# 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** |
| 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.*

**IS THIS AN AMENDMENT?** ☐ Yes ☑ No

## COMMITTEE INFORMATION

1. Full Name of Committee (as on *Statement of Organization*) ☐ Check if this is a new name.
Faulstich for Marshall County

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

3. Committee Telephone Number
( 559 ) 410-0204

4. Mailing Address *(Address where all campaign finance correspondence is received.)* ☐ Check if this is a new address.
13720 12th Road

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.)*
Adam Faulstich

8. Party Affiliation or If Independent Candidate
Republican

9. Office Sought *(Include district number, if any. **Not required for exploratory committee.**)*
County Commissioner District 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: 10/12/2024 Through: 12/31/2024

| | COLUMN A This Period | COLUMN B Year to Date |
|---|---|---|
| 13. Cash on hand and investments at the beginning of this reporting period. | 5,040.99 | |
| 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.)* | 1,094.66 | 24,445.26 |
| 15b. Unitemized | 0.00 | 0.00 |
| 15c. Add lines 15a and 15b in both columns. **SUBTOTAL** | 1,094.66 | 24,445.26 |
| 16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B. **TOTAL** | 6,135.65 | 24,445.26 |
| **EXPENDITURES** | | |
| *(~~Note:~~ These amounts include in-kind expenditures and loan repayments.)* | | |
| 17a. Itemized *(Use Schedule B.) (Public Question: use Schedule C.)* | 3,803.86 | 22,113.47 |
| 17b. Unitemized | 0.00 | 0.00 |
| 17c. Add lines 17a and 17b in both columns. **SUBTOTAL** | 3,803.86 | 22,113.47 |
| 18. Cash on hand and investments at close of this reporting period *(Subtract 17c from 16 in both columns.)* **TOTAL** | 2,331.79 | 22,113.47 |
| 19. Debts OWED BY the committee *(Use Schedule D.)* | 475.80 | |
| 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 | Date *(mm/dd/yy)* |
|---|---|---|
| Adam Faulstich | Treasurer | 01/15/2024 |
| Signature of Candidate *(if applicable)* | | Date *(mm/dd/yy)* |
| Adam Faulstich | | 01/15/2024 |

**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)*

FOR OFFICE USE ONLY
2025 JAN 15 A 8:0

**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 2 of 5

| CONTRIBUTOR'S FULL NAME AND OCCUPATION FULL MAILING ADDRESS *(street, number, city, state, ZIP code)* | TYPE OF CONTRIBUTION OR OTHER RECEIPT | COLUMN A AMOUNT THIS PERIOD | COLUMN B CUMULATIVE YEAR-TO-DATE | DATE RECEIVED *(mm/dd/yy)* / RECEIVED BY |
|---|---|---|---|---|
| 1. Time Harman<br>2940 Sycamore Lane<br>Bremen, IN 46506<br>Contributor's Occupation *(if required)* Business Owner | Contributions:<br>☐ Direct<br>☑ In-Kind *(describe)* Facebook Ads<br>Other Receipts:<br>☐ Interest ☐ Loan<br>☐ Miscellaneous *(specify)* | $81.11 | $1,016.33 | 11/05/24<br>AF |
| 2. Adam Faulstich<br>13720 12th Road<br>Plymouth, IN 46563<br>Contributor's Occupation *(if required)* | Contributions:<br>☑ Direct<br>☐ In-Kind *(describe)* Cash<br>Other Receipts:<br>☐ Interest ☑ Loan<br>☐ Miscellaneous *(specify)* | $475.80 | $11,900.81 | 10/13/24<br>AF |
| 3.<br>Contributor's Occupation *(if required)* | Contributions:<br>☐ Direct<br>☐ In-Kind *(describe)*<br>Other Receipts:<br>☐ Interest ☐ Loan<br>☐ Miscellaneous *(specify)* | | | |
| 4.<br>Contributor's Occupation *(if required)* | Contributions:<br>☐ Direct<br>☐ In-Kind *(describe)*<br>Other Receipts:<br>☐ Interest ☐ Loan<br>☐ Miscellaneous *(specify)* | | | |
| 5.<br>Contributor's Occupation *(if required)* | Contributions:<br>☐ Direct<br>☐ In-Kind *(describe)*<br>Other Receipts:<br>☐ Interest ☐ Loan<br>☐ Miscellaneous *(specify)* | | | |
| | **SUBTOTAL THIS PAGE OF SCHEDULE A** | $ 556.91 | | |
| | **TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY** *(Enter total on ITEM 15a of the Summary Sheet.)* | $ | | |

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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**



| CONTRIBUTOR'S FULL NAME AND FULL MAILING ADDRESS *(street, number, city, state, ZIP code)* | TYPE OF CONTRIBUTION OR OTHER RECEIPT | COLUMN A AMOUNT THIS PERIOD | COLUMN B CUMULATIVE YEAR-TO-DATE | DATE RECEIVED *(mm/dd/yy)* / RECEIVED BY |
|---|---|---|---|---|
| 1. Marshall County Central Committee<br>117 W. Washington St.<br>Plymouth, IN 46563 | Contributions:<br>☐ Direct<br>☑ In-Kind *(describe)* MCGOP Candidate Night<br>Other Receipts:<br>☐ Interest ☐ Loan<br>☐ Miscellaneous *(specify)* | $283.74 | $343.74 | 10/20/24<br>AF |
| 2. Marshall County Central Committee<br>117 W. Washington St.<br>Plymouth, IN 46563 | Contributions:<br>☐ Direct<br>☑ In-Kind *(describe)* Candidate Flyer/News Paper Ads<br>Other Receipts:<br>☐ Interest ☐ Loan<br>☐ Miscellaneous *(specify)* | $102.73 | $446.47 | 11/15/24<br>AF |
| 3. Faulstich for Marshall County<br>13720 12th Rd.<br>Plymouth, IN 46563 | Contributions:<br>☑ Direct<br>☐ In-Kind *(describe)* Payment of Bill Election Night Celebration<br>Other Receipts:<br>☐ Interest ☐ Loan<br>☐ Miscellaneous *(specify)* | $151.28 | $2,353.21 | 11/06/24<br>AF |
| 4. | Contributions:<br>☐ Direct<br>☐ In-Kind *(describe)*<br>Other Receipts:<br>☐ Interest ☐ Loan<br>☐ Miscellaneous *(specify)* | | | |
| 5. | Contributions:<br>☐ Direct<br>☐ In-Kind *(describe)*<br>Other Receipts:<br>☐ Interest ☐ Loan<br>☐ Miscellaneous *(specify)* | | | |
| **SUBTOTAL THIS PAGE OF SCHEDULE A** | | $ 537.75 | | |
| **TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY** *(Enter total on ITEM 15a of the Summary Sheet.)* | | $ 1,094.66 | | |

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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**

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| RECIPIENT'S NAME AND MAILING ADDRESS *(street, number, city, state, ZIP code)* | RECIPIENT'S OCCUPATION / OFFICE SOUGHT *(if applicable)* | TYPE OF EXPENDITURE and PURPOSE *(be specific)* | COLUMN A AMOUNT THIS PERIOD | COLUMN B CUMULATIVE YEAR-TO-DATE | DATE OF EXPENDITURE *(mm/dd/yy)* |
|---|---|---|---|---|---|
| Code O<br>Adam Faulstich<br>13720 12th Rd.<br>Plymouth, IN 46563 | Field Service Engineer<br>Commissioner District 2 | ☐ Direct ☐ In-Kind<br>☑ Payment of Debt<br>☐ Returned Contribution<br>☐ Other<br>Purpose: Repayment of Loan | $185.00 | $185.00 | 12/31/24 |
| Code O<br>Adam Faulstich<br>13720 12th Rd.<br>Plymouth, IN 46563 | Field Service Engineer<br>Commissioner District 2 | ☐ Direct ☐ In-Kind<br>☑ Payment of Debt<br>☐ Returned Contribution<br>☐ Other<br>Purpose: Repayment of Loan | $3,000.00 | $3,185.00 | 12/31/24 |
| Code | | ☐ Direct ☐ In-Kind<br>☐ Payment of Debt<br>☐ Returned Contribution<br>☐ Other<br>Purpose: | | | |
| Code C<br>The Pilot News<br>214 N Michigan St.<br>Plymouth, IN 46563 | Public Venue<br>N/A | ☐ Direct ☑ In-Kind<br>☐ Payment of Debt<br>☐ Returned Contribution<br>☐ Other<br>Purpose: Candidate Flyers/Newpaper Ads | $102.73 | $343.74 | 10/20/24 |
| Code C<br>Swan Lake Resort<br>5203 Plymouth Laporte Trail<br>Plymouth, In 46563 | Regular Party Committee<br>N/A | ☐ Direct ☑ In-Kind<br>☐ Payment of Debt<br>☐ Returned Contribution<br>☐ Other<br>Purpose: Swan Lake Resort/Meet Candidate Night | $283.74 | $446.47 | 11/15/24 |
| Code O<br>The Lakehouse Grille<br>620 E Lake Shore Dr.<br>Culver, IN 46511 | Restaurant<br>N/A | ☐ Direct ☐ In-Kind<br>☑ Payment of Debt<br>☐ Returned Contribution<br>☐ Other<br>Purpose: Election Night Celebration | $151.28 | $2,353.21 | 11/06/24 |
| Code C<br>Meta Platforms<br>1 Meta Way<br>Menlo Park, CA 94025 | Social Media<br>N/A | ☐ Direct ☑ In-Kind<br>☐ Payment of Debt<br>☐ Returned Contribution<br>☐ Other<br>Purpose: Facebook Ads | $81.11 | $1,016.33 | 11/05/24 |
| | | **SUBTOTAL THIS PAGE OF SCHEDULE B** | $ 3,803.86 | | |
| | | **TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY** ***(Enter total on ITEM 17a of the Summary Sheet.)*** | $ 3,803.86 | | |

**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 |
|---|
| |
| Page 5 of 5 |

| CREDITOR'S OR LENDER'S NAME AND MAILING ADDRESS *(street, number, city, state, ZIP code)* | ENDORSER'S OR VENDOR'S NAME AND MAILING ADDRESS *(if any)* *(street, number, city, state, ZIP code)* | AMOUNT / NATURE OF DEBT | DATE DEBT INCURRED *(mm/dd/yy)* | CUMULATIVE PAID YEAR-TO-DATE | OUTSTANDING BALANCE THIS PERIOD |
|---|---|---|---|---|---|
| Adam Faulstich<br>13720 12th Rd.<br>Plymouth, IN 46563<br>LENDER'S OCCUPATION: Field Service Engineer | N/A | $185.00<br>Loan | 01/12/24 | $185.00 | $0.00 |
| Adam Faulstich<br>13720 12th Rd.<br>Plymouth, IN 46563<br>LENDER'S OCCUPATION: Field Service Engineer | N/A | $3,000.00<br>Loan | 04/29/24 | $3,000.00 | $0.00 |
| Adam Faulstich<br>13720 12th Rd.<br>Plymouth, IN 46563<br>LENDER'S OCCUPATION: Field Engineer | N/A | $475.80<br>Loan | 10/13/24 | $0.00 | $475.80 |
| LENDER'S OCCUPATION: | | | | | |
| LENDER'S OCCUPATION: | | | | | |
| LENDER'S OCCUPATION: | | | | | |
| LENDER'S OCCUPATION: | | | | | |
| | | | SUBTOTAL THIS PAGE OF SCHEDULE D | | $ 475.80 |
| | | | TOTAL OF ALL PAGES OF SCHEDULE D ON THE LAST PAGE ONLY *(Enter total on ITEM 19 of the Summary Sheet.)* | | $ 475.80 |

# 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**

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

**IS THIS AN AMENDMENT?** ☐ **Yes** ☐ **No**

## COMMITTEE INFORMATION

1. Full Name of Committee (as on *Statement of Organization*) ☐ Check if this is a new name.
Andrew Atkins for City Council District #3

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

3. Committee Telephone Number
(574) 780-7890

4. Mailing Address *(Address where all campaign finance correspondence is received.)* ☐ Check if this is a new address.
322 Lewis Street

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.)*
Andrew Atkins

8. Party Affiliation or If Independent Candidate
GOP

9. Office Sought *(Include district number, if any. Not required for exploratory committee.)*
City Council District 3

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: 12/31/2024

| | COLUMN A This Period | COLUMN B Year to Date |
|---|---|---|
| 13. Cash on hand and investments at the beginning of this reporting period. | *26.31 | |
| 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 | |
| 15b. Unitemized | | |
| 15c. Add lines 15a and 15b in both columns. **SUBTOTAL** | 0 | |
| 16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B. **TOTAL** | 0 | |
| **EXPENDITURES** | | |
| *(Note: These amounts include in-kind expenditures and loan repayments.)* | | |
| 17a. Itemized *(Use Schedule B.) (Public Question: use Schedule C.)* | *26.31 | |
| 17b. Unitemized | | |
| 17c. Add lines 17a and 17b in both columns. **SUBTOTAL** | | |
| 18. Cash on hand and investments at close of this reporting period *(Subtract 17c from 16 in both columns.)* **TOTAL** | 0 | |
| 19. Debts OWED BY the committee *(Use Schedule D.)* | | |
| 20. Debts OWED TO the committee *(Use Schedule E.)* | | |

## CERTIFICATION

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

Signature of Treasurer | Title: Treasurer | Date *(mm/dd/yy)*: 1/15/25

Signature of Candidate *(if applicable)* | Date *(mm/dd/yy)*: 1/15/25

**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**

2025 JAN 15 A 9:1

**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 *(street, number, city, state, ZIP code)* | RECIPIENT'S OCCUPATION / OFFICE SOUGHT *(if applicable)* | TYPE OF EXPENDITURE and PURPOSE *(be specific)* | COLUMN A AMOUNT THIS PERIOD | COLUMN B CUMULATIVE YEAR-TO-DATE | DATE OF EXPENDITURE *(mm/dd/yy)* |
|---|---|---|---|---|---|
| Code _____ Marshall County GOP | | ☐ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☒ Other Donation Purpose: Donation | $26.31 | $26.31 | 12/14/2024 |
| Code _____ | | ☐ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other _____ Purpose: | | | |
| Code _____ | | ☐ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other _____ Purpose: | | | |
| Code _____ | | ☐ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other _____ Purpose: | | | |
| Code _____ | | ☐ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other _____ Purpose: | | | |
| Code _____ | | ☐ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other _____ Purpose: | | | |
| Code _____ | | ☐ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other _____ Purpose: | | | |
| **SUBTOTAL THIS PAGE OF SCHEDULE B** | | | $ 26.31 | | |
| **TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY** *(Enter total on ITEM 17a of the Summary Sheet.)* | | | $ | | |

2025 JAN 15 A 9:11

# 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**

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

**IS THIS AN AMENDMENT?** ☐ Yes ☒ No

## COMMITTEE INFORMATION

1. Full Name of Committee (as on *Statement of Organization*) ☐ Check if this is a new name.
Anna Corbett for County Council at Large

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

3. Committee Telephone Number
(574) 360-3671

4. Mailing Address *(Address where all campaign finance correspondence is received.)* ☐ Check if this is a new address.
709 Colony Ct

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.)*
Anna L. Corbett

8. Party Affiliation or If Independent Candidate
Democrat

9. Office Sought *(Include district number, if any. **Not required for exploratory committee.**)*
Marshall County Council at Large

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: 10-11-24 Through: 1-15-25

| | COLUMN A This Period | COLUMN B Year to Date |
|---|---|---|
| 13. Cash on hand and investments at the beginning of this reporting period. | 444.55 | |
| 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.)* | 0 | 1990.00 |
| 15b. Unitemized | 51.10 | 1014.10 |
| 15c. Add lines 15a and 15b in both columns. **SUBTOTAL** | 51.10 | 3004.10 |
| 16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B. **TOTAL** | 495.65 | 3004.10 |
| **EXPENDITURES** | | |
| *(Note: These amounts include in-kind expenditures and loan repayments.)* | | |
| 17a. Itemized *(Use Schedule B.) (Public Question: use Schedule C.)* | 469.64 | 2873.32 |
| 17b. Unitemized | 26.10 | 130.78 |
| 17c. Add lines 17a and 17b in both columns. **SUBTOTAL** | 495.65 | 3004.10 |
| 18. Cash on hand and investments at close of this reporting period *(Subtract 17c from 16 in both columns.)* **TOTAL** | 0 | 0 |
| 19. Debts OWED BY the committee *(Use Schedule D.)* | | |
| 20. Debts OWED TO the committee *(Use Schedule E.)* | | |

## CERTIFICATION

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

| | | |
|---|---|---|
| Signature of Treasurer: Anna L Corbett | Title | Date *(mm/dd/yy)*: 1-9-25 |
| Signature of Candidate *(if applicable)*: Anna L Corbett | | Date *(mm/dd/yy)*: 1-9-25 |

**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
2025 JAN -9 P 3:01

**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 *(street, number, city, state, ZIP code)* | RECIPIENT'S OCCUPATION / OFFICE SOUGHT *(if applicable)* | TYPE OF EXPENDITURE and PURPOSE *(be specific)* | COLUMN A AMOUNT THIS PERIOD | COLUMN B CUMULATIVE YEAR-TO-DATE | DATE OF EXPENDITURE *(mm/dd/yy)* |
|---|---|---|---|---|---|
| Code _____<br>NAK 98<br>215 N Michigan<br>Plymouth, IN 46563 | County Council | ☒ Direct ☐ In-Kind<br>☐ Payment of Debt<br>☐ Returned Contribution<br>☐ Other _____<br>Purpose: | 250.00 | | 10/16/24 |
| Code _____<br>Walmart<br>2505 N Oak Dr.<br>Plymouth, IN 46563 | County Council | ☒ Direct ☐ In-Kind<br>☐ Payment of Debt<br>☐ Returned Contribution<br>☐ Other _____<br>Purpose: | 106.66 | | 10/28/24 |
| Code _____<br>Anna Corbett<br>709 Colony Ct<br>Plymouth, IN 46563 | County Council | ☐ Direct ☐ In-Kind<br>☐ Payment of Debt<br>☐ Returned Contribution<br>☐ Other _____<br>Purpose: | 112.98 | | 12/16/24 |
| Code _____ | | ☐ Direct ☐ In-Kind<br>☐ Payment of Debt<br>☐ Returned Contribution<br>☐ Other _____<br>Purpose: | | | |
| Code _____ | | ☐ Direct ☐ In-Kind<br>☐ Payment of Debt<br>☐ Returned Contribution<br>☐ Other _____<br>Purpose: | | | |
| Code _____ | | ☐ Direct ☐ In-Kind<br>☐ Payment of Debt<br>☐ Returned Contribution<br>☐ Other _____<br>Purpose: | | | |
| Code _____ | | ☐ Direct ☐ In-Kind<br>☐ Payment of Debt<br>☐ Returned Contribution<br>☐ Other _____<br>Purpose: | | | |
| **SUBTOTAL THIS PAGE OF SCHEDULE B** | | | $ | | |
| **TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY** *(Enter total on ITEM 17a of the Summary Sheet.)* | | | $ | | |

2025 JAN -9 P 3:01

# 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 |
|---|
| 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.*

**IS THIS AN AMENDMENT?** ☐ Yes ☑ No

## COMMITTEE INFORMATION

1. Full Name of Committee (as on *Statement of Organization*) ☐ Check if this is a new name.
Sharkey for Marshall County Commissioner

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

3. Committee Telephone Number
( 574 ) 387-9183

4. Mailing Address *(Address where all campaign finance correspondence is received.)* ☐ Check if this is a new address.
325 W Walnut Street

5. City, State, ZIP Code
Argos, IN, 46501

6. Party Affiliation *(if applicable)*
Democrat

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

7. Full Name of Candidate *(Include any nickname.)*
Benjamin Ray Sharkey

8. Party Affiliation or If Independent Candidate
Democrat

9. Office Sought *(Include district number, if any.* ***Not required for exploratory committee.****)*
Marshall County Commissioner District 3

10. County of Residence
Marshall County

## 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: 10/12/24 Through: 12/31/24

| | COLUMN A This Period | COLUMN B Year to Date |
|---|---|---|
| 13. Cash on hand and investments at the beginning of this reporting period. | 741.40 | |
| 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.)* | 500.00 | 4,240.00 |
| 15b. Unitemized | 0.00 | 0.00 |
| 15c. Add lines 15a and 15b in both columns. **SUBTOTAL** | 500.00 | 4,240.00 |
| 16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B. **TOTAL** | 1,141.40 | 4,240.00 |
| **EXPENDITURES** | | |
| *(Note: These amounts include in-kind expenditures and loan repayments.)* | | |
| 17a. Itemized *(Use Schedule B.) (Public Question: use Schedule C.)* | 860.93 | |
| 17b. Unitemized | 0.00 | |
| 17c. Add lines 17a and 17b in both columns. **SUBTOTAL** | 860.93 | |
| 18. Cash on hand and investments at close of this reporting period *(Subtract 17c from 16 in both columns.)* **TOTAL** | 380.47 | 380.47 |
| 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 | Date *(mm/dd/yy)* |
|---|---|---|
| Elizabeth Hart | Treasurer | 01/09/25 |
| Signature of Candidate *(if applicable)* | | Date *(mm/dd/yy)* 01/09/25 |

**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**

2025 JAN 10 P 1:21

**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 _____ of _____ |

| CONTRIBUTOR'S FULL NAME AND OCCUPATION FULL MAILING ADDRESS *(street, number, city, state, ZIP code)* | TYPE OF CONTRIBUTION OR OTHER RECEIPT | COLUMN A AMOUNT THIS PERIOD | COLUMN B CUMULATIVE YEAR-TO-DATE | DATE RECEIVED *(mm/dd/yy)* / RECEIVED BY |
|---|---|---|---|---|
| 1. Penny Sharkey<br>325 West Walnut St<br>Argos, IN 46501<br>**Contributor's Occupation** *(if required)* _____ | Contributions:<br>☑ Direct<br>☐ In-Kind *(describe)* _____<br>Other Receipts:<br>☐ Interest ☐ Loan<br>☐ Miscellaneous *(specify)* _____ | $400.00 | $1,960.00 | 11/07/24<br>ECH |
| 2. Benjamin Sharkey<br>325 West Walnut St<br>Argos, IN 46501<br>**Contributor's Occupation** *(if required)* _____ | Contributions:<br>☐ Direct<br>☑ In-Kind *(describe)* Logo License<br>Other Receipts:<br>☐ Interest ☐ Loan<br>☐ Miscellaneous *(specify)* _____ | $100.00 | $225.00 | 12/17/24<br>ECH |
| 3.<br>**Contributor's Occupation** *(if required)* _____ | Contributions:<br>☐ Direct<br>☐ In-Kind *(describe)* _____<br>Other Receipts:<br>☐ Interest ☐ Loan<br>☐ Miscellaneous *(specify)* _____ | | | |
| 4.<br>**Contributor's Occupation** *(if required)* _____ | Contributions:<br>☐ Direct<br>☐ In-Kind *(describe)* _____<br>Other Receipts:<br>☐ Interest ☐ Loan<br>☐ Miscellaneous *(specify)* _____ | | | |
| 5.<br>**Contributor's Occupation** *(if required)* _____ | Contributions:<br>☐ Direct<br>☐ In-Kind *(describe)* _____<br>Other Receipts:<br>☐ Interest ☐ Loan<br>☐ Miscellaneous *(specify)* _____ | | | |
| **SUBTOTAL THIS PAGE OF SCHEDULE A** | | $ 500.00 | | |
| **TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY** *(Enter total on ITEM 15a of the Summary Sheet.)* | | $ 500.00 | | |

