REPORT OF RECEIPTS AND EXPENDITURES OF A POLITICAL COMMITTEE

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

FILED IN CLERK'S OFFICE

(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

CLERK OF CIRCUIT/SUP

COMMITTEE INFORMATION

1. Full Name of Committee (as on *Statement of Organization*) ☐ Check if this is a new name.
Knapp for Center Township Trustee

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.
1535 PORA Lane

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.)*
Amy L. Knapp

8. Party Affiliation or If Independent Candidate
Republican

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

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: 1/1/2026 Through: April-10-2026

	COLUMN A This Period	COLUMN B Year to Date
13. Cash on hand and investments at the beginning of this reporting period.	-0-	
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		
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.)*	↓	↓
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.

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

Signature of Treasurer: Amy L. Knapp	Title: Treasurer	Date *(mm/dd/yy)*: 4-10-26
Signature of Candidate *(if applicable)*: Amy L. Knapp		Date *(mm/dd/yy)*: 4-10-26

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

FOR OFFICE USE ONLY

FILED IN CLERK'S OFFICE

REPORT OF RECEIPTS AND EXPENDITURES OF A POLITICAL COMMITTEE

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

(CFA-4) Summary Sheet

FILE NUMBER

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.
Angie Johnson Birchmeier for Auditor

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

3. Committee Telephone Number
574-780-2123

4. Mailing Address *(Address where all campaign finance correspondence is received.)* ☐ Check if this is a new address.
11100 Shadylane 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.)*
Angela (Angie) Cecile Johnson Birchmeier

8. Party Affiliation or If Independent Candidate
Republican

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

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: 01/01/2026 Through: 04/10/2026

	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.)*	500.00	500.00
15b. Unitemized	0.00	0.00
15c. Add lines 15a and 15b in both columns. **SUBTOTAL**	500.00	500.00
16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B. **TOTAL**	500.00	500.00
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.

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

Signature of Treasurer	Title	Date *(mm/dd/yy)*
Hope J Johnson	Treasurer	04/11/2026
Signature of Candidate *(if applicable)*		Date *(mm/dd/yy)*
Angela (Angie) Cecile Johnson Birchmeier		04/11/2026

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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2026 APR 13 A 8:21
CIRCUIT/SUP COURTS
MARSHALL COUNTY, IN

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

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

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

FILE NUMBER

Page 2 of 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. Angela & Jeffory Birchmeier 11100 Shadylane Dr. Plymouth, IN 46563 Contributor's Occupation *(if required)* _____	Contributions: ☐ Direct ☒ In-Kind *(describe)* Lincoln Day Table Other Receipts: ☐ Interest ☐ Loan ☐ Miscellaneous *(specify)*	500.00	500.00	03/06/2026 MCGOP
2. Contributor's Occupation *(if required)* _____	Contributions: ☐ Direct ☐ In-Kind *(describe)* Other Receipts: ☐ Interest ☐ Loan ☐ Miscellaneous *(specify)*			
3. Contributor's Occupation *(if required)* _____	Contributions: ☐ Direct ☐ In-Kind *(describe)* Other Receipts: ☐ Interest ☐ Loan ☐ Miscellaneous *(specify)*			
4. Contributor's Occupation *(if required)* _____	Contributions: ☐ Direct ☐ In-Kind *(describe)* Other Receipts: ☐ Interest ☐ Loan ☐ Miscellaneous *(specify)*			
5. Contributor's Occupation *(if required)* _____	Contributions: ☐ Direct ☐ In-Kind *(describe)* Other Receipts: ☐ Interest ☐ Loan ☐ Miscellaneous *(specify)*			
	SUBTOTAL THIS PAGE OF SCHEDULE A	$500.00		
	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 (R18 / 6-25)
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.
Bill Cleavenger For Talon 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.
P.O. Box 54

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.)*
William C. Cleavenger

8. Party Affiliation or If Independent Candidate
Republican

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: 1/1/26 Through: 1/10/26

	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	
15b. Unitemized	0	
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	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.

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

Signature of Treasurer	Title	Date *(mm/dd/yy)*
[signature]		1/16/26
Signature of Candidate *(if applicable)*		Date *(mm/dd/yy)*
[signature]		1/16/26

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

FOR OFFICE USE ONLY
CLERK OF CIRCUIT/SUP
MARSHALL COUNTY
2026 APR 16 P 1:51
FILED
IN CLERK'S OFFICE

REPORT OF RECEIPTS AND EXPENDITURES OF A POLITICAL COMMITTEE

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

(CFA-4) Summary Sheet

FILE NUMBER

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.
Brandon Richie For Marshall County Council

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

3. Committee Telephone Number
(574) 780-2094

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

8. Party Affiliation or If Independent Candidate
Republican

9. Office Sought *(Include district number, if any. **Not required for exploratory committee.**)*
Marshall County 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: 1/1/26 Through: 4/10/26

	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.)*	618.14	618.14
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**		
EXPENDITURES		
(Note: These amounts include in-kind expenditures and loan repayments.)		
17a. Itemized *(Use Schedule B.) (Public Question: use Schedule C.)*	618.14	618.14
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**	618.14	618.14
19. Debts OWED BY the committee *(Use Schedule D.)*	0	
20. Debts OWED TO the committee *(Use Schedule E.)*		

CERTIFICATION

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

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

Signature of Treasurer	Title	Date *(mm/dd/yy)*
	Treasurer	4/13/26
Signature of Candidate *(if applicable)*		Date *(mm/dd/yy)*

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

FILED
2026 APR 17 A 11:41
IN CLERK'S OFFICE
MARSHALL COUNTY, IN
CLERK OF CIRCUIT COURT
FOR OFFICE USE ONLY

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

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

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

FILE NUMBER

Page _____ of _____

CONTRIBUTOR'S FULL NAME AND OCCUPATION FULL MAILING ADDRESS *(street, number, city, state, ZIP code)*	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED *(mm/dd/yy)* / RECEIVED BY
1. Brandon Richie 805 Birch St Plymouth, IN Contributor's Occupation *(if required)* _____	Contributions: ☐ Direct ☑ In-Kind *(describe)* Yard Signs Other Receipts: ☐ Interest ☐ Loan ☐ Miscellaneous *(specify)* _____	468.34		3/11/26
2. Brandon Richie 805 Birch St Plymouth IN Contributor's Occupation *(if required)* _____	Contributions: ☐ Direct ☑ In-Kind *(describe)* Door hangers Other Receipts: ☐ Interest ☐ Loan ☐ Miscellaneous *(specify)* _____	149.80		3/31/26
3. Contributor's Occupation *(if required)* _____	Contributions: ☐ Direct ☐ In-Kind *(describe)* _____ Other Receipts: ☐ Interest ☐ Loan ☐ Miscellaneous *(specify)* _____			
4. Contributor's Occupation *(if required)* _____	Contributions: ☐ Direct ☐ In-Kind *(describe)* _____ Other Receipts: ☐ Interest ☐ Loan ☐ Miscellaneous *(specify)* _____			
5. Contributor's Occupation *(if required)* _____	Contributions: ☐ Direct ☐ In-Kind *(describe)* _____ Other Receipts: ☐ Interest ☐ Loan ☐ Miscellaneous *(specify)* _____			
	SUBTOTAL THIS PAGE OF SCHEDULE A	$ 618.14		
	TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY *(Enter total on ITEM 15a of the Summary Sheet.)*	$		

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

(CFA-4 SCHEDULE 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 A Bowen Printing 200 S. Michigan St Plymouth, IN	Printer County Council	☐ Direct ☑ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other _____ Purpose: Yard Signs	468.34		3/11/26
Code A Canva On-line order	Printer County Council	☐ Direct ☑ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other Door hangers Purpose:	149.80		3/31/26
Code _____		☐ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other _____ Purpose:			
Code _____		☐ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other _____ Purpose:			
Code _____		☐ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other _____ Purpose:			
Code _____		☐ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other _____ Purpose:			
Code _____		☐ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other _____ Purpose:			
		SUBTOTAL THIS PAGE OF SCHEDULE B	$ 618.14		
		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 (R18 / 6-25)
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.
ELECT BRUCE SNYDER UNION TOWNSHIP TRUSTEE

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

3. Committee Telephone Number
574-842-2576

4. Mailing Address *(Address where all campaign finance correspondence is received.)* ☐ Check if this is a new address.
20262 QUEEN 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.)*
BRUCE ALAN SNYDER

8. Party Affiliation or If Independent Candidate
REPUBLICAN

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

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: 1-16-26 Through: 4-10-26

	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.)*		
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.)*		
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**	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.

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

Signature of Treasurer	Title	Date *(mm/dd/yy)*
Bruce Snyder	COMMITTEE TREASURER	04102026
Signature of Candidate *(if applicable)*		Date *(mm/dd/yy)*
Bruce Snyder		4-10-26

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

FOR OFFICE USE ONLY

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MARSHALL COUNTY CLERK'S OFFICE
2026 APR 10 A 9:08
CLERK OF CIRCUIT/SUPERIOR COURT
MARSHALL COUNTY, IN

REPORT OF RECEIPTS AND EXPENDITURES OF A POLITICAL COMMITTEE

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

(CFA-4) Summary Sheet

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

IS THIS AN AMENDMENT? ☐ Yes ☒ No

FILE NUMBER
TOTAL PAGES IN ENTIRE CFA-4 REPORT
14

COMMITTEE INFORMATION

1. Full Name of Committee (as on *Statement of Organization*) ☐ Check if this is a new name. Conservatives for Johnson	
2. Acronym or Abbreviated Name *(if any)*	3. Committee Telephone Number 574-806-2860
4. Mailing Address *(Address where all campaign finance correspondence is received.)* ☐ Check if this is a new address. 20707 9th Rd	
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.)* Deborah Johnson (Deb)	8. Party Affiliation or If Independent Candidate Republican
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: 01/01/2026 Through: 04/10/2026	COLUMN A This Period	COLUMN B Year to Date
13. Cash on hand and investments at the beginning of this reporting period.	$500.00	
14. Cash on hand and investments January 1, current year.		$500.00
CONTRIBUTIONS AND RECEIPTS		
(Note: these amounts include in-kind contributions and loans, as well as cash contributions.)		
15a. Itemized *(Use Schedule A.)*	$10,037.77	
15b. Unitemized	$0.00	
15c. Add lines 15a and 15b in both columns. **SUBTOTAL**	$10,037.77	
16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B. **TOTAL**	$10,037.77	
EXPENDITURES		
(Note: These amounts include in-kind expenditures and loan repayments.)		
17a. Itemized *(Use Schedule B.) (Public Question: use Schedule C.)*	$4719.68	
17b. Unitemized	$0.00	
17c. Add lines 17a and 17b in both columns. **SUBTOTAL**	$4719.68	
18. Cash on hand and investments at close of this reporting period *(Subtract 17c from 16 in both columns.)* **TOTAL**	$5818.09	
19. Debts OWED BY the committee *(Use Schedule D.)*	$1507.85	
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.

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

Signature of Treasurer	Title	Date *(mm/dd/yy)*
Deborah Johnson	Treasurer	4/17/2026
Signature of Candidate *(if applicable)*		Date *(mm/dd/yy)*
Deborah Johnson		4/17/2026

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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MARSHALL COUNTY IN

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

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

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

FILE NUMBER

Page 1 of 7

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. Brandon Schadek 19921 9th Rd Plymouth IN 46563 Contributor's Occupation *(if required)*	Contributions: ☒ Direct ☐ In-Kind *(describe)* Other Receipts: ☐ Interest ☐ Loan ☐ Miscellaneous *(specify)*	$500.00	$500.00	2/10/2026 Deb Johnson
2. Sean Surrisi Contributor's Occupation *(if required)*	Contributions: ☒ Direct ☐ In-Kind *(describe)* Other Receipts: ☐ Interest ☐ Loan ☐ Miscellaneous *(specify)*	$500.00	$500.00	2/9/2026 Deb Johnson
3. Paulette Yager Contributor's Occupation *(if required)*	Contributions: ☒ Direct ☐ In-Kind *(describe)* Other Receipts: ☐ Interest ☐ Loan ☐ Miscellaneous *(specify)*	$25.00	$25.00	3/8/2026 Deb Johnson
4. Adam Faulstich Contributor's Occupation *(if required)*	Contributions: ☒ Direct ☐ In-Kind *(describe)* Other Receipts: ☐ Interest ☐ Loan ☐ Miscellaneous *(specify)*	$1000.00	$1000.00	3/1/2026 Deb Johnson
5. Bryan & Cynthia Casper 13805 Jarrah Rd Argos IN 46501 Contributor's Occupation *(if required)*	Contributions: ☒ Direct ☐ In-Kind *(describe)* Other Receipts: ☐ Interest ☐ Loan ☐ Miscellaneous *(specify)*	$500.00	$500.00	3/10/2026 Deb Johnson
	SUBTOTAL THIS PAGE OF SCHEDULE A	$2525.00		
	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
Stata Form 4606 (R18 / 6-25)
Indiana Election Division (IC 3-9-5-14)

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

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

FILE NUMBER

Page 2 of 7

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. Bill Woodward 12094 Peach Rd Plymouth IN 46563 Contributor's Occupation *(if required)*	Contributions: ☒ Direct ☐ In-Kind *(describe)* Other Receipts: ☐ Interest ☐ Loan ☐ Miscellaneous *(specify)*	$135.00	$135.00	2/10/2026 Deb Johnson
2. Tricha Johnson 12094 Peach Rd Plymouth IN 46563 Contributor's Occupation *(if required)*	Contributions: ☒ Direct ☐ In-Kind *(describe)* Other Receipts: ☐ Interest ☐ Loan ☐ Miscellaneous *(specify)*	$135.00	$135.00	2/10/2026 Deb Johnson
3. Bill Githens 1326 Lebaron CV Huntertown IN 46748 Contributor's Occupation *(if required)*	Contributions: ☒ Direct ☐ In-Kind *(describe)* Other Receipts: ☐ Interest ☐ Loan ☐ Miscellaneous *(specify)*	$50.00	$50.00	3/12/2026 Deb Johnson
4. Harry & Betty Busam 12586 Upas Rd Plymouth IN 46563 Contributor's Occupation *(if required)*	Contributions: ☒ Direct ☐ In-Kind *(describe)* Other Receipts: ☐ Interest ☐ Loan ☐ Miscellaneous *(specify)*	$10.00	$10.00	3/12/2026 Deb JOhnson
5. Joel & Lynn Schumacher Contributor's Occupation *(if required)*	Contributions: ☒ Direct ☐ In-Kind *(describe)* Other Receipts: ☐ Interest ☐ Loan ☐ Miscellaneous *(specify)*	$50.00	$50.00	3/8/2026 Deb Johnson
	SUBTOTAL THIS PAGE OF SCHEDULE A	$380.00		
	TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY *(Enter total on ITEM 15a of the Summary Sheet.)*	$		

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

(CFA-4 SCHEDULE A-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 7

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. Rich & Jean Aman 300 W Walnut ST Argos IN 46501 Contributor's Occupation *(if required)*	Contributions: ☒ Direct ☐ In-Kind *(describe)* Other Receipts: ☐ Interest ☐ Loan ☐ Miscellaneous *(specify)*	$100.00	$100.00	3/8/2026 Deb Johnson
2. Jeff & Vera Tesloff 19814 State Rd * Culver IN 46511 Contributor's Occupation *(if required)*	Contributions: ☒ Direct ☐ In-Kind *(describe)* Other Receipts: ☐ Interest ☐ Loan ☐ Miscellaneous *(specify)*	$50.00	$50.00	3/10/2026 Deb Johnson
3. Thomas Stokes 16219 12 B Rd Plymouth IN 46563 Contributor's Occupation *(if required)*	Contributions: ☒ Direct ☐ In-Kind *(describe)* Other Receipts: ☐ Interest ☐ Loan ☐ Miscellaneous *(specify)*	$20.00	$20.00	3/10/2026 Deb Johnson
4. Frank & Sheila Gardner Contributor's Occupation *(if required)*	Contributions: ☒ Direct ☐ In-Kind *(describe)* Other Receipts: ☐ Interest ☐ Loan ☐ Miscellaneous *(specify)*	$50.00	$50.00	3/10/2026 Deb Johnson
5. Joe Morris Contributor's Occupation *(if required)*	Contributions: ☒ Direct ☐ In-Kind *(describe)* Other Receipts: ☐ Interest ☐ Loan ☐ Miscellaneous *(specify)*	$100.00	$100.00	3/10/2026 Deb Johnson
	SUBTOTAL THIS PAGE OF SCHEDULE A	$320.00		
	TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY *(Enter total on ITEM 15a of the Summary Sheet.)*	$		

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

(CFA-4 SCHEDULE A-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 7

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. Paul Levett & Judy Eck PO Box 231 Culver IN 46511 Contributor's Occupation *(if required)*	Contributions: ☒ Direct ☐ In-Kind *(describe)* Other Receipts: ☐ Interest ☐ Loan ☐ Miscellaneous *(specify)*	$700.00	$700.00	3/17/2026 Deb Johnson
2. Ron & Julie Hayn 16489 12th Rd Plymouth IN 46563 Contributor's Occupation *(if required)*	Contributions: ☒ Direct ☐ In-Kind *(describe)* Other Receipts: ☐ Interest ☐ Loan ☐ Miscellaneous *(specify)*	$50.00	$50.00	3/11/2026 Deb Johnson
3. Jim & Laura Vervynckt 8435 Redwood Rd Plymouth IN 46563 Contributor's Occupation *(if required)*	Contributions: ☒ Direct ☐ In-Kind *(describe)* Other Receipts: ☐ Interest ☐ Loan ☐ Miscellaneous *(specify)*	$100.00	$100.00	4/4/2026 Deb Johnson
4. Tim Norman 14840 14 B Rd Plymouth IN 46563 Contributor's Occupation *(if required)*	Contributions: ☒ Direct ☐ In-Kind *(describe)* Other Receipts: ☐ Interest ☐ Loan ☐ Miscellaneous *(specify)*	$1500.00	$1500.00	3/7/2026 Deb Johnson
5. David & Duretta YoQuelet 15560 Jarrah Rd Argos IN 46563 Contributor's Occupation *(if required)*	Contributions: ☒ Direct ☐ In-Kind *(describe)* Other Receipts: ☐ Interest ☐ Loan ☐ Miscellaneous *(specify)*	$100.00	$100.00	3/30/2026 Deb Johnson
	SUBTOTAL THIS PAGE OF SCHEDULE A	$2450.00		
	TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY *(Enter total on ITEM 15a of the Summary Sheet.)*	$		

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

(CFA-4 SCHEDULE A-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. Deb Johnson 20707 9th Rd Plymouth IN 46563 Contributor's Occupation *(if required)*	Contributions: ☐ Direct ☒ In-Kind *(describe)* Yard Wires Other Receipts: ☐ Interest ☒ Loan ☐ Miscellaneous *(specify)*	$117.68	$341.44	3/7/2027 Deb Johnson
2. Tim Harman 2940 Sycamore Ln Bremen IN 46506 Contributor's Occupation *(if required)* Business Owner	Contributions: ☒ Direct ☐ In-Kind *(describe)* Print Material Other Receipts: ☐ Interest ☒ Loan ☐ Miscellaneous *(specify)*	$385.19	$385.19	2/9/2026 Deb Johnson
3. Tim Harman 2940 Sycamore Ln Bremen IN 46506 Contributor's Occupation *(if required)* Buisness Owner	Contributions: ☒ Direct ☐ In-Kind *(describe)* Other Receipts: ☐ Interest ☒ Loan ☐ Miscellaneous *(specify)* Printed Material	$248.24	$633.43	3/25/2026 Deb Johnson
4. Tim Harman 2940 Sycamore Ln Bremen IN 46506 Contributor's Occupation *(if required)* Buisness Owner	Contributions: ☐ Direct ☒ In-Kind *(describe)* Other Receipts: ☐ Interest ☒ Loan ☐ Miscellaneous *(specify)* Printed Materials	$389.47	$1022.90	3/28/2026 Deb Johnson
5. Tim Harman 2940 Sycamore Ln Bremen IN 46506 Contributor's Occupation *(if required)* Business Owner	Contributions: ☐ Direct ☒ In-Kind *(describe)* Other Receipts: ☐ Interest ☒ Loan ☐ Miscellaneous *(specify)* Banners	$528.70	$1551.60	3/9/2026 Deb Johnson
	SUBTOTAL THIS PAGE OF SCHEDULE A	$ 1669.28		
	TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY *(Enter total on ITEM 15a of the Summary Sheet.)*	$		

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

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

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FILE NUMBER

Page 6 of 7

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. Vincent & Cindy Hite 19361 W Lincoln HWY Plymouth IN 46563 Contributor's Occupation *(if required)*	Contributions: ☑ Direct ☐ In-Kind *(describe)* Other Receipts: ☐ Interest ☐ Loan ☐ Miscellaneous *(specify)*	$25.00	$25.00	4/4/2026 Deb Johnson
2. Deb Johnson 20707 9th Rd Plymouth IN 46563 Contributor's Occupation *(if required)*	Contributions: ☐ Direct ☑ In-Kind *(describe)* Envolopes Other Receipts: ☐ Interest ☑ Loan ☐ Miscellaneous *(specify)*	$21.40	$21.40	2/7/2026 Deb Johnson
3. Deb Johnson 20707 9th Rd Plymouth IN 46563 Contributor's Occupation *(if required)*	Contributions: ☐ Direct ☑ In-Kind *(describe)* Sign Building (Lowes) Other Receipts: ☐ Interest ☑ Loan ☐ Miscellaneous *(specify)*	113.68	$135.08	3/8/2026 Deb Johnson
4. Deb Johnson 20707 9th Rd Plymouth IN 46563 Contributor's Occupation *(if required)*	Contributions: ☐ Direct ☑ In-Kind *(describe)* Magnet/decals Other Receipts: ☐ Interest ☑ Loan ☐ Miscellaneous *(specify)*	$58.85	$193.93	3/8/2026 Deb Johnson
5. Deb Johnson 20707 9th Rd Plymouth IN 46563 Contributor's Occupation *(if required)*	Contributions: ☐ Direct ☑ In-Kind *(describe)* Checks Other Receipts: ☐ Interest ☑ Loan ☐ Miscellaneous *(specify)*	$29.83	$223.76	3/4/2026 Deb Johnson
	SUBTOTAL THIS PAGE OF SCHEDULE A	$248.76		
	TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY *(Enter total on ITEM 15a of the Summary Sheet.)*	$		

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

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

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FILE NUMBER

Page 7 of 7

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 2940 Sycamore LN Bremen IN 46506 Contributor's Occupation *(if required)* Business Owner	Contributions: ☐ Direct ☒ In-Kind *(describe)* Sign posts Other Receipts: ☐ Interest ☒ Loan ☐ Miscellaneous *(specify)*	$117.68	$366.44	3/15/2026 Deb Johnson
2. Contributor's Occupation *(if required)*	Contributions: ☐ Direct ☐ In-Kind *(describe)* Other Receipts: ☐ Interest ☐ Loan ☐ Miscellaneous *(specify)*			
3. Contributor's Occupation *(if required)*	Contributions: ☐ Direct ☐ In-Kind *(describe)* Other Receipts: ☐ Interest ☐ Loan ☐ Miscellaneous *(specify)*			
4. Contributor's Occupation *(if required)*	Contributions: ☐ Direct ☐ In-Kind *(describe)* Other Receipts: ☐ Interest ☐ Loan ☐ Miscellaneous *(specify)*			
5. Contributor's Occupation *(if required)*	Contributions: ☐ Direct ☐ In-Kind *(describe)* Other Receipts: ☐ Interest ☐ Loan ☐ Miscellaneous *(specify)*			
	SUBTOTAL THIS PAGE OF SCHEDULE A	$50.00		
	TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY *(Enter total on ITEM 15a of the Summary Sheet.)*	$		

FILED
IN CLERK'S OFFICE
2026 APR 16 A 8:05
CLERK OF CIRCUIT/SUP
MARSHALL COUNTY, IN

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

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

Itemized Contributions and Other Receipts

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

FILE NUMBER

Page 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. Jesse For Marshall County 511 Cavalier Dr Culver IN 46511	Contributions: ☑ Direct ☐ In-Kind *(describe)* Other Receipts: ☐ Interest ☐ Loan ☐ Miscellaneous *(specify)*	$499.85	$499.85	2/20/2026 Deb Johnson
2. Rudy for Hoosiers PAC P.O. Box 26141 Alexandria VA 22313	Contributions: ☑ Direct ☐ In-Kind *(describe)* Other Receipts: ☐ Interest ☐ Loan ☐ Miscellaneous *(specify)*	$1000.00	$1000.00	3/25/2026 Deb Johnson
3. Committee To Elect Bohacek Senate 220 Pokagon Trail Michiana Shores IN 46360	Contributions: ☐ Direct ☑ In-Kind *(describe)* Signs Other Receipts: ☐ Interest ☐ Loan ☐ Miscellaneous *(specify)*	$894.78	$894.78	2/23/2026 Deb Johnson
4.	Contributions: ☐ Direct ☐ In-Kind *(describe)* Other Receipts: ☐ Interest ☐ Loan ☐ Miscellaneous *(specify)*			
5.	Contributions: ☐ Direct ☐ In-Kind *(describe)* Other Receipts: ☐ Interest ☐ Loan ☐ Miscellaneous *(specify)*			
SUBTOTAL THIS PAGE OF SCHEDULE A		$ 2394.73		
TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY *(Enter total on ITEM 15a of the Summary Sheet.)*		$ 10037.77		

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

(CFA-4 SCHEDULE B) ITEMIZED EXPENDITURES

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

FILE NUMBER

Page 1 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 A Vista Print 275 Wyman St Waltham MA 02451	Printer	☐ Direct ☒ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other Purpose: Print Material	$385.19	$385.19	2/9/2026
Code A Vista Print 275 Wyman St Waltham MA 02451	Printer	☐ Direct ☒ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other Purpose: Print Material	$248.24	$633.43	3/25/2026
Code A Vista Print 275 Wyman St Waltham MA 02451	Printer	☐ Direct ☒ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other Purpose: Print Material	$389.47	$1022.90	3/28/2026
Code A Aquels INC 916 Byrd Ave Neenah WI 54956	Printer	☐ Direct ☒ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other Purpose: Signs	$894.78	$894.78	2/23/2026
Code A Duley Press 2906 Home St Mishawaka IN 46545	Printer	☒ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other Purpose: Print Material	$533.93	$533.93	3/30/2026
Code A OnLine Data 228 E Bronson St South Bend IN 46601	Mailing Company	☒ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other Purpose:	$690.49	$690.49	3/5/2026
Code A OnLine Data 228 E Bronson St South Bend IN 46601	Mailing Company	☒ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other Purpose:	$603.94	$1294.43	3/27/2026
		SUBTOTAL THIS PAGE OF SCHEDULE B	$ 3746.04		
		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 (R18 / 6-25)
Indiana Election Division (IC 3-9-5-14)

(CFA-4 SCHEDULE B) ITEMIZED EXPENDITURES

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

FILE NUMBER

Page 2 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 A Conservatives for Johnson 20707 9th Rd Plymouth In 46563	Co. Council Member Co. Council District 2	☐ Direct ☒ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other Purpose: Sign Posts	$50.00	$50.00	3/15/2025
Code A Banners on the Cheap 11525 A Stone Hollow Dr Austin TX 78758	Printer	☐ Direct ☒ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other Purpose: Banners	$528.70	$528.70	3/9/2026
Code A Simons Speed Shop 5955 E 600 N Hamlet IN 46532	Printer	☒ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other Purpose: Decals	$53.50	$53.50	2\17\2026
Code O Deb Johnson 20207 9th Rd Plymouth IN 46563	Co. Council Member Co. Council District 2	☐ Direct ☒ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other Purpose: Envelopes	$21.40		2/7/2026
Code O Vista Print 275 Wyman St Neemaw MA 02451	Online Printer	☐ Direct ☒ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other Purpose: Checks	$29.83		3/4/2026
Code A Amazon 410 Terry Ave N Seattle WA 98109	Online Retailer	☐ Direct ☒ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other Purpose: Sign Stakes	$117.68		3/7/2026
Code A Lowes 1100 Pligrim Ave N Plymouth IN 46563	Home Improvement	☐ Direct ☒ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other Purpose: Sign Building	$113.68		3/8/2026
		SUBTOTAL THIS PAGE OF SCHEDULE B	$914.79		
		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 (R18 / 6-25)
Indiana Election Division (IC 3-9-5-14)

(CFA-4 SCHEDULE B) ITEMIZED EXPENDITURES

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

FILE NUMBER

Page 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 A Simon's Speed Shop 5955 E 600 N Hamlet IN 46532	Printer	☐ Direct ☒ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other Purpose: Magnets/ Decals	$58.85	$112.35	3/8/2026
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			$58.85		
TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY *(Enter total on ITEM 17a of the Summary Sheet.)*			$4719.68		

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MARSHALL COUNTY, IN

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

(CFA-4 SCHEDULE 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 1 of 2

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
Deb Johnson 20707 9th Rd Plymouth IN 46563 LENDER'S OCCUPATION: Co. Council member		$21.40 Office Supplies	2/7/2026	$0.00	$21.40
Deb Johnson 20707 9th Rd Plymouth IN 46563 LENDER'S OCCUPATION: CO. council member		$29.83 Office Supplies	3/4/2026	$0.00	$51.23
Deb Johnson 20707 9th Rd Plymouth IN 46563 LENDER'S OCCUPATION: Co. council member		$117.68 Sign Stakes	3/7/2026	$0.00	$168.91
Deb Johnson 20707 9th Rd Plymouth IN 46563 LENDER'S OCCUPATION: Co. council member		$113.68 Sign Supplies	3/8/2026	$0.00	$282.59
Deb Johnson 20707 9th Rd Plymouth IN 46563 LENDER'S OCCUPATION: Co. council member		$58.85 Magnets	3/8/2026	$0.00	$341.44
LENDER'S OCCUPATION:					
LENDER'S OCCUPATION:					
				SUBTOTAL THIS PAGE OF SCHEDULE D	$341.44
				TOTAL OF ALL PAGES OF SCHEDULE D ON THE LAST PAGE ONLY *(Enter total on ITEM 19 of the Summary Sheet.)*	$

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

(CFA-4 SCHEDULE 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 2 of 2

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 2940 Sycamore Ln Bremen IN 46506 LENDER'S OCCUPATION: Business Owner		$248.24	3/7/2026	$0.00	$248.24
Tim Harman 2940 Sycamore Ln Bremen IN 46506 LENDER'S OCCUPATION: Business Owner		$389.47	3/10/2026	$0.00	$637.71
Tim Harman 2940 Sycamore Ln Bremen IN 46506 LENDER'S OCCUPATION: Business Owner		$528.70	3/10/2026	$0.00	$1166.41
LENDER'S OCCUPATION:					
LENDER'S OCCUPATION:					
LENDER'S OCCUPATION:					
LENDER'S OCCUPATION:					
			SUBTOTAL THIS PAGE OF SCHEDULE D		$1166.41
			TOTAL OF ALL PAGES OF SCHEDULE D ON THE LAST PAGE ONLY *(Enter total on ITEM 19 of the Summary Sheet.)*		$1507.85

REPORT OF RECEIPTS AND EXPENDITURES OF A POLITICAL COMMITTEE

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

(CFA-4) Summary Sheet

FILE NUMBER
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.
Ed Barcus For Town Council

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

3. Committee Telephone Number
(574) 780-8148

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

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.)*
Edward L Barcus

8. Party Affiliation or If Independent Candidate
Republican

9. Office Sought *(Include district number, if any. Not required for exploratory committee.)*
Argos 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: 1-01-2026 Through: 4-10-2026

	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.

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

Signature of Treasurer: Edward L Barcus | Title: Treasurer | Date *(mm/dd/yy)*: 04-14-26

Signature of Candidate *(if applicable)*: Edward L Barcus | Date *(mm/dd/yy)*: 04-14-26

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

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MARSHALL COUNTY, IN

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REPORT OF RECEIPTS AND EXPENDITURES OF A POLITICAL COMMITTEE

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

(CFA-4) Summary Sheet

FILE NUMBER

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.
Erica Partin For Argos Town Council

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

3. Committee Telephone Number
(574) 892 5717

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

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.)*
Erica L Partin

8. Party Affiliation or If Independent Candidate
Republican

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

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: 1-1-26 Through: 4-17-26

	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.

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

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

Signature of Candidate *(if applicable)*	Date *(mm/dd/yy)*
Erica L. Partin	4-17-26

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MARSHALL COUNTY, IN

REPORT OF RECEIPTS AND EXPENDITURES OF A POLITICAL COMMITTEE

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

(CFA-4) Summary Sheet

FILE NUMBER
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.
Friends of Culver Schools

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

3. Committee Telephone Number
574 242 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

	COLUMN A This Period	COLUMN B Year to Date
12. Reporting Period *(mm/dd/yy)* From: 1/1/26 Through: 4/10/26		
13. Cash on hand and investments at the beginning of this reporting period.	1851.66	
14. Cash on hand and investments January 1, current year.		1851.66
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**	—	—
16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B. **TOTAL**	1851.66	1851.66
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**	—	—
18. Cash on hand and investments at close of this reporting period *(Subtract 17c from 16 in both columns.)* **TOTAL**	1851.66	1851.66
19. Debts OWED BY the committee *(Use Schedule D.)*		
20. Debts OWED TO the committee *(Use Schedule E.)*		

CERTIFICATION

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

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

Signature of Treasurer	Title	Date *(mm/dd/yy)*
Dana S. Neer	Treasurer	4/16/26
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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CLERK OF CIRCUIT SUP COURTS, MARSHALL CO., IN

REPORT OF RECEIPTS AND EXPENDITURES OF A POLITICAL COMMITTEE

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

(CFA-4) Summary Sheet

FILE NUMBER

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.
George Null For Town Council.

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

3. Committee Telephone Number
(574) 930-0827

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

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.)*
George Allen Null

8. Party Affiliation or If Independent Candidate

9. Office Sought *(Include district number, if any. **Not required for exploratory committee.**)*
Argos 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: 1-30-2026 Through: 4-10-2026

	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.)*		
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.)*		
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.

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

Signature of Treasurer	Title	Date *(mm/dd/yy)*
George Null	Treasurer	4-10-26
Signature of Candidate *(if applicable)*		**Date** *(mm/dd/yy)*
George Null		4-10-26

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

FOR OFFICE USE ONLY

MARSHALL COUNTY
CLERK OF CIRCUIT
2026 APR 10 P 3:3
IN CLERK'S OFFICE
FILED

REPORT OF RECEIPTS AND EXPENDITURES OF A POLITICAL COMMITTEE

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

(CFA-4) Summary Sheet

FILE NUMBER

TOTAL PAGES IN ENTIRE CFA-4 REPORT
4

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

IS THIS AN AMENDMENT? ☐ Yes ☑ No

COMMITTEE INFORMATION

1. Full Name of Committee (as on *Statement of Organization*) ☐ Check if this is a new name.
JEFF SNYDER FOR MARSHALL COUNTY SHERIFF

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.)*
JEFFREY JOHN SNYDER (JEFF)

8. Party Affiliation or If Independent Candidate
REPUBLICAN

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

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: 01/01/26 Through: 04/10/26

	COLUMN A This Period	COLUMN B Year to Date
13. Cash on hand and investments at the beginning of this reporting period.	21.55	
14. Cash on hand and investments January 1, current year.		21.55
CONTRIBUTIONS AND RECEIPTS		
(Note: these amounts include in-kind contributions and loans, as well as cash contributions.)		
15a. Itemized *(Use Schedule A.)*	3728.65	3728.65
15b. Unitemized	0	0
15c. Add lines 15a and 15b in both columns. **SUBTOTAL**	3728.65	3728.65
16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B. **TOTAL**	3750.20	3750.20
EXPENDITURES		
(Note: These amounts include in-kind expenditures and loan repayments.)		
17a. Itemized *(Use Schedule B.) (Public Question: use Schedule C.)*	3113.34	3113.34
17b. Unitemized	0	0
17c. Add lines 17a and 17b in both columns. **SUBTOTAL**	3113.34	3113.34
18. Cash on hand and investments at close of this reporting period *(Subtract 17c from 16 in both columns.)* **TOTAL**	636.86	636.86
19. Debts OWED BY the committee *(Use Schedule D.)*	0	
20. Debts OWED TO the committee *(Use Schedule E.)*	0	

FOR OFFICE USE ONLY
CLERK OF MARSHALL COUNTY, IN
2026 APR 15 A 11:32
IN CLERK'S OFFICE
FILED

CERTIFICATION

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

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

Signature of Treasurer	Title	Date *(mm/dd/yy)*
[signature]	TREASURER	04/15/26
Signature of Candidate *(if applicable)*		Date *(mm/dd/yy)*
[signature]		04/15/26

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

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

(CFA-4 SCHEDULE A-1) CONTRIBUTIONS BY INDIVIDUALS

Itemized Contributions and Other Receipts

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

FILE NUMBER

Page 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. JORDAN AND MEGHAN RANS Contributor's Occupation *(if required)*	Contributions: ☑ Direct ☐ In-Kind *(describe)* Other Receipts: ☐ Interest ☐ Loan ☐ Miscellaneous *(specify)*	100.00	100.00	01/20/26 JEFF SNYDER
2. JOSEPH MORRIS Contributor's Occupation *(if required)*	Contributions: ☑ Direct ☐ In-Kind *(describe)* Other Receipts: ☐ Interest ☐ Loan ☐ Miscellaneous *(specify)*	100.00	100.00	01/20/26 JEFF SNYDER
3. RUTH VANVACTOR 11108 12TH RD ARGOS, IN. 46501 Contributor's Occupation *(if required)*	Contributions: ☑ Direct ☐ In-Kind *(describe)* Other Receipts: ☐ Interest ☐ Loan ☐ Miscellaneous *(specify)*	200.00	200.00	02/16/26 JEFF SNYDER
4. PHYLLIS SNYDER 1238 HILLSBORO MILE HILLSBORO BEACH, FL. 33062 Contributor's Occupation *(if required)*	Contributions: ☑ Direct ☐ In-Kind *(describe)* Other Receipts: ☐ Interest ☐ Loan ☐ Miscellaneous *(specify)*	100.00	100.00	02/16/26 JEFF SNYDER
5. KARYN VAN HOUTEN 16145 12B RD PLYMOUTH, IN. 46563 Contributor's Occupation *(if required)* TEACHER	Contributions: ☑ Direct ☐ In-Kind *(describe)* Other Receipts: ☐ Interest ☐ Loan ☐ Miscellaneous *(specify)*	1000.00	1000.00	02/20/26 JEFF SNYDER
	SUBTOTAL THIS PAGE OF SCHEDULE A	$1500.00		
	TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY *(Enter total on ITEM 15a of the Summary Sheet.)*	$		

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

(CFA-4 SCHEDULE A-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. JEFF SNYDER Contributor's Occupation *(if required)* POLICE OFFICER	Contributions: ☑ Direct ☐ In-Kind *(describe)* Other Receipts: ☐ Interest ☐ Loan ☐ Miscellaneous *(specify)*	2000.00	2000.00	02/20/26 JEFF SNYDER
2. JEFF SNYDER Contributor's Occupation *(if required)*	Contributions: ☐ Direct ☑ In-Kind *(describe)* SIGN POSTS Other Receipts: ☐ Interest ☐ Loan ☐ Miscellaneous *(specify)*	128.65	2128.65	03/14/26 JEFF SNYDER
3. KATHY SNYDER 519 S. JACKSON ST. BREMEN, IN. 46506 Contributor's Occupation *(if required)*	Contributions: ☑ Direct ☐ In-Kind *(describe)* Other Receipts: ☐ Interest ☐ Loan ☐ Miscellaneous *(specify)*	100.00	100.00	03/31/26 JEFF SNYDER
4. Contributor's Occupation *(if required)*	Contributions: ☐ Direct ☐ In-Kind *(describe)* Other Receipts: ☐ Interest ☐ Loan ☐ Miscellaneous *(specify)*			
5. Contributor's Occupation *(if required)*	Contributions: ☐ Direct ☐ In-Kind *(describe)* Other Receipts: ☐ Interest ☐ Loan ☐ Miscellaneous *(specify)*			
SUBTOTAL THIS PAGE OF SCHEDULE A		$2228.65		
TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY *(Enter total on ITEM 15a of the Summary Sheet.)*		$3728.65		

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

(CFA-4 SCHEDULE B) ITEMIZED EXPENDITURES

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

FILE NUMBER

Page 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 BOYS AND GIRLS CLUB 700 W. SOUTH ST. BROWN, IN. 46506		☑ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other Purpose: EVENT SPONSOR	500.00	500.00	03/02/26
Code A RIGHT TO LIFE NCI PO BOX 1162 WARSAW, IN. 46581		☑ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other Purpose: EVENT SPONSOR	200.00	200.00	03/02/26
Code A HARCOURT INDUSTRIES 7765 S 175 W MILROY, IN. 46156		☑ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other Purpose: YARD SIGNS	2284.69	2284.69	03/05/26
Code O LOWES 1100 PILGRIM LANE PLYMOUTH, IN. 46563		☐ Direct ☑ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other Purpose:	128.65	128.65	03/14/26
Code		☐ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other Purpose:			
Code		☐ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other Purpose:			
Code		☐ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other Purpose:			
		SUBTOTAL THIS PAGE OF SCHEDULE B	$313.34		
		TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY *(Enter total on ITEM 17a of the Summary Sheet.)*	$313.34		

REPORT OF RECEIPTS AND EXPENDITURES OF A POLITICAL COMMITTEE

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

(CFA-4) Summary Sheet

FILE NUMBER

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.
Jenny Bennitt for Clerk

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

3. Committee Telephone Number
(574) 209-1991

4. Mailing Address *(Address where all campaign finance correspondence is received.)* ☐ Check if this is a new address.
7744 Plymouth-Goshen Trail

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

6. Party Affiliation (if applicable)
Republican

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

7. Full Name of Candidate *(Include any nickname.)*
Jenny S. Bennitt

8. Party Affiliation or If Independent Candidate
Republican

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

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: **01/01/2026** Through: **04/10/2026**	COLUMN A This Period	COLUMN B Year to Date
13. Cash on hand and investments at the beginning of this reporting period.	.00	
14. Cash on hand and investments January 1, current year.		.00
CONTRIBUTIONS AND RECEIPTS		
(Note: these amounts include in-kind contributions and loans, as well as cash contributions.)		
15a. Itemized *(Use Schedule A.)*	.00	.00
15b. Unitemized	.00	.00
15c. Add lines 15a and 15b in both columns. **SUBTOTAL**	.00	.00
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	.00
17b. Unitemized	.00	.00
17c. Add lines 17a and 17b in both columns. **SUBTOTAL**	.00	.00
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	

CERTIFICATION

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

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

Signature of Treasurer	Title	Date *(mm/dd/yy)*
Jacy Bennitt	**Treasurer**	**04/12/2026**
Signature of Candidate *(if applicable)*		Date *(mm/dd/yy)*
Jenny Bennitt		**04/12/2026**

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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MARSHALL COUNTY, IN
APR 13 A 8:30
CLERKS OFFICE

REPORT OF RECEIPTS AND EXPENDITURES OF A POLITICAL COMMITTEE

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

(CFA-4) Summary Sheet

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

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.
Jessica O'Blenis for County Council

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

3. Committee Telephone Number
574-345-4333

4. Mailing Address *(Address where all campaign finance correspondence is received.)* ☐ Check if this is a new address.
P.O. Box 220

5. City, State, ZIP Code
LaPaz, IN 46537

6. Party Affiliation *(if applicable)*
Democrat

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

7. Full Name of Candidate *(Include any nickname.)*
Jess Marie O'Blenis

8. Party Affiliation or If Independent Candidate
Democrat

9. Office Sought *(Include district number, if any. **Not required for exploratory committee.**)*
County 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: 1/20/2026 Through: 4/14/2026

	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.)*	279	279
15b. Unitemized	0	0
15c. Add lines 15a and 15b in both columns. **SUBTOTAL**	279	279
16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B. **TOTAL**	279	279
EXPENDITURES		
(Note: These amounts include in-kind expenditures and loan repayments.)		
17a. Itemized *(Use Schedule B.) (Public Question: use Schedule C.)*	279	279
17b. Unitemized	0	0
17c. Add lines 17a and 17b in both columns. **SUBTOTAL**	279	279
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

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

Signature of Treasurer: Jessica Marie O'Blenis — Title: Candidate/Treasurer — Date *(mm/dd/yy)*: 4/14/26

Signature of Candidate *(if applicable)* — Date *(mm/dd/yy)*: 4/14/26

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

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2026 APR 13 P 1:42
CLERK OF CIRCUIT/SUP
MARSHALL COUNTY, IN

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

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

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

FILE NUMBER
Page _____ of _____

CONTRIBUTOR'S FULL NAME AND OCCUPATION FULL MAILING ADDRESS *(street, number, city, state, ZIP code)*	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED *(mm/dd/yy)* / RECEIVED BY
1. Jessica O'Blenis - Entrepreneur P.O. Box 220 La Paz, IN 46537 Contributor's Occupation *(if required)* Entrepreneur	Contributions: ☑ Direct ☐ In-Kind *(describe)* Other Receipts: ☐ Interest ☐ Loan ☐ Miscellaneous *(specify)*	$279	$279	3/10/26 Jessica O'Blenis
2.	Contributions: ☐ Direct ☐ In-Kind *(describe)* Other Receipts: ☐ Interest ☐ Loan ☐ Miscellaneous *(specify)*	—	—	—
Contributor's Occupation *(if required)*				
3.	Contributions: ☐ Direct ☐ In-Kind *(describe)* Other Receipts: ☐ Interest ☐ Loan ☐ Miscellaneous *(specify)*	—	—	—
Contributor's Occupation *(if required)*				
4.	Contributions: ☐ Direct ☐ In-Kind *(describe)* Other Receipts: ☐ Interest ☐ Loan ☐ Miscellaneous *(specify)*	—	—	—
Contributor's Occupation *(if required)*				
5.	Contributions: ☐ Direct ☐ In-Kind *(describe)* Other Receipts: ☐ Interest ☐ Loan ☐ Miscellaneous *(specify)*	—	—	—
Contributor's Occupation *(if required)*				
SUBTOTAL THIS PAGE OF SCHEDULE A		$ 279		
TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY *(Enter total on ITEM 15a of the Summary Sheet.)*		$ 279		

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2026 APR 13 P 1:43
CLERK OF CIRCUIT/SUP
MARSHALL COUNTY, IN

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

(CFA-4 SCHEDULE B) ITEMIZED EXPENDITURES

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

FILE NUMBER
Page _____ of _____

RECIPIENT'S NAME AND MAILING ADDRESS *(street, number, city, state, ZIP code)*	RECIPIENT'S OCCUPATION / OFFICE SOUGHT *(if applicable)*	TYPE OF EXPENDITURE and PURPOSE *(be specific)*	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE OF EXPENDITURE *(mm/dd/yy)*
Code A Jessica O Blevins P.O. Box 220 Lapaz IN 46537	Entreprenuer County Council District 3	☐ Direct ☑ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other Purpose: SIGNS	279	279	3/10/26
Code		☐ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other Purpose:			
Code		☐ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other Purpose:			
Code		☐ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other Purpose:			
Code		☐ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other Purpose:			
Code		☐ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other Purpose:			
Code		☐ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other Purpose:			
		SUBTOTAL THIS PAGE OF SCHEDULE B	$279		
		TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY *(Enter total on ITEM 17a of the Summary Sheet.)*	$279		

CLERK OF CIRCUIT/SUP MARSHALL COUNTY, IN
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REPORT OF RECEIPTS AND EXPENDITURES OF A POLITICAL COMMITTEE

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

(CFA-4) Summary Sheet

FILE NUMBER

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.
Joseph Day for Town Council

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

3. Committee Telephone Number
317-603-5916

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

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.)*
Joseph (Joe) Day

8. Party Affiliation or If Independent Candidate
Republican

9. Office Sought *(Include district number, if any. **Not required for exploratory committee.**)*
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: 1/1/2026 Through: 4/10/2026

	COLUMN A This Period	COLUMN B Year to Date
13. Cash on hand and investments at the beginning of this reporting period.	600.00	
14. Cash on hand and investments January 1, current year.		600.00
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**		
EXPENDITURES		
(Note: These amounts include in-kind expenditures and loan repayments.)		
17a. Itemized *(Use Schedule B.) (Public Question: use Schedule C.)*	288.90	288.90
17b. Unitemized		
17c. Add lines 17a and 17b in both columns. **SUBTOTAL**	288.90	288.90
18. Cash on hand and investments at close of this reporting period *(Subtract 17c from 16 in both columns.)* **TOTAL**	311.10	311.10
19. Debts OWED BY the committee *(Use Schedule D.)*		
20. Debts OWED TO the committee *(Use Schedule E.)*		

CERTIFICATION

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

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

Signature of Treasurer	Title	Date *(mm/dd/yy)*
Holly Day	Treasurer - CPA	4/10/2026
Signature of Candidate *(if applicable)*		**Date** *(mm/dd/yy)*
Joseph Day		4/10/2026

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

(CFA-4 SCHEDULE B) ITEMIZED EXPENDITURES

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

FILE NUMBER

Page _____ of _____

RECIPIENT'S NAME AND MAILING ADDRESS *(street, number, city, state, ZIP code)*	RECIPIENT'S OCCUPATION / OFFICE SOUGHT *(If applicable)*	TYPE OF EXPENDITURE and PURPOSE *(be specific)*	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE OF EXPENDITURE *(mm/dd/yy)*
Code A Bowen Printing 200 S. Michigan St Plymouth, IN 46563	Sign Printing	☐ Direct ☐ In-Kind ☒ Payment of Debt ☐ Returned Contribution ☐ Other _____ Purpose: Pay for Signs	288.90	288.90	3/25/26
Code _____		☐ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other _____ Purpose:			
Code _____		☐ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other _____ Purpose:			
Code _____		☐ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other _____ Purpose:			
Code _____		☐ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other _____ Purpose:			
Code _____		☐ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other _____ Purpose:			
Code _____		☐ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other _____ Purpose:			
SUBTOTAL THIS PAGE OF SCHEDULE B			$ 288.90		
TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY *(Enter total on ITEM 17a of the Summary Sheet.)*			$ 288.90		

CLERK OF CIRCUIT/SUP
MARSHALL COUNTY, IN

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REPORT OF RECEIPTS AND EXPENDITURES OF A POLITICAL COMMITTEE

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

(CFA-4) Summary Sheet

FILE NUMBER

TOTAL PAGES IN ENTIRE CFA-4 REPORT: 10

*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.
Morris for Prosecuting Attorney

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

3. Committee Telephone Number
(574) 933-4690

4. Mailing Address *(Address where all campaign finance correspondence is received.)* ☐ Check if this is a new address.
401 N. Center 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.)*
Joseph (Joe) Morris

8. Party Affiliation or If Independent Candidate
Republican

9. Office Sought *(Include district number, if any. **Not required for exploratory committee.**)*
Prosecuting Attorney, 72nd Judicial District

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: 1/1/2026 Through: 04/10/2026

	COLUMN A This Period	COLUMN B Year to Date
13. Cash on hand and investments at the beginning of this reporting period.	1911.49	
14. Cash on hand and investments January 1, current year.		1911.49
CONTRIBUTIONS AND RECEIPTS		
(Note: these amounts include in-kind contributions and loans, as well as cash contributions.)		
15a. Itemized *(Use Schedule A.)*	13500.00	13500.00
15b. Unitemized	680.00	680.00
15c. Add lines 15a and 15b in both columns. **SUBTOTAL**	14180.00	14180.00
16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B. **TOTAL**	16091.49	16091.49
EXPENDITURES		
(Note: These amounts include in-kind expenditures and loan repayments.)		
17a. Itemized *(Use Schedule B.) (Public Question: use Schedule C.)*	15720.33	15720.33
17b. Unitemized	0.00	0.00
17c. Add lines 17a and 17b in both columns. **SUBTOTAL**	15720.33	15720.33
18. Cash on hand and investments at close of this reporting period *(Subtract 17c from 16 in both columns.)* **TOTAL**	371.16	371.16
19. Debts OWED BY the committee *(Use Schedule D.)*	7000.00	
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.

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

Signature of Treasurer	Title	Date *(mm/dd/yy)*
	Treasurer	04/17/26
Signature of Candidate *(if applicable)* Joseph R. Morris		Date *(mm/dd/yy)* 04/17/26

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

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

(CFA-4 SCHEDULE A-1) CONTRIBUTIONS BY INDIVIDUALS

Itemized Contributions and Other Receipts

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

FILE NUMBER

Page 1 of 10

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. **Joseph R. Morris** Contributor's Occupation *(if required)*	Contributions: ☐ Direct ☐ In-Kind *(describe)* Other Receipts: ☐ Interest ☒ Loan ☐ Miscellaneous *(specify)*	7,000.00	7,000.00	1/5/2026 2/23/26 3/15/26 Checks to Committee
2. Eric and Julie Weedling 6530 Filbert Rd Bremen, IN 465406 Contributor's Occupation *(if required)*	Contributions: ☒ Direct ☐ In-Kind *(describe)* Other Receipts: ☐ Interest ☐ Loan ☐ Miscellaneous *(specify)*	250.00	250.00	1/2/26 2/24/26 3/28/26 Checks to Committee
3. William C. Hartley , Jr. 1411 N. Wabash Street, Wabash, IN 46992 Contributor's Occupation *(if required)*	Contributions: ☒ Direct ☐ In-Kind *(describe)* Other Receipts: ☐ Interest ☐ Loan ☐ Miscellaneous *(specify)*	300.00	300.00	1/27/26 Check to Committee
4. Lindie Leary 9881 Pine Road Plymouth, IN 46563 Contributor's Occupation *(if required)*	Contributions: ☒ Direct ☐ In-Kind *(describe)* Other Receipts: ☐ Interest ☐ Loan ☐ Miscellaneous *(specify)*	100.00	100.00	2/23/26 Check to Committee
5. Robert Russell 485 W. Marshall St. Argos, IN 46501 Contributor's Occupation *(if required)*	Contributions: ☒ Direct ☐ In-Kind *(describe)* Other Receipts: ☐ Interest ☐ Loan ☐ Miscellaneous *(specify)*	100.00	100.00	2/19/26 Cash to Committee
	SUBTOTAL THIS PAGE OF SCHEDULE A	$ 7750.00		
	TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY *(Enter total on ITEM 15a of the Summary Sheet.)*	$		

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

(CFA-4 SCHEDULE A-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 10

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. Kip Cook 1044 Angel Street Plymouth, IN 46563 Contributor's Occupation *(if required)* Insurance Broker	Contributions: ☒ Direct ☐ In-Kind *(describe)* _____ Other Receipts: ☐ Interest ☐ Loan ☐ Miscellaneous *(specify)* _____	100.00	100.00	3/13/2026 Check payable to
2. Philip Kahng 805 Baker Street, Lot 23 Plymouth, IN 46563 Contributor's Occupation *(if required)* Retired	Contributions: ☒ Direct ☐ In-Kind *(describe)* _____ Other Receipts: ☐ Interest ☐ Loan ☐ Miscellaneous *(specify)* _____	200.00	200.00	3/7/26 Check payable to
3. David Norman 11857 1B Road Plymouth, IN 46563 Contributor's Occupation *(if required)* Retired Business Owner	Contributions: ☒ Direct ☐ In-Kind *(describe)* _____ Other Receipts: ☐ Interest ☐ Loan ☐ Miscellaneous *(specify)* _____	200.00	200.00	3/10/26 Check Payable to Committee
4. Richard Klinedinst 300 N. DR. MARTIN LUTHER KING JR. BLVD. SUITE 200 Contributor's Occupation *(if required)* Attorney	Contributions: ☒ Direct ☐ In-Kind *(describe)* _____ Other Receipts: ☐ Interest ☐ Loan ☐ Miscellaneous *(specify)* _____	100.00	100.00	3/7/2026 Check Payable To
5. Andrew Maternowski 3601 N Pennsylvania St Indianapolis, IN 46205 Contributor's Occupation *(if required)* _____	Contributions: ☒ Direct ☐ In-Kind *(describe)* _____ Other Receipts: ☐ Interest ☐ Loan ☐ Miscellaneous *(specify)* _____	100.00	100.00	3/20/26 Online Payment to Committee PayPal Account
	SUBTOTAL THIS PAGE OF SCHEDULE A	$700.00		
	TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY *(Enter total on ITEM 15a of the Summary Sheet.)*	$		

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

(CFA-4 SCHEDULE A-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 10

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. Kristen Tribbey 11100 US 6 Bremen, IN 46506 Contributor's Occupation *(if required)* Homemaker	Contributions: ☑ Direct ☐ In-Kind *(describe)* ____ Other Receipts: ☐ Interest ☐ Loan ☐ Miscellaneous *(specify)* ____	100.00	100.00	3/12/2026 Online payment to Committee PayPal Account
2. Kristen Bules 1167 Richter Road Plymouth, IN 46563 Contributor's Occupation *(if required)* HR Manager	Contributions: ☑ Direct ☐ In-Kind *(describe)* ____ Other Receipts: ☐ Interest ☐ Loan ☐ Miscellaneous *(specify)* ____	250.00	250.00	2/17/26 Online payment to Committee PayPal Account
3. Laura Mann 109 N. Michigan Street Plymouth, IN 46563 Contributor's Occupation *(if required)* Executive Assistant	Contributions: ☑ Direct ☐ In-Kind *(describe)* ____ Other Receipts: ☐ Interest ☐ Loan ☐ Miscellaneous *(specify)* ____	100.00	100.00	1/10/2026 Online payment to Committee PayPal Account
4. Magnum Wrapping, LLC 3010 Miller Dr. Plymouth, IN 46563 Contributor's Occupation *(if required)* Vehicle wrapping business	Contributions: ☑ Direct ☐ In-Kind *(describe)* ____ Other Receipts: ☐ Interest ☐ Loan ☐ Miscellaneous *(specify)* ____	1000.00	1000.00	1/10/2026 Online payment to Committee PayPal Account
5. Magnum Wrapping, LLC 3010 Miller Dr. Plymouth, IN 46563 Contributor's Occupation *(if required)* Vehicle wrapping business	Contributions: ☐ Direct ☑ In-Kind *(describe)* Banner Other Receipts: ☐ Interest ