



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

State Form 4606 (R15 / 5-19)
Indiana Election Division (IC 3-9-5-14)

**(CFA-4)
Summary Sheet**

FILE NUMBER
TOTAL PAGES IN ENTIRE CFA-4 REPORT
4

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

IS THIS AN AMENDMENT? Yes No

COMMITTEE INFORMATION

1. Full Name of Committee (as on <i>Statement of Organization</i>) <input type="checkbox"/> Check if this is a new name. Marshall County Democratic Central Committee	
2. Acronym or Abbreviated Name (if any)	3. Committee Telephone Number ()
4. Mailing Address (<i>Address where all campaign finance correspondence is received.</i>) <input type="checkbox"/> Check if this is a new address. PO Box 1067	
5. City, State, ZIP Code Plymouth, IN, 46563	6. Party Affiliation (if applicable) Democratic

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 **CONVENTION CANDIDATES ONLY**

11. Check one: <input 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 (<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
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12. Reporting Period (mm/dd/yy): From: 04/13/2024 Through: 10/11/2024	COLUMN A This Period	COLUMN B Year to Date
13. Cash on hand and investments at the beginning of this reporting period.	3,828.02	
14. Cash on hand and investments January 1, current year.		752.62

CONTRIBUTIONS AND RECEIPTS

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

15a. Itemized (Use Schedule A.)	350.00	3,150.00
15b. Unitemized	4,764.36	5,078.76
15c. Add lines 15a and 15b in both columns. SUBTOTAL	5,114.36	8,228.76
16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B. TOTAL	8,942.38	8,981.38

EXPENDITURES

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

17a. Itemized (Use Schedule B.) (Public Question: use Schedule C.)	4,491.00	4,491.00
17b. Unitemized	793.61	832.61
17c. Add lines 17a and 17b in both columns. SUBTOTAL	5,284.61	5,323.61
18. Cash on hand and investments at close of this reporting period (<i>Subtract 17c from 16 in both columns.</i>) TOTAL	3,657.77	3,657.77
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 Treasurer	Date (mm/dd/yy) 10/18/2024
Signature of Candidate (if applicable)		Date (mm/dd/yy)

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

FILED
 OCT 18 2024
 8:55 AM



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(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 1

Table with 5 columns: CONTRIBUTOR'S FULL NAME AND OCCUPATION, TYPE OF CONTRIBUTION OR OTHER RECEIPT, COLUMN A AMOUNT THIS PERIOD, COLUMN B CUMULATIVE YEAR-TO-DATE, DATE RECEIVED. Includes entry for Kevin Huff with a \$350.00 contribution.

2024 OCT 18 10:55 AM MARSHALL CO. CLERK FILED



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**(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 <u>1</u> of <u>2</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>O</u> Colfax AI 1449 N Pennsylvania St Indianapolis IN 46202	Data and Support	<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: voter database	\$663.00	\$663.00	09/10/2024
Code <u>O</u> United States Postal Service	postal service	<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: PO Box	\$232.00	\$232.00	08/16/2024
Code <u>O</u> Indiana Democratic Party 101 W Washington St, Ste 1110 E Indianapolis IN 46204	Political Committee	<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: delegate fees	\$480.00	\$480.00	07/01/2024
Code <u>F</u> Phi Delta Kappa 1300 W Harrison St Plymouth IN 46563	Club	<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: rent	\$450.00	\$450.00	09/26/2024
Code <u>O</u> Auto Owner's Insurance PO Box 740312 Cincinnati OH 45274	Insurance	<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: insurance	\$341.00	\$341.00	09/16/2024
Code <u>F</u> Marshall County Fair Association PO Box 53 Argos IN 46501	Fair	<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: booth rental	\$225.00	\$225.00	05/15/2024
Code <u>C</u> Bethany Wesley	Candidate Marshall County Counsel at large	<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: campaign	\$380.00	\$380.00	09/16/2024
SUBTOTAL THIS PAGE OF SCHEDULE B			\$ 2,771.00		
TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY <i>(Enter total on ITEM 17a of the Summary Sheet.)</i>			\$		



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

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Page 2 of 2

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>C</u> Jeff Johnson	Candidate Marshall County 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: campaign	\$380.00	\$380.00	09/16/2024
Code <u>C</u> Anna Corbet	Candidate Marshall County Council at large	<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: campaign	\$380.00	\$380.00	09/16/2024
Code <u>C</u> Ben Sharkey	Candidate Marshall County 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: campaign	\$380.00	\$380.00	09/16/2024
Code <u>C</u> Megan Rogers	Candidate Marshall County Council at large	<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: campaign	\$380.00	\$380.00	09/16/2024
Code <u>C</u> Leon Smith	Candidate State Rep	<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: campaign	\$200.00	\$200.00	09/16/2024
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:			
SUBTOTAL THIS PAGE OF SCHEDULE B			\$ 1,720.00		
TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY <i>(Enter total on ITEM 17a of the Summary Sheet.)</i>			\$ 4,491.00		

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