b. Unitemized	20.00	
15c. Add lines 15a and 15b in both columns. <b>SUBTOTAL</b>		
16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B. <b>TOTAL</b>	2020.00	2020.00

### EXPENDITURES

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

17a. Itemized (Use Schedule B.) (Public Question: use Schedule C.)	1,140.22	1,140.22
17b. Unitemized		
17c. Add lines 17a and 17b in both columns. <b>SUBTOTAL</b>	1,140.22	1,140.22
18. Cash on hand and investments at close of this reporting period (Subtract 17c from 16 in both columns.) <b>TOTAL</b>	879.78	879.78
19. Debts OWED BY the committee (Use Schedule D.)	00.00	
20. Debts OWED TO the committee (Use Schedule E.)	00.00	

### 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 <b>Kate Moberly</b>	Title <b>Treasurer</b>	Date (mm/dd/yy) <b>04/15/2024</b>
Signature of Candidate (if applicable)		Date (mm/dd/yy) <b>04/15/2024</b>

FOR OFFICE USE ONLY

**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)



**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**

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Page \_\_\_\_\_ of \_\_\_\_\_

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 <i>(mm/dd/yy)</i>
				RECEIVED BY
1. <i>Unitemized</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"/> Miscellaneous <i>(specify)</i> _____	20.00		20.00 Feb. 23 JS
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> _____			
<b>SUBTOTAL THIS PAGE OF SCHEDULE A</b>		\$	20.00	
<b>TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY</b> <i>(Enter total on ITEM 15a of the Summary Sheet.)</i>		\$	20.00	

2024 APR 15 1 P 1:30  
 MARSHALL CO. CLERK  
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**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-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**

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Page \_\_\_\_\_ of \_\_\_\_\_

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.  I.U.O.E 1001 N. Michigan St. Lakeville, IN 46536	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>	\$ 2000.00	\$ 2,000.00	4/8/24  [Signature]
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>		2024 APR 15 1P 1:30 MARSHALL CO. CLERK	FILED
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>			
<b>SUBTOTAL THIS PAGE OF SCHEDULE A</b>		\$ 2,000.00		
<b>TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY</b> <i>(Enter total on ITEM 15a of the Summary Sheet.)</i>		\$		



**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 \_\_\_\_\_ of \_\_\_\_\_

RECIPIENT'S NAME AND MAILING ADDRESS <i>(street, number, city, state, ZIP code)</i>	RECIPIENT'S OCCUPATION	TYPE OF EXPENDITURE and PURPOSE <i>(be specific)</i>	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE OF EXPENDITURE <i>(mm/dd/yy)</i>
	OFFICE SOUGHT <i>(if applicable)</i>				
Code _____ Bowen Printing 200 S. Michigan Plymouth, IN		<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input checked="" type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: <u>signs + cards</u>	905.22		905.22
Code _____ VAN ADCO Signs 10625 State St. 10 ARCO, IN 46510		<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input checked="" type="checkbox"/> Other <u>Billboard</u> Purpose:	235.00		235.00
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>			\$ 1140.22		
<b>TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY</b> <i>(Enter total on ITEM 17a of the Summary Sheet.)</i>			\$		

MARSHALL CO. CLERK  
 2024 APR 15 1 P 1:30  
 FILED



# 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

<b>FILE NUMBER</b>
<b>TOTAL PAGES IN ENTIRE CFA-4 REPORT</b>

COMMITTEE INFORMATION	
1. Full Name of Committee (as on Statement of Organization) <input type="checkbox"/> Check if this is a new name. <b>JEFF WOJCIK FOR COUNTY COUNCIL AT LARGE</b>	
2. Acronym or Abbreviated Name (if any) <b>20530 ST RD 8</b>	3. Committee Telephone Number <b>(574) 575-0463</b>
4. Mailing Address (Address where all campaign finance correspondence is received.) <input type="checkbox"/> Check if this is a new address.	
5. City, State, ZIP Code <b>CELVEN IN 46511</b>	6. Party Affiliation (if applicable) <b>REPUBLICAN</b>

CANDIDATE INFORMATION (For Candidate's Committees Only)	
7. Full Name of Candidate (Include any nickname.) <b>JEFFERY JOSEPH WOJCIK</b>	8. Party Affiliation of Independent Candidate <b>REPUBLICAN</b>
9. Office Sought (Include district number, if any. Not required for exploratory committee.)	10. County of Residence <b>MARSHALL</b>

TYPE OF REPORT	CONVENTION CANDIDATES ONLY	
11. Check one: <input checked="" type="checkbox"/> Pre-Primary <input checked="" 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 ten (10) days amend Statement of Organization.)	Check one: <input type="checkbox"/> Pre-Convention <input type="checkbox"/> Post-Convention	
12. Reporting Period (mm/dd/yy): From: <del>1-1-24</del> <b>1-1-24</b> Through: <b>4-12-24</b>	<b>COLUMN A This Period</b>	<b>COLUMN B Year to Date</b>
13. Cash on hand and investments at the beginning of this reporting period.	<b>0</b>	
14. Cash on hand and investments January 1, current year.		

CONTRIBUTIONS AND RECEIPTS		
<i>(Note: these amounts include in-kind contributions and loans, as well as cash contributions.)</i>		
15a. Itemized (Use Schedule A.)		
15b. Unitemized	<b>24</b>	<b>34</b>
15c. Add lines 15a and 15b in both columns. <b>SUBTOTAL</b>		
16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B. <b>TOTAL</b>		

EXPENDITURES		
<i>(Note: These amounts include in-kind expenditures and loan repayments.)</i>		
17a. Itemized (Use Schedule B.) (Public Question: use Schedule C.)		
17b. Unitemized		<b>34</b>
17c. Add lines 17a and 17b in both columns. <b>SUBTOTAL</b>		
18. Cash on hand and investments at close of this reporting period (Subtract 17c from 16 in both columns.) <b>TOTAL</b>		<b>-0-</b>
19. Debts OWED BY the committee (Use Schedule D.)		
20. Debts OWED TO the committee (Use Schedule E.)		

CERTIFICATION			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 <b>Jeff Wojcik</b>	Title	Date (mm/dd/yy) <b>4-12-24</b>	
Signature of Candidate (if applicable) <b>Jeffery J. Wojcik</b>		Date (mm/dd/yy) <b>4-12-24</b>	
<b>WARNING:</b> 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)			



# 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

2024 APR 19 P 2:08

FILE NUMBER
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.

MARSHALL CO. CLERK

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. <i>Jesse for Marshall County</i>	
2. Acronym or Abbreviated Name (if any)	3. Committee Telephone Number <i>(574) 216-0115</i>
4. Mailing Address (Address where all campaign finance correspondence is received.) <input type="checkbox"/> Check if this is a new address. <i>511 Cavalier Dr #109</i>	
5. City, State, ZIP Code <i>Culver, IN 46511</i>	6. Party Affiliation (if applicable) <i>Republican</i>

CANDIDATE INFORMATION (For Candidate's Committees Only)	
7. Full Name of Candidate (Include any nickname.) <i>Jesse Bohannon</i>	8. Party Affiliation or If Independent Candidate <i>Republican</i>
9. Office Sought (Include district number, if any. <b>Not required for exploratory committee.</b> ) <i>Commissioner #3</i>	10. County of Residence <i>Marshall</i>

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 ten (10) days amend Statement of Organization.)	Check one: <input type="checkbox"/> Pre-Convention <input type="checkbox"/> Post-Convention

12. Reporting Period (mm/dd/yy):	COLUMN A This Period	COLUMN B Year to Date
From: <i>01/01/24</i> Through: <i>04/12/24</i>		
13. Cash on hand and investments at the beginning of this reporting period.	<i>1415.46</i>	
14. Cash on hand and investments January 1, current year.		<i>1415.46</i>

CONTRIBUTIONS AND RECEIPTS		
<i>(Note: these amounts include in-kind contributions and loans, as well as cash contributions.)</i>		
15a. Itemized (Use Schedule A.)	<i>12496.26</i>	<i>12496.26</i>
15b. Unitemized	<i>0.00</i>	<i>0.00</i>
15c. Add lines 15a and 15b in both columns. <b>SUBTOTAL</b>	<i>12496.26</i>	<i>12496.26</i>
16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B. <b>TOTAL</b>	<i>13911.72</i>	<i>13911.72</i>

EXPENDITURES		
<i>(Note: These amounts include in-kind expenditures and loan repayments.)</i>		
17a. Itemized (Use Schedule B.) (Public Question: use Schedule C.)	<i>11,538.31</i>	<i>11,538.31</i>
17b. Unitemized	<i>0.00</i>	<i>0.00</i>
17c. Add lines 17a and 17b in both columns. <b>SUBTOTAL</b>	<i>11,538.31</i>	<i>11,538.31</i>
18. Cash on hand and investments at close of this reporting period (Subtract 17c from 16 in both columns.) <b>TOTAL</b>	<i>2373.41</i>	<i>2373.41</i>
19. Debts OWED BY the committee (Use Schedule D.)	<i>0.00</i>	
20. Debts OWED TO the committee (Use Schedule E.)	<i>0.00</i>	

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 <i>J Bohannon</i>	Title <i>Treasurer</i>	Date (mm/dd/yy) <i>04/19/24</i>
Signature of Candidate (if applicable) <i>J Bohannon</i>		Date (mm/dd/yy) <i>04/19/24</i>
<b>WARNING:</b> 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 totalled 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 14

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 <i>(mm/dd/yy)</i>
				RECEIVED BY
1. Jesse Bohannon 511 Cavalier Dr 109 Culver, IN 46511  Contributor's Occupation (if required) <u>Restaurant operator</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)	19.24	19.24	02/03/24 JB
2. Misty Andozejewski 19478 20A Rd Culver, IN 46511  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)	28.83	28.83	2/3/24 JB
3. Brandon Schadek 19921 9th Plymouth, IN 46563  Contributor's Occupation (if required) <u>Steel Worker</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)	48.25	48.25	2/8/24 JB
4. Adam Faulstich 13720 12th Plymouth, IN 46563  Contributor's Occupation (if required) <u>Service Engineer</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)	2,000	2,000	2/12/24 JB
5. Keith Kline 904 Flynn Miami Tol Bremen, IN 46506  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)	100	100	3/6/24 JB
<b>SUBTOTAL THIS PAGE OF SCHEDULE A</b>		<b>\$ 2,196.32</b>		
<b>TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY</b> <i>(Enter total on ITEM 15a of the Summary Sheet.)</i>		<b>\$</b>		



**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**

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Page 3 of 14

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 <i>(mm/dd/yy)</i>
				RECEIVED BY
1. Brandon Schadek	Contributions: <input type="checkbox"/> Direct <input checked="" type="checkbox"/> In-Kind (describe) <u>Facebook Ads</u> Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify)	7.50	55.75	3/9/24
Contributor's Occupation (if required)				JB
2. <del>Harman (CFTH)</del> <del>7000 N...</del> <del>...</del>	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)	2000	3000	2/17/24
Contributor's Occupation (if required) <u>Candidate Con.</u>				
3. Travis Hensley 6344 E 800 N Syracuse, IN 46567	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	100	3/14/24
Contributor's Occupation (if required) <u>Sales</u>				JB
4. <del>...</del> <del>...</del>	Contributions: <input type="checkbox"/> Direct <input checked="" type="checkbox"/> In-Kind (describe) <u>Direct Mail</u> Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify)	642.02	3042.02	3/10/24
Contributor's Occupation (if required)				
5. Adam Faulstich	Contributions: <input type="checkbox"/> Direct <input checked="" type="checkbox"/> In-Kind (describe) <u>Direct Mail</u> Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify)	491.16	2491.16	3/20/24
Contributor's Occupation (if required)				JB
<b>SUBTOTAL THIS PAGE OF SCHEDULE A</b>		\$	<u>588.66</u>	
<b>TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY</b> <i>(Enter total on ITEM 15a of the Summary Sheet.)</i>		\$		

W. L. COHEN  
DIVISION OF  
GENERAL INVESTIGATIVE  
AND CONTROL

UNITED STATES DEPARTMENT OF JUSTICE  
FEDERAL BUREAU OF INVESTIGATION

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]



**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 <u>4</u>	of <u>14</u>

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 <i>(mm/dd/yy)</i>
				RECEIVED BY
1. Tim Harman 2940 Sycamore Ln Bremen, IN 46506  Contributor's Occupation (if required) <u>Restaurateur</u>	Contributions: <input type="checkbox"/> Direct <input checked="" type="checkbox"/> In-Kind (describe) <u>Stakes</u>  Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify)	85.94	85.94	3/23/24  JB
2. Branden Schadek  Contributor's Occupation (if required) _____	Contributions: <input type="checkbox"/> Direct <input checked="" type="checkbox"/> In-Kind (describe) <u>Facebook Ads</u>  Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify)	3.75	<del>41.00</del> 59.50	3/25/24  JB
3. <del>REDACTED</del>  Contributor's Occupation (if required) _____	Contributions: <input type="checkbox"/> Direct <input checked="" type="checkbox"/> In-Kind (describe) <u>Direct Mail</u>  Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify)	197.95	3831.97	<del>24</del> JB
4. <del>REDACTED</del>  Contributor's Occupation (if required) _____	Contributions: <input type="checkbox"/> Direct <input checked="" type="checkbox"/> In-Kind (describe) <u>Direct Mail</u>  Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify)	145.15	3127.12	<del>24</del>
5. Jamie O'Brien 15822 Cedar Ridge Ct. Granger, IN 46530  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	100	
<b>SUBTOTAL THIS PAGE OF SCHEDULE A</b>		\$	<u>199.69</u>	
<b>TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY</b> <i>(Enter total on ITEM 15a of the Summary Sheet.)</i>		\$		



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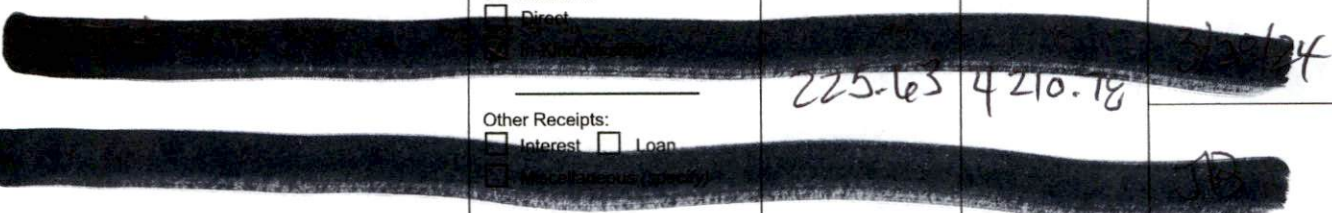
**REPORT OF RECEIPTS AND EXPENDITURES  
OF A POLITICAL COMMITTEE**  
State Form 4606 (R17 / 8-23)  
Indiana Election Division (IC 3-9-5-14)

**(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 5 of 14

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 <i>(mm/dd/yy)</i>
				RECEIVED BY
1. Troy Woodruff 11732 Sea Star Dr. Indianapolis, IN 46256  Contributor's Occupation <i>(if required)</i> <u>Engineering</u>	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>	500	500	3/28/24 JB
2. Timothy Bookwatter PO Box 44 Greencastle, IN 46135  Contributor's Occupation <i>(if required)</i> <u>Attorney</u>	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>	100	100	3/28/24 JB
3. Paul Hebner 12486 Hillside Dr. Plymouth, IN 46563  Contributor's Occupation <i>(if required)</i> <u>Retired</u>	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>	100	100	3/29/24 JB
4.   Contributor's Occupation <i>(if required)</i> _____	Contributions: <input type="checkbox"/> Direct  Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous <i>(specify)</i>	225.65	4210.18	3/28/24 JB
5. Adam Faulstich  Contributor's Occupation <i>(if required)</i> _____	Contributions: <input type="checkbox"/> Direct <input checked="" type="checkbox"/> In-Kind <i>(describe)</i>  Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous <i>(specify)</i>	1924.01	4405.17	3/29/24 JB
<b>SUBTOTAL THIS PAGE OF SCHEDULE A</b>		\$		
<b>TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY</b> <i>(Enter total on ITEM 15a of the Summary Sheet.)</i>		\$		





**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 6 of 14

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 <i>(mm/dd/yy)</i>
				RECEIVED BY
1. Tim Harman  Contributor's Occupation <i>(if required)</i>	Contributions: <input type="checkbox"/> Direct <input checked="" type="checkbox"/> In-Kind <i>(describe)</i> <u>Direct Mail</u> Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous <i>(specify)</i>	720.33	905.94	3/29/24 JB
2. Jesse Bohannon  Contributor's Occupation <i>(if required)</i>	Contributions: <input type="checkbox"/> Direct <input checked="" type="checkbox"/> In-Kind <i>(describe)</i> <u>Advertising</u> Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous <i>(specify)</i>	14.97	34.21	3/29/24 JB
3. Jesse Bohannon  Contributor's Occupation <i>(if required)</i>	Contributions: <input type="checkbox"/> Direct <input checked="" type="checkbox"/> In-Kind <i>(describe)</i> <u>Direct Mail</u> Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous <i>(specify)</i>	85.60	119.81	3/29/24 JB
4. Brandon Schadek  Contributor's Occupation <i>(if required)</i>	Contributions: <input checked="" type="checkbox"/> Direct <input checked="" type="checkbox"/> In-Kind <i>(describe)</i> Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous <i>(specify)</i>	12.50	72.00	4/5/24 JB
5. John Pickard 50801 Nighthawk Ln Elkhart, IN 46514  Contributor's Occupation <i>(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"/> Miscellaneous <i>(specify)</i>	48.25	48.25	4/5/24 JB
<b>SUBTOTAL THIS PAGE OF SCHEDULE A</b>		\$ 881.65		
<b>TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY</b> <i>(Enter total on ITEM 15a of the Summary Sheet.)</i>		\$		



**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 7 of 14

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 <i>(mm/dd/yy)</i>
				RECEIVED BY
1. Jim Purucker 144 S. Shere Dr. Culver, IN 46511  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)	96.80 <del>100.00</del>	96.80	4/7/24  JB
2. Brandon Schadek  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)	43.39	115.39	4/7/24  JB
3. Robin June 7117 Luzerne Dr. Linden, MI 48451  Contributor's Occupation (if required) <u>Accountant</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)	96.80	96.80	4/8/24  JB
4. Judith Eck Revokable Trust PO Box 967 Carrabelle, FL 32332 Contributor's Occupation (if required) <u>Private Trust</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)	500	500	4/8/24  JB
5. Frank Rickman 402 W. Marshall Argos, IN 46501 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)	10	10	4/11/24  JB
<b>SUBTOTAL THIS PAGE OF SCHEDULE A</b>		<b>\$ 746.99</b>		
<b>TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY</b> <i>(Enter total on ITEM 15a of the Summary Sheet.)</i>		<b>\$</b>		



**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 <u>8</u> of <u>14</u>	

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 <i>(mm/dd/yy)</i>
				RECEIVED BY
1. Timothy Norman 14840 W. 14B Rd Plymouth, IN 46563  Contributor's Occupation <i>(if required)</i> Retired	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>	1000	1000	4/12/24  JB
2. Tim Harman  Contributor's Occupation <i>(if required)</i>	Contributions: <input type="checkbox"/> Direct <input checked="" type="checkbox"/> In-Kind <i>(describe)</i> Facebook Ads  Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous <i>(specify)</i>	58.16	864.10	4/12/24  JB
3.  Contributor's Occupation <i>(if required)</i>	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.  Contributor's Occupation <i>(if required)</i>	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.  Contributor's Occupation <i>(if required)</i>	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>			
<b>SUBTOTAL THIS PAGE OF SCHEDULE A</b>		\$ 1058.16		
<b>TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY</b> <i>(Enter total on ITEM 15a of the Summary Sheet.)</i>		\$		



**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**

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Page 9 of 14

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. Conservatives for Tim Harman (CFTH)	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> _____	3000	3000	3/12/24 JB
2. CFTH	Contributions: <input type="checkbox"/> Direct <input checked="" type="checkbox"/> In-Kind <i>(describe)</i> <u>Direct Mail</u> Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous <i>(specify)</i> _____	642.02	3642.02	3/17/24 JB
3. CFTH	Contributions: <input type="checkbox"/> Direct <input checked="" type="checkbox"/> In-Kind <i>(describe)</i> <u>Direct Mail</u> Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous <i>(specify)</i> _____	197.95	3839.97	3/25/24 JB
4. CFTH	Contributions: <input type="checkbox"/> Direct <input checked="" type="checkbox"/> In-Kind <i>(describe)</i> <u>Direct Mail</u> Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous <i>(specify)</i> _____	145.18	3985.15	3/25/24 JB
5. CFTH	Contributions: <input type="checkbox"/> Direct <input checked="" type="checkbox"/> In-Kind <i>(describe)</i> _____ Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous <i>(specify)</i> _____	225.63	4210.78	3/28/24 JB
<b>SUBTOTAL THIS PAGE OF SCHEDULE A</b>		\$4210.78		
<b>TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY</b> <i>(Enter total on ITEM 15a of the Summary Sheet.)</i>		\$4210.78		







**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 19 of 14

RECIPIENT'S NAME AND MAILING ADDRESS <i>(street, number, city, state, ZIP code)</i>	RECIPIENT'S OCCUPATION	TYPE OF EXPENDITURE and PURPOSE <i>(be specific)</i>	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE OF EXPENDITURE <i>(mm/dd/yy)</i>
	OFFICE SOUGHT <i>(if applicable)</i>				
Code <u>A</u> Facebook 1 Hacker Way Menlo Park, CA 94025	Social Media Buys 1/1-4/12	<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: Ads	734.78	734.78	4/12/24
Code <u>A</u> Amazon.com 410 Terry Ave N. Seattle, WA 48109	On-line Retailer	<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: Supplies	11.65	11.65	2/11/24
Code <u>A</u> Magnets on the Cheap 11525 B Stonehollow Austin, TX 78758	On-line Retailer	<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: Magnets	71.30	71.30	2/11/24
Code <u>O</u> Amazon.com		<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: Supplies	23.31	34.96	2/16/24
Code <u>O</u> Amazon.com		<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: Supplies	187.19	198.84	2/23/24
Code <u>A</u> VistaPrint 275 Wyman St. Waltham, MA 02451	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: Postcards	573.51	573.51	3/1/24
Code <u>C</u> Hoosier Censor. Voices - 312 W. Cottax Ave. S Bend	PAC	<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: Contribution	660	660	3/1/24
<b>SUBTOTAL THIS PAGE OF SCHEDULE B</b>			\$2261.74		
<b>TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY</b> <i>(Enter total on ITEM 17a of the Summary Sheet.)</i>			\$		



**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 11 of 14

RECIPIENT'S NAME AND MAILING ADDRESS <i>(street, number, city, state, ZIP code)</i>	RECIPIENT'S OCCUPATION	TYPE OF EXPENDITURE and PURPOSE <i>(be specific)</i>	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE OF EXPENDITURE <i>(mm/dd/yy)</i>
	OFFICE SOUGHT <i>(if applicable)</i>				
Code <u>A</u> Build A Sign 11525 H Stonehollow Austin, TX 78758	On-line Retailer	<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	552.12	552.12	3/6/24
Code <u>0</u> Amazon.com		<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: Supplies	90.86	289.70	3/6/24
Code <u>A</u> Vista Print		<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: Mini Magnets	601.07	1174.22	3/10/24
Code <u>A</u> Amazon.com		<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: Envelopes	336.32	626.02	3/10/24
Code <u>A</u> Just Mailings 921 S. Main South Bend, IN 46601	Direct Mail House	<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:	2581.10	2581.10	3/12/24
Code <u>0</u> Jesse Bohannon 511 Cavalier Dr Culver, IN 46511	Candidate Commissioner 3	<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 <u>Mileage</u> Purpose: <u>Logistics</u> <u>Event Travel</u>	65.19	65.19	3/12/24
Code <u>0</u> Loves 2952 Gary Dr. Plymouth, IN 46526	Gas 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: Fuel	54.11	54.11	3/14/24
<b>SUBTOTAL THIS PAGE OF SCHEDULE B</b>			\$4280.77		
<b>TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY</b> <i>(Enter total on ITEM 17a of the Summary Sheet.)</i>			\$		



**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 12 of 14

RECIPIENT'S NAME AND MAILING ADDRESS <i>(street, number, city, state, ZIP code)</i>	RECIPIENT'S OCCUPATION	TYPE OF EXPENDITURE and PURPOSE <i>(be specific)</i>	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE OF EXPENDITURE <i>(mm/dd/yy)</i>
	OFFICE SOUGHT <i>(if applicable)</i>				
Code <u>A</u> Dollar General 18570 SR 10 Culver, IN 46511	Retailer	<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: Supplies	25.68	25.68	3/16/24
Code <u>A</u> Gunslinger Productions 2881 E. DuPont Rd Ft. Wayne, IN 46825	Event Promoter Plymouth Gun Show	<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: Meet + Greet	25.00	25.00	3/17/24
Code <u>O</u> Jesse Bohannon	Candidate	<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: Mileage	38.96	65.19	3/17/24
Code <u>A</u> Just Mailings		<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: Direct Mail	642.02	3223.12	3/17/24
Code <u>O</u> Pilot Truck Stop 10619 9A Rd Plymouth, IN 46563	Gas 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: Fuel	52.04	52.04	3/19/24
Code <u>A</u> Amazon.com		<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: Supplies	13.90	639.92	3/19/24
Code <u>A</u> Just Mailings		<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: Direct Mail	481.16	3062.26	3/29/24
<b>SUBTOTAL THIS PAGE OF SCHEDULE B</b>			\$ 1278.66		
<b>TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY</b> <i>(Enter total on ITEM 17a of the Summary Sheet.)</i>			\$		



**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 13 of 14

RECIPIENT'S NAME AND MAILING ADDRESS <i>(street, number, city, state, ZIP code)</i>	RECIPIENT'S OCCUPATION	TYPE OF EXPENDITURE and PURPOSE <i>(be specific)</i>	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE OF EXPENDITURE <i>(mm/dd/yy)</i>
	OFFICE SOUGHT <i>(if applicable)</i>				
Code <u>A</u> Signs on the Cheap 11525 1st Stonehollow Austin, TX 78758	Sign maker	<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: Stakes	85.94	85.94	3/23/24
Code <u>A</u> Amazon.com		<input checked="" 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:	14.97	654.89	3/29/24
Code <u>O</u> Walmart 2505 N Oak Dr. Plymouth, IN 46563	Retailer	<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: Supplies	6.39	6.39	3/22/24
Code <u>O</u> Ace Hardware 18619 SR10 Culver, IN 46511	Hardware Store	<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: Supplies	21.38	21.38	3/24/24
Code <u>A</u> Dixley Press 2906 N. Home St. Mishawaka, IN 46545	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: Direct Mail	197.95	197.95	3/25/24
Code <u>A</u> Just Mailings		<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:	145.18	3207.44	3/25/24
Code <u>O</u> Seasoned Banquet 830 Lincoln Hwy E Plymouth, IN 46563	Banquet Hall	<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:	225.63	225.63	3/28/24
<b>SUBTOTAL THIS PAGE OF SCHEDULE B</b>			\$ 697.44		
<b>TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY</b> <i>(Enter total on ITEM 17a of the Summary Sheet.)</i>			\$		





**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**

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FILE NUMBER

Page 14 of 14

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 <i>(mm/dd/yy)</i>
Code <u>A</u> Just Mailings		<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: <u>Direct Mail</u>	1,924.01	5131.45	3/29/24
Code <u>A</u> Just Mailings		<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:	720.33	5851.78	3/29/24
Code <u>A</u> Amazon.com		<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: <u>on Vehicle Ads</u>	14.97	669.86	3/29/24
Code <u>A</u> Just Mailings		<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:	95.60	5937.38	4/1/24
Code <u>A</u> Facebook.com		<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: <u>Ads Tim</u>	58.16	792.94	4/12/24
Code <u>O</u> Jesse Bohannon	✓	<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: <u>Mileage</u>	92.88	158.70	4/12/24
Code <u>A</u> Facebook.com		<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: <u>Ads Brandon</u>	23.75	816.69	4/12/24
<b>SUBTOTAL THIS PAGE OF SCHEDULE B</b>			\$ 2919.70		
<b>TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY</b> <i>(Enter total on ITEM 17a of the Summary Sheet.)</i>			\$ 11,538.31		

ITEMIZED EXPENDITURES (PART B SCHEDULE B)

REPORT OF RECEIPTS AND EXPENDITURES

[Redacted]

For the year ending 1972, the donor has reported the following items:

[Redacted]

DATE	DESCRIPTION	AMOUNT	REMARKS
1/15/72	...	...	...
2/10/72	...	...	...
3/20/72	...	...	...
4/15/72	...	...	...
5/10/72	...	...	...
6/25/72	...	...	...
7/15/72	...	...	...
8/10/72	...	...	...
9/20/72	...	...	...
10/15/72	...	...	...
11/10/72	...	...	...
12/20/72	...	...	...
TOTAL			

20-12-81R

[Redacted]

SUBTOTAL THE OTHER SIDE OF THIS PAGE AND THE TOTAL OF THIS PAGE (Carry forward to page 2 of this report)



# 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.

FILED

**FILE NUMBER**

**TOTAL PAGES IN ENTIRE CFA-4 REPORT**

4

**IS THIS AN AMENDMENT?** Yes  No  2024 APR 15 P 1:30

### COMMITTEE INFORMATION

1. Full Name of Committee (as on <i>Statement of Organization</i> ) Masterson For County Council		<input type="checkbox"/> Check if this is a new name.
2. Acronym or Abbreviated Name (if any)	3. Committee Telephone Number ( 574 ) 286-8602	
4. Mailing Address ( <i>Address where all campaign finance correspondence is received.</i> ) 12346 Diamond Drive		<input type="checkbox"/> Check if this is a new address.
5. City, State, ZIP Code Plymouth, IN. 46563	6. Party Affiliation ( <i>if applicable</i> ) Republican	

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

7. Full Name of Candidate ( <i>Include any nickname.</i> ) James (Jim) Masterson	8. Party Affiliation or If Independent Candidate Republican
9. Office Sought ( <i>Include district number, if any. Not required for exploratory committee.</i> ) Marshall County Council At Large	10. County of Residence Marshall

### 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 ( <i>Lines 18, 19, and 20 must be "0".</i> ) <input type="checkbox"/> Outgoing Treasurer ( <i>Within ten (10) days amend Statement of Organization.</i> )	Check one: <input type="checkbox"/> Pre-Convention <input type="checkbox"/> Post-Convention
---	---

12. Reporting Period (mm/dd/yy): From: 01-01-2024 Through: 04-12-2024	<b>COLUMN A</b> This Period	<b>COLUMN B</b> Year to Date
13. Cash on hand and investments at the beginning of this reporting period.	0.00	
14. Cash on hand and investments January 1, current year.		0.00

### CONTRIBUTIONS AND RECEIPTS

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

15a. Itemized (Use Schedule A.)	4,700.00	4,700.00
15b. Unitemized	0.00	0.00
15c. Add lines 15a and 15b in both columns. <b>SUBTOTAL</b>	4,700.00	4,700.00
16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B. <b>TOTAL</b>	4,700.00	4,700.00

### EXPENDITURES

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

17a. Itemized (Use Schedule B.) (Public Question: use Schedule C.)	1,367.50	1,367.50
17b. Unitemized	0.00	0.00
17c. Add lines 17a and 17b in both columns. <b>SUBTOTAL</b>	1,367.50	1,367.50
18. Cash on hand and investments at close of this reporting period (Subtract 17c from 16 in both columns.) <b>TOTAL</b>	3,332.50	3,332.50
19. Debts OWED BY the committee (Use Schedule D.)	0.00	
20. Debts OWED TO the committee (Use Schedule E.)	0.00	

### CERTIFICATION

### 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 <i>James Masterson</i>	Title Treasurer	Date (mm/dd/yy) 04-12-2024
Signature of Candidate (if applicable) <i>James Masterson</i>		Date (mm/dd/yy) 04-12-2024

**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)





**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 <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. Jon E. VanVactor Ruth E. VanVactor 11108 12th Road Plymouth, IN. 46563  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	02-14-2024
2. James D. Masterson 12346 Diamond Drive Plymouth, IN. 46563  Contributor's Occupation (if required) <u>Realtor/Self</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)	\$4,000.00	\$4,000.00	02-29-2024
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)			
<b>SUBTOTAL THIS PAGE OF SCHEDULE A</b>		\$ 4,200.00		
<b>TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY</b> <i>(Enter total on ITEM 15a of the Summary Sheet.)</i>		\$		

MARSHALL CO. CLERK  
 2024 APR 15 P 1:34  
 FILED



**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 <u>2</u> of <u>2</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 <i>(mm/dd/yy)</i>
				RECEIVED BY
1. Rudy for Indiana 5776 Grape Road PMB 176 Mishawaka, IN. 46545	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> _____	\$500.00	\$500.00	03-07-2024
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> _____			
<b>SUBTOTAL THIS PAGE OF SCHEDULE A</b>		\$ 500.00		
<b>TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY</b> <i>(Enter total on ITEM 15a of the Summary Sheet.)</i>		\$ 4,700.00		

2024 APR 15 1:34 PM  
 MARSHALL CO. CLERK  
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**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 1

RECIPIENT'S NAME AND MAILING ADDRESS <i>(street, number, city, state, ZIP code)</i>	RECIPIENT'S OCCUPATION	TYPE OF EXPENDITURE and PURPOSE <i>(be specific)</i>	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE OF EXPENDITURE <i>(mm/dd/yy)</i>
	OFFICE SOUGHT <i>(if applicable)</i>				
Code <u>A</u> The Pilot News Group 218 North Michigan Street Plymouth, IN. 46563	Newspaper	<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:	\$595.00	\$595.00	03-14-2024
Code <u>A</u> Bowen Printing 200 S. Michigan Street Plymouth, IN. 46563	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:	\$772.50	\$772.50	03-14-2024
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:			
<b>SUBTOTAL THIS PAGE OF SCHEDULE B</b>			\$ 1,367.50		
<b>TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY</b> <i>(Enter total on ITEM 17a of the Summary Sheet.)</i>			\$ 1,367.50		

MARSHALL CO. CLERK  
 2024 APR 15 P 1:34  
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# 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

FILED

2024 APR 17 A 10:00

MARSHALL CO. CLERK

**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

TOTAL PAGES IN ENTIRE CFA-4 REPORT

3

IS THIS AN AMENDMENT?  Yes  No

### COMMITTEE INFORMATION

1. Full Name of Committee (as on <i>Statement of Organization</i> ) Sandra Dodson for Treasurer Committee		<input type="checkbox"/> Check if this is a new name.
2. Acronym or Abbreviated Name (if any)	3. Committee Telephone Number ( 574 ) 540-6945	
4. Mailing Address ( <i>Address where all campaign finance correspondence is received.</i> ) 13947 Ironwood Rd		<input type="checkbox"/> Check if this is a new address.
5. City, State, ZIP Code Argos IN 46501	6. Party Affiliation ( <i>if applicable</i> ) Republican	

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

7. Full Name of Candidate ( <i>Include any nickname.</i> ) Sandra Dodson	8. Party Affiliation or If Independent Candidate Republican
9. Office Sought ( <i>Include district number, if any. Not required for exploratory committee.</i> ) Treasurer	10. County of Residence Marshall

### 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 ( <i>Lines 18, 19, and 20 must be "0".</i> ) <input type="checkbox"/> Outgoing Treasurer ( <i>Within ten (10) days amend Statement of Organization.</i> )	Check one: <input type="checkbox"/> Pre-Convention <input type="checkbox"/> Post-Convention
---	---

12. Reporting Period (mm/dd/yy): From: 01/01/2024 Through: 04/12/2024	COLUMN A This Period	COLUMN B Year to Date
13. Cash on hand and investments at the beginning of this reporting period.	0.00	
14. Cash on hand and investments January 1, current year.		0.00

### CONTRIBUTIONS AND RECEIPTS

<i>(Note: these amounts include in-kind contributions and loans, as well as cash contributions.)</i>		
15a. Itemized ( <i>Use Schedule A.</i> )	564.58	564.58
15b. Unitemized		
15c. Add lines 15a and 15b in both columns. <b>SUBTOTAL</b>	564.58	564.58
16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B. <b>TOTAL</b>	564.58	564.58

### EXPENDITURES

<i>(Note: These amounts include in-kind expenditures and loan repayments.)</i>		
17a. Itemized ( <i>Use Schedule B.</i> ) ( <i>Public Question: use Schedule C.</i> )	514.58	514.58
17b. Unitemized		
17c. Add lines 17a and 17b in both columns. <b>SUBTOTAL</b>	514.58	514.58
18. Cash on hand and investments at close of this reporting period ( <i>Subtract 17c from 16 in both columns.</i> ) <b>TOTAL</b>	50.00	50.00
19. Debts OWED BY the committee ( <i>Use Schedule D.</i> )	0.00	
20. Debts OWED TO the committee ( <i>Use Schedule E.</i> )	0.00	

### CERTIFICATION

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 <i>Sandra S. Dodson</i>	Title Treasurer	Date (mm/dd/yy) 04-16-24
Signature of Candidate (if applicable) <i>Sandra S. Dodson</i>		Date (mm/dd/yy) 04-16-24

**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, IC 3-9-4-18)



**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 <u>1</u> of <u>1</u>	

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 <i>(mm/dd/yy)</i>
				RECEIVED BY
1. Dirk and Sandra Dodson 13947 Ironwood Rd Argos IN 46501  Contributor's Occupation <i>(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"/> Miscellaneous <i>(specify)</i> _____	\$50.00	\$50.00	01-16-24
				Sandra Dodson
2. Dirk and Sandra Dodson 13947 Ironwood Rd Argos IN 46501  Contributor's Occupation <i>(if required)</i> _____	Contributions: <input type="checkbox"/> Direct <input checked="" type="checkbox"/> In-Kind <i>(describe)</i> <u>Pens from Amazon</u>  Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous <i>(specify)</i> _____	\$18.14	\$68.14	04-02-24
				Sandra Dodson
3. Dirk and Sandra Dodson 13947 Ironwood Rd Argos IN 46501  Contributor's Occupation <i>(if required)</i> _____	Contributions: <input type="checkbox"/> Direct <input checked="" type="checkbox"/> In-Kind <i>(describe)</i> <u>Pens from Amazon</u>  Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous <i>(specify)</i> _____	\$18.14	\$86.28	04-05-24
				Sandra Dodson
4. Dirk and Sandra Dodson 13947 Ironwood Rd Argos IN 46501  Contributor's Occupation <i>(if required)</i> _____	Contributions: <input type="checkbox"/> Direct <input checked="" type="checkbox"/> In-Kind <i>(describe)</i> <u>Signs/Cards</u>  Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous <i>(specify)</i> _____	\$277.67	\$363.95	04-08-24
				Sandra Dodson
5. Dirk and Sandra Dodson 13947 Ironwood Rd Argos IN 46501  Contributor's Occupation <i>(if required)</i> _____	Contributions: <input type="checkbox"/> Direct <input checked="" type="checkbox"/> In-Kind <i>(describe)</i> <u>Signs</u>  Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous <i>(specify)</i> _____	\$200.63	\$564.58	04-11-24
				Sandra Dodson
<b>SUBTOTAL THIS PAGE OF SCHEDULE A</b>		\$ 564.58		
<b>TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY</b> <i>(Enter total on ITEM 15a of the Summary Sheet.)</i>		\$ 564.58		



**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 1

RECIPIENT'S NAME AND MAILING ADDRESS <i>(street, number, city, state, ZIP code)</i>	RECIPIENT'S OCCUPATION	TYPE OF EXPENDITURE and PURPOSE <i>(be specific)</i>	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE OF EXPENDITURE <i>(mm/dd/yy)</i>
	OFFICE SOUGHT <i>(if applicable)</i>				
Code <u>A</u> Dirk and Sandra Dodson/Amazon 13947 Ironwood Rd Argos IN 46501	Candidate  Treasurer	<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: Pens	\$18.14	\$18.14	04-02-24
Code <u>A</u> Dirk and Sandra Dodson/Amazon 13947 Ironwood Rd Argos IN 46501	Candidate  Treasurer	<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: Pens	\$18.14	\$36.28	04-05-24
Code <u>A</u> Dirk & Sandra Dodson/Bowen Printing 200 S Michigan St, Plymouth IN	Candidate  Treasurer	<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/Cards	\$277.67	\$313.95	04-08-24
Code <u>A</u> Dirk & Sandra Dodson/Bowen Printing 200 S Michigan St, Plymouth IN	Candidate  Treasurer	<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	\$200.63	\$514.58	04-11-24
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>			<b>\$ 514.58</b>		
<b>TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY</b> <i>(Enter total on ITEM 17a of the Summary Sheet.)</i>			<b>\$ 514.58</b>		



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

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

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**(CFA-4)  
Summary Sheet**

**FILE NUMBER**

**TOTAL PAGES IN ENTIRE CFA-4 REPORT**

5

**INSTRUCTIONS:** Please type or print legibly **IN BLACK INK** all information on this form. For assistance in completing this form, see instructions on the reverse side.

2024 APR 18 A 8:17

**IS THIS AN AMENDMENT?**  Yes  No **MARSHALL CO. CLERK**

**COMMITTEE INFORMATION**

1. Full Name of Committee (as on <i>Statement of Organization</i> ) Steven Gorski For County Commissioner District 2		<input type="checkbox"/> Check if this is a new name.
2. Acronym or Abbreviated Name (if any)	3. Committee Telephone Number ( 574 ) 952-5712	
4. Mailing Address (Address where all campaign finance correspondence is received.) 805 Baker Street Lot 133		<input type="checkbox"/> Check if this is a new address.
5. City, State, ZIP Code Plymouth, IN 46563	6. Party Affiliation (if applicable) Republican	

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

7. Full Name of Candidate (Include any nickname.) Steven Gorski (Steve)	8. Party Affiliation or If Independent Candidate Republican
9. Office Sought (Include district number, if any. <b>Not required for exploratory committee.</b> ) Marshall County Commissioner District 2	10. County of Residence Marshall

**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 ten (10) days amend Statement of Organization.)	Check one: <input type="checkbox"/> Pre-Convention <input type="checkbox"/> Post-Convention
---	---

12. Reporting Period (mm/dd/yy): From: 01/01/2024 Through: 4/12/2024	<b>COLUMN A This Period</b>	<b>COLUMN B Year to Date</b>
13. Cash on hand and investments at the beginning of this reporting period.	282.00	
14. Cash on hand and investments January 1, current year.		282.00

**CONTRIBUTIONS AND RECEIPTS**

<i>(Note: these amounts include in-kind contributions and loans, as well as cash contributions.)</i>		
15a. Itemized (Use Schedule A.)	4,356.02	
15b. Unitemized	0.00	
15c. Add lines 15a and 15b in both columns. <b>SUBTOTAL</b>	4,638.02	4,356.02
16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B. <b>TOTAL</b>	4,638.02	4,638.02

**EXPENDITURES**

<i>(Note: These amounts include in-kind expenditures and loan repayments.)</i>		
17a. Itemized (Use Schedule B.) (Public Question: use Schedule C.)	4,415.35	4,415.35
17b. Unitemized	0.00	0.00
17c. Add lines 17a and 17b in both columns. <b>SUBTOTAL</b>	4,415.35	4,415.35
18. Cash on hand and investments at close of this reporting period (Subtract 17c from 16 in both columns.) <b>TOTAL</b>	222.67	222.67
19. Debts OWED BY the committee (Use Schedule D.)	0.00	
20. Debts OWED TO the committee (Use Schedule E.)	0.00	

**CERTIFICATION**

**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 <i>Steve Gorski</i>	Title Candidate	Date (mm/dd/yy) 04/18/2024
Signature of Candidate (if applicable) <i>Steve Gorski</i>		Date (mm/dd/yy) 04/18/2024

**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)



**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.

<b>FILE NUMBER</b>
Page <u>2</u> of <u>5</u>

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 <i>(mm/dd/yy)</i>
				RECEIVED BY
1. Steven Gorski 805 Baker Street Lot 133 Plymouth, IN 46563  Contributor's Occupation <i>(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"/> Miscellaneous <i>(specify)</i> _____	\$3,000.00	\$3,000.00	01/10/2024
				SG
2. Steven Gorski 805 Baker Street Lot 133 Plymouth, IN 46563  Contributor's Occupation <i>(if required)</i> _____	Contributions: <input type="checkbox"/> Direct <input checked="" type="checkbox"/> In-Kind <i>(describe)</i> <u>sign posts</u>  Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous <i>(specify)</i> _____	\$74.85	\$3,074.85	01/26/2024
				SG
3. Steven Gorski 805 Baker Street Lot 133 Plymouth, IN 46563  Contributor's Occupation <i>(if required)</i> _____	Contributions: <input type="checkbox"/> Direct <input checked="" type="checkbox"/> In-Kind <i>(describe)</i> <u>Labels</u>  Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous <i>(specify)</i> _____	\$87.54	\$3,162.39	2/21/24
				SG
4. Steven Gorski 805 Baker Street Lot 133 Plymouth, IN 46563  Contributor's Occupation <i>(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"/> Miscellaneous <i>(specify)</i> _____	\$1,000.00	\$4,162.39	2/20/2024
				SG
5. Steven Gorski 805 Baker Street Lot 133 Plymouth, IN 46563  Contributor's Occupation <i>(if required)</i> _____	Contributions: <input type="checkbox"/> Direct <input checked="" type="checkbox"/> In-Kind <i>(describe)</i> <u>Advertising</u>  Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous <i>(specify)</i> _____	\$143.63	\$4,306.02	3/14/24
				SG
<b>SUBTOTAL THIS PAGE OF SCHEDULE A</b>		<b>\$ 4,306.02</b>		
<b>TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY</b> <i>(Enter total on ITEM 15a of the Summary Sheet.)</i>		<b>\$</b>		





**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 <u>3</u> of <u>5</u>	

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 <i>(mm/dd/yy)</i>
				RECEIVED BY
1. Raymond Warren 221 Pierce St Plymouth, IN 46563  Contributor's Occupation (if required) <u>Towing Service</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)	\$50.00	\$4,356.02	4/4/2024  SG
2.  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)			
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)			
<b>SUBTOTAL THIS PAGE OF SCHEDULE A</b>		\$ 50.00		
<b>TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY</b> <i>(Enter total on ITEM 15a of the Summary Sheet.)</i>		\$ 4,356.02		

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**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**

**FILE NUMBER**

Page 4 of 5

**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.

RECIPIENT'S NAME AND MAILING ADDRESS <i>(street, number, city, state, ZIP code)</i>	RECIPIENT'S OCCUPATION	TYPE OF EXPENDITURE and PURPOSE <i>(be specific)</i>	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE OF EXPENDITURE <i>(mm/dd/yy)</i>
	OFFICE SOUGHT <i>(if applicable)</i>				
Code <u>A</u> Town and Country Printers - yard signs	Printers Marshall County Commissioner District 2	<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:	\$813.20	\$813.20	1/26/2024
Code <u>A</u> Amazon Yard Sign Posts	Supplier Marshall County Commissioner District 2	<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:	\$74.85	\$74.85	1/26/2024
Code <u>A</u> Pilot News Group 218 N Michigan Plymouth, IN 46563	Publisher Marshall County Commissioner District 2	<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:	\$300.00	\$300.00	02/02/2024
Code <u>A</u> Pilot News Group 218 N Michigan Plymouth, IN 46563	Publisher Marshall County Commissioner District 2	<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:	\$322.50	\$622.50	2/16/2024
Code <u>A</u> Pilot News Group 218 N Michigan Plymouth, IN 46563	Publisher Marshall County Commissioner District 2	<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:	\$690.00	\$1,312.50	2/14/2024
Code <u>A</u> Bowen Printing 200 S Michigan Plymouth, IN 46563	Printer Marshall County Commissioner District 2	<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:	\$785.38	\$785.38	2/23/2024
Code <u>A</u> Bowen Printing 200 S Michigan Plymouth, IN 46563	signs and cards Marshall County Commissioner District 2	<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:	\$508.25	\$1,293.63	4/4/2024
<b>SUBTOTAL THIS PAGE OF SCHEDULE B</b>			\$ 3,494.18		
<b>TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY</b> <i>(Enter total on ITEM 17a of the Summary Sheet.)</i>			\$		



**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.

<b>FILE NUMBER</b>
Page <u>5</u> of <u>5</u>

RECIPIENT'S NAME AND MAILING ADDRESS <i>(street, number, city, state, ZIP code)</i>	RECIPIENT'S OCCUPATION	TYPE OF EXPENDITURE and PURPOSE <i>(be specific)</i>	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE OF EXPENDITURE <i>(mm/dd/yy)</i>
	OFFICE SOUGHT <i>(if applicable)</i>				
Code <u>A</u> County Clerk 211 W Madison St Plymouth, IN 46563	county clerk Marshall County Commissioner District 2	<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:	\$50.00	\$50.00	2/9/2024
Code <u>A</u> Kankakee Valley Broadcasting 400 West Culver Road. Knox, IN.	Radio Station Marshall County Commissioner District 2	<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:	\$240.00	\$240.00	2/27/2024
Code <u>A</u> Sheet Labels, Inc 24 Native Drive Queensbury, NY 12804	Printer Marshall County Commissioner District 2	<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:	\$87.54	\$87.54	2/21/2024
Code _____ WTCA 112 W Washington Plymouth, IN 46563	Website ad Marshall County Commissioner District 2	<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:	\$400.00	\$400.00	2/20/2024
Code _____ Steven Gorski 805 Baker Street Lot 133 Plymouth, IN 46563	Printer Marshall County Commissioner District 2	<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:	\$143.63	\$143.63	3/14/2024
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:			
<b>SUBTOTAL THIS PAGE OF SCHEDULE B</b>			\$ 921.17		
<b>TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY</b> <i>(Enter total on ITEM 17a of the Summary Sheet.)</i>			\$ 4,415.35		

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# 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
TOTAL PAGES IN ENTIRE CFA-4 REPORT
15

**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 <i>Statement of Organization</i> ) Conservatives for Tim Harman		<input type="checkbox"/> Check if this is a new name.
2. Acronym or Abbreviated Name (if any)	3. Committee Telephone Number ( 574 ) 315-9084	
4. Mailing Address (Address where all campaign finance correspondence is received.) 209 N. Main St.		<input type="checkbox"/> Check if this is a new address.
5. City, State, ZIP Code Bourbon, IN 46504	6. Party Affiliation (if applicable) Republican	

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

7. Full Name of Candidate (Include any nickname.) Timothy Patrick Harman	8. Party Affiliation or if Independent Candidate Republican
9. Office Sought (Include district number, if any. <b>Not required for exploratory committee.</b> ) County Council - At Large	10. County of Residence Marshall

### 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 ten (10) days amend Statement of Organization.)	Check one: <input type="checkbox"/> Pre-Convention <input type="checkbox"/> Post-Convention
--	---

12. Reporting Period (mm/dd/yy): From: 01/01/24 Through: 4/12/24	COLUMN A This Period	COLUMN B Year to Date
13. Cash on hand and investments at the beginning of this reporting period.	0.00	
14. Cash on hand and investments January 1, current year.		0.00

### CONTRIBUTIONS AND RECEIPTS

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

15a. Itemized (Use Schedule A.)	17,174.43	17,174.43
15b. Unitemized	0.00	0.00
15c. Add lines 15a and 15b in both columns. <b>SUBTOTAL</b>	17,174.43	17,174.43
16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B. <b>TOTAL</b>	17,174.43	17,174.43

### EXPENDITURES

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

17a. Itemized (Use Schedule B.) (Public Question: use Schedule C.)	14,458.79	14,458.79
17b. Unitemized	0.00	0.00
17c. Add lines 17a and 17b in both columns. <b>SUBTOTAL</b>	14,458.79	14,458.79
18. Cash on hand and investments at close of this reporting period (Subtract 17c from 16 in both columns.) <b>TOTAL</b>	2,715.64	2,715.64
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 / TREASURER	Date (mm/dd/yy) 4-19-24
Signature of Candidate (if applicable) 		Date (mm/dd/yy) 4-19-24

**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, IC 3-9-4-18)

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**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 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 <i>(mm/dd/yy)</i>
				RECEIVED BY
1. Tim Harman 2940 Sycamore Lane Bremen, IN 46506  Contributor's Occupation (if required) <u>Business Owner</u>	Contributions: <input type="checkbox"/> Direct <input checked="" type="checkbox"/> In-Kind (describe) <u>print material</u>  Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify)	\$587.43	\$587.43	2/6/24  TPH
2. Tim Harman 2940 Sycamore Lane Bremen, IN 46506  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)	\$9,900.00	\$10,487.43	2/20/24  TPH
3. Tim Harman 2940 Sycamore Lane Bremen, IN 46506  Contributor's Occupation (if required) <u>Business Owner</u>	Contributions: <input type="checkbox"/> Direct <input checked="" type="checkbox"/> In-Kind (describe) <u>YARD SIGNS</u>  Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify)	\$310.47	\$10,797.90	3/22/24  TPH
4. Tim Harman 2940 Sycamore Lane Bremen, IN 46506  Contributor's Occupation (if required) <u>Business Owner</u>	Contributions: <input type="checkbox"/> Direct <input checked="" type="checkbox"/> In-Kind (describe) <u>BANNERS</u>  Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify)	\$472.83	\$11,270.73	3/23/24  TPH
5. Tim Harman 2940 Sycamore Lane Bremen, IN 46506  Contributor's Occupation (if required) <u>Business Owner</u>	Contributions: <input type="checkbox"/> Direct <input checked="" type="checkbox"/> In-Kind (describe) <u>WIRE STAKES</u>  Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify)	\$85.94	\$11,356.67	3/23/24  TPH
<b>SUBTOTAL THIS PAGE OF SCHEDULE A</b>		\$	11,356.67	
<b>TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY</b> <i>(Enter total on ITEM 15a of the Summary Sheet.)</i>		\$		



**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.

<b>FILE NUMBER</b>	
Page <u>2</u> of <u>4</u>	

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 <i>(mm/dd/yy)</i>
				RECEIVED BY
1. Unitemized Donations all \$100 or less, deposited on 2/14/24  Contributor's Occupation <i>(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"/> Miscellaneous <i>(specify)</i> _____	\$205.00	\$205.00	2/14/14
				TPH
2. Unitemized Donations all \$100 or less, deposited on 2/20/24.  Contributor's Occupation <i>(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"/> Miscellaneous <i>(specify)</i> _____	\$235.00	\$235.00	2/20/24
				TPH
3. Unitemized Donations all \$100 or less, deposited on  Contributor's Occupation <i>(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"/> Miscellaneous <i>(specify)</i> _____	\$25.00	\$25.00	2/23/24
				TPH
4. Unitemized Donations all \$100 or less, deposited on 3/11//24  Contributor's Occupation <i>(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"/> Miscellaneous <i>(specify)</i> _____	\$690.00	\$690.00	3/11/24
				TPH
5.  Contributor's Occupation <i>(if required)</i> _____	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> _____			
<b>SUBTOTAL THIS PAGE OF SCHEDULE A</b>		\$	1,155.00	
<b>TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY</b> <i>(Enter total on ITEM 15a of the Summary Sheet.)</i>		\$		



**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 **totalled 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.

<b>FILE NUMBER</b>	
Page <u>3</u> of <u>4</u>	

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 <i>(mm/dd/yy)</i>
				RECEIVED BY
1. Unitemized Donations all \$100 or less, deposited on 3/16/24  Contributor's Occupation <i>(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"/> Miscellaneous <i>(specify)</i> _____	\$341.00	\$341.00	3/16/24
				TPH
2. Timothy Norman 14840 W 14B Rd. Plymouth, IN 46563  Contributor's Occupation <i>(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"/> Miscellaneous <i>(specify)</i> _____	\$500.00	\$500.00	3/16/24
				TPH
3. Unitemized Donations all \$100 or less, deposited on 3/25/24  Contributor's Occupation <i>(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"/> Miscellaneous <i>(specify)</i> _____	\$285.00	\$285.00	3/25/24
				TPH
4. Unitemized Donations all \$100 or less, deposited on 4/2/24  Contributor's Occupation <i>(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"/> Miscellaneous <i>(specify)</i> _____	\$10.00	\$10.00	4/2/24
				TPH
5.   Contributor's Occupation <i>(if required)</i> _____	Contributions: <input type="checkbox"/> Direct <input checked="" type="checkbox"/> In-Kind <i>(describe)</i> _____  Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous <i>(specify)</i> _____			
<b>SUBTOTAL THIS PAGE OF SCHEDULE A</b>		\$	1,136.00	
<b>TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY</b> <i>(Enter total on ITEM 15a of the Summary Sheet.)</i>		\$		



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

State Form 4806 (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.

<b>FILE NUMBER</b>
Page <u>4</u> of <u>4</u>

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 <i>(mm/dd/yy)</i>
				RECEIVED BY
1. Tim Harman 2940 Sycamore Lane Bremen, IN 46506  Contributor's Occupation (if required) <u>Business Owner</u>	Contributions: <input type="checkbox"/> Direct <input checked="" type="checkbox"/> In-Kind (describe) <u>Facebook ad</u>  Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify) _____	\$100.00	\$11,456.67	3/28/24  TPH
2. Tim Harman 2940 Sycamore Lane Bremen, IN 46506  Contributor's Occupation (if required) <u>Business Owner</u>	Contributions: <input type="checkbox"/> Direct <input checked="" type="checkbox"/> In-Kind (describe) <u>Facebook ad</u>  Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify) _____	\$23.46	\$11,480.13	4/12/24  TPH
3. Tim Harman 2940 Sycamore Lane Bremen, IN 46506  Contributor's Occupation (if required) <u>Business Owner</u>	Contributions: <input type="checkbox"/> Direct <input checked="" type="checkbox"/> In-Kind (describe) <u>Facebook ad</u>  Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify) _____	\$58.16	\$11,538.29	4/12/24  TPH
4. Thor Hebner 12486 Hillside Dr. Plymouth  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) _____	\$100.00	\$100.00	3/28/24  TPH
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) _____			
<b>SUBTOTAL THIS PAGE OF SCHEDULE A</b>		\$ 281.62		
<b>TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY</b> <i>(Enter total on ITEM 15a of the Summary Sheet.)</i>		\$		





**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-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).

<b>FILE NUMBER</b>
Page <u>1</u> of <u>2</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 <i>(mm/dd/yy)</i>
				RECEIVED BY
1. Harman Restaurants, Inc. 209 N. Main Street Bourbon, IN 46504	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> _____	\$500.00	\$500.00	1/30/24
				TPH
2. Harman Restaurants, Inc. 209 N. Main Street Bourbon, IN 46504	Contributions: <input type="checkbox"/> Direct <input checked="" type="checkbox"/> In-Kind <i>(describe)</i> <u>print material</u> Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous <i>(specify)</i> _____	\$512.74	\$1,012.74	1/23/24
				TPH
3. Harman Restaurants, Inc. 209 N. Main Street Bourbon, IN 46504	Contributions: <input type="checkbox"/> Direct <input checked="" type="checkbox"/> In-Kind <i>(describe)</i> <u>print material</u> Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous <i>(specify)</i> _____	\$109.54	\$1,121.74	1/27/24
				TPH
4. Harman Restaurants, Inc. 209 N. Main Street Bourbon, IN 46504	Contributions: <input type="checkbox"/> Direct <input checked="" type="checkbox"/> In-Kind <i>(describe)</i> <u>print material</u> Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous <i>(specify)</i> _____	\$60.94	\$1,182.68	1/27/24
				TPH
5. Harman Restaurants, Inc. 209 N. Main Street Bourbon, IN 46504	Contributions: <input type="checkbox"/> Direct <input checked="" type="checkbox"/> In-Kind <i>(describe)</i> <u>print material</u> Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous <i>(specify)</i> _____	\$7.80	\$1,190.48	1/27/24
				TPH
<b>SUBTOTAL THIS PAGE OF SCHEDULE A</b>		\$	<u>1,191.02</u>	
<b>TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY</b> <i>(Enter total on ITEM 15a of the Summary Sheet.)</i>		\$		



**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-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).

<b>FILE NUMBER</b>
Page <u>2</u> of <u>2</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 <i>(mm/dd/yy)</i>
				RECEIVED BY
1. Harman Restaurants, Inc. 209 N. Main Street Bourbon, IN 46504	Contributions: <input type="checkbox"/> Direct <input checked="" type="checkbox"/> In-Kind <i>(describe)</i> <u>print material</u> Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous <i>(specify)</i> _____	\$123.52	\$1,314.00	1/27/24
				tph
2. Harman Restaurants, Inc. 209 N. Main Street Bourbon, IN 46504	Contributions: <input type="checkbox"/> Direct <input checked="" type="checkbox"/> In-Kind <i>(describe)</i> <u>direct mail service</u> Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous <i>(specify)</i> _____	\$427.69	\$1,741.69	2/1/24
				TPH
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> _____			
<b>SUBTOTAL THIS PAGE OF SCHEDULE A</b>		\$	<u>551.21</u>	
<b>TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY</b> <i>(Enter total on ITEM 15a of the Summary Sheet.)</i>		\$		



**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-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*).

<b>FILE NUMBER</b>
Page <u>1</u> of <u>1</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 <i>(mm/dd/yy)</i>
				RECEIVED BY
1. RUDY PAC PO BOX 26141 Alexandria, VA 22313	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> _____	\$500.00	\$500.00	1/31/24
				TPH
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> _____			
<b>SUBTOTAL THIS PAGE OF SCHEDULE A</b>		<b>\$ 500.00</b>		
<b>TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY</b> <i>(Enter total on ITEM 15a of the Summary Sheet.)</i>		<b>\$</b>		



**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).

<b>FILE NUMBER</b>	
Page <u>1</u> of <u>2</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 <i>(mm/dd/yy)</i>
				RECEIVED BY
1. Faulstich for Marshall County 13720 12th Rd. Plymouth, IN 46563	Contributions: <input type="checkbox"/> Direct <input checked="" type="checkbox"/> In-Kind <i>(describe)</i> <u>mailer</u>  Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous <i>(specify)</i> _____	\$481.16	\$481.16	3/18/24
				TPH
2. Brandon Schadek for County Council 19921 9th Rd. Plymouth, IN 46563	Contributions: <input type="checkbox"/> Direct <input checked="" type="checkbox"/> In-Kind <i>(describe)</i> <u>newspaper ad</u>  Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous <i>(specify)</i> _____	\$75.00	\$75.00	3/5/24
				TPH
3. Brandon Schadek for County Council 19921 9th Rd. Plymouth, IN 46563	Contributions: <input type="checkbox"/> Direct <input checked="" type="checkbox"/> In-Kind <i>(describe)</i> <u>facebook</u>  Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous <i>(specify)</i> _____	\$150.00	\$225.00	3/8/24
				TPH
4. Brandon Schadek for County Council 19921 9th Rd. Plymouth, IN 46563	Contributions: <input type="checkbox"/> Direct <input checked="" type="checkbox"/> In-Kind <i>(describe)</i> <u>facebook</u>  Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous <i>(specify)</i> _____	\$7.50	\$232.50	3/9/24
				TPH
5. Brandon Schadek for County Council 19921 9th Rd. Plymouth, IN 46563	Contributions: <input type="checkbox"/> Direct <input checked="" type="checkbox"/> In-Kind <i>(describe)</i> <u>facebook</u>  Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous <i>(specify)</i> _____	\$3.75	\$236.25	3/25/24
				TPH
<b>SUBTOTAL THIS PAGE OF SCHEDULE A</b>		\$ 717.41		
<b>TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY</b> <i>(Enter total on ITEM 15a of the Summary Sheet.)</i>		\$		



**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**

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Page 2 of 2

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. Brandon Schadek for County Council 19921 9th Rd. Plymouth, IN 46563	Contributions: <input type="checkbox"/> Direct <input checked="" type="checkbox"/> In-Kind <i>(describe)</i> <u>facebook</u>  Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous <i>(specify)</i> _____	\$12.50	\$248.75	4/5/24
				TPH
2. Brandon Schadek for County Council 19921 9th Rd. Plymouth, IN 46563	Contributions: <input type="checkbox"/> Direct <input checked="" type="checkbox"/> In-Kind <i>(describe)</i> <u>facebook</u>  Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous <i>(specify)</i> _____	\$48.00	\$296.75	4/5/24
				TPH
3. Brandon Schadek for County Council 19921 9th Rd. Plymouth, IN 46563	Contributions: <input type="checkbox"/> Direct <input checked="" type="checkbox"/> In-Kind <i>(describe)</i> <u>newspaper ad</u>  Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous <i>(specify)</i> _____	\$225.00	\$521.75	4/12/24
				TPH
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> _____			
<b>SUBTOTAL THIS PAGE OF SCHEDULE A</b>		\$ 285.50		
<b>TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY</b> <i>(Enter total on ITEM 15a of the Summary Sheet.)</i>		\$ 17,174.43		



**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 5

RECIPIENT'S NAME AND MAILING ADDRESS <i>(street, number, city, state, ZIP code)</i>	RECIPIENT'S OCCUPATION	TYPE OF EXPENDITURE and PURPOSE <i>(be specific)</i>	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE OF EXPENDITURE <i>(mm/dd/yy)</i>
	OFFICE SOUGHT <i>(if applicable)</i>				
Code <u>A</u> Vistaprint.com 275 Wyman Street Waltham, MA 02451	printer N/A	<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: <u>PRINT MATERIAL</u>	\$512.74	\$512.74	1/23/24
Code <u>A</u> Vistaprint.com 275 Wyman Street Waltham, MA 02451	printer N/A	<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: <u>PRINT MATERIAL</u>	\$587.43	\$1,100.17	2/6/24
Code <u>A</u> Amazon.com 410 Terry Ave N. Seattle, WA 98109	Retailer N/A	<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: <u>PAPER</u>	\$109.54	\$109.54	1/27/24
Code <u>A</u> Staples.com 500 Staples Dr. Framingham, MA 01702	Retailer n/a	<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: <u>PRINT PRODUCTS</u>	\$60.64	\$60.64	1/27/24
Code <u>A</u> Staples.com 500 Staples Dr. Framingham, MA 01702	Retailer n/a	<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: <u>PRINT PRODUCTS</u>	\$7.80	\$68.44	1/27/24
Code <u>A</u> Staples.com 500 Staples Dr. Framingham, MA 01702	Retailer n/a	<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: <u>PRINT PRODUCTS</u>	\$123.52	\$191.96	1/27/24
Code <u>A</u> Just Mailings 921 S. Main St. South Bend, IN 46601	Mailing Service n/a	<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: <u>SEND MAILERS</u>	\$427.69	\$427.69	2/1/24
<b>SUBTOTAL THIS PAGE OF SCHEDULE B</b>			\$ 1,829.36		
<b>TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY</b> <i>(Enter total on ITEM 17a of the Summary Sheet.)</i>			\$		



**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 5

RECIPIENT'S NAME AND MAILING ADDRESS <i>(street, number, city, state, ZIP code)</i>	RECIPIENT'S OCCUPATION	TYPE OF EXPENDITURE and PURPOSE <i>(be specific)</i>	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE OF EXPENDITURE <i>(mm/dd/yy)</i>
	OFFICE SOUGHT <i>(if applicable)</i>				
Code <u>A</u> Just Mailings 921 S. Main St. South Bend, IN 46601	Mailing Service  n/a	<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>MAIL SERVICE</b>	\$712.34	\$1,140.03	2/12/24
Code <u>A</u> Just Mailings 921 S. Main St. South Bend, IN 46601	Mailing Service  n/a	<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>MAIL SERVICE</b>	\$1,244.25	\$2,364.28	2/21/24
Code <u>A</u> Just Mailings 921 S. Main St. South Bend, IN 46601	Mailing Service  n/a	<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>MAIL SERVICE</b>	\$281.20	\$2,645.48	2/26/24
Code <u>A</u> Just Mailings 921 S. Main St. South Bend, IN 46601	Mailing Service  n/a	<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>MAILERS</b>	\$323.18	\$2,968.66	3/7/24
Code <u>A</u> Just Mailings 921 S. Main St. South Bend, IN 46601	Mailing Service  n/a	<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>MAILERS</b>	\$580.71	\$3,549.37	3/25/24
Code <u>A</u> Just Mailings 921 S. Main St. South Bend, IN 46601	Mailing Service  n/a	<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>MAILERS</b>	\$2,500.00	\$6,049.37	3/25/24
Code <u>C</u> Jesse for Marshall County 511 Cavalier Drive Culver, IN 46511	Pizza Chef  CO. COMMISSIONER	<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>CONTRIBUTION</b>	\$3,000.00	\$3,000.00	3/11/24
<b>SUBTOTAL THIS PAGE OF SCHEDULE B</b>			\$ 8,641.68		
<b>TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY</b> <i>(Enter total on ITEM 17a of the Summary Sheet.)</i>			\$		



**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 5

RECIPIENT'S NAME AND MAILING ADDRESS <i>(street, number, city, state, ZIP code)</i>	RECIPIENT'S OCCUPATION	TYPE OF EXPENDITURE and PURPOSE <i>(be specific)</i>	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE OF EXPENDITURE <i>(mm/dd/yy)</i>
	OFFICE SOUGHT <i>(if applicable)</i>				
Code <u>A</u> Duley Press 2906 N. Home St. Mishawaka, IN 46545	Printer  n/a	<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>PRINT MAT.</b>	\$1,031.48	\$1,031.48	3/25/24
Code <u>A</u> Bannersonthecheap.com 11525A Stonehollow Dr. Austin, TX 78758	Sign Co.  n/a	<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: <b>BANNERS</b>	\$472.83	\$472.83	3/23/24
Code <u>A</u> Signsonthecheap.com 11525A Stonehollow Dr. Austin, TX 78758	Sign Co.  n/a	<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: <b>YARD SIGNS</b>	\$310.47	\$310.47	3/22/24
Code <u>A</u> Signsonthecheap.com 11525A Stonehollow Dr. Austin, TX 78758	Sign Co.  n/a	<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: <b>STAKES</b>	\$85.94	\$396.41	3/23/24
Code <u>A</u> Meta Platforms 1 Meta Way Menlo Park, CA 94025	Social Media Co.  n/a	<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: <b>AD</b>	\$58.16	\$58.16	4/12/24
Code <u>A</u> Meta Platforms 1 Meta Way Menlo Park, CA 94025	Social Media Co.  n/a	<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: <b>AD</b>	\$100.00	\$158.16	3/28/24
Code <u>A</u> Meta Platforms 1 Meta Way Menlo Park, CA 94025	Social Media Co.  n/a	<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: <b>AD</b>	\$23.46	\$181.64	4/12/24
<b>SUBTOTAL THIS PAGE OF SCHEDULE B</b>			<b>\$2,082.34</b>		
<b>TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY</b> <i>(Enter total on ITEM 17a of the Summary Sheet.)</i>			<b>\$</b>		





**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 4 of 5

RECIPIENT'S NAME AND MAILING ADDRESS <i>(street, number, city, state, ZIP code)</i>	RECIPIENT'S OCCUPATION	TYPE OF EXPENDITURE and PURPOSE <i>(be specific)</i>	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE OF EXPENDITURE <i>(mm/dd/yy)</i>
	OFFICE SOUGHT <i>(if applicable)</i>				
Code <u>A</u> Meta Platforms 1 Meta Way Menlo Park, CA 94025	Social Media Co.  n/a	<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: <u>AD</u>	\$150.00	\$331.64	3/8/24
Code <u>A</u> Meta Platforms 1 Meta Way Menlo Park, CA 94025	Social Media Co.  n/a	<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: <u>AD</u>	\$7.50	\$339.14	3/9/24
Code <u>A</u> Meta Platforms 1 Meta Way Menlo Park, CA 94025	Social Media Co.  n/a	<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: <u>AD</u>	\$3.75	\$342.89	3/25/24
Code <u>A</u> Meta Platforms 1 Meta Way Menlo Park, CA 94025	Social Media Co.  n/a	<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: <u>AD</u>	\$12.50	\$355.39	4/5/24
Code <u>A</u> Meta Platforms 1 Meta Way Menlo Park, CA 94025	Social Media Co.  n/a	<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: <u>AD</u>	\$48.00	\$403.39	4/5/24
Code <u>A</u> The Pilot News 218 N. Michigan St. Plymouth, IN 46563	Newspaper Co.  n/a	<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: <u>AD</u>	\$75.00	\$75.00	3/5/24
Code <u>A</u> The Pilot News 218 N. Michigan St. Plymouth, IN 46563	Newspaper Co.  n/a	<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: <u>AD</u>	\$225.00	\$300.00	4/12/24
<b>SUBTOTAL THIS PAGE OF SCHEDULE B</b>			\$ 521.75		
<b>TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY</b> <i>(Enter total on ITEM 17a of the Summary Sheet.)</i>			\$		



**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 5 of 5

RECIPIENT'S NAME AND MAILING ADDRESS <i>(street, number, city, state, ZIP code)</i>	RECIPIENT'S OCCUPATION	TYPE OF EXPENDITURE and PURPOSE <i>(be specific)</i>	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE OF EXPENDITURE <i>(mm/dd/yy)</i>
	OFFICE SOUGHT <i>(if applicable)</i>				
Code <u>A</u> Just Mailings 921 S. Main St. South Bend, IN 46601	Mailing Service  n/a	<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: MAIL SERVICE	\$481.16	\$6,530.53	3/18/24
Code <u>F</u> Seasoned Banquet Center 830 Lincoln Hwy. Plymouth, IN 46563	Caterer  n/a	<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: FUNDRAISE	\$902.50	\$902.50	3/28/24
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>			\$ 1,383.66		
<b>TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY</b> <i>(Enter total on ITEM 17a of the Summary Sheet.)</i>			\$ 14,458.77		



**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**

FILED

2024 APR 15 1P

FILE NUMBER

TOTAL PAGES IN ENTIRE CFA-4 REPORT

IS THIS AN AMENDMENT?  Yes  No

MARSHALL CO. CLERK

1

**COMMITTEE INFORMATION**

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

2. Acronym or Abbreviated Name (if any)

3. Committee Telephone Number  
( 574 ) 301-9750

4. Mailing Address (*Address where all campaign finance correspondence is received.*)  Check if this is a new address.  
2990 Oak Blvd

5. City, State, ZIP Code  
Bremen, IN 46506

6. Party Affiliation (if applicable)

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

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

8. Party Affiliation or If Independent Candidate

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

10. County of Residence

**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: 01/01/2024 Through: 04/12/2024	COLUMN A This Period	COLUMN B Year to Date
13. Cash on hand and investments at the beginning of this reporting period.	2,636.25	
14. Cash on hand and investments January 1, current year.		2,636.25

**CONTRIBUTIONS AND RECEIPTS**

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

15a. Itemized (Use Schedule A.)	0.00	0.00
15b. Unitemized	0.00	0.00
15c. Add lines 15a and 15b in both columns. <b>SUBTOTAL</b>	0.00	0.00
16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B. <b>TOTAL</b>	2,636.25	2,636.25

**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. <b>SUBTOTAL</b>	0.00	0.00
18. Cash on hand and investments at close of this reporting period (Subtract 17c from 16 in both columns.) <b>TOTAL</b>	2,636.25	2,636.25
19. Debts OWED BY the committee (Use Schedule D.)	0.00	
20. Debts OWED TO the committee (Use Schedule E.)	0.00	

**CERTIFICATION**

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 *Stephanie Pittman* Title Treasurer Date (mm/dd/yy) 4/15/2024

Signature of Candidate (if applicable) Date (mm/dd/yy)

FILED

**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)