2025 JAN 10 P 1:21
ALL CO. CLE

**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



| RECIPIENT'S NAME AND MAILING ADDRESS *(street, number, city, state, ZIP code)* | RECIPIENT'S OCCUPATION / OFFICE SOUGHT *(if applicable)* | TYPE OF EXPENDITURE and PURPOSE *(be specific)* | COLUMN A AMOUNT THIS PERIOD | COLUMN B CUMULATIVE YEAR-TO-DATE | DATE OF EXPENDITURE *(mm/dd/yy)* |
|---|---|---|---|---|---|
| Code O<br>Coffee Lodge<br>225 E Jefferson St<br>Plymouth, IN, 46563 | retailer<br>n/a | ☑ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other<br>Purpose: | $14.77 | $14.77 | 10/13/24 |
| Code O<br>Coffee Lodge<br>225 EJefferson St<br>Plymouth, IN, 46563 | retailer<br>n/a | ☑ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other<br>Purpose: | $4.31 | $19.08 | 10/13/24 |
| Code A<br>Amazon.com<br>410 Terry Ave. N.<br>Seattle, WA, 98109 | retailer<br>n/a | ☑ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other<br>Purpose: | $64.19 | $736.43 | 10/13/24 |
| Code A<br>Amazon.com<br>410 Terry Ave. N.<br>Seattle, WA, 89109 | retailer<br>n/a | ☑ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other<br>Purpose: | $27.81 | $764.24 | 10/15/24 |
| Code O<br>Intuit<br>2700 Coast Ave.<br>Mountain View, CA 94043 | software<br>n/a | ☑ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other<br>Purpose: | $30.00 | $105.00 | 10/18/24 |
| Code A<br>Great Clips<br>2285 N Oak Rd,<br>Plymouth, In 46563 | retailer<br>n/a | ☑ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other<br>Purpose: | $66.25 | $66.25 | 10/21/24 |
| Code O<br>Opie's Deli<br>114 N Michigan St<br>Plymiouth, IN 46563 | retailer<br>n/a | ☑ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other<br>Purpose: | $16.50 | $16.50 | 10/24 |
| | **SUBTOTAL THIS PAGE OF SCHEDULE B** | | $ 223.83 | | |
| | **TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY** *(Enter total on ITEM 17a of the Summary Sheet.)* | | $ | | |

**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



| RECIPIENT'S NAME AND MAILING ADDRESS *(street, number, city, state, ZIP code)* | RECIPIENT'S OCCUPATION / OFFICE SOUGHT *(if applicable)* | TYPE OF EXPENDITURE and PURPOSE *(be specific)* | COLUMN A AMOUNT THIS PERIOD | COLUMN B CUMULATIVE YEAR-TO-DATE | DATE OF EXPENDITURE *(mm/dd/yy)* |
|---|---|---|---|---|---|
| Code A<br>Walmart<br>2505 N Oak Dr<br>Plymouth, IN 46563 | retailer<br>n/a | ☑ Direct ☐ In-Kind<br>☐ Payment of Debt<br>☐ Returned Contribution<br>☐ Other<br>Purpose: | $51.26 | $380.62 | 10/25/24 |
| Code A<br>Martin's<br>865 E Jeffersoh St<br>Plymouth, IN 46563 | retailer<br>n/a | ☑ Direct ☐ In-Kind<br>☐ Payment of Debt<br>☐ Returned Contribution<br>☐ Other<br>Purpose: | $37.40 | $48.25 | 10/26/24 |
| Code A<br>Car Wash<br>8210 Lincolnway East<br>Plymouth IN 46563 | retailer<br>n/a | ☑ Direct ☐ In-Kind<br>☐ Payment of Debt<br>☐ Returned Contribution<br>☐ Other<br>Purpose: | $20.00 | $20.00 | 10/26/24 |
| Code O<br>Speedway<br>2225 N Michigan ST<br>Plymouth, IN 46563 | retailer<br>n/a | ☑ Direct ☐ In-Kind<br>☐ Payment of Debt<br>☐ Returned Contribution<br>☐ Other<br>Purpose: | $34.05 | $52.73 | 11/08/24 |
| Code O<br>Intuit<br>2700 Coast Ave<br>Mountain View, CA, 94043 | software<br>n/a | ☑ Direct ☐ In-Kind<br>☐ Payment of Debt<br>☐ Returned Contribution<br>☐ Other<br>Purpose: | $30.00 | $135.00 | 11/18/24 |
| Code O<br>Wordpress<br>60 29th St . #343<br>San Fransisco, CA 94110 | website domain<br>n/a | ☑ Direct ☐ In-Kind<br>☐ Payment of Debt<br>☐ Returned Contribution<br>☐ Other<br>Purpose: | $78.00 | $78.00 | 11/21/24 |
| Code O<br>USPS<br>140 W Walnut St<br>Argos, IN, 46501 | postal service<br>n/a | ☑ Direct ☐ In-Kind<br>☐ Payment of Debt<br>☐ Returned Contribution<br>☐ Other<br>Purpose: | $84.00 | $136.00 | 11/26/24 |
| | | **SUBTOTAL THIS PAGE OF SCHEDULE B** | $ 334.71 | | |
| | | **TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY** *(Enter total on ITEM 17a of the Summary Sheet.)* | $ | | |

**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 *(street, number, city, state, ZIP code)* | RECIPIENT'S OCCUPATION / OFFICE SOUGHT *(if applicable)* | TYPE OF EXPENDITURE and PURPOSE *(be specific)* | COLUMN A AMOUNT THIS PERIOD | COLUMN B CUMULATIVE YEAR-TO-DATE | DATE OF EXPENDITURE *(mm/dd/yy)* |
|---|---|---|---|---|---|
| Code O<br>Design.com<br>2 Hill St<br>Surry Hills, NSW 02010 Australia | retailer<br>n/a | ☑ Direct ☐ In-Kind<br>☐ Payment of Debt<br>☐ Returned Contribution<br>☐ Other _____<br>Purpose: | $36.00 | $36.00 | 11/27/24 |
| Code O<br>Vista Print<br>170 Data Drive<br>Waltham, MA, 02451 | retailer<br>n/a | ☑ Direct ☐ In-Kind<br>☐ Payment of Debt<br>☐ Returned Contribution<br>☐ Other _____<br>Purpose: | $77.10 | $77.10 | 12/08/24 |
| Code O<br>Queensboro Shirt Co<br>1400 Marstellar St<br>Wilmington, NC 28401 | retailer<br>n/a | ☑ Direct ☐ In-Kind<br>☐ Payment of Debt<br>☐ Returned Contribution<br>☐ Other _____<br>Purpose: | $69.29 | $69.29 | 12/09/24 |
| Code O<br>Design.com<br>2 Hill St<br>Surry Hills, NSW 02010 Australia | retailer<br>n/a | ☑ Direct ☐ In-Kind<br>☐ Payment of Debt<br>☐ Returned Contribution<br>☐ Other _____<br>Purpose: | $100.00 | $100.00 | 12/14/24 |
| Code A<br>Car Wash<br>8210 Lincolnway East<br>Plymouth, IN46563 | retailer<br>n/a | ☑ Direct ☐ In-Kind<br>☐ Payment of Debt<br>☐ Returned Contribution<br>☐ Other _____<br>Purpose: | $20.00 | $40.00 | 10/12/24 |
| Code _____ | | ☐ Direct ☐ In-Kind<br>☐ Payment of Debt<br>☐ Returned Contribution<br>☐ Other _____<br>Purpose: | | | |
| Code _____ | | ☐ Direct ☐ In-Kind<br>☐ Payment of Debt<br>☐ Returned Contribution<br>☐ Other _____<br>Purpose: | | | |
| **SUBTOTAL THIS PAGE OF SCHEDULE B** | | | $ 302.93 | | |
| **TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY** *(Enter total on ITEM 17a of the Summary Sheet.)* | | | $ 860.93 | | |

2025 JAN 10 P 1:21
CLERK
ALL CO. DEPT.

# 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**

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

**IS THIS AN AMENDMENT?** ☐ Yes ☑ No

## COMMITTEE INFORMATION

1. Full Name of Committee (as on *Statement of Organization*) ☐ Check if this is a new name.
Bethany Wesley for County Councill

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

3. Committee Telephone Number
( 404 ) 5616768

4. Mailing Address *(Address where all campaign finance correspondence is received.)* ☐ Check if this is a new address.
233 E Maple St.

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

6. Party Affiliation *(if applicable)*
Democrat

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

7. Full Name of Candidate *(Include any nickname.)*
Bethany Wesley

8. Party Affiliation or If Independent Candidate

9. Office Sought *(Include district number, if any. **Not required for exploratory committee.**)*
Marshall County council at Large

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: 10-12-2024 Through: 12-31-2024

| | COLUMN A This Period | COLUMN B Year to Date |
|---|---|---|
| 13. Cash on hand and investments at the beginning of this reporting period. | 1,260.00 | |
| 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 | 0.00 |
| 15b. Unitemized | 0.00 | 0.00 |
| 15c. Add lines 15a and 15b in both columns. **SUBTOTAL** | 0.00 | 0.00 |
| 16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B. **TOTAL** | 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 | 1,260.00 | 0.00 |
| 17c. Add lines 17a and 17b in both columns. **SUBTOTAL** | 1,260.00 | 0.00 |
| 18. Cash on hand and investments at close of this reporting period *(Subtract 17c from 16 in both columns.)* **TOTAL** | 0.00 | 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

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 Bethany Wesley | Title Candidate | Date *(mm/dd/yy)* 1/14/25 |
| Signature of Candidate *(if applicable)* Bethany Wesley 2025-01-14 | | Date *(mm/dd/yy)* 1/14/25 |

**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**

2025 JAN 14 P 3:51

# 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: 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.*

2025 JAN 13 A 8:0

MARSHALL CO. CLE

**IS THIS AN AMENDMENT?** ☐ Yes ☑ No

## COMMITTEE INFORMATION

1. Full Name of Committee (as on *Statement of Organization*) ☐ Check if this is a new name.
Brandon Schadek for County Council

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

3. Committee Telephone Number
( 574 ) 780-1326

4. Mailing Address *(Address where all campaign finance correspondence is received.)* ☐ Check if this is a new address.
19921 9th Road

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.)*
Brandon Scott Schadek

8. Party Affiliation or If Independent Candidate
Republican

9. Office Sought *(Include district number, if any. **Not required for exploratory committee.**)*
Marshall County Council at Large

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: 10/14/24 Through: 12/31/24

| | COLUMN A This Period | COLUMN B Year to Date |
|---|---|---|
| 13. Cash on hand and investments at the beginning of this reporting period. | 14.69 | |
| 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.)* | 877.58 | 20863.10 |
| 15b. Unitemized | | |
| 15c. Add lines 15a and 15b in both columns. **SUBTOTAL** | 892.27 | 20863.10 |
| 16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B. **TOTAL** | 892.27 | 20863.10 |
| **EXPENDITURES** | | |
| *(Note: These amounts include in-kind expenditures and loan repayments.)* | | |
| 17a. Itemized *(Use Schedule B.) (Public Question: use Schedule C.)* | 877.58 | 20848.41 |
| 17b. Unitemized | | |
| 17c. Add lines 17a and 17b in both columns. **SUBTOTAL** | 877.58 | 20848.41 |
| 18. Cash on hand and investments at close of this reporting period *(Subtract 17c from 16 in both columns.)* **TOTAL** | 14.69 | 14.69 |
| 19. Debts OWED BY the committee *(Use Schedule D.)* | 0 | |
| 20. Debts OWED TO the committee *(Use Schedule E.)* | 0 | |

## CERTIFICATION

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

| Signature of Treasurer | Title | Date *(mm/dd/yy)* |
|---|---|---|
| Brandon Scott Schadek | Treasurer | 01/13/24 |
| Signature of Candidate *(if applicable)* | | Date *(mm/dd/yy)* |
| Brandon Scott Schadek | | 01/13/24 |

**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)

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

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

FILE NUMBER

Page 2 of 4

| CONTRIBUTOR'S FULL NAME AND OCCUPATION FULL MAILING ADDRESS *(street, number, city, state, ZIP code)* | TYPE OF CONTRIBUTION OR OTHER RECEIPT | COLUMN A AMOUNT THIS PERIOD | COLUMN B CUMULATIVE YEAR-TO-DATE | DATE RECEIVED *(mm/dd/yy)* / RECEIVED BY |
|---|---|---|---|---|
| 1. Tim Harman<br>2940 Sycamore Lane<br>Bremen, IN 46506<br>**Contributor's Occupation** *(if required)* | Contributions:<br>☐ Direct<br>☑ In-Kind *(describe)* Pilot News AD<br>Other Receipts:<br>☐ Interest ☐ Loan<br>☐ Miscellaneous *(specify)* | 38.33 | 1882.63 | 10/21/24<br>BS |
| 2. Tim Harman<br>2940 Sycamore Lane<br>Bremen, IN 46506<br>**Contributor's Occupation** *(if required)* | Contributions:<br>☐ Direct<br>☑ In-Kind *(describe)* Pilot News AD<br>Other Receipts:<br>☐ Interest ☐ Loan<br>☐ Miscellaneous *(specify)* | 38.33 | 1920.96 | 11/02/24<br>BS |
| 3. Tim Harman<br>2940 Sycamore Lane<br>Bremen, IN 46506<br>**Contributor's Occupation** *(if required)* | Contributions:<br>☐ Direct<br>☑ In-Kind *(describe)* Facebook Ad<br>Other Receipts:<br>☐ Interest ☐ Loan<br>☐ Miscellaneous *(specify)* | 81.11 | 2002.07 | 11/5/24<br>BS |
| 4.<br>**Contributor's Occupation** *(if required)* | Contributions:<br>☐ Direct<br>☐ In-Kind *(describe)*<br>Other Receipts:<br>☐ Interest ☐ Loan<br>☐ Miscellaneous *(specify)* | | | |
| 5.<br>**Contributor's Occupation** *(if required)* | Contributions:<br>☐ Direct<br>☐ In-Kind *(describe)*<br>Other Receipts:<br>☐ Interest ☐ Loan<br>☐ Miscellaneous *(specify)* | | | |
| | **SUBTOTAL THIS PAGE OF SCHEDULE A** | $ 157.77 | | |
| | **TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY** | $ 157.77 | | |

**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 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 3 of 4

| CONTRIBUTOR'S FULL NAME AND FULL MAILING ADDRESS *(street, number, city, state, ZIP code)* | TYPE OF CONTRIBUTION OR OTHER RECEIPT | COLUMN A AMOUNT THIS PERIOD | COLUMN B CUMULATIVE YEAR-TO-DATE | DATE RECEIVED *(mm/dd/yy)* / RECEIVED BY |
|---|---|---|---|---|
| 1. Marshall County Republican Central Committee<br>P.O. Box 102<br>Plymouth, IN 46563 | Contributions:<br>☐ Direct<br>☑ In-Kind *(describe)* Candidate Night<br>Other Receipts:<br>☐ Interest ☐ Loan<br>☐ Miscellaneous *(specify)* | 283.74 | 343.74 | 10/20/24<br>BS |
| 2. Marshall County Republican Central Committee<br>P.O. Box 102<br>Plymouth, IN 46563 | Contributions:<br>☐ Direct<br>☑ In-Kind *(describe)* Ad Pilot news<br>Other Receipts:<br>☐ Interest ☐ Loan<br>☐ Miscellaneous *(specify)* | 102.73 | 446.47 | 11/15/24<br>BS |
| 3. Conservatives For Tim Harman<br>209 N. Main St.<br>Bourbon, IN 46504 | Contributions:<br>☐ Direct<br>☑ In-Kind *(describe)* Radio Ad<br>Other Receipts:<br>☐ Interest ☐ Loan<br>☐ Miscellaneous *(specify)* | 298.67 | 3363.95 | 10/24/24<br>BS |
| 4. Conservatives For Tim Harman<br>209 N. Main St.<br>Bourbon, IN 46504 | Contributions:<br>☐ Direct<br>☑ In-Kind *(describe)* Radio Ad<br>Other Receipts:<br>☐ Interest ☐ Loan<br>☐ Miscellaneous *(specify)* | 34.67 | 3398.62 | 11/04/27<br>BS3363.95 |
| 5. | Contributions:<br>☐ Direct<br>☐ In-Kind *(describe)*<br>Other Receipts:<br>☐ Interest ☐ Loan<br>☐ Miscellaneous *(specify)* | | | |
| | **SUBTOTAL THIS PAGE OF SCHEDULE A** | $ 719.81 | | |
| | **TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY** | 719.81 | | |

**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 SCHEDULE B) ITEMIZED EXPENDITURES

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

FILE NUMBER



| RECIPIENT'S NAME AND MAILING ADDRESS *(street, number, city, state, ZIP code)* | RECIPIENT'S OCCUPATION / OFFICE SOUGHT *(if applicable)* | TYPE OF EXPENDITURE and PURPOSE *(be specific)* | COLUMN A AMOUNT THIS PERIOD | COLUMN B CUMULATIVE YEAR-TO-DATE | DATE OF EXPENDITURE *(mm/dd/yy)* |
|---|---|---|---|---|---|
| Code A<br>The Pilot News<br>218 N Michigan St<br>Plymouth, IN 46563 | Advertising<br>n/a | ☐ Direct ☑ In-Kind<br>☐ Payment of Debt<br>☐ Returned Contribution<br>☐ Other<br>Purpose: AD | 38.33 | 2568.33 | 10/21/24 |
| Code A<br>The Pilot News<br>218 N Michigan St<br>Plymouth, IN 46563 | Advertising<br>n/a | ☐ Direct ☑ In-Kind<br>☐ Payment of Debt<br>☐ Returned Contribution<br>☐ Other<br>Purpose: AD | 38.33 | 2606.66 | 11/02/24 |
| Code A<br>Facebook<br>Menlo Park, CA | Advertising<br>n/a | ☐ Direct ☑ In-Kind<br>☐ Payment of Debt<br>☐ Returned Contribution<br>☐ Other<br>Purpose: AD | 81.11 | 2464.77 | 11/05/24 |
| Code F<br>Swan Lake<br>5203 Plymouth Laporte Trail<br>Plymouth, IN 46563 | Fundraiser<br>n/a | ☐ Direct ☑ In-Kind<br>☐ Payment of Debt<br>☐ Returned Contribution<br>☐ Other<br>Purpose: Meet Candid. | 283.74 | 283.74 | 10/02/24 |
| Code A<br>Pilot News<br>218 N Michigan St<br>Plymouth, IN 46563 | Advertising<br>n/a | ☐ Direct ☑ In-Kind<br>☐ Payment of Debt<br>☐ Returned Contribution<br>☐ Other<br>Purpose: AD | 102.73 | 2703.39 | 11/15/24 |
| Code A<br>WYMR Radio<br>Plymouth, IN | Advertising<br>n/a | ☐ Direct ☑ In-Kind<br>☐ Payment of Debt<br>☐ Returned Contribution<br>☐ Other<br>Purpose: | 298.67 | 1058.67 | 10/24/24 |
| Code A<br>WYMR Radio<br>Plymouth, IN | Advertising<br>n/a | ☐ Direct ☑ In-Kind<br>☐ Payment of Debt<br>☐ Returned Contribution<br>☐ Other<br>Purpose: | 34.67 | 1093.34 | 11/04/24 |
| | | **SUBTOTAL THIS PAGE OF SCHEDULE B** | $ 877.58 | | |
| | | **TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY** | $ 877.58 | | |

# 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) Summary Sheet

**FILE NUMBER**

**TOTAL PAGES IN ENTIRE CFA-4 REPORT**
1

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

**IS THIS AN AMENDMENT?** ☐ Yes ☑ No

## COMMITTEE INFORMATION

1. Full Name of Committee (as on *Statement of Organization*) ☐ Check if this is a new name.
Cathy Wraight for City Council Committee

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

3. Committee Telephone Number
( 574 ) 540-9435

4. Mailing Address *(Address where all campaign finance correspondence is received.)* ☐ Check if this is a new address.
522 Pennsylvania Ave

5. City, State, ZIP Code
Plymouth, Indiana 46563

6. Party Affiliation *(if applicable)*
Democratic

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

7. Full Name of Candidate *(Include any nickname.)*
Catherine JH Wraight, Cathy Wraight

8. Party Affiliation or If Independent Candidate
Democratic

9. Office Sought *(Include district number, if any. **Not required for exploratory committee.**)*
Common Council, District 4

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: 07/01/24 Through: 12/31/24

| | COLUMN A This Period | COLUMN B Year to Date |
|---|---|---|
| 13. Cash on hand and investments at the beginning of this reporting period. | 435.00 | |
| 14. Cash on hand and investments January 1, current year. | | 435.00 |
| **CONTRIBUTIONS AND RECEIPTS** | | |
| *(Note: these amounts include in-kind contributions and loans, as well as cash contributions.)* | | |
| 15a. Itemized *(Use Schedule A.)* | 0.00 | 0.00 |
| 15b. Unitemized | 0.00 | 0.00 |
| 15c. Add lines 15a and 15b in both columns. **SUBTOTAL** | 0.00 | 0.00 |
| 16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B. **TOTAL** | 435.00 | 435.00 |
| **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. **SUBTOTAL** | 0.00 | 0.00 |
| 18. Cash on hand and investments at close of this reporting period *(Subtract 17c from 16 in both columns.)* **TOTAL** | 435.00 | 435.00 |
| 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 | Date *(mm/dd/yy)* |
|---|---|---|
| Catherine JH Wraight | Treasurer | 01/14/25 |
| Signature of Candidate *(if applicable)* | | Date *(mm/dd/yy)* |
| Catherine JH Wraight | | 01/14/25 |

**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**
2025 JAN 15 A 8:11

# 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** |
| MALL CO. CLE |

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

**IS THIS AN AMENDMENT?** ☐ Yes ☒ No

## COMMITTEE INFORMATION

1. Full Name of Committee (as on *Statement of Organization*) ☐ Check if this is a new name.
Olivarez Jr. for Plymouth City Council

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

3. Committee Telephone Number
( 574 ) 967 - 0488

4. Mailing Address *(Address where all campaign finance correspondence is received.)* ☐ Check if this is a new address.
214 N. Plum St.

5. City, State, ZIP Code

6. Party Affiliation *(if applicable)*
Democratic

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

7. Full Name of Candidate *(Include any nickname.)*
Cayetano Olivarez Jr.

8. Party Affiliation or If Independent Candidate
Democratic

9. Office Sought *(Include district number, if any. **Not required for exploratory committee.**)*
Plymouth City Council - 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: December 31 - 2023 Through: December 31 - 2024

| | COLUMN A This Period | COLUMN B Year to Date |
|---|---|---|
| 13. Cash on hand and investments at the beginning of this reporting period. | 213.91 | |
| 14. Cash on hand and investments January 1, current year. | | 213.91 |
| **CONTRIBUTIONS AND RECEIPTS** | | |
| *(Note: these amounts include in-kind contributions and loans, as well as cash contributions.)* | | |
| 15a. Itemized *(Use Schedule A.)* | 00.00 | 00.00 |
| 15b. Unitemized | 00.00 | 00.00 |
| 15c. Add lines 15a and 15b in both columns. **SUBTOTAL** | 00.00 | 00.00 |
| 16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B. **TOTAL** | 00.00 | 00.00 |
| **EXPENDITURES** | | |
| *(Note: These amounts include in-kind expenditures and loan repayments.)* | | |
| 17a. Itemized *(Use Schedule B.) (Public Question: use Schedule C.)* | — | — |
| 17b. Unitemized | 0.00 | 0.00 |
| 17c. Add lines 17a and 17b in both columns. **SUBTOTAL** | 213.91 | 213.91 |
| 18. Cash on hand and investments at close of this reporting period *(Subtract 17c from 16 in both columns.)* **TOTAL** | 213.91 | 213.91 |
| 19. Debts OWED BY the committee *(Use Schedule D.)* | | |
| 20. Debts OWED TO the committee *(Use Schedule E.)* | | |

## CERTIFICATION

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

| Signature of Treasurer | Title | Date *(mm/dd/yy)* |
|---|---|---|
| Cayetano Ol | Candidate / Treasurer | 1/11/2025 |
| **Signature of Candidate *(if applicable)*** | | **Date *(mm/dd/yy)*** |
| Cay Ol | | 1/11/2025 |

**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**
JAN 14 P 12:45

# 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.*

2025 JAN 13 A

MARSHALL CO CLE

| 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 *Statement of Organization*) ☐ Check if this is a new name.
Cultice for County Surveyor

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.)* ☑ Check if this is a new address.
18761 17th 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.)*
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

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: 10/11/24 Through: 12/31/24

| | COLUMN A This Period | COLUMN B Year to Date |
|---|---|---|
| 13. Cash on hand and investments at the beginning of this reporting period. | 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.)* | 386.47 | 386.47 |
| 15b. Unitemized | 0.00 | 0.00 |
| 15c. Add lines 15a and 15b in both columns. **SUBTOTAL** | 386.47 | 386.47 |
| 16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B. **TOTAL** | 386.47 | 386.47 |
| **EXPENDITURES** | | |
| *(Note: These amounts include in-kind expenditures and loan repayments.)* | | |
| 17a. Itemized *(Use Schedule B.) (Public Question: use Schedule C.)* | 386.47 | 386.47 |
| 17b. Unitemized | 0.00 | 60.00 |
| 17c. Add lines 17a and 17b in both columns. **SUBTOTAL** | 386.47 | 386.47 |
| 18. Cash on hand and investments at close of this reporting period *(Subtract 17c from 16 in both columns.)* **TOTAL** | 0.00 | 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

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)* |
|---|---|---|
| Craig D Cultice | TREAS & CAND. | 01/09/2025 |
| Signature of Candidate *(if applicable)* | | Date *(mm/dd/yy)* |
| Craig D Cultice | | 01/09/2025 |

**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-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 _____ of _____

| CONTRIBUTOR'S FULL NAME AND FULL MAILING ADDRESS *(street, number, city, state, ZIP code)* | TYPE OF CONTRIBUTION OR OTHER RECEIPT | COLUMN A AMOUNT THIS PERIOD | COLUMN B CUMULATIVE YEAR-TO-DATE | DATE RECEIVED *(mm/dd/yy)* / RECEIVED BY |
|---|---|---|---|---|
| 1. Marshall County Republican Central Comm. P.O. Box 102 Plymouth, IN 46563 | Contributions: ☐ Direct ☒ In-Kind *(describe)* CANDIDATE NITE<br>Other Receipts: ☐ Interest ☐ Loan ☐ Miscellaneous *(specify)* | 283.74 | | 10/20/24<br>CRAIG CULTICE |
| 2. Marshall County Republican Central Comm. P.O. Box 102 Plymouth, IN 46563 | Contributions: ☐ Direct ☒ In-Kind *(describe)* ADS<br>Other Receipts: ☐ Interest ☐ Loan ☐ Miscellaneous *(specify)* | 102.73 | | 11/15/24<br>CRAIG CULTICE |
| 3. | Contributions: ☐ Direct ☐ In-Kind *(describe)*<br>Other Receipts: ☐ Interest ☐ Loan ☐ Miscellaneous *(specify)* | | | |
| 4. | Contributions: ☐ Direct ☐ In-Kind *(describe)*<br>Other Receipts: ☐ Interest ☐ Loan ☐ Miscellaneous *(specify)* | | | |
| 5. | Contributions: ☐ Direct ☐ In-Kind *(describe)*<br>Other Receipts: ☐ Interest ☐ Loan ☐ Miscellaneous *(specify)* | | | |
| | **SUBTOTAL THIS PAGE OF SCHEDULE A** | $ 386.47 | | |
| | **TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY** *(Enter total on ITEM 15a of the Summary Sheet.)* | $ 386.47 | | |

# NOTICE OF CONTRIBUTION OR EXPENDITURE TO CANDIDATE'S COMMITTEE

**(CFA-5)**

State Form 4761 (R6/11-01)
Indiana Election Commission (IC 3-9-5-15)

**INSTRUCTIONS: Please type or print legibly in black ink. See instructions on reverse side of the form.** This form is to be used by an organization or a committee, other than the candidate's committee, that receives a contribution or makes an expenditure on behalf of a candidate. The treasurer of the organization or committee shall report to the candidate's committee all information about a contribution received or an expenditure made on behalf of the candidate that the treasurer of the candidate's committee is required to report about the contribution or the expenditure if it had been received or made by the candidate's committee. An expenditure is considered to be on behalf of a candidate if either of the following applies: (1) the expenditure is made in support of the candidate who is specifically identifiable; or (2) the expenditure is made in opposition to an opponent: (A) of the candidate; and (B) who is specifically identifiable. An expenditure is not considered to be made on behalf of a candidate if the expenditure is made to inform the members of the organization or for the development of the committee's political party.
Upon receipt of this form by the candidate's committee, the treasurer must enter the contribution or expenditure (transfer-in) in the committee's records for disclosure in the committee's Receipts and Expenditures Report (CFA-4 form). (IC 3-9-5-15)

**DO NOT FILE THIS FORM WITH THE INDIANA ELECTION DIVISION OR ANY COUNTY ELECTION BOARD.**
**THIS NOTICE IS TO BE GIVEN DIRECTLY TO THE CANDIDATE'S COMMITTEE.**

**REPORTING PERIOD** 2024 Annual Report

**Organization or Committee Name:** ☐ Corporation / Labor ☐ Partnership / LLC ☐ PAC ☒ Regular Party Committee Marshall County Republican Central Committee
☐ Legislative Caucus Committee ☐ Other Candidate's Committee ☐ Other Organization _____ (specify)

**Candidate's Committee Name** Cultice for County Surveyor

**DIRECT CONTRIBUTIONS RECEIVED**

| Date Received *(MM-DD-YY)* | Received From | Occupation Required if the contributor made aggregate contributions of at least $1,000 to this committee during the calendar year. (optional otherwise) | Amount |
|---|---|---|---|
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**EXPENDITURES MADE (In-Kind Contributions)**

| Date *(MM-DD-YY)* | Made To | Purpose | Value |
|---|---|---|---|
| 10/20/24 | Swan Lake Resort | MCGOP Candidate Night | $283.74 |
| 11/15/24 | The Pilot News | Candidate Flyer/Newspaper Ads | $102.73 |
| | | | |
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**CERTIFICATION**

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

| Signature of Treasurer | Telephone Number *(Day)* | Telephone Number *(Evening)* | Date *(MM-DD-YY)* |
|---|---|---|---|
| Bryan Howard<br>Bryan Howard | ( 574 ) 780-5814 | ( 574 ) 780-5814 | 12/01/24 |

# 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** |
| |

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

**IS THIS AN AMENDMENT?** ☐ Yes ☐ No

## COMMITTEE INFORMATION

1. Full Name of Committee (as on *Statement of Organization*) ☐ Check if this is a new name.
Committee to Elect Dana Neer for Town Council

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

3. Committee Telephone Number
( )

4. Mailing Address *(Address where all campaign finance correspondence is received.)* ☐ Check if this is a new address.
831 N Lake Shore Dr.

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.)*
Dana Scott Neer

8. Party Affiliation or If Independent Candidate
Republican

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

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: 1.1.24 Through: 12.31.24

| | COLUMN A This Period | COLUMN B Year to Date |
|---|---|---|
| 13. Cash on hand and investments at the beginning of this reporting period. | 65.48 | |
| 14. Cash on hand and investments January 1, current year. | | 65.48 |
| **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. **SUBTOTAL** | -0- | -0- |
| 16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B. **TOTAL** | 65.48 | 65.48 |
| **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. **SUBTOTAL** | -0- | -0- |
| 18. Cash on hand and investments at close of this reporting period *(Subtract 17c from 16 in both columns.)* **TOTAL** | 65.48 | 65.48 |
| 19. Debts OWED BY the committee *(Use Schedule D.)* | | |
| 20. Debts OWED TO the committee *(Use Schedule E.)* | | |

## CERTIFICATION

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

| Signature of Treasurer | Title | Date *(mm/dd/yy)* |
|---|---|---|
| Frances Ellert | | 1/3/25 |
| Signature of Candidate *(if applicable)* | | Date *(mm/dd/yy)* |
| Dana Neer | | 1.5.25 |

**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**

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# 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 |
|---|
| 1 |

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

**IS THIS AN AMENDMENT?** ☐ Yes ☑ No

### COMMITTEE INFORMATION

1. Full Name of Committee (as on *Statement of Organization*) ☐ Check if this is a new name.
David F Morrow

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

3. Committee Telephone Number
( 574 ) 540.9616

4. Mailing Address *(Address where all campaign finance correspondence is received.)* ☐ Check if this is a new address.
920 Angel St

5. City, State, ZIP Code
Plymouth, IN 46563

6. Party Affiliation *(if applicable)*
Demoract

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

7. Full Name of Candidate *(Include any nickname.)*
David F Morrow

8. Party Affiliation or If Independent Candidate
Democrat

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

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: 01/01/24 Through: 12/31/24

| | COLUMN A This Period | COLUMN B Year to Date |
|---|---|---|
| 13. Cash on hand and investments at the beginning of this reporting period. | 88.03 | |
| 14. Cash on hand and investments January 1, current year. | | 88.03 |
| **CONTRIBUTIONS AND RECEIPTS** | | |
| *(Note: these amounts include in-kind contributions and loans, as well as cash contributions.)* | | |
| 15a. Itemized *(Use Schedule A.)* | | |
| 15b. Unitemized | 10.00 | 10.00 |
| 15c. Add lines 15a and 15b in both columns. **SUBTOTAL** | 98.03 | 98.03 |
| 16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B. **TOTAL** | 98.03 | 98.03 |
| **EXPENDITURES** | | |
| *(Note: These amounts include in-kind expenditures and loan repayments.)* | | |
| 17a. Itemized *(Use Schedule B.) (Public Question: use Schedule C.)* | 0.00 | 0.00 |
| 17b. Unitemized | 0.00 | 0.00 |
| 17c. Add lines 17a and 17b in both columns. **SUBTOTAL** | 0.00 | 0.00 |
| 18. Cash on hand and investments at close of this reporting period *(Subtract 17c from 16 in both columns.)* **TOTAL** | 98.03 | 98.03 |
| 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: David F. Morrow — Title: Treasurer — Date *(mm/dd/yy)*: 01/07/25

Signature of Candidate *(if applicable)*: David F. Morrow — Date *(mm/dd/yy)*: 01/07/25

**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**

2025 JAN -7 P 3:55

# 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** |
| |

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

**IS THIS AN AMENDMENT?** ☐ **Yes** ☑ **No**

## COMMITTEE INFORMATION

1. Full Name of Committee (as on *Statement of Organization*) ☐ Check if this is a new name.
Byers For Coroner

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

3. Committee Telephone Number
( 574 ) 952-1560

4. Mailing Address *(Address where all campaign finance correspondence is received.)* ☐ Check if this is a new address.
1708 Westgate Ave

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.)*
George Dean Byers

8. Party Affiliation or If Independent Candidate
Republican

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

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: 10/12/2024 Through: 12/31/2024

| | COLUMN A This Period | COLUMN B Year to Date |
|---|---|---|
| 13. Cash on hand and investments at the beginning of this reporting period. | 0 | |
| 14. Cash on hand and investments January 1, current year. | | 0 |
| **CONTRIBUTIONS AND RECEIPTS** | | |
| *(Note: these amounts include in-kind contributions and loans, as well as cash contributions.)* | | |
| 15a. Itemized *(Use Schedule A.)* | 0 | 0 |
| 15b. Unitemized | 0 | 0 |
| 15c. Add lines 15a and 15b in both columns. **SUBTOTAL** | 0 | 0 |
| 16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B. **TOTAL** | 0 | 0 |
| **EXPENDITURES** | | |
| *(Note: These amounts include in-kind expenditures and loan repayments.)* | | |
| 17a. Itemized *(Use Schedule B.) (Public Question: use Schedule C.)* | 0 | 0 |
| 17b. Unitemized | 0 | 0 |
| 17c. Add lines 17a and 17b in both columns. **SUBTOTAL** | 0 | 0 |
| 18. Cash on hand and investments at close of this reporting period *(Subtract 17c from 16 in both columns.)* **TOTAL** | 0 | 0 |
| 19. Debts OWED BY the committee *(Use Schedule D.)* | 0 | |
| 20. Debts OWED TO the committee *(Use Schedule E.)* | 0 | |

## CERTIFICATION

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

| Signature of Treasurer | Title | Date *(mm/dd/yy)* |
|---|---|---|
| | | 01-08-25 |
| **Signature of Candidate** *(if applicable)* | | Date *(mm/dd/yy)* |
| | | 01-08-25 |

**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**

2025 JAN -8 A 11:3

# NOTICE OF CONTRIBUTION OR EXPENDITURE TO CANDIDATE'S COMMITTEE

**(CFA-5)**

State Form 4761 (R6/11-01)
Indiana Election Commission (IC 3-9-5-15)

**INSTRUCTIONS: Please type or print legibly in black ink. See instructions on reverse side of the form.** This form is to be used by an organization or a committee, other than the candidate's committee, that receives a contribution or makes an expenditure on behalf of a candidate. The treasurer of the organization or committee shall report to the candidate's committee all information about a contribution received or an expenditure made on behalf of the candidate that the treasurer of the candidate's committee is required to report about the contribution or the expenditure if it had been received or made by the candidate's committee. An expenditure is considered to be on behalf of a candidate if either of the following applies: (1) the expenditure is made in support of the candidate who is specifically identifiable; or (2) the expenditure is made in opposition to an opponent: (A) of the candidate; and (B) who is specifically identifiable. An expenditure is not considered to be made on behalf of a candidate if the expenditure is made to inform the members of the organization or for the development of the committee's political party.
Upon receipt of this form by the candidate's committee, the treasurer must enter the contribution or expenditure (transfer-in) in the committee's records for disclosure in the committee's Receipts and Expenditures Report (CFA-4 form). (IC 3-9-5-15)

**DO NOT FILE THIS FORM WITH THE INDIANA ELECTION DIVISION OR ANY COUNTY ELECTION BOARD.**
**THIS NOTICE IS TO BE GIVEN DIRECTLY TO THE CANDIDATE'S COMMITTEE.**

**REPORTING PERIOD** 2024 Annual Report

**Organization or Committee Name:** ☐ Corporation / Labor ☐ Partnership / LLC ☐ PAC ☒ Regular Party Committee Marshall County Republican Central Committee
☐ Legislative Caucus Committee ☐ Other Candidate's Committee ☐ Other Organization _____ (specify)

**Candidate's Committee Name** Dean Byers

**DIRECT CONTRIBUTIONS RECEIVED**

| Date Received *(MM-DD-YY)* | Received From | Occupation Required if the contributor made aggregate contributions of at least $1,000 to this committee during the calendar year. (optional otherwise) | Amount |
|---|---|---|---|
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**EXPENDITURES MADE (In-Kind Contributions)**

| Date *(MM-DD-YY)* | Made To | Purpose | Value |
|---|---|---|---|
| 10/20/24 | Swan Lake Resort | MCGOP Candidate Night | $283.74 |
| 11/15/24 | The Pilot News | Candidate Flyer/Newspaper Ads | $102.73 |
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2025 JAN -8 A

**CERTIFICATION**

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

| Signature of Treasurer | Telephone Number *(Day)* | Telephone Number *(Evening)* | Date *(MM-DD-YY)* |
|---|---|---|---|
| Bryan Howard<br>Bryan Howard | ( 574 ) 780-5814 | ( 574 ) 780-5814 | 12/01/24 |

# 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** |
| |

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

**IS THIS AN AMENDMENT?** ☐ Yes ☑ No

## COMMITTEE INFORMATION

1. Full Name of Committee (as on *Statement of Organization*) ☐ Check if this is a new name.
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.)* ☐ 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. **Not required for exploratory committee.**)*
COUNTY COUNCIL AT LARGE

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: 10-12-24 Through: 12-31-24 | COLUMN A This Period | COLUMN B Year to Date |
|---|---|---|
| 13. Cash on hand and investments at the beginning of this reporting period. | 123.41 | |
| 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 | 2,150.00 |
| 15b. Unitemized | 0.00 | |
| 15c. Add lines 15a and 15b in both columns. **SUBTOTAL** | 0.00 | |
| 16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B. **TOTAL** | 0.00 | 2,150.00 |
| **EXPENDITURES** | | |
| *(Note: These amounts include in-kind expenditures and loan repayments.)* | | |
| 17a. Itemized *(Use Schedule B.) (Public Question: use Schedule C.)* | 0.00 | 2,026.59 |
| 17b. Unitemized | 0.00 | |
| 17c. Add lines 17a and 17b in both columns. **SUBTOTAL** | 0.00 | 2,026.59 |
| 18. Cash on hand and investments at close of this reporting period *(Subtract 17c from 16 in both columns.)* **TOTAL** | 123.41 | 123.41 |
| 19. Debts OWED BY the committee *(Use Schedule D.)* | | |
| 20. Debts OWED TO the committee *(Use Schedule E.)* | | |

## CERTIFICATION

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

| Signature of Treasurer | Title | Date *(mm/dd/yy)* |
|---|---|---|
| Deborah VanDeMark | TREASURER | 1/13/25 |
| **Signature of Candidate** *(if applicable)* | | **Date** *(mm/dd/yy)* |
| Deborah VanDeMark | | 1/13/25 |

**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**

2025 JAN 14 P 1:45

# 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** |
| 1 |

### COMMITTEE INFORMATION

1. Full Name of Committee (as on *Statement of Organization*) ☐ Check if this is a new name.
Francis Ellert for County Commissioner

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

3. Committee Telephone Number
( 574 ) 298-1548

4. Mailing Address *(Address where all campaign finance correspondence is received.)* ☐ Check if this is a new address.
304 N Shore Ln

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.)*

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

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: 10/12/2024 Through: 12/31/2024

| | COLUMN A This Period | COLUMN B Year to Date |
|---|---|---|
| 13. Cash on hand and investments at the beginning of this reporting period. | 1,442.42 | |
| 14. Cash on hand and investments January 1, current year. | | 1,442.42 |
| **CONTRIBUTIONS AND RECEIPTS** | | |
| *(Note: these amounts include in-kind contributions and loans, as well as cash contributions.)* | | |
| 15a. Itemized *(Use Schedule A.)* | 0.00 | 10,718.00 |
| 15b. Unitemized | 0.00 | 4,470.00 |
| 15c. Add lines 15a and 15b in both columns. **SUBTOTAL** | 0.00 | 15,188.00 |
| 16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B. **TOTAL** | 1,442.42 | 16,630.42 |
| **EXPENDITURES** | | |
| *(Note: These amounts include in-kind expenditures and loan repayments.)* | | |
| 17a. Itemized *(Use Schedule B.) (Public Question: use Schedule C.)* | 0.00 | 13,745.58 |
| 17b. Unitemized | 0.00 | 0.00 |
| 17c. Add lines 17a and 17b in both columns. **SUBTOTAL** | 0.00 | 13,745.58 |
| 18. Cash on hand and investments at close of this reporting period *(Subtract 17c from 16 in both columns.)* **TOTAL** | 1,442.42 | 1,442.42 |
| 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: Francis E. Ellert | Title | Date *(mm/dd/yy)*: 01/14/25

Signature of Candidate *(if applicable)*: Francis E. Ellert | Date *(mm/dd/yy)*: 01/14/25

**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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2025 JAN 14 P 2:57

# 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.*

**FILE NUMBER**

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

**IS THIS AN AMENDMENT?** ☐ Yes ☒ No

## COMMITTEE INFORMATION

1. Full Name of Committee (as on *Statement of Organization*) ☐ Check if this is a new name.
Friends of Culver Community Schools

2. Acronym or Abbreviated Name *(if any)*
Friends of CCS

3. Committee Telephone Number
(574) 842 0030

4. Mailing Address *(Address where all campaign finance correspondence is received.)* ☐ Check if this is a new address.
700 School St.

5. City, State, ZIP Code
Culver IN 46511

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

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: 10.12.24 Through: 12.31.24 | COLUMN A This Period | COLUMN B Year to Date |
|---|---|---|
| 13. Cash on hand and investments at the beginning of this reporting period. | 1850.66 | |
| 14. Cash on hand and investments January 1, current year. | | 1850.66 |
| **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. **SUBTOTAL** | -0- | -0- |
| 16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B. **TOTAL** | 1850.66 | 1850.66 |
| **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. **SUBTOTAL** | -0- | -0- |
| 18. Cash on hand and investments at close of this reporting period *(Subtract 17c from 16 in both columns.)* **TOTAL** | 1850.66 | 1850.66 |
| 19. Debts OWED BY the committee *(Use Schedule D.)* | | |
| 20. Debts OWED TO the committee *(Use Schedule E.)* | | |

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## CERTIFICATION

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

| Signature of Treasurer | Title | Date *(mm/dd/yy)* |
|---|---|---|
| Dana Neer | Treasurer | 1.5.25 |
| 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)*

# 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**
3

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

**IS THIS AN AMENDMENT?** ☐ Yes ☑ No

### COMMITTEE INFORMATION

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

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

3. Committee Telephone Number
(

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

5. City, State, ZIP Code

6. Party Affiliation *(if applicable)*
Republican

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

7. Full Name of Candidate *(Include any nickname.)*
Janette Elaine Surrisi

8. Party Affiliation or If Independent Candidate
Republican

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

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: 10/12/2024 Through: 12/31/2024

| | COLUMN A This Period | COLUMN B Year to Date |
|---|---|---|
| 13. Cash on hand and investments at the beginning of this reporting period. | 1,128.99 | |
| 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.)* | 386.47 | 3,446.66 |
| 15b. Unitemized | | |
| 15c. Add lines 15a and 15b in both columns. **SUBTOTAL** | 386.47 | 3,446.66 |
| 16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B. **TOTAL** | 1,515.46 | 3,446.66 |
| **EXPENDITURES** | | |
| *(Note: These amounts include in-kind expenditures and loan repayments.)* | | |
| 17a. Itemized *(Use Schedule B.) (Public Question: use Schedule C.)* | 1,515.46 | 3,446.66 |
| 17b. Unitemized | | |
| 17c. Add lines 17a and 17b in both columns. **SUBTOTAL** | 1,515.46 | 3,446.66 |
| 18. Cash on hand and investments at close of this reporting period *(Subtract 17c from 16 in both columns.)* **TOTAL** | 0.00 | 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

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: [signature] Title: Candidate/Treasurer Date *(mm/dd/yy)*: 1/14/25

Signature of Candidate *(if applicable)*: [signature] Date *(mm/dd/yy)*: 1/14/25

**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**

2025 JAN 15 A 8:11

**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 2 of 3

| CONTRIBUTOR'S FULL NAME AND FULL MAILING ADDRESS *(street, number, city, state, ZIP code)* | TYPE OF CONTRIBUTION OR OTHER RECEIPT | COLUMN A AMOUNT THIS PERIOD | COLUMN B CUMULATIVE YEAR-TO-DATE | DATE RECEIVED *(mm/dd/yy)* RECEIVED BY |
|---|---|---|---|---|
| 1. MC Republican Central Committee<br>117 Water Street<br>Plymouth IN 46563 | Contributions:<br>☐ Direct<br>☑ In-Kind *(describe)* Candidate Night<br>Other Receipts:<br>☐ Interest ☐ Loan<br>☐ Miscellaneous *(specify)* | $283.74 | $343.74 | 10/20/24<br>Janette Surrisi |
| 2. MC Republican Central Committee<br>117 Water Street<br>Plymouth IN 46563 | Contributions:<br>☐ Direct<br>☑ In-Kind *(describe)* Pilot News<br>Other Receipts:<br>☐ Interest ☐ Loan<br>☐ Miscellaneous *(specify)* | $102.73 | $446.47 | 11/15/24<br>Janette Surrisi |
| 3. | Contributions:<br>☐ Direct<br>☐ In-Kind *(describe)*<br>Other Receipts:<br>☐ Interest ☐ Loan<br>☐ Miscellaneous *(specify)* | | | |
| 4. | Contributions:<br>☐ Direct<br>☐ In-Kind *(describe)*<br>Other Receipts:<br>☐ Interest ☐ Loan<br>☐ Miscellaneous *(specify)* | | | |
| 5. | Contributions:<br>☐ Direct<br>☐ In-Kind *(describe)*<br>Other Receipts:<br>☐ Interest ☐ Loan<br>☐ Miscellaneous *(specify)* | | | |
| **SUBTOTAL THIS PAGE OF SCHEDULE A** | | $ 386.47 | | |
| **TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY** *(Enter total on ITEM 15a of the Summary Sheet.)* | | $ 386.47 | | |

2025 JAN 15 A 8:41

**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 3

| RECIPIENT'S NAME AND MAILING ADDRESS *(street, number, city, state, ZIP code)* | RECIPIENT'S OCCUPATION / OFFICE SOUGHT *(if applicable)* | TYPE OF EXPENDITURE and PURPOSE *(be specific)* | COLUMN A AMOUNT THIS PERIOD | COLUMN B CUMULATIVE YEAR-TO-DATE | DATE OF EXPENDITURE *(mm/dd/yy)* |
|---|---|---|---|---|---|
| Code Other<br>Swan Lake Resort<br>5203 Plymouth Laporte Trail<br>Plymouth, IN 46563 | | ☐ Direct ☑ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☑ Other Candidate Event<br>Purpose: Paid by MC Rep. Committee | $283.74 | $283.74 | 10/20/24 |
| Code A<br>Pilot News Group<br>218 N. Michigan St.<br>Plymouth IN 46563 | | ☐ Direct ☑ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☑ Other Newspaper<br>Purpose: Paid by MC Rep. Committee | $102.73 | $102.73 | 11/15/24 |
| Code C<br>Marshall County GOP<br>117 Water Street<br>Plymouth IN 46563 | | ☑ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other<br>Purpose: | $1,128.99 | $1,528.99 | 12/31/24 |
| Code | | ☐ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other<br>Purpose: | | | |
| Code | | ☐ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other<br>Purpose: | | | |
| Code | | ☐ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other<br>Purpose: | | | |
| Code | | ☐ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other<br>Purpose: | | | |
| | | **SUBTOTAL THIS PAGE OF SCHEDULE B** | $ 1,515.46 | | |
| | | **TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY** *(Enter total on ITEM 17a of the Summary Sheet.)* | $ 1,515.46 | | |

2025 JAN 15 A 9:11

# 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

*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** |
| 1 |

### COMMITTEE INFORMATION

1. Full Name of Committee (as on *Statement of Organization*) ☐ Check if this is a new name.
Jeff Houin for City Council Committee

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

3. Committee Telephone Number
( 574 ) 780-0374

4. Mailing Address *(Address where all campaign finance correspondence is received.)* ☑ Check if this is a new address.
813 N Michigan Street

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 *(Include any nickname.)*
Jeffery R. Houin

8. Party Affiliation or If Independent Candidate
Democratic

9. Office Sought *(Include district number, if any. **Not required for exploratory committee.**)*
Plymouth City Council - at large

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: 01/01/2024 Through: 12/31/2024

| | COLUMN A This Period | COLUMN B Year to Date |
|---|---|---|
| 13. Cash on hand and investments at the beginning of this reporting period. | 176.00 | |
| 14. Cash on hand and investments January 1, current year. | | 176.00 |
| **CONTRIBUTIONS AND RECEIPTS** | | |
| *(Note: these amounts include in-kind contributions and loans, as well as cash contributions.)* | | |
| 15a. Itemized *(Use Schedule A.)* | 0.00 | 0.00 |
| 15b. Unitemized | 0.00 | 0.00 |
| 15c. Add lines 15a and 15b in both columns. **SUBTOTAL** | 0.00 | 0.00 |
| 16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B. **TOTAL** | 176.00 | 176.00 |
| **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 | 176.00 | 176.00 |
| 17c. Add lines 17a and 17b in both columns. **SUBTOTAL** | 176.00 | 176.00 |
| 18. Cash on hand and investments at close of this reporting period *(Subtract 17c from 16 in both columns.)* **TOTAL** | 0.00 | 0.00 |
| 19. Debts OWED BY the committee *(Use Schedule D.)* | 0.00 | |
| 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 | Title | Date *(mm/dd/yy)* |
|---|---|---|
| | Treasurer | 01/14/2025 |
| Signature of Candidate *(if applicable)* | | Date *(mm/dd/yy)* |
| | | 01/14/2025 |

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) Summary Sheet

**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 *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.
P.O. BOX 57

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: 10/12/24 Through: 12/31/24

| | COLUMN A This Period | COLUMN B Year to Date |
|---|---|---|
| 13. Cash on hand and investments at the beginning of this reporting period. | 354.01 | |
| 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.)* | | |
| 15b. Unitemized | 297.00 | |
| 15c. Add lines 15a and 15b in both columns. **SUBTOTAL** | 297.00 | |
| 16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B. **TOTAL** | 651.01 | |
| **EXPENDITURES** | | |
| *(Note: These amounts include in-kind expenditures and loan repayments.)* | | |
| 17a. Itemized *(Use Schedule B.) (Public Question: use Schedule C.)* | 651.01 | |
| 17b. Unitemized | | |
| 17c. Add lines 17a and 17b in both columns. **SUBTOTAL** | 651.01 | |
| 18. Cash on hand and investments at close of this reporting period *(Subtract 17c from 16 in both columns.)* **TOTAL** | -0- | |
| 19. Debts OWED BY the committee *(Use Schedule D.)* | -0- | |
| 20. Debts OWED TO the committee *(Use Schedule E.)* | -0- | |

## CERTIFICATION

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

| Signature of Treasurer | Title | Date *(mm/dd/yy)* |
|---|---|---|
| Mary A Finley | Treasurer | 12/22/24 |
| Signature of Candidate *(if applicable)* | | Date *(mm/dd/yy)* |
| | | 12/22/24 |

**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**

2024 DEC 23 A 9:5

**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 _____ of _____

| CONTRIBUTOR'S FULL NAME AND OCCUPATION FULL MAILING ADDRESS *(street, number, city, state, ZIP code)* | TYPE OF CONTRIBUTION OR OTHER RECEIPT | COLUMN A AMOUNT THIS PERIOD | COLUMN B CUMULATIVE YEAR-TO-DATE | DATE RECEIVED *(mm/dd/yy)* / RECEIVED BY |
|---|---|---|---|---|
| 1. UNITEMIZED<br>Contributor's Occupation *(if required)* _____ | Contributions: ☑ Direct ☐ In-Kind *(describe)* _____<br>Other Receipts: ☐ Interest ☐ Loan ☐ Miscellaneous *(specify)* _____ | $ 99 00 | | 10/30 |
| 2. UNITEMIZED<br>Contributor's Occupation *(if required)* _____ | Contributions: ☑ Direct ☐ In-Kind *(describe)* _____<br>Other Receipts: ☐ Interest ☐ Loan ☐ Miscellaneous *(specify)* _____ | $ 99 00 | | 10/30 |
| 3. UNITEMIZED<br>Contributor's Occupation *(if required)* _____ | Contributions: ☑ Direct ☐ In-Kind *(describe)* _____<br>Other Receipts: ☐ Interest ☐ Loan ☐ Miscellaneous *(specify)* _____ | $ 99 00 | | 10/30 |
| 4.<br>Contributor's Occupation *(if required)* _____ | Contributions: ☐ Direct ☐ In-Kind *(describe)* _____<br>Other Receipts: ☐ Interest ☐ Loan ☐ Miscellaneous *(specify)* _____ | | | |
| 5.<br>Contributor's Occupation *(if required)* _____ | Contributions: ☐ Direct ☐ In-Kind *(describe)* _____<br>Other Receipts: ☐ Interest ☐ Loan ☐ Miscellaneous *(specify)* _____ | | | |
| | **SUBTOTAL THIS PAGE OF SCHEDULE A** | $ 297 00 | | |
| | **TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY** *(Enter total on ITEM 15a of the Summary Sheet.)* | $ 297 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 B) ITEMIZED EXPENDITURES

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

**FILE NUMBER**

Page _____ of _____

| RECIPIENT'S NAME AND MAILING ADDRESS *(street, number, city, state, ZIP code)* | RECIPIENT'S OCCUPATION / OFFICE SOUGHT *(if applicable)* | TYPE OF EXPENDITURE and PURPOSE *(be specific)* | COLUMN A AMOUNT THIS PERIOD | COLUMN B CUMULATIVE YEAR-TO-DATE | DATE OF EXPENDITURE *(mm/dd/yy)* |
|---|---|---|---|---|---|
| Code _____<br>BOWEN PRINTING<br>200 S. MICHIGAN<br>PLYMOUTH, IN 46563 | | ☑ Direct ☐ In-Kind<br>☑ Payment of Debt<br>☐ Returned Contribution<br>☐ Other _____<br>Purpose: | $132.41 | | 10/16 |
| Code _____<br>RAFFLE GIFTS FOR DEM. RALLY | | ☑ Direct ☐ In-Kind<br>☐ Payment of Debt<br>☐ Returned Contribution<br>☐ Other _____<br>Purpose: | $268.60 | | 11/2 |
| Code _____<br>HOURLY PAY FOR CANVASSERS | | ☑ Direct ☐ In-Kind<br>☐ Payment of Debt<br>☐ Returned Contribution<br>☐ Other _____<br>Purpose: | $250.00 | | |
| Code _____ | | ☐ Direct ☐ In-Kind<br>☐ Payment of Debt<br>☐ Returned Contribution<br>☐ Other _____<br>Purpose: | | | |
| Code _____ | | ☐ Direct ☐ In-Kind<br>☐ Payment of Debt<br>☐ Returned Contribution<br>☐ Other _____<br>Purpose: | | | |
| Code _____ | | ☐ Direct ☐ In-Kind<br>☐ Payment of Debt<br>☐ Returned Contribution<br>☐ Other _____<br>Purpose: | | | |
| Code _____ | | ☐ Direct ☐ In-Kind<br>☐ Payment of Debt<br>☐ Returned Contribution<br>☐ Other _____<br>Purpose: | | | |
| | | **SUBTOTAL THIS PAGE OF SCHEDULE B** | $651.01 | | |
| | | **TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY** *(Enter total on ITEM 17a of the Summary Sheet.)* | $651.01 | | |

# 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.*

FILE NUMBER

TOTAL PAGES IN ENTIRE CFA-4 REPORT: 4

**IS THIS AN AMENDMENT?** ☐ Yes ☑ No

### COMMITTEE INFORMATION

1. Full Name of Committee (as on *Statement of Organization*) ☐ Check if this is a new name.
Jesse for Marshall County

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

3. Committee Telephone Number
( 574 ) 216-0115

4. Mailing Address *(Address where all campaign finance correspondence is received.)* ☐ Check if this is a new address.
511 Cavalier Dr., #109

5. City, State, ZIP Code
Culver, IN 46511

6. Party Affiliation *(if applicable)*
Republican (GOP)

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

7. Full Name of Candidate *(Include any nickname.)*
Jesse Bohannon

8. Party Affiliation or If Independent Candidate
Republican (GOP)

9. Office Sought *(Include district number, if any. **Not required for exploratory committee.**)*
County Commissioner #3

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: 10/12/2024 Through: 12/31/2024

| | COLUMN A This Period | COLUMN B Year to Date |
|---|---|---|
| 13. Cash on hand and investments at the beginning of this reporting period. | 244.58 | |
| 14. Cash on hand and investments January 1, current year. | | 1,415.46 |
| **CONTRIBUTIONS AND RECEIPTS** | | |
| *(Note: these amounts include in-kind contributions and loans, as well as cash contributions.)* | | |
| 15a. Itemized *(Use Schedule A )* | 967.58 | 19,186.69 |
| 15b. Unitemized | 0.00 | 0.00 |
| 15c. Add lines 15a and 15b in both columns. **SUBTOTAL** | 967.58 | 19,186.69 |
| 16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B. **TOTAL** | 1,212.16 | 20,602.15 |
| **EXPENDITURES** | | |
| *(Note: These amounts include in-kind expenditures and loan repayments.)* | | |
| 17a. Itemized *(Use Schedule B ) (Public Question use Schedule C )* | 467.58 | 19,857.57 |
| 17b. Unitemized | 0.00 | 0.00 |
| 17c. Add lines 17a and 17b in both columns. **SUBTOTAL** | 467.58 | 19,857.57 |
| 18. Cash on hand and investments at close of this reporting period (Subtract 17c from 16 in both columns.) **TOTAL** | 744.58 | 744.58 |
| 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: Treasurer — Date (mm/dd/yy): 01/14/2025

Signature of Candidate (if applicable) — Date (mm/dd/yy): 01/14/2025

**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 3-9-5-17, IC 3-9-4-18)

**FOR OFFICE USE ONLY**

25 JAN 14 P 2:12

**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.

FILE NUMBER

Page 2 of 4

| CONTRIBUTOR'S FULL NAME AND OCCUPATION FULL MAILING ADDRESS *(street, number, city, state, ZIP code)* | TYPE OF CONTRIBUTION OR OTHER RECEIPT | COLUMN A AMOUNT THIS PERIOD | COLUMN B CUMULATIVE YEAR-TO-DATE | DATE RECEIVED *(mm/dd/yy)* / RECEIVED BY |
|---|---|---|---|---|
| 1. Tim Harman<br>2940 Sycamore Lane<br>Bremen, IN 46506<br>Contributor's Occupation *(if required)* | Contributions:<br>☐ Direct<br>☑ In-Kind *(describe)* Facebook Ad<br>Other Receipts:<br>☐ Interest ☐ Loan<br>☐ Miscellaneous *(specify)* | $81.11 | $1,736.33 | 11/05/2025<br>Jesse |
| 2.<br>Contributor's Occupation *(if required)* | Contributions:<br>☐ Direct<br>☐ In-Kind *(describe)*<br>Other Receipts:<br>☐ Interest ☐ Loan<br>☐ Miscellaneous *(specify)* | | | |
| 3.<br>Contributor's Occupation *(if required)* | Contributions:<br>☐ Direct<br>☐ In-Kind *(describe)*<br>Other Receipts:<br>☐ Interest ☐ Loan<br>☐ Miscellaneous *(specify)* | | | |
| 4.<br>Contributor's Occupation *(if required)* | Contributions:<br>☐ Direct<br>☐ In-Kind *(describe)*<br>Other Receipts:<br>☐ Interest ☐ Loan<br>☐ Miscellaneous *(specify)* | | | |
| 5.<br>Contributor's Occupation *(if required)* | Contributions:<br>☐ Direct<br>☐ In-Kind *(describe)*<br>Other Receipts:<br>☐ Interest ☐ Loan<br>☐ Miscellaneous *(specify)* | | | |
| | **SUBTOTAL THIS PAGE OF SCHEDULE A** | $ 81.11 | | |
| | **TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY** *(Enter total on ITEM 15a of the Summary Sheet.)* | $ 81.11 | | |

2025 JAN 4 P 2:12
CLERK CO. CLE

**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



| CONTRIBUTOR'S FULL NAME AND FULL MAILING ADDRESS *(street, number, city, state, ZIP code)* | TYPE OF CONTRIBUTION OR OTHER RECEIPT | COLUMN A AMOUNT THIS PERIOD | COLUMN B CUMULATIVE YEAR-TO-DATE | DATE RECEIVED *(mm/dd/yy)* / RECEIVED BY |
|---|---|---|---|---|
| 1. Marshall County Republican Party<br>117 Water St.<br>Plymouth, IN 46563 | Contributions:<br>☐ Direct<br>☑ In-Kind *(describe)* Candidate Night<br>Other Receipts:<br>☐ Interest ☐ Loan<br>☐ Miscellaneous *(specify)* | $283.74 | $343.74 | 10/20/2024<br>Jesse |
| 2. Marshall County Republican Party<br>117 Water St.<br>Plymouth, IN 46563 | Contributions:<br>☐ Direct<br>☑ In-Kind *(describe)* Newspaper Ads<br>Other Receipts:<br>☐ Interest ☐ Loan<br>☐ Miscellaneous *(specify)* | $102.73 | $446.47 | 11/15/2024<br>Jesse |
| 3. Rudy for Hoosiers PAC<br>PO Box 26141<br>Alexandria, VA 22313<br><br>(Congressman Rudy Yakym) | Contributions:<br>☑ Direct<br>☐ In-Kind *(describe)*<br>Other Receipts:<br>☐ Interest ☐ Loan<br>☐ Miscellaneous *(specify)* | $500.00 | $500.00 | 12/15/2024<br>Jesse |
| 4. | Contributions:<br>☐ Direct<br>☐ In-Kind *(describe)*<br>Other Receipts:<br>☐ Interest ☐ Loan<br>☐ Miscellaneous *(specify)* | | | |
| 5. | Contributions:<br>☐ Direct<br>☐ In-Kind *(describe)*<br>Other Receipts:<br>☐ Interest ☐ Loan<br>☐ Miscellaneous *(specify)* | | | |
| | **SUBTOTAL THIS PAGE OF SCHEDULE A** | $ 686.47 | | |
| | **TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY** *(Enter total on ITEM 15a of the Summary Sheet.)* | $ 686.47 | | |

2025 JAN 14 P 2:12
ELECTION DIV.

**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



| RECIPIENT'S NAME AND MAILING ADDRESS *(street, number, city, state, ZIP code)* | RECIPIENT'S OCCUPATION / OFFICE SOUGHT *(if applicable)* | TYPE OF EXPENDITURE and PURPOSE *(be specific)* | COLUMN A AMOUNT THIS PERIOD | COLUMN B CUMULATIVE YEAR-TO-DATE | DATE OF EXPENDITURE *(mm/dd yy)* |
|---|---|---|---|---|---|
| Code O<br>Swan Lake Resort<br>5203 Plymouth Laporte Trl,<br>Plymouth, IN 46563 | Banquet Hall | ☐ Direct ☑ In-Kind<br>☐ Payment of Debt<br>☐ Returned Contribution<br>☐ Other<br>Purpose: | $283.74 | $283.74 | 10/20/24 |
| Code A<br>Facebook<br>1 Hacker Way<br>Menlo Park, CA 94025 | Social Media Service | ☐ Direct ☑ In-Kind<br>☐ Payment of Debt<br>☐ Returned Contribution<br>☐ Other<br>Purpose: | $81.11 | $1,470.38 | 11/05/24 |
| Code A<br>The Pilot News<br>214 N Michigan St.<br>Plymouth, IN 46563 | Newspaper | ☐ Direct ☑ In-Kind<br>☐ Payment of Debt<br>☐ Returned Contribution<br>☐ Other<br>Purpose: | $102.73 | $102.73 | 11/15/24 |
| Code | | ☐ Direct ☐ In-Kind<br>☐ Payment of Debt<br>☐ Returned Contribution<br>☐ Other<br>Purpose: | | | |
| Code | | ☐ Direct ☐ In-Kind<br>☐ Payment of Debt<br>☐ Returned Contribution<br>☐ Other<br>Purpose: | | | |
| Code | | ☐ Direct ☐ In-Kind<br>☐ Payment of Debt<br>☐ Returned Contribution<br>☐ Other<br>Purpose: | | | |
| Code | | ☐ Direct ☐ In-Kind<br>☐ Payment of Debt<br>☐ Returned Contribution<br>☐ Other<br>Purpose: | | | |
| | **SUBTOTAL THIS PAGE OF SCHEDULE B** | | $ 467.58 | | |
| | **TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY** *(Enter total on ITEM 17a of the Summary Sheet.)* | | $ 467.58 | | |

2025 JAN 14 P 2:12

# 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**

***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.* 2025 JAN 13 A 8:02

MARSHALL CO. CLE

**IS THIS AN AMENDMENT?** Yes ☐ No ☑

## COMMITTEE INFORMATION

1. Full Name of Committee (as on *Statement of Organization*) ☐ Check if this is a new name.
Masterson For County Council

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

3. Committee Telephone Number
( 574 ) 286-8602

4. Mailing Address *(Address where all campaign finance correspondence is received.)* ☐ Check if this is a new address.
12346 Diamond Drive

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.)*
James (Jim) Masterson

8. Party Affiliation or If Independent Candidate
Republican

9. Office Sought *(Include district number, if any.* ***Not required for exploratory committee.)***
Marshall County Council At Large

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: 10-12-24 Through: 12-31-24

| | COLUMN A This Period | COLUMN B Year to Date |
|---|---|---|
| 13. Cash on hand and investments at the beginning of this reporting period. | 4,740.63 | |
| 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.)* | 877.59 | 8,096.48 |
| 15b. Unitemized | 0.00 | 0.00 |
| 15c. Add lines 15a and 15b in both columns. **SUBTOTAL** | 877.59 | 8,096.48 |
| 16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B. **TOTAL** | 5,618.22 | 8,096.48 |
| **EXPENDITURES** | | |
| *(Note: These amounts include in-kind expenditures and loan repayments.)* | | |
| 17a. Itemized *(Use Schedule B.) (Public Question: use Schedule C.)* | 5,618.22 | 8,096.48 |
| 17b. Unitemized | 0.00 | 0.00 |
| 17c. Add lines 17a and 17b in both columns. **SUBTOTAL** | 5,618.22 | 8,096.48 |
| 18. Cash on hand and investments at close of this reporting period *(Subtract 17c from 16 in both columns.)* **TOTAL** | 0.00 | 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

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)* |
|---|---|---|
| James D. Masterson | Treasurer | 12-31-2024 |
| **Signature of Candidate** *(if applicable)* | | Date *(mm/dd/yy)* |
| James D. Masterson | | 12-31-2024 |

**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)*

**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 totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from individuals **OVER $100** per contributor, within a calendar year **MUST** be itemized on this schedule *(over $200, if regular party committee).* All cumulative receipts, *(such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income)* **OVER $100** per contributor, within a calendar year, **MUST** be itemized on this schedule *(over $200 if regular party committee).* A contributor's occupation is required if an individual makes at least $1,000 in contributions during the calendar year. Otherwise, this is optional.

**FILE NUMBER**

Page 1 of 2

| CONTRIBUTOR'S FULL NAME AND OCCUPATION FULL MAILING ADDRESS *(street, number, city, state, ZIP code)* | TYPE OF CONTRIBUTION OR OTHER RECEIPT | COLUMN A AMOUNT THIS PERIOD | COLUMN B CUMULATIVE YEAR-TO-DATE | DATE RECEIVED *(mm/dd/yy)* / RECEIVED BY |
|---|---|---|---|---|
| 1. Marshall County GOP<br>117 Water Street<br>Plymouth, IN. 46563<br>Contributor's Occupation *(if required)* | Contributions:<br>☐ Direct<br>☑ In-Kind *(describe)* Candidate Night<br>Other Receipts:<br>☐ Interest ☐ Loan<br>☐ Miscellaneous *(specify)* | $283.75 | $283.75 | 10-20-2024<br>JM |
| 2. Marshall County GOP<br>117 Water Street<br>Plymouth, IN. 46563<br>Contributor's Occupation *(if required)* | Contributions:<br>☐ Direct<br>☑ In-Kind *(describe)* Flyer & Paper Ads<br>Other Receipts:<br>☐ Interest ☐ Loan<br>☐ Miscellaneous *(specify)* | $102.73 | $386.48 | 11-15-2024<br>JM |
| 3. Tim Harman<br>2940 Sycamore Lane<br>Bremen, IN. 46506<br>Contributor's Occupation *(if required)* | Contributions:<br>☐ Direct<br>☑ In-Kind *(describe)* Newspaper ads<br>Other Receipts:<br>☐ Interest ☐ Loan<br>☐ Miscellaneous *(specify)* | $38.33 | $57.22 | 10-21-2024<br>JM |
| 4. Tim Harman<br>2940 Sycamore Lane<br>Bremen, IN. 46506<br>Contributor's Occupation *(if required)* | Contributions:<br>☐ Direct<br>☑ In-Kind *(describe)* Newspaper Ads<br>Other Receipts:<br>☐ Interest ☐ Loan<br>☐ Miscellaneous *(specify)* | $38.33 | $95.55 | 11-02-2024<br>JM |
| 5. Tim Harman<br>2940 Sycamore Lane<br>Bremen, IN. 46506<br>Contributor's Occupation *(if required)* | Contributions:<br>☐ Direct<br>☑ In-Kind *(describe)* Facebook<br>Other Receipts:<br>☐ Interest ☐ Loan<br>☐ Miscellaneous *(specify)* | $81.11 | $176.66 | 11-05-2024<br>jm |
| | **SUBTOTAL THIS PAGE OF SCHEDULE A** | $ 544.25 | | |
| | **TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY** *(Enter total on ITEM 15a of the Summary Sheet.)* | $ | | |

**REPORT OF RECEIPTS AND EXPENDITURES OF A POLITICAL COMMITTEE**
State Form 4606 (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 2 of 2

| CONTRIBUTOR'S FULL NAME AND OCCUPATION FULL MAILING ADDRESS *(street, number, city, state, ZIP code)* | TYPE OF CONTRIBUTION OR OTHER RECEIPT | COLUMN A AMOUNT THIS PERIOD | COLUMN B CUMULATIVE YEAR-TO-DATE | DATE RECEIVED *(mm/dd/yy)* / RECEIVED BY |
|---|---|---|---|---|
| 1. Conservatives for Tim Harman<br>209 N. Main Street<br>Bourbon, IN. 46504<br>Contributor's Occupation *(if required)* | Contributions:<br>☐ Direct<br>☑ In-Kind *(describe)* Radio Ad<br>Other Receipts:<br>☐ Interest ☐ Loan<br>☐ Miscellaneous *(specify)* | $298.67 | $298.67 | 10-24-2024<br>JM |
| 2. Conservatives for Tim Harman<br>209 N. Main Street<br>Bourbon, IN. 46506<br>Contributor's Occupation *(if required)* | Contributions:<br>☐ Direct<br>☑ In-Kind *(describe)* Radio Ad<br>Other Receipts:<br>☐ Interest ☐ Loan<br>☐ Miscellaneous *(specify)* | $34.67 | $333.34 | 11-04-2024<br>JM |
| 3.<br>Contributor's Occupation *(if required)* | Contributions:<br>☐ Direct<br>☐ In-Kind *(describe)*<br>Other Receipts:<br>☐ Interest ☐ Loan<br>☐ Miscellaneous *(specify)* | | | |
| 4.<br>Contributor's Occupation *(if required)* | Contributions:<br>☐ Direct<br>☐ In-Kind *(describe)*<br>Other Receipts:<br>☐ Interest ☐ Loan<br>☐ Miscellaneous *(specify)* | | | |
| 5.<br>Contributor's Occupation *(if required)* | Contributions:<br>☐ Direct<br>☐ In-Kind *(describe)*<br>Other Receipts:<br>☐ Interest ☐ Loan<br>☐ Miscellaneous *(specify)* | | | |
| | **SUBTOTAL THIS PAGE OF SCHEDULE A** | $ 333.34 | | |
| | **TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY** *(Enter total on ITEM 15a of the Summary Sheet.)* | $ 877.59 | | |

**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 SCHEDULE B) ITEMIZED EXPENDITURES

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

**FILE NUMBER**



| RECIPIENT'S NAME AND MAILING ADDRESS *(street, number, city, state, ZIP code)* | RECIPIENT'S OCCUPATION / OFFICE SOUGHT *(if applicable)* | TYPE OF EXPENDITURE and PURPOSE *(be specific)* | COLUMN A AMOUNT THIS PERIOD | COLUMN B CUMULATIVE YEAR-TO-DATE | DATE OF EXPENDITURE *(mm/dd/yy)* |
|---|---|---|---|---|---|
| Code C<br>Marshall County GOP<br>117 Water Street<br>Plymouth, IN. 46563 | Political Party | ☑ Direct ☐ In-Kind<br>☐ Payment of Debt<br>☐ Returned Contribution<br>☐ Other<br>Purpose: | $1,000.00 | $1,000.00 | 11-12-2024 |
| Code C<br>The Rees, Inc.<br>100 N. Michigan Street<br>Plymouth, IN. 46563 | Not for Profit Event Center | ☑ Direct ☐ In-Kind<br>☐ Payment of Debt<br>☐ Returned Contribution<br>☐ Other<br>Purpose: | $3,740.63 | $3,740.63 | 12-30-2024 |
| Code A<br>Marshall County GOP<br>117 Water Street<br>Plymouth, IN. 46563 | Candidate Night | ☐ Direct ☑ In-Kind<br>☐ Payment of Debt<br>☐ Returned Contribution<br>☐ Other<br>Purpose: | $283.75 | $1,283.75 | 10-20-2024 |
| Code A<br>Marshall County GOP<br>117 Water Street<br>Plymouth, IN. 46563 | Flyer & Paper Ads | ☐ Direct ☑ In-Kind<br>☐ Payment of Debt<br>☐ Returned Contribution<br>☐ Other<br>Purpose: | $102.73 | $1,386.48 | 11-15-2024 |
| Code A<br>Pilot News Group<br>218 N. Michigan Street<br>Plymouth, IN. 46563 | Newspaper Ads | ☐ Direct ☑ In-Kind<br>☐ Payment of Debt<br>☐ Returned Contribution<br>☐ Other<br>Purpose: | $38.33 | $223.33 | 10-21-2024 |
| Code A<br>Pilot News Group<br>218 N. Michigan Street<br>Plymouth, IN. 46563 | Newspaper Ads | ☐ Direct ☑ In-Kind<br>☐ Payment of Debt<br>☐ Returned Contribution<br>☐ Other<br>Purpose: | $38.33 | $261.66 | 11-02-2024 |
| Code A<br>Meta Platforms<br>1 Meta Way<br>Menlo, CA 94025 | Facebook Ads | ☐ Direct ☑ In-Kind<br>☐ Payment of Debt<br>☐ Returned Contribution<br>☐ Other Facebook<br>Purpose: | $81.11 | $100.00 | 11-15-2024 |
| | | **SUBTOTAL THIS PAGE OF SCHEDULE B** | $ 5,284.88 | | |
| | | **TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY** *(Enter total on ITEM 17a of the Summary Sheet.)* | $ | | |

**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 2

| RECIPIENT'S NAME AND MAILING ADDRESS *(street, number, city, state, ZIP code)* | RECIPIENT'S OCCUPATION / OFFICE SOUGHT *(if applicable)* | TYPE OF EXPENDITURE and PURPOSE *(be specific)* | COLUMN A AMOUNT THIS PERIOD | COLUMN B CUMULATIVE YEAR-TO-DATE | DATE OF EXPENDITURE *(mm/dd/yy)* |
|---|---|---|---|---|---|
| Code A<br>WYMR Max 98.3 FM<br>215 N. Michigan Street<br>Plymouth, IN. 46563 | Radio Ads | ☐ Direct ☑ In-Kind<br>☐ Payment of Debt<br>☐ Returned Contribution<br>☐ Other<br>Purpose: | $298.67 | $298.67 | 10-24-2024 |
| Code A<br>WYMR Max 98.3 FM<br>215 N. Michigan Street<br>Plymouth, IN. 46563 | Radio Ads | ☐ Direct ☑ In-Kind<br>☐ Payment of Debt<br>☐ Returned Contribution<br>☐ Other<br>Purpose: | $34.67 | $333.34 | 11-24-2024 |
| Code | | ☐ Direct ☐ In-Kind<br>☐ Payment of Debt<br>☐ Returned Contribution<br>☐ Other<br>Purpose: | | | |
| Code | | ☐ Direct ☐ In-Kind<br>☐ Payment of Debt<br>☐ Returned Contribution<br>☐ Other<br>Purpose: | | | |
| Code | | ☐ Direct ☐ In-Kind<br>☐ Payment of Debt<br>☐ Returned Contribution<br>☐ Other<br>Purpose: | | | |
| Code | | ☐ Direct ☐ In-Kind<br>☐ Payment of Debt<br>☐ Returned Contribution<br>☐ Other<br>Purpose: | | | |
| Code | | ☐ Direct ☐ In-Kind<br>☐ Payment of Debt<br>☐ Returned Contribution<br>☐ Other<br>Purpose: | | | |
| | | **SUBTOTAL THIS PAGE OF SCHEDULE B** | $ 333.34 | | |
| | | **TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY** *(Enter total on ITEM 17a of the Summary Sheet.)* | $ 5,618.22 | | |

# 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

**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** |
| |

### COMMITTEE INFORMATION

1. Full Name of Committee (as on *Statement of Organization*) ☐ Check if this is a new name.
John Richard Grolich

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

3. Committee Telephone Number
(574) 933-3352

4. Mailing Address *(Address where all campaign finance correspondence is received.)* ☐ Check if this is a new address.
411 Franklin St.

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.)*

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

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: 10/14/24 Through: 12/31/24

| | COLUMN A This Period | COLUMN B Year to Date |
|---|---|---|
| 13. Cash on hand and investments at the beginning of this reporting period. | | |
| 14. Cash on hand and investments January 1, current year. | | 386.42 |
| **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. **SUBTOTAL** | | |
| 16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B. **TOTAL** | 00 | 00 |
| **EXPENDITURES** | | |
| *(Note: These amounts include in-kind expenditures and loan repayments.)* | | |
| 17a. Itemized *(Use Schedule B.) (Public Question: use Schedule C.)* | 00 | |
| 17b. Unitemized | | 388.42 |
| 17c. Add lines 17a and 17b in both columns. **SUBTOTAL** | | 388.42 |
| 18. Cash on hand and investments at close of this reporting period *(Subtract 17c from 16 in both columns.)* **TOTAL** | 00 | 00 |
| 19. Debts OWED BY the committee *(Use Schedule D.)* | 00 | |
| 20. Debts OWED TO the committee *(Use Schedule E.)* | 00 | |

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### CERTIFICATION

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

| Signature of Treasurer | Title | Date *(mm/dd/yy)* |
|---|---|---|
| | | 1/15/25 |
| Signature of Candidate *(if applicable)* John Richard Grolich | | Date *(mm/dd/yy)* 1/15/25 |

**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) Summary Sheet

| FILE NUMBER |
|---|
| |
| **TOTAL PAGES IN ENTIRE CFA-4 REPORT** |
| 1 |

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

**IS THIS AN AMENDMENT?** ☐ Yes ☑ No

## COMMITTEE INFORMATION

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

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

3. Committee Telephone Number
( 574 ) 952-2711

4. Mailing Address *(Address where all campaign finance correspondence is received.)* ☐ Check if this is a new address.
211 West Lakeshore Drive

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.)*
Justin J. Croy

8. Party Affiliation or If Independent Candidate
Republican

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

10. County of Residence
Marshal

## 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: 12/30/24 Through: 12/31/24

| | COLUMN A This Period | COLUMN B Year to Date |
|---|---|---|
| 13. Cash on hand and investments at the beginning of this reporting period. | 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 |
| 15b. Unitemized | 5.00 | |
| 15c. Add lines 15a and 15b in both columns. **SUBTOTAL** | | |
| 16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B. **TOTAL** | 5.00 | |
| **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. **SUBTOTAL** | 0.00 | 0.00 |
| 18. Cash on hand and investments at close of this reporting period *(Subtract 17c from 16 in both columns.)* **TOTAL** | 0.00 | 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

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)* |
|---|---|---|
| Justin J. Croy | | 12/30/24 |
| **Signature of Candidate** *(if applicable)* | | Date *(mm/dd/yy)* |
| Justin J. Croy | | 12/30/24 |

**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

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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** |
| |

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

**IS THIS AN AMENDMENT?** ☐ Yes ☑ No

## COMMITTEE INFORMATION

1. Full Name of Committee (as on *Statement of Organization*) ☐ Check if this is a new name.
Lynn Gorski for City Clerk-Treasurer

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

3. Committee Telephone Number
( 574 ) 952-5711

4. Mailing Address *(Address where all campaign finance correspondence is received.)* ☐ Check if this is a new address.
805 Baker St. Lot 133

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.)*
Lynn Marie Gorski

8. Party Affiliation or If Independent Candidate
Republican

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

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: 01/01/2024 Through: 12/31/2024 | COLUMN A This Period | COLUMN B Year to Date |
|---|---|---|
| 13. Cash on hand and investments at the beginning of this reporting period. | 204.01 | |
| 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 | | |
| 15c. Add lines 15a and 15b in both columns. **SUBTOTAL** | 0.00 | 0.00 |
| 16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B. **TOTAL** | 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 | | |
| 17c. Add lines 17a and 17b in both columns. **SUBTOTAL** | 0.00 | 0.00 |
| 18. Cash on hand and investments at close of this reporting period *(Subtract 17c from 16 in both columns.)* **TOTAL** | 0.00 | 204.01 |
| 19. Debts OWED BY the committee *(Use Schedule D.)* | | |
| 20. Debts OWED TO the committee *(Use Schedule E.)* | | |

## CERTIFICATION

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

| Signature of Treasurer | Title | Date *(mm/dd/yy)* |
|---|---|---|
| | Treasurer | 01/08/2025 |
| Signature of Candidate *(if applicable)* | | Date *(mm/dd/yy)* 01/08/2025 |

**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**

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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** 2

*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.*

2025 JAN 13 A

**IS THIS AN AMENDMENT?** ☐ Yes ☒ No

ALL CO. CLE

## COMMITTEE INFORMATION

1. Full Name of Committee (as on *Statement of Organization*) ☐ Check if this is a new name.
MARK SENTER FOR MAYOR

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

3. Committee Telephone Number
(574) 952-7381

4. Mailing Address *(Address where all campaign finance correspondence is received.)* ☐ Check if this is a new address.
10155 VICTORIA DR.

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.)*
MARK WAYNE SENTER

8. Party Affiliation or If Independent Candidate
REPUBLICAN

9. Office Sought *(Include district number, if any. **Not required for exploratory committee.**)*
MAYOR - CITY OF PLYMOUTH

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: 1-1-24 Through: 12-31-24

| | COLUMN A This Period | COLUMN B Year to Date |
|---|---|---|
| 13. Cash on hand and investments at the beginning of this reporting period. | 2777.05 | |
| 14. Cash on hand and investments January 1, current year. | | 2777.05 |
| **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. **SUBTOTAL** | | |
| 16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B. **TOTAL** | 0 | 0 |
| **EXPENDITURES** | | |
| *(Note: These amounts include in-kind expenditures and loan repayments.)* | | |
| 17a. Itemized *(Use Schedule B.) (Public Question: use Schedule C.)* | 2777.05 | 2777.05 |
| 17b. Unitemized | | |
| 17c. Add lines 17a and 17b in both columns. **SUBTOTAL** | | |
| 18. Cash on hand and investments at close of this reporting period *(Subtract 17c from 16 in both columns.)* **TOTAL** | 0 | 0 |
| 19. Debts OWED BY the committee *(Use Schedule D.)* | | |
| 20. Debts OWED TO the committee *(Use Schedule E.)* | | |

## CERTIFICATION

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

| | | |
|---|---|---|
| Signature of Treasurer | Title: TREASURER | Date *(mm/dd/yy)*: 1-13-25 |
| Signature of Candidate *(if applicable)* | | Date *(mm/dd/yy)*: 1-13-25 |

**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**

**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 2

| RECIPIENT'S NAME AND MAILING ADDRESS *(street, number, city, state, ZIP code)* | RECIPIENT'S OCCUPATION / OFFICE SOUGHT *(if applicable)* | TYPE OF EXPENDITURE and PURPOSE *(be specific)* | COLUMN A AMOUNT THIS PERIOD | COLUMN B CUMULATIVE YEAR-TO-DATE | DATE OF EXPENDITURE *(mm/dd/yy)* |
|---|---|---|---|---|---|
| Code ____ BREAD OF LIFE 6770 MICH RD. PLY IN 46563 | NFP | ☑ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other ____ Purpose: DONATION | $500.00 | $500.00 | 12/23/24 |
| Code ____ MC NEIGHBOR-HOOD CENTER 201 N. PLUM ST. PLYMOUTH IN 46563 | NFP | ☑ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other ____ Purpose: DONATION | $500.00 | $500.00 | 12/23/24 |
| Code ____ MC GOP N. WATER ST. PLYMOUTH IN | POLITICAL PARTY | ☑ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other ____ Purpose: POL DONATION | $500.00 | $500.00 | 12/23/24 |
| Code ____ MC HISTORICAL SOCIETY 123 N. MICHIGAN PLYMOUTH 46563 | NFP | ☑ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other ____ Purpose: | $500.00 | $500.00 | 12-31-24 |
| Code ____ DUSTIN'S PLACE 11802 LINCOLNWAY E PLYMOUTH IN 46563 | NFP | ☑ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other ____ Purpose: | $500.00 | $500.00 | 12-31-24 |
| Code ____ BOYS & GIRLS CLUB 314 E. JEFFERSON PLYMOUTH IN | NFP | ☑ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other ____ Purpose: | $250.05 | $250.05 | 12-31-24 |
| Code ____ | | ☐ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other ____ Purpose: | | | |
| | | SUBTOTAL THIS PAGE OF SCHEDULE B | $ 2777.05 | | |
| | | TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY *(Enter total on ITEM 17a of the Summary Sheet.)* | $ | | |

# 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**
2

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

**IS THIS AN AMENDMENT?** ☐ Yes ☑ No

## COMMITTEE INFORMATION

1. Full Name of Committee (as on *Statement of Organization*) ☐ Check if this is a new name.
Marshall County Democratic Central Committee

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

3. Committee Telephone Number
( )

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

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: 10/12/2024 Through: 12/31/2024

| | COLUMN A This Period | COLUMN B Year to Date |
|---|---|---|
| 13. Cash on hand and investments at the beginning of this reporting period. | 3,657.77 | |
| 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.)* | 0.00 | 3,150.00 |
| 15b. Unitemized | 110.84 | 5,189.60 |
| 15c. Add lines 15a and 15b in both columns. SUBTOTAL | 110.84 | 8,339.60 |
| 16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B. TOTAL | 3,768.61 | 9,092.22 |
| **EXPENDITURES** | | |
| *(Note: These amounts include in-kind expenditures and loan repayments.)* | | |
| 17a. Itemized *(Use Schedule B.) (Public Question: use Schedule C.)* | 300.00 | 4,791.00 |
| 17b. Unitemized | 204.00 | 1,036.61 |
| 17c. Add lines 17a and 17b in both columns. SUBTOTAL | 504.00 | 5,827.61 |
| 18. Cash on hand and investments at close of this reporting period *(Subtract 17c from 16 in both columns.)* TOTAL | 3,264.61 | 3,264.61 |
| 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 | Date *(mm/dd/yy)* |
|---|---|---|
| | Treasurer | 03/03/2025 |
| **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)*

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**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 SCHEDULE B) ITEMIZED EXPENDITURES

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

**FILE NUMBER**

Page 1 of 1

| RECIPIENT'S NAME AND MAILING ADDRESS *(street, number, city, state, ZIP code)* | RECIPIENT'S OCCUPATION / OFFICE SOUGHT *(if applicable)* | TYPE OF EXPENDITURE and PURPOSE *(be specific)* | COLUMN A AMOUNT THIS PERIOD | COLUMN B CUMULATIVE YEAR-TO-DATE | DATE OF EXPENDITURE *(mm/dd/yy)* |
|---|---|---|---|---|---|
| Code F<br>Wild Rose Moon<br>115 N Michigan St<br>Plymouth IN 46563 | Meeting venue | ☑ Direct ☐ In-Kind<br>☐ Payment of Debt<br>☐ Returned Contribution<br>☐ Other<br>Purpose: rent | $300.00 | $300.00 | 11/13/2024 |
| Code | | ☐ Direct ☐ In-Kind<br>☐ Payment of Debt<br>☐ Returned Contribution<br>☐ Other<br>Purpose: | | | |
| Code | | ☐ Direct ☐ In-Kind<br>☐ Payment of Debt<br>☐ Returned Contribution<br>☐ Other<br>Purpose: | | | |
| Code | | ☐ Direct ☐ In-Kind<br>☐ Payment of Debt<br>☐ Returned Contribution<br>☐ Other<br>Purpose: | | | |
| Code | | ☐ Direct ☐ In-Kind<br>☐ Payment of Debt<br>☐ Returned Contribution<br>☐ Other<br>Purpose: | | | |
| Code | | ☐ Direct ☐ In-Kind<br>☐ Payment of Debt<br>☐ Returned Contribution<br>☐ Other<br>Purpose: | | | |
| Code | | ☐ Direct ☐ In-Kind<br>☐ Payment of Debt<br>☐ Returned Contribution<br>☐ Other<br>Purpose: | | | |
| SUBTOTAL THIS PAGE OF SCHEDULE B | | | $ 300.00 | | |
| TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY *(Enter total on ITEM 17a of the Summary Sheet.)* | | | $ 300.00 | | |

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# 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

**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: 9

**IS THIS AN AMENDMENT?** ☐ Yes ☑ No

## COMMITTEE INFORMATION

1. Full Name of Committee (as on *Statement of Organization*) ☐ Check if this is a new name.
Marshall County Republican Central Committee

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

3. Committee Telephone Number
( 574 ) 780-5814

4. Mailing Address *(Address where all campaign finance correspondence is received.)* ☐ Check if this is a new address.
P.O. Box 102

5. City, State, ZIP Code
Plymouth, IN 46563

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

## 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

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: 10/12/24 Through: 12/31/24

| | COLUMN A This Period | COLUMN B Year to Date |
|---|---|---|
| 13. Cash on hand and investments at the beginning of this reporting period. | 18,976.63 | |
| 14. Cash on hand and investments January 1, current year. | | 23,120.93 |
| **CONTRIBUTIONS AND RECEIPTS** | | |
| *(Note: these amounts include in-kind contributions and loans, as well as cash contributions.)* | | |
| 15a. Itemized *(Use Schedule A.)* | 6,264.45 | 27,070.37 |
| 15b. Unitemized | 3,935.00 | 8,612.97 |
| 15c. Add lines 15a and 15b in both columns. **SUBTOTAL** | 10,199.45 | 35,683.34 |
| 16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B. **TOTAL** | 29,176.08 | 58,804.27 |
| **EXPENDITURES** | | |
| *(Note: These amounts include in-kind expenditures and loan repayments.)* | | |
| 17a. Itemized *(Use Schedule B.) (Public Question: use Schedule C.)* | 9,280.42 | 38,168.45 |
| 17b. Unitemized | 314.75 | 1,054.91 |
| 17c. Add lines 17a and 17b in both columns. **SUBTOTAL** | 9,595.17 | 39,223.36 |
| 18. Cash on hand and investments at close of this reporting period *(Subtract 17c from 16 in both columns.)* **TOTAL** | 19,580.91 | 19,580.91 |
| 19. Debts OWED BY the committee *(Use Schedule D.)* | | |
| 20. Debts OWED TO the committee *(Use Schedule E.)* | | |

## CERTIFICATION

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

| Signature of Treasurer | Title | Date *(mm/dd/yy)* |
|---|---|---|
| | Treasurer | 01/31/25 |
| 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 or intentionally 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 (R15 / 5-19)
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 5

| CONTRIBUTOR'S FULL NAME AND OCCUPATION FULL MAILING ADDRESS *(street, number, city, state, ZIP code)* | TYPE OF CONTRIBUTION OR OTHER RECEIPT | COLUMN A AMOUNT THIS PERIOD | COLUMN B CUMULATIVE YEAR-TO-DATE | DATE RECEIVED *(mm/dd/yy)* / RECEIVED BY |
|---|---|---|---|---|
| 1. Bennitt, Todd & Jenny<br>Contributor's Occupation *(if required)* | Contributions: ☒ Direct ☐ In-Kind *(describe)*<br>Other Receipts: ☐ Interest ☐ Loan ☐ Miscellaneous *(specify)* | $250.00 | $550.00 | 10/30/24<br>Bryan Howard |
| 2. Chipman, E. Nelson<br>Contributor's Occupation *(if required)* | Contributions: ☒ Direct ☐ In-Kind *(describe)*<br>Other Receipts: ☐ Interest ☐ Loan ☐ Miscellaneous *(specify)* | $30.00 | $705.00 | 10/21/24<br>Bryan Howard |
| 3. Chipman, E. Nelson<br>Contributor's Occupation *(if required)* Marshall County Prosecutor | Contributions: ☒ Direct ☐ In-Kind *(describe)*<br>Other Receipts: ☐ Interest ☐ Loan ☐ Miscellaneous *(specify)* | $1,500.00 | $2,205.00 | 12/27/24<br>Bryan Howard |
| 4. Culp, Duane & Jacque<br>Contributor's Occupation *(if required)* | Contributions: ☒ Direct ☐ In-Kind *(describe)*<br>Other Receipts: ☐ Interest ☐ Loan ☐ Miscellaneous *(specify)* | $64.45 | $329.45 | 10/21/24<br>Bryan Howard |
| 5. Culp, Duane & Jacque<br>Contributor's Occupation *(if required)* | Contributions: ☒ Direct ☐ In-Kind *(describe)*<br>Other Receipts: ☐ Interest ☐ Loan ☐ Miscellaneous *(specify)* | $50.00 | $379.45 | 10/30/24<br>Bryan Howard |
| | **SUBTOTAL THIS PAGE OF SCHEDULE A** | $ 1,894.45 | | |
| | **TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY** *(Enter total on ITEM 15a of the Summary Sheet.)* | $ | | |

**REPORT OF RECEIPTS AND EXPENDITURES OF A POLITICAL COMMITTEE**
State Form 4606 (R15 / 5-19)
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



| CONTRIBUTOR'S FULL NAME AND OCCUPATION FULL MAILING ADDRESS *(street, number, city, state, ZIP code)* | TYPE OF CONTRIBUTION OR OTHER RECEIPT | COLUMN A AMOUNT THIS PERIOD | COLUMN B CUMULATIVE YEAR-TO-DATE | DATE RECEIVED *(mm/dd/yy)* / RECEIVED BY |
|---|---|---|---|---|
| 1. Cultice, Craig & Valerie<br>Contributor's Occupation *(if required)* | Contributions: ☒ Direct ☐ In-Kind *(describe)*<br>Other Receipts: ☐ Interest ☐ Loan ☐ Miscellaneous *(specify)* | $150.00 | $570.00 | 10/30/24<br>Bryan Howard |
| 2. Einspahr, Bill & Kelly<br>Contributor's Occupation *(if required)* | Contributions: ☒ Direct ☐ In-Kind *(describe)*<br>Other Receipts: ☐ Interest ☐ Loan ☐ Miscellaneous *(specify)* | $30.00 | $130.00 | 10/21/24<br>Bryan Howard |
| 3. Einspahr, Bill & Kelly<br>Contributor's Occupation *(if required)* | Contributions: ☒ Direct ☐ In-Kind *(describe)*<br>Other Receipts: ☐ Interest ☐ Loan ☐ Miscellaneous *(specify)* | $80.00 | $210.00 | 10/30/24<br>Bryan Howard |
| 4. Gorski, Steve & Lynn<br>Contributor's Occupation *(if required)* | Contributions: ☒ Direct ☐ In-Kind *(describe)*<br>Other Receipts: ☐ Interest ☐ Loan ☐ Miscellaneous *(specify)* | $10.00 | $210.00 | 10/21/24<br>Bryan Howard |
| 5. Gorski, Steve & Lynn<br>Contributor's Occupation *(if required)* | Contributions: ☒ Direct ☐ In-Kind *(describe)*<br>Other Receipts: ☐ Interest ☐ Loan ☐ Miscellaneous *(specify)* | $10.00 | $220.00 | 10/30/24<br>Bryan Howard |
| | **SUBTOTAL THIS PAGE OF SCHEDULE A** | $ 280.00 | | |
| | **TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY** *(Enter total on ITEM 15a of the Summary Sheet.)* | $ | | |

**REPORT OF RECEIPTS AND EXPENDITURES OF A POLITICAL COMMITTEE**
State Form 4606 (R15 / 5-19)
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 5

| CONTRIBUTOR'S FULL NAME AND OCCUPATION FULL MAILING ADDRESS *(street, number, city, state, ZIP code)* | TYPE OF CONTRIBUTION OR OTHER RECEIPT | COLUMN A AMOUNT THIS PERIOD | COLUMN B CUMULATIVE YEAR-TO-DATE | DATE RECEIVED *(mm/dd/yy)* / RECEIVED BY |
|---|---|---|---|---|
| 1. Hassel, Matthew & Jill<br>Contributor's Occupation *(if required)* | Contributions: ☒ Direct ☐ In-Kind *(describe)*<br>Other Receipts: ☐ Interest ☐ Loan ☐ Miscellaneous *(specify)* | $20.00 | $640.00 | 10/30/24<br>Bryan Howard |
| 2. Hassel, Matthew & Jill<br>Contributor's Occupation *(if required)* Marshall County Sheriff | Contributions: ☒ Direct ☐ In-Kind *(describe)*<br>Other Receipts: ☐ Interest ☐ Loan ☐ Miscellaneous *(specify)* | $1,000.00 | $1,640.00 | 12/27/24<br>Bryan Howard |
| 3. Howard, Bryan<br>Contributor's Occupation *(if required)* | Contributions: ☒ Direct ☐ In-Kind *(describe)*<br>Other Receipts: ☐ Interest ☐ Loan ☐ Miscellaneous *(specify)* | $100.00 | $200.00 | 10/21/24<br>Bryan Howard |
| 4. Howard, Bryan<br>Contributor's Occupation *(if required)* | Contributions: ☒ Direct ☐ In-Kind *(describe)*<br>Other Receipts: ☐ Interest ☐ Loan ☐ Miscellaneous *(specify)* | $20.00 | $220.00 | 10/30/24<br>Bryan Howard |
| 5. Howard, Janet & Curt<br>Contributor's Occupation *(if required)* | Contributions: ☒ Direct ☐ In-Kind *(describe)*<br>Other Receipts: ☐ Interest ☐ Loan ☐ Miscellaneous *(specify)* | $100.00 | $400.00 | 10/30/24<br>Bryan Howard |
| **SUBTOTAL THIS PAGE OF SCHEDULE A** | | $ 1,240.00 | | |
| **TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY** *(Enter total on ITEM 15a of the Summary Sheet.)* | | $ | | |

**REPORT OF RECEIPTS AND EXPENDITURES OF A POLITICAL COMMITTEE**
State Form 4606 (R15 / 5-19)
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 4 of 5 |

| CONTRIBUTOR'S FULL NAME AND OCCUPATION FULL MAILING ADDRESS *(street, number, city, state, ZIP code)* | TYPE OF CONTRIBUTION OR OTHER RECEIPT | COLUMN A AMOUNT THIS PERIOD | COLUMN B CUMULATIVE YEAR-TO-DATE | DATE RECEIVED *(mm/dd/yy)* / RECEIVED BY |
|---|---|---|---|---|
| 1. Klotz, Stan & Patti<br>Contributor's Occupation *(if required)* | Contributions: ☒ Direct ☐ In-Kind *(describe)*<br>Other Receipts: ☐ Interest ☐ Loan ☐ Miscellaneous *(specify)* | $20.00 | $370.00 | 11/15/24<br>Bryan Howard |
| 2. Masterson, James<br>Contributor's Occupation *(if required)* Marshall County Councilman/Realtor | Contributions: ☒ Direct ☐ In-Kind *(describe)*<br>Other Receipts: ☐ Interest ☐ Loan ☐ Miscellaneous *(specify)* | $250.00 | $1,900.00 | 10/21/24<br>Bryan Howard |
| 3. Masterson, James<br>Contributor's Occupation *(if required)* Marshall County Councilman/Realtor | Contributions: ☒ Direct ☐ In-Kind *(describe)*<br>Other Receipts: ☐ Interest ☐ Loan ☐ Miscellaneous *(specify)* | $1,000.00 | $2,900.00 | 11/15/24<br>Bryan Howard |
| 4. Napier,Tami<br>Contributor's Occupation *(if required)* | Contributions: ☒ Direct ☐ In-Kind *(describe)*<br>Other Receipts: ☐ Interest ☐ Loan ☐ Miscellaneous *(specify)* | $20.00 | $420.00 | 10/21/24<br>Bryan Howard |
| 5. Paul, Peter<br>Contributor's Occupation *(if required)* | Contributions: ☒ Direct ☐ In-Kind *(describe)*<br>Other Receipts: ☐ Interest ☐ Loan ☐ Miscellaneous *(specify)* | $50.00 | $500.00 | 11/15/24<br>Bryan Howard |
| **SUBTOTAL THIS PAGE OF SCHEDULE A** | | $ 1,340.00 | | |
| **TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY** *(Enter total on ITEM 15a of the Summary Sheet.)* | | $ | | |

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**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 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 5 |

| CONTRIBUTOR'S FULL NAME AND OCCUPATION FULL MAILING ADDRESS *(street, number, city, state, ZIP code)* | TYPE OF CONTRIBUTION OR OTHER RECEIPT | COLUMN A AMOUNT THIS PERIOD | COLUMN B CUMULATIVE YEAR-TO-DATE | DATE RECEIVED *(mm/dd/yy)* / RECEIVED BY |
|---|---|---|---|---|
| 1. Starr, Glenn & Linda<br>Contributor's Occupation *(if required)* | Contributions: ☒ Direct ☐ In-Kind *(describe)*<br>Other Receipts: ☐ Interest ☐ Loan ☐ Miscellaneous *(specify)* | $10.00 | $210.00 | 10/21/24<br>Bryan Howard |
| 2.<br>Contributor's Occupation *(if required)* | Contributions: ☐ Direct ☐ In-Kind *(describe)*<br>Other Receipts: ☐ Interest ☐ Loan ☐ Miscellaneous *(specify)* | | | |
| 3.<br>Contributor's Occupation *(if required)* | Contributions: ☐ Direct ☐ In-Kind *(describe)*<br>Other Receipts: ☐ Interest ☐ Loan ☐ Miscellaneous *(specify)* | | | |
| 4.<br>Contributor's Occupation *(if required)* | Contributions: ☐ Direct ☐ In-Kind *(describe)*<br>Other Receipts: ☐ Interest ☐ Loan ☐ Miscellaneous *(specify)* | | | |
| 5.<br>Contributor's Occupation *(if required)* | Contributions: ☐ Direct ☐ In-Kind *(describe)*<br>Other Receipts: ☐ Interest ☐ Loan ☐ Miscellaneous *(specify)* | | | |
| **SUBTOTAL THIS PAGE OF SCHEDULE A** | | $ 10.00 | | |
| **TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY** *(Enter total on ITEM 15a of the Summary Sheet.)* | | $ | | |

2025 JAN 31 P 1:0
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**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 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 1 of 1

| CONTRIBUTOR'S FULL NAME AND FULL MAILING ADDRESS *(street, number, city, state, ZIP code)* | TYPE OF CONTRIBUTION OR OTHER RECEIPT | COLUMN A AMOUNT THIS PERIOD | COLUMN B CUMULATIVE YEAR-TO-DATE | DATE RECEIVED *(mm/dd/yy)* / RECEIVED BY |
|---|---|---|---|---|
| 1. Committee to Elect Bohacek Senate<br>220 Pokagon Drive<br>Michiana Shores, IN 46360 | Contributions:<br>☒ Direct<br>☐ In-Kind *(describe)*<br>Other Receipts:<br>☐ Interest ☐ Loan<br>☐ Miscellaneous *(specify)* | $250.00 | $1,690.00 | 11/15/24<br>Bryan Howard |
| 2. Committee to Elect Jake Teshka<br>P.O. Box 2282<br>South Bend, IN 46680 | Contributions:<br>☒ Direct<br>☐ In-Kind *(describe)*<br>Other Receipts:<br>☐ Interest ☐ Loan<br>☐ Miscellaneous *(specify)* | $250.00 | $550.00 | 11/15/24<br>Bryan Howard |
| 3. Mishler for State Senate<br>P.O. Box 202<br>Bremen, IN 46506 | Contributions:<br>☒ Direct<br>☐ In-Kind *(describe)*<br>Other Receipts:<br>☐ Interest ☐ Loan<br>☐ Miscellaneous *(specify)* | $1,000.00 | $1,250.00 | 10/21/24<br>Bryan Howard |
| 4. | Contributions:<br>☐ Direct<br>☐ In-Kind *(describe)*<br>Other Receipts:<br>☐ Interest ☐ Loan<br>☐ Miscellaneous *(specify)* | | | |
| 5. | Contributions:<br>☐ Direct<br>☐ In-Kind *(describe)*<br>Other Receipts:<br>☐ Interest ☐ Loan<br>☐ Miscellaneous *(specify)* | | | |
| **SUBTOTAL THIS PAGE OF SCHEDULE A** | | $ 1,500.00 | | |
| **TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY** *(Enter total on ITEM 15a of the Summary Sheet.)* | | $ 6,264.45 | | |

2025 JAN 31 PM 1:03
ILL CO. CLK

**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 SCHEDULE B) ITEMIZED EXPENDITURES

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

FILE NUMBER



| RECIPIENT'S NAME AND MAILING ADDRESS *(street, number, city, state, ZIP code)* | RECIPIENT'S OCCUPATION / OFFICE SOUGHT *(if applicable)* | TYPE OF EXPENDITURE and PURPOSE *(be specific)* | COLUMN A AMOUNT THIS PERIOD | COLUMN B CUMULATIVE YEAR-TO-DATE | DATE OF EXPENDITURE *(mm/dd/yy)* |
|---|---|---|---|---|---|
| Code O<br>Bowman's Tin Shop<br>1576 Hoham Drive<br>Plymouth, IN 46563 | HVAC Repair | ☒ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other<br>Purpose: Furnace Repairs at HQ | $555.08 | $555.08 | 12/27/24 |
| Code C<br>Committee to Elect Bohacek Senate<br>220 Pokagon Drive<br>Michiana Shores, IN 46360 | IN State Senator District 8<br>IN State Senate District 8 | ☒ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other<br>Purpose: Campaign Contribution | $1,407.79 | $1,407.79 | 10/28/24 |
| Code O<br>Holland's Property Management LLC<br>552 West 7th Street<br>Peru, IN 46970 | Construction Company | ☒ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other<br>Purpose: Repairs at HQ | $357.50 | $357.50 | 12/23/24 |
| Code O<br>NIPSCO<br>P.O. Box 13007<br>Merrillville, IN 46411-3007 | Utility - Electric/Gas | ☒ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other<br>Purpose: Gas/Electric at HQ | $1,500.00 | $4,500.00 | 12/27/24 |
| Code A<br>Second District Republican Central Committee<br>11170 Sage Trail<br>Plymouth, IN 46563 | Regular Party Committee | ☒ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other<br>Purpose: Trump Signs | $280.00 | $547.50 | 10/17/24 |
| Code C<br>Second District Republican Central Committee<br>11170 Sage Trail<br>Plymouth, IN 46563 | Regular Party Committee | ☒ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other<br>Purpose: District Dues | $100.00 | $647.50 | 10/17/24 |
| Code A<br>Swan Lake Resort<br>5203 Plymouth LaPorte Trail<br>Plymouth, IN 46563<br>(574) 935-5680 | Catering & Banquet Hall | ☒ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other<br>Purpose: Candidate Night Event | $3,121.18 | $11,341.73 | 10/20/24 |
| | | **SUBTOTAL THIS PAGE OF SCHEDULE B** | $7,321.55 | | |
| | | **TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY** *(Enter total on ITEM 17a of the Summary Sheet.)* | $ | | |

**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 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 2

| RECIPIENT'S NAME AND MAILING ADDRESS *(street, number, city, state, ZIP code)* | RECIPIENT'S OCCUPATION / OFFICE SOUGHT *(if applicable)* | TYPE OF EXPENDITURE and PURPOSE *(be specific)* | COLUMN A AMOUNT THIS PERIOD | COLUMN B CUMULATIVE YEAR-TO-DATE | DATE OF EXPENDITURE *(mm/dd/yy)* |
|---|---|---|---|---|---|
| Code A<br>The Pilot News<br>P.O. Box 220<br>218 North Michigan Street<br>Plymouth, IN 46563 | Local Newspaper | ☒ Direct ☐ In-Kind<br>☐ Payment of Debt<br>☐ Returned Contribution<br>☐ Other<br>Purpose: October News Ads | $1,030.00 | $2,410.00 | 11/12/24 |
| Code A<br>The Pilot News<br>P.O. Box 220<br>218 North Michigan Street<br>Plymouth, IN 46563 | Local Newspaper | ☒ Direct ☐ In-Kind<br>☐ Payment of Debt<br>☐ Returned Contribution<br>☐ Other<br>Purpose: November News Ads | $100.00 | $2,510.00 | 11/15/24 |
| Code F<br>The REES Theatre Inc.<br>100 North Michigan Street<br>Plymouth, IN 46563 | Local Theater/Venue Rental Hall | ☒ Direct ☐ In-Kind<br>☐ Payment of Debt<br>☐ Returned Contribution<br>☐ Other<br>Purpose: General Election Returns | $542.00 | $1,390.00 | 12/16/24 |
| Code A<br>VanDeMark, Paul & Deborah | Administration | ☐ Direct ☐ In-Kind<br>☐ Payment of Debt<br>☐ Returned Contribution<br>☒ Other Reimbursement<br>Purpose: Candy for Plymouth Trick or Treat | $29.52 | $2,767.30 | 10/28/24 |
| Code F<br>VanDeMark. Paul & Deborah | Administration | ☐ Direct ☐ In-Kind<br>☐ Payment of Debt<br>☐ Returned Contribution<br>☒ Other Reimbursement<br>Purpose: Food for Election Returns Party | $257.35 | $3,024.65 | 11/12/24 |
| Code | | ☐ Direct ☐ In-Kind<br>☐ Payment of Debt<br>☐ Returned Contribution<br>☐ Other<br>Purpose: | | | |
| Code | | ☐ Direct ☐ In-Kind<br>☐ Payment of Debt<br>☐ Returned Contribution<br>☐ Other<br>Purpose: | | | |
| | | **SUBTOTAL THIS PAGE OF SCHEDULE B** | $1,958.87 | | |
| | | **TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY** *(Enter total on ITEM 17a of the Summary Sheet.)* | $9,280.42 | | |

2025 JAN 31 P 1:07
ELECTION DIV.

# 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**

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

**IS THIS AN AMENDMENT?** ☐ Yes ☒ No

## COMMITTEE INFORMATION

1. Full Name of Committee (as on *Statement of Organization*) ☐ Check if this is a new name.
~~Megan Marie Rogers~~ Megan Roger for County Council

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

3. Committee Telephone Number
( 574 ) 323-7180

4. Mailing Address *(Address where all campaign finance correspondence is received.)* ☐ Check if this is a new address.
1023 N Walnut St

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.)*
Megan marie Rogers

8. Party Affiliation or If Independent Candidate
Democrat

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

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: 10/12/24 Through: 12/31/24 | COLUMN A This Period | COLUMN B Year to Date |
|---|---|---|
| 13. Cash on hand and investments at the beginning of this reporting period. | 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 | 1910 |
| 15b. Unitemized | 100 | 581.19 |
| 15c. Add lines 15a and 15b in both columns. **SUBTOTAL** | 100 | 2491.19 |
| 16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B. **TOTAL** | 100 | 24.91.19 |
| **EXPENDITURES** *(Note: These amounts include in-kind expenditures and loan repayments.)* | | |
| 17a. Itemized *(Use Schedule B.) (Public Question: use Schedule C.)* | 0 | 1798.50 |
| 17b. Unitemized | 0 | 585.49 |
| 17c. Add lines 17a and 17b in both columns. **SUBTOTAL** | 0 | 2374.99 |
| 18. Cash on hand and investments at close of this reporting period *(Subtract 17c from 16 in both columns.)* **TOTAL** | 100 | 116.20 |
| 19. Debts OWED BY the committee *(Use Schedule D.)* | 400 | |
| 20. Debts OWED TO the committee *(Use Schedule E.)* | 0 | |

## CERTIFICATION

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

| Signature of Treasurer | Title | Date *(mm/dd/yy)* |
|---|---|---|
| Signature of Candidate *(if applicable)* | | Date *(mm/dd/yy)* 12/24/24 |

**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**

2024 DEC 30 A 9:21
ALL CO.

**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 |
|---|
| |
| Page _____ of _____ |

| CREDITOR'S OR LENDER'S NAME AND MAILING ADDRESS *(street, number, city, state, ZIP code)* | ENDORSER'S OR VENDOR'S NAME AND MAILING ADDRESS *(if any)* *(street, number, city, state, ZIP code)* | AMOUNT / NATURE OF DEBT | DATE DEBT INCURRED *(mm/dd/yy)* | CUMULATIVE PAID YEAR-TO-DATE | OUTSTANDING BALANCE THIS PERIOD |
|---|---|---|---|---|---|
| Bowen Printing<br>LENDER'S OCCUPATION: | Bowen Printing<br>200 s Michigan st Plymouth in 46563 | 1200<br>signs, shirts, walk cards, postcards | 8/31/24 | 800 | 400 |
| LENDER'S OCCUPATION: | | | | | |
| LENDER'S OCCUPATION: | | | | | |
| LENDER'S OCCUPATION: | | | | | |
| LENDER'S OCCUPATION: | | | | | |
| LENDER'S OCCUPATION: | | | | | |
| LENDER'S OCCUPATION: | | | | | |
| SUBTOTAL THIS PAGE OF SCHEDULE D | | | | | $ |
| TOTAL OF ALL PAGES OF SCHEDULE D ON THE LAST PAGE ONLY *(Enter total on ITEM 19 of the Summary Sheet.)* | | | | | $ |

2024 DEC 30 A 9:21
ALL CO. CLE

# 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

**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.

2025 JAN 13 A 9:

MARSHALL CO. CLE

**FILE NUMBER**

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

**IS THIS AN AMENDMENT?** ☐ Yes ☑ No

### COMMITTEE INFORMATION

1. Full Name of Committee (as on *Statement of Organization*) ☐ Check if this is a new name.
NICK FISHER FOR MAYOR

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

3. Committee Telephone Number
(574) 780-1124

4. Mailing Address *(Address where all campaign finance correspondence is received.)* ☐ Check if this is a new address.
302 W. MONROE ST

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.)*
NICKOLAS (NICK) DJ FISHER

8. Party Affiliation or If Independent Candidate
REPUBLICAN

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

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: Jan 01, 2024 Through: December 31, 2024

| | COLUMN A This Period | COLUMN B Year to Date |
|---|---|---|
| 13. Cash on hand and investments at the beginning of this reporting period. | 1,295.71 | |
| 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.)* | 0 | 0 |
| 15b. Unitemized | 0 | 0 |
| 15c. Add lines 15a and 15b in both columns. **SUBTOTAL** | 0 | 0 |
| 16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B. **TOTAL** | 0 | 0 |
| **EXPENDITURES** | | |
| *(Note: These amounts include in-kind expenditures and loan repayments.)* | | |
| 17a. Itemized *(Use Schedule B.) (Public Question: use Schedule C.)* | 1,295.71 | 501c3 Donation 01/05/2024 |
| 17b. Unitemized | | |
| 17c. Add lines 17a and 17b in both columns. **SUBTOTAL** | | 0 |
| 18. Cash on hand and investments at close of this reporting period *(Subtract 17c from 16 in both columns.)* **TOTAL** | 0 | |
| 19. Debts OWED BY the committee *(Use Schedule D.)* | 0 | |
| 20. Debts OWED TO the committee *(Use Schedule E.)* | 0 | |

### CERTIFICATION

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

| Signature of Treasurer | Title | Date *(mm/dd/yy)* |
|---|---|---|
| X Nickolas DJ Fisher | Treasurer | 01/10/2025 |
| **Signature of Candidate** *(if applicable)* | | Date *(mm/dd/yy)* |
| X Nickolas DJ Fisher | | 01/10/2025 |

**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 (R15 / 5-19)
Indiana Election Division (IC 3-9-5-14)

# (CFA-4 SCHEDULE B) ITEMIZED EXPENDITURES

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

**FILE NUMBER**

Page _____ of _____

| RECIPIENT'S NAME AND MAILING ADDRESS *(street, number, city, state, ZIP code)* | RECIPIENT'S OCCUPATION / OFFICE SOUGHT *(if applicable)* | TYPE OF EXPENDITURE and PURPOSE *(be specific)* | COLUMN A AMOUNT THIS PERIOD | COLUMN B CUMULATIVE YEAR-TO-DATE | DATE OF EXPENDITURE *(mm/dd/yy)* |
|---|---|---|---|---|---|
| Code ____ Ben Fisher Memorial Foundation PO Box 93 Ay IN 46733 | NON Profit 501c3 | ☑ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other Donation to 501c3 Purpose: | 1,295.71 | | 01/05/2024 |
| Code ____ Mayoral Account Closed as of 01/05/2024 | | ☐ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other ____ Purpose: | | | |
| Code ____ | | ☐ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other ____ Purpose: | | | |
| Code ____ | | ☐ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other ____ Purpose: | | | |
| Code ____ | | ☐ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other ____ Purpose: | | | |
| Code ____ | | ☐ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other ____ Purpose: | | | |
| Code ____ | | ☐ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other ____ Purpose: | | | |
| | | **SUBTOTAL THIS PAGE OF SCHEDULE B** | $ 1,295.71 | | |
| | | **TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY** *(Enter total on ITEM 17a of the Summary Sheet.)* | $ 1,295.71 | | |

2025 JAN 13 A 9:40

# 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** |
| |

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

**IS THIS AN AMENDMENT?** ☐ Yes ☑ No

## COMMITTEE INFORMATION

1. Full Name of Committee (as on *Statement of Organization*) ☐ Check if this is a new name.
Robert Listenberger for Mayor

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

3. Committee Telephone Number
( 574 ) 540-3072

4. Mailing Address *(Address where all campaign finance correspondence is received.)* ☐ Check if this is a new address.
PO Box 1512

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.)*
Robert Walter Listenberger

8. Party Affiliation or If Independent Candidate
Democrat

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

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: January 1, 2024 Through: December 31, 2024 | COLUMN A This Period | COLUMN B Year to Date |
|---|---|---|
| 13. Cash on hand and investments at the beginning of this reporting period. | 314.35 | |
| 14. Cash on hand and investments January 1, current year. | | 314.35 |
| **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. **SUBTOTAL** | 0.00 | |
| 16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B. **TOTAL** | 315.35 | 314.35 |
| **EXPENDITURES** | | |
| *(Note: These amounts include in-kind expenditures and loan repayments.)* | | |
| 17a. Itemized *(Use Schedule B.) (Public Question: use Schedule C.)* | | |
| 17b. Unitemized | 165.83 | |
| 17c. Add lines 17a and 17b in both columns. **SUBTOTAL** | 165.83 | |
| 18. Cash on hand and investments at close of this reporting period *(Subtract 17c from 16 in both columns.)* **TOTAL** | 148.52 | 148.52 |
| 19. Debts OWED BY the committee *(Use Schedule D.)* | | |
| 20. Debts OWED TO the committee *(Use Schedule E.)* | | |

## CERTIFICATION

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

| Signature of Treasurer | Title | Date *(mm/dd/yy)* |
|---|---|---|
| Melissa Neidlinger | Treasurer | 12/31/2024 |
| Signature of Candidate *(if applicable)* | | Date *(mm/dd/yy)* 12/31/2024 |

**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)*

**FOR OFFICE USE ONLY**

2025 JAN 14 PM 2:33

# 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**
3

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

**IS THIS AN AMENDMENT?** ☐ Yes ☑ No

## COMMITTEE INFORMATION

1. Full Name of Committee (as on *Statement of Organization*) ☐ Check if this is a new name.
Sandra Dodson for Treasurer Committee

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

3. Committee Telephone Number
( 574 ) 540-6945

4. Mailing Address *(Address where all campaign finance correspondence is received.)* ☐ Check if this is a new address.
13947 Ironwood Rd

5. City, State, ZIP Code
Argos IN 46501

6. Party Affiliation *(if applicable)*
Republican

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

7. Full Name of Candidate *(Include any nickname.)*
Sandra Dodson

8. Party Affiliation or If Independent Candidate
Republican

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

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: 10/12/24 Through: 12/31/24 | COLUMN A This Period | COLUMN B Year to Date |
|---|---|---|
| 13. Cash on hand and investments at the beginning of this reporting period. | 50.00 | |
| 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.)* | 386.47 | 1,011.05 |
| 15b. Unitemized | | |
| 15c. Add lines 15a and 15b in both columns. **SUBTOTAL** | 386.47 | 1,011.05 |
| 16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B. **TOTAL** | 436.47 | 1,011.05 |
| **EXPENDITURES** | | |
| *(Note: These amounts include in-kind expenditures and loan repayments.)* | | |
| 17a. Itemized *(Use Schedule B.) (Public Question: use Schedule C.)* | 386.47 | 901.05 |
| 17b. Unitemized | 50.00 | 110.00 |
| 17c. Add lines 17a and 17b in both columns. **SUBTOTAL** | 436.47 | 1,011.05 |
| 18. Cash on hand and investments at close of this reporting period *(Subtract 17c from 16 in both columns.)* **TOTAL** | 0.00 | 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

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: Sandra L. Dodson | Title: Treasurer | Date *(mm/dd/yy)*: 01-02-2025

Signature of Candidate *(if applicable)* | Date *(mm/dd/yy)*: 01-02-2025

**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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2025 JAN -6 P 2:5

**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 1 of 1

| CONTRIBUTOR'S FULL NAME AND FULL MAILING ADDRESS *(street, number, city, state, ZIP code)* | TYPE OF CONTRIBUTION OR OTHER RECEIPT | COLUMN A AMOUNT THIS PERIOD | COLUMN B CUMULATIVE YEAR-TO-DATE | DATE RECEIVED *(mm/dd/yy)* / RECEIVED BY |
|---|---|---|---|---|
| 1. Marshall County Republican Central Committee<br>P.O. Box 102<br>Plymouth, IN 46563 | Contributions:<br>☐ Direct<br>☑ In-Kind *(describe)* MCGOP Candidate Night<br>Other Receipts:<br>☐ Interest ☐ Loan<br>☐ Miscellaneous *(specify)* | $283.75 | $343.75 | 10-20-24<br>Sandra Dodson |
| 2. Marshall County Republican Central Committee<br>P.O. Box 102<br>Plymouth, IN 46563 | Contributions:<br>☐ Direct<br>☑ In-Kind *(describe)* Candidate Flyer/Newspaper Ad<br>Other Receipts:<br>☐ Interest ☐ Loan<br>☐ Miscellaneous *(specify)* | $102.72 | $446.47 | 11-15-24<br>Sandra Dodson |
| 3. | Contributions:<br>☐ Direct<br>☐ In-Kind *(describe)*<br>Other Receipts:<br>☐ Interest ☐ Loan<br>☐ Miscellaneous *(specify)* | | | |
| 4. | Contributions:<br>☐ Direct<br>☐ In-Kind *(describe)*<br>Other Receipts:<br>☐ Interest ☐ Loan<br>☐ Miscellaneous *(specify)* | | | |
| 5. | Contributions:<br>☐ Direct<br>☐ In-Kind *(describe)*<br>Other Receipts:<br>☐ Interest ☐ Loan<br>☐ Miscellaneous *(specify)* | | | |
| **SUBTOTAL THIS PAGE OF SCHEDULE A** | | $ 386.47 | | |
| **TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY** ***(Enter total on ITEM 15a of the Summary Sheet.)*** | | $ 386.47 | | |

2025 JAN -6 P 2:57
MARSHALL CO. CLERK

**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 *(street, number, city, state, ZIP code)* | RECIPIENT'S OCCUPATION / OFFICE SOUGHT *(if applicable)* | TYPE OF EXPENDITURE and PURPOSE *(be specific)* | COLUMN A AMOUNT THIS PERIOD | COLUMN B CUMULATIVE YEAR-TO-DATE | DATE OF EXPENDITURE *(mm/dd/yy)* |
|---|---|---|---|---|---|
| Code C<br>Swan Lake Resort<br>5203 Plymouth LaPorte Trail<br>Plymouth IN 46563 | Banquet Hall | ☐ Direct ☑ In-Kind<br>☐ Payment of Debt<br>☐ Returned Contribution<br>☐ Other<br>Purpose: | $283.75 | $283.75 | 10-20-2024 |
| Code C<br>The Pilot News<br>218 N Michigan<br>Plymouth IN 46563 | Newspaper | ☐ Direct ☑ In-Kind<br>☐ Payment of Debt<br>☐ Returned Contribution<br>☐ Other<br>Purpose: | $102.72 | $102.72 | 11-15-2024 |
| Code | | ☐ Direct ☐ In-Kind<br>☐ Payment of Debt<br>☐ Returned Contribution<br>☐ Other<br>Purpose: | | | |
| Code | | ☐ Direct ☐ In-Kind<br>☐ Payment of Debt<br>☐ Returned Contribution<br>☐ Other<br>Purpose: | | | |
| Code | | ☐ Direct ☐ In-Kind<br>☐ Payment of Debt<br>☐ Returned Contribution<br>☐ Other<br>Purpose: | | | |
| Code | | ☐ Direct ☐ In-Kind<br>☐ Payment of Debt<br>☐ Returned Contribution<br>☐ Other<br>Purpose: | | | |
| Code | | ☐ Direct ☐ In-Kind<br>☐ Payment of Debt<br>☐ Returned Contribution<br>☐ Other<br>Purpose: | | | |
| **SUBTOTAL THIS PAGE OF SCHEDULE B** | | | $ 386.47 | | |
| **TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY** *(Enter total on ITEM 17a of the Summary Sheet.)* | | | $ 386.47 | | |

2025 JAN -6 P 2:57
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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

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

**IS THIS AN AMENDMENT?** ☐ Yes ☑ No

## COMMITTEE INFORMATION

1. Full Name of Committee (as on *Statement of Organization*) ☐ Check if this is a new name.
Committee to Elect Shiloh Carothers Milner

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

3. Committee Telephone Number
( 574 ) 767-0356

4. Mailing Address *(Address where all campaign finance correspondence is received.)* ☐ Check if this is a new address.
304 Webster Ave.

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 *(Include any nickname.)*
Shiloh Carothers Milner

8. Party Affiliation or If Independent Candidate
Democratic

9. Office Sought *(Include district number, if any.* ***Not required for exploratory committee.)***
City of Plymouth Council District 3

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: January 1, 2024 Through: December 31, 2024

| | COLUMN A This Period | COLUMN B Year to Date |
|---|---|---|
| 13. Cash on hand and investments at the beginning of this reporting period. | 113.54 | |
| 14. Cash on hand and investments January 1, current year. | | 113.54 |
| **CONTRIBUTIONS AND RECEIPTS** | | |
| *(Note: these amounts include in-kind contributions and loans, as well as cash contributions.)* | | |
| 15a. Itemized *(Use Schedule A.)* | 500.00 | 500.00 |
| 15b. Unitemized | 44.60 | 44.60 |
| 15c. Add lines 15a and 15b in both columns. **SUBTOTAL** | 544.60 | 544.60 |
| 16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B. **TOTAL** | 658.14 | 658.14 |
| **EXPENDITURES** | | |
| *(Note: These amounts include in-kind expenditures and loan repayments.)* | | |
| 17a. Itemized *(Use Schedule B.) (Public Question: use Schedule C.)* | 631.40 | 631.40 |
| 17b. Unitemized | | |
| 17c. Add lines 17a and 17b in both columns. **SUBTOTAL** | 631.40 | 631.40 |
| 18. Cash on hand and investments at close of this reporting period *(Subtract 17c from 16 in both columns.)* **TOTAL** | 26.74 | 26.74 |
| 19. Debts OWED BY the committee *(Use Schedule D.)* | | |
| 20. Debts OWED TO the committee *(Use Schedule E.)* | | |

## CERTIFICATION

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

Signature of Treasurer: Shiloh Milner | Title: Treasurer | Date *(mm/dd/yy)*: 1/14/25

Signature of Candidate *(if applicable)*: Shiloh Milner | Date *(mm/dd/yy)*: 1/14/25

**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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2025 JAN 14 PM 2:15

**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

Page 1 of 1

| CONTRIBUTOR'S FULL NAME AND FULL MAILING ADDRESS *(street, number, city, state, ZIP code)* | TYPE OF CONTRIBUTION OR OTHER RECEIPT | COLUMN A AMOUNT THIS PERIOD | COLUMN B CUMULATIVE YEAR-TO-DATE | DATE RECEIVED *(mm/dd/yy)* / RECEIVED BY |
|---|---|---|---|---|
| 1. Northern Indiana Operators Joint Labor-Mamagement PAC<br>8200 Joliet Rd.<br>Countryside, IL 60525 | Contributions:<br>☑ Direct<br>☐ In-Kind *(describe)*<br>Other Receipts:<br>☐ Interest ☐ Loan<br>☐ Miscellaneous *(specify)* | $500.00 | $500.00 | 01/29/2024<br>Shiloh Milner |
| 2. | Contributions:<br>☐ Direct<br>☐ In-Kind *(describe)*<br>Other Receipts:<br>☐ Interest ☐ Loan<br>☐ Miscellaneous *(specify)* | | | |
| 3. | Contributions:<br>☐ Direct<br>☐ In-Kind *(describe)*<br>Other Receipts:<br>☐ Interest ☐ Loan<br>☐ Miscellaneous *(specify)* | | | |
| 4. | Contributions:<br>☐ Direct<br>☐ In-Kind *(describe)*<br>Other Receipts:<br>☐ Interest ☐ Loan<br>☐ Miscellaneous *(specify)* | | | |
| 5. | Contributions:<br>☐ Direct<br>☐ In-Kind *(describe)*<br>Other Receipts:<br>☐ Interest ☐ Loan<br>☐ Miscellaneous *(specify)* | | | |
| **SUBTOTAL THIS PAGE OF SCHEDULE A** | | $ 500.00 | | |
| **TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY** *(Enter total on ITEM 15a of the Summary Sheet.)* | | $ 500.00 | | |

**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 B) ITEMIZED EXPENDITURES

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

FILE NUMBER

Page 1 of 1

| RECIPIENT'S NAME AND MAILING ADDRESS *(street, number, city, state, ZIP code)* | RECIPIENT'S OCCUPATION / OFFICE SOUGHT *(if applicable)* | TYPE OF EXPENDITURE and PURPOSE *(be specific)* | COLUMN A AMOUNT THIS PERIOD | COLUMN B CUMULATIVE YEAR-TO-DATE | DATE OF EXPENDITURE *(mm/dd/yy)* |
|---|---|---|---|---|---|
| Code<br>WTCA<br>112 W. Washington St.<br>Plymouth, IN 46563 | Radio Station | ☐ Direct ☐ In-Kind<br>☑ Payment of Debt<br>☐ Returned Contribution<br>☐ Other<br>Purpose: | $160.00 | $160.00 | 01/12/2024 |
| Code<br>WTCA<br>112 W. Washington St.<br>Plymouth, IN 46563 | Radio Station | ☐ Direct ☐ In-Kind<br>☑ Payment of Debt<br>☐ Returned Contribution<br>☐ Other<br>Purpose: | $246.40 | $406.40 | 02/06/2024 |
| Code<br>Marshall County Democratic Cental Committee<br>P.O. Box 1067<br>Plymouth, IN 46563 | Political Committee | ☑ Direct ☐ In-Kind<br>☐ Payment of Debt<br>☐ Returned Contribution<br>☐ Other<br>Purpose: | $100.00 | $100.00 | 09/03/2024 |
| Code<br>1st Source Bank<br>315 N. Michigan St.<br>Plymouth, IN 46563 | Bank - Service Fees for 2024 | ☑ Direct ☐ In-Kind<br>☐ Payment of Debt<br>☐ Returned Contribution<br>☐ Other<br>Purpose: | $125.00 | $125.00 | 2024 |
| Code | | ☐ Direct ☐ In-Kind<br>☐ Payment of Debt<br>☐ Returned Contribution<br>☐ Other<br>Purpose: | | | |
| Code | | ☐ Direct ☐ In-Kind<br>☐ Payment of Debt<br>☐ Returned Contribution<br>☐ Other<br>Purpose: | | | |
| Code | | ☐ Direct ☐ In-Kind<br>☐ Payment of Debt<br>☐ Returned Contribution<br>☐ Other<br>Purpose: | | | |
| | | **SUBTOTAL THIS PAGE OF SCHEDULE B** | $ 631.40 | | |
| | | **TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY** *(Enter total on ITEM 17a of the Summary Sheet.)* | $ 631.40 | | |

# 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**
3

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

**IS THIS AN AMENDMENT?** ☐ Yes ☒ No

## COMMITTEE INFORMATION

1. Full Name of Committee (as on *Statement of Organization*) ☐ Check if this is a new name.
TAMI NAPIER FOR JUDGE

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

3. Committee Telephone Number

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

5. City, State, ZIP Code

6. Party Affiliation *(if applicable)*
REPUBLICAN

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

7. Full Name of Candidate *(Include any nickname.)*
TAMI NAPIER

8. Party Affiliation or If Independent Candidate
REPUBLICAN

9. Office Sought *(Include district number, if any. **Not required for exploratory committee.**)*
JUDGE, MARSHALL SUPERIOR 1

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: 10/12/2024 Through: 12/31/2024

| | COLUMN A This Period | COLUMN B Year to Date |
|---|---|---|
| 13. Cash on hand and investments at the beginning of this reporting period. | 4,956.29 | |
| 14. Cash on hand and investments January 1, current year. | | 2,687.55 |
| **CONTRIBUTIONS AND RECEIPTS** | | |
| *(Note: these amounts include in-kind contributions and loans, as well as cash contributions.)* | | |
| 15a. Itemized *(Use Schedule A.)* | 386.47 | 10,218.28 |
| 15b. Unitemized | ∅ | ∅ |
| 15c. Add lines 15a and 15b in both columns. **SUBTOTAL** | 386.47 | 10,218.28 |
| 16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B. **TOTAL** | 5,342.76 | 12,905.83 |
| **EXPENDITURES** | | |
| *(Note: These amounts include in-kind expenditures and loan repayments.)* | | |
| 17a. Itemized *(Use Schedule B.) (Public Question: use Schedule C.)* | 1,603.96 | 9,167.03 |
| 17b. Unitemized | — | — |
| 17c. Add lines 17a and 17b in both columns. **SUBTOTAL** | 1,603.96 | 9,167.03 |
| 18. Cash on hand and investments at close of this reporting period *(Subtract 17c from 16 in both columns.)* **TOTAL** | 3,738.80 | 3,738.80 |
| 19. Debts OWED BY the committee *(Use Schedule D.)* | | |
| 20. Debts OWED TO the committee *(Use Schedule E.)* | | |

## CERTIFICATION

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

Signature of Treasurer | Title: TREASURER | Date *(mm/dd/yy)*: 1-10-25

Signature of Candidate *(if applicable)*: Tami Napier | Date *(mm/dd/yy)*: 1-10-25

**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)*

2025 JAN 10 P 2:33

**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-4) CONTRIBUTIONS BY POLITICAL ACTION COMMITTEES

## Itemized Contributions and Other Receipts

**INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY POLITICAL ACTION COMMITTEES ON THIS SCHEDULE.** Please type or print legibly **IN BLACK INK** all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from political action committees **OVER $100** per contributor, within a calendar year **MUST** be itemized on this schedule *(over $200, if regular party committee)*. All transfers-in and in-kind contributions regardless of amount from political action committees **MUST** be itemized on this schedule. All cumulative receipts, *(such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income)* **OVER $100** per contributor, within a calendar year, **MUST** be itemized on this schedule *(over $200 if regular party committee)*.

**FILE NUMBER**

Page 1 of 1

| CONTRIBUTOR'S FULL NAME AND FULL MAILING ADDRESS *(street, number, city, state, ZIP code)* | TYPE OF CONTRIBUTION OR OTHER RECEIPT | COLUMN A AMOUNT THIS PERIOD | COLUMN B CUMULATIVE YEAR-TO-DATE | DATE RECEIVED *(mm/dd/yy)* / RECEIVED BY |
|---|---|---|---|---|
| 1. Marshall County Republican Central Committee Plymouth, IN 46563 | Contributions: ☐ Direct ☑ In-Kind *(describe)* Swan Lake Resort event<br>Other Receipts: ☐ Interest ☐ Loan ☐ Miscellaneous *(specify)* | 283.75 | 343.75 | 10/20/24 T<br>Tami Napier |
| 2. Marshall County Republican Central Committee Plymouth, IN 46563 | Contributions: ☐ Direct ☑ In-Kind *(describe)* Candidate Pictures<br>Other Receipts: ☐ Interest ☐ Loan ☐ Miscellaneous *(specify)* | 102.72 | 446.47 | 11/15/24<br>Tami Napier |
| 3. | Contributions: ☐ Direct ☐ In-Kind *(describe)*<br>Other Receipts: ☐ Interest ☐ Loan ☐ Miscellaneous *(specify)* | | | |
| 4. | Contributions: ☐ Direct ☐ In-Kind *(describe)*<br>Other Receipts: ☐ Interest ☐ Loan ☐ Miscellaneous *(specify)* | | | |
| 5. | Contributions: ☐ Direct ☐ In-Kind *(describe)*<br>Other Receipts: ☐ Interest ☐ Loan ☐ Miscellaneous *(specify)* | | | |
| | **SUBTOTAL THIS PAGE OF SCHEDULE A** | $ 386.47 | | |
| | **TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY** *(Enter total on ITEM 15a of the Summary Sheet.)* | $ 386.47 | | |

2025 JAN 10 P 2:3
MARSHALL CO. CLE

**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 *(street, number, city, state, ZIP code)* | RECIPIENT'S OCCUPATION / OFFICE SOUGHT *(if applicable)* | TYPE OF EXPENDITURE and PURPOSE *(be specific)* | COLUMN A AMOUNT THIS PERIOD | COLUMN B CUMULATIVE YEAR-TO-DATE | DATE OF EXPENDITURE *(mm/dd/yy)* |
|---|---|---|---|---|---|
| Code ____<br>Marshall County Republican Central Committee<br>Plymouth, IN 46563 | Judge | ☐ Direct ☑ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other<br>Purpose: Swan Lake Resort – Candidate night | 283.75 | 343.75 | 10/20/24 |
| Code ____<br>Marshall County Republican Central Committee<br>Plymouth | Judge | ☐ Direct ☑ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other<br>Purpose: Candidate Flyer – Pilot News | 102.72 | 446.47 | 11/15/2024 |
| Code ____<br>Shelby Barella<br>Plymouth, IN 46563<br>check 507 | Judge | ☑ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other<br>Purpose: Bakery Goods | 150.00 | 150.00 | 11/5/2024 |
| Code ____<br>Bowen Printing<br>Plymouth IN<br>check 508 | Judge | ☑ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other<br>Purpose: Printing Campaign | 45.48 | 5,903.73 | 12/2/2024 |
| Code ____<br>Gather D Graze<br>401 Charcuterie LLC<br>401 E. Jefferson St<br>Plymouth, IN 46563 | Judge | ☑ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other<br>Purpose: Catering Food Platter | 620.60 | 620.60 | 12/11/2024 |
| Code ____<br>Cashen Creek Florist<br>621 S. Michigan St.<br>Plymouth IN 46563 | Judge | ☑ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other<br>Purpose: Flowers for Ceremony | 281.41 | 281.41 | 12/30/2024 |
| Code ____<br>Shelby Barella<br>Plymouth, IN 46563 | Judge | ☑ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other<br>Purpose: Bakery Goods | 120.00 | 270.00 | 12/30/2024 |
| | | **SUBTOTAL THIS PAGE OF SCHEDULE B** | $1,603.96 | | |
| | | **TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY** *(Enter total on ITEM 17a of the Summary Sheet.)* | $1,603.96 | | |

2025 JAN 10 PM 2:37

# 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.*

2025 JAN 15 A 11:03

**IS THIS AN AMENDMENT?** ☐ Yes ☑ No

LL CO. CLE

| FILE NUMBER |
|---|
| |
| **TOTAL PAGES IN ENTIRE CFA-4 REPORT** |
| 5 |

## COMMITTEE INFORMATION

1. Full Name of Committee (as on *Statement of Organization*) ☐ Check if this is a new name.
Conservatives for Tim Harman

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.)* ☐ Check if this is a new address.
209 N. Main St.

5. City, State, ZIP Code
Bourbon, Indiana 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.* ***Not required for exploratory committee.)***
County Council at-Large

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: 10/12/24 Through: 12/31/24 | COLUMN A This Period | COLUMN B Year to Date |
|---|---|---|
| 13. Cash on hand and investments at the beginning of this reporting period. | 2,874.69 | |
| 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.)* | 894.24 | 33,631.86 |
| 15b. Unitemized | 0.00 | 135.00 |
| 15c. Add lines 15a and 15b in both columns. **SUBTOTAL** | 894.24 | 33,766.86 |
| 16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B. **TOTAL** | 3,768.93 | 33,766.86 |
| **EXPENDITURES** | | |
| *(Note: These amounts include in-kind expenditures and loan repayments.)* | | |
| 17a. Itemized *(Use Schedule B.) (Public Question: use Schedule C.)* | 1,544.24 | 31,542.17 |
| 17b. Unitemized | 0.00 | 0.00 |
| 17c. Add lines 17a and 17b in both columns. **SUBTOTAL** | 1,544.24 | 31,542.17 |
| 18. Cash on hand and investments at close of this reporting period *(Subtract 17c from 16 in both columns.)* **TOTAL** | 2,224.69 | 2,224.69 |
| 19. Debts OWED BY the committee *(Use Schedule D.)* | 1,000.00 | |
| 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 | Date *(mm/dd/yy)* |
|---|---|---|
| | Treasurer | 01/15/25 |
| Signature of Candidate *(if applicable)* | | Date *(mm/dd/yy)* 01/15/25 |

**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**

**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 *(street, number, city, state, ZIP code)* | TYPE OF CONTRIBUTION OR OTHER RECEIPT | COLUMN A AMOUNT THIS PERIOD | COLUMN B CUMULATIVE YEAR-TO-DATE | DATE RECEIVED *(mm/dd/yy)* / RECEIVED BY |
|---|---|---|---|---|
| 1. Lynn Fitzpatrick<br>11170 Sage Trail<br>Plymouth, IN 46563<br>**Contributor's Occupation** *(if required)* Retired | Contributions:<br>☑ Direct<br>☐ In-Kind *(describe)*<br>Other Receipts:<br>☐ Interest ☐ Loan<br>☐ Miscellaneous *(specify)* | $250.00 | $250.00 | 10/15/24<br>TPH |
| 2. Paul Levitt<br>16181 18th Rd.<br>Culver, IN 46511<br>**Contributor's Occupation** *(if required)* | Contributions:<br>☑ Direct<br>☐ In-Kind *(describe)*<br>Other Receipts:<br>☐ Interest ☐ Loan<br>☐ Miscellaneous *(specify)* | $100.00 | $100.00 | 12/10/24<br>TPH |
| 3. Tim Harman<br>2940 Sycamore Lane<br>Bremen, IN 46506<br>**Contributor's Occupation** *(if required)* | Contributions:<br>☐ Direct<br>☑ In-Kind *(describe)* newspaper ad<br>Other Receipts:<br>☐ Interest ☐ Loan<br>☐ Miscellaneous *(specify)* | $38.33 | $19,343.24 | 10/21/24<br>TPH |
| 4. Tim Harman<br>2940 Sycamore Lane<br>Bremen, IN 46506<br>**Contributor's Occupation** *(if required)* | Contributions:<br>☐ Direct<br>☑ In-Kind *(describe)* newspaper ad<br>Other Receipts:<br>☐ Interest ☐ Loan<br>☐ Miscellaneous *(specify)* | $38.33 | $19,381.57 | 11/2/24<br>TPH |
| 5. Tim Harman<br>2940 Sycamore Lane<br>Bremen, IN 46506<br>**Contributor's Occupation** *(if required)* | Contributions:<br>☐ Direct<br>☑ In-Kind *(describe)* facebook ad<br>Other Receipts:<br>☐ Interest ☐ Loan<br>☐ Miscellaneous *(specify)* | $81.11 | $19,462.68 | 11/5/24<br>TPH |
| **SUBTOTAL THIS PAGE OF SCHEDULE A** | | $ 507.77 | | |
| **TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY** *(Enter total on ITEM 15a of the Summary Sheet.)* | | $ 507.77 | | |

**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 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 *(street, number, city, state, ZIP code)* | TYPE OF CONTRIBUTION OR OTHER RECEIPT | COLUMN A AMOUNT THIS PERIOD | COLUMN B CUMULATIVE YEAR-TO-DATE | DATE RECEIVED *(mm/dd/yy)* / RECEIVED BY |
|---|---|---|---|---|
| 1. Marshall Co. Republican Central Committee<br>117 Water Street<br>Plymouth, IN 4656. | Contributions:<br>☐ Direct<br>☑ In-Kind *(describe)* campaign event<br>Other Receipts:<br>☐ Interest ☐ Loan<br>☐ Miscellaneous *(specify)* | $283.75 | $343.75 | 10/20/24<br>TPH |
| 2. Marshall Co. Republican Central Committee<br>117 Water Street<br>Plymouth, IN 4656. | Contributions:<br>☐ Direct<br>☑ In-Kind *(describe)* newspaper ad<br>Other Receipts:<br>☐ Interest ☐ Loan<br>☐ Miscellaneous *(specify)* | $102.72 | $446.47 | 11/15/24<br>TPH |
| 3. | Contributions:<br>☐ Direct<br>☐ In-Kind *(describe)*<br>Other Receipts:<br>☐ Interest ☐ Loan<br>☐ Miscellaneous *(specify)* | | | |
| 4. | Contributions:<br>☐ Direct<br>☐ In-Kind *(describe)*<br>Other Receipts:<br>☐ Interest ☐ Loan<br>☐ Miscellaneous *(specify)* | | | |
| 5. | Contributions:<br>☐ Direct<br>☐ In-Kind *(describe)*<br>Other Receipts:<br>☐ Interest ☐ Loan<br>☐ Miscellaneous *(specify)* | | | |
| **SUBTOTAL THIS PAGE OF SCHEDULE A** | | $ 386.47 | | |
| **TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY** *(Enter total on ITEM 15a of the Summary Sheet.)* | | $ 894.24 | | |

**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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| Page 1 of 1 |

| RECIPIENT'S NAME AND MAILING ADDRESS *(street, number, city, state, ZIP code)* | RECIPIENT'S OCCUPATION / OFFICE SOUGHT *(if applicable)* | TYPE OF EXPENDITURE and PURPOSE *(be specific)* | COLUMN A AMOUNT THIS PERIOD | COLUMN B CUMULATIVE YEAR-TO-DATE | DATE OF EXPENDITURE *(mm/dd/yy)* |
|---|---|---|---|---|---|
| Code A<br>WYMR Max 98.3fm<br>215 N. Michigan St.<br>Plymouth, IN 46563 | Radion Station<br>N/A | ☑ Direct ☐ In-Kind<br>☐ Payment of Debt<br>☐ Returned Contribution<br>☐ Other<br>Purpose: radio ads | $896.00 | $2,416.00 | 10/24/24 |
| Code A<br>WYMR Max 98.3fm<br>215 N. Michigan St.<br>Plymouth, IN 46563 | Radio Station<br>N/A | ☑ Direct ☐ In-Kind<br>☐ Payment of Debt<br>☐ Returned Contribution<br>☐ Other<br>Purpose: radio ads | $104.00 | $2,520.00 | 11/4/24 |
| Code A<br>Pilot-News Group<br>218 N. Michigan St.<br>Plymouth, IN 46563 | Newspaper<br>N/A | ☐ Direct ☑ In-Kind<br>☐ Payment of Debt<br>☐ Returned Contribution<br>☐ Other<br>Purpose: newspaper ad | $38.33 | $38.33 | 10/21/24 |
| Code A<br>Pilot-News Group<br>218 N. Michigan St.<br>Plymouth, IN 46563 | Newspaper<br>N/A | ☐ Direct ☑ In-Kind<br>☐ Payment of Debt<br>☐ Returned Contribution<br>☐ Other<br>Purpose: newspaper ad | $38.33 | $76.66 | 11/2/24 |
| Code A<br>Meta Platforms<br>1 Meta Way<br>Menlo Park, CA 94025 | Social Media Co.<br>N/A | ☐ Direct ☑ In-Kind<br>☐ Payment of Debt<br>☐ Returned Contribution<br>☐ Other<br>Purpose: Facebook ad | $81.11 | $1,458.57 | 11/5/24 |
| Code O<br>Swan Lake Resort<br>Plymouth, IN 46563 | Hotel, Restaurant, Catering<br>N/A | ☐ Direct ☑ In-Kind<br>☐ Payment of Debt<br>☐ Returned Contribution<br>☐ Other<br>Purpose: Candidate night | $283.75 | $283.75 | 10/20/24 |
| Code A<br>Pilot-News Group<br>218 N. Michigan St.<br>Plymouth, IN 46563 | Newpaper<br>N/A | ☐ Direct ☑ In-Kind<br>☐ Payment of Debt<br>☐ Returned Contribution<br>☐ Other<br>Purpose: newspaper ad | $102.72 | $179.38 | 11/15/24 |
| | **SUBTOTAL THIS PAGE OF SCHEDULE B** | | $ 1,544.24 | | |
| | **TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY** ***(Enter total on ITEM 17a of the Summary Sheet.)*** | | $ 1,544.24 | | |

**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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| Page 1 of 1 |

| CREDITOR'S OR LENDER'S NAME AND MAILING ADDRESS *(street, number, city, state, ZIP code)* | ENDORSER'S OR VENDOR'S NAME AND MAILING ADDRESS *(if any)* *(street, number, city, state, ZIP code)* | AMOUNT / NATURE OF DEBT | DATE DEBT INCURRED *(mm/dd/yy)* | CUMULATIVE PAID YEAR-TO-DATE | OUTSTANDING BALANCE THIS PERIOD |
|---|---|---|---|---|---|
| Tim Harman<br>2940 Sycamore Lane<br>Bremen, IN 46506<br>LENDER'S OCCUPATION: Business Owner | N/A | $1,000.00<br>Loan | 7/8/24 | $0.00 | $1,000.00 |
| LENDER'S OCCUPATION: | | | | | |
| LENDER'S OCCUPATION: | | | | | |
| LENDER'S OCCUPATION: | | | | | |
| LENDER'S OCCUPATION: | | | | | |
| LENDER'S OCCUPATION: | | | | | |
| LENDER'S OCCUPATION: | | | | | |
| **SUBTOTAL THIS PAGE OF SCHEDULE D** | | | | | $ 1,000.00 |
| **TOTAL OF ALL PAGES OF SCHEDULE D ON THE LAST PAGE ONLY** ***(Enter total on ITEM 19 of the Summary Sheet.)*** | | | | | $ 1,000.00 |

# 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**

*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.*

2025 JAN 13 A 10: 11

ALL CO. CLE

**IS THIS AN AMENDMENT?** ☐ Yes ☑ No

| FILE NUMBER |
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| |
| **TOTAL PAGES IN ENTIRE CFA-4 REPORT** |
| 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

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: 10/12/2024 Through: 12/31/2024 | 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 | 20.00 | 20.00 |
| 15c. Add lines 15a and 15b in both columns. **SUBTOTAL** | 20.00 | 20.00 |
| 16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B. **TOTAL** | 2,656.25 | 2,656.25 |
| **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. **SUBTOTAL** | 0.00 | 0.00 |
| 18. Cash on hand and investments at close of this reporting period *(Subtract 17c from 16 in both columns.)* **TOTAL** | 2,656.25 | 2,656.25 |
| 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 | Date *(mm/dd/yy)* |
|---|---|---|
| Stephanie Pittman | Treasurer | 01/13/25 |
| Signature of Candidate *(If applicable)* | | Date *(mm/dd/yy)* |

**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)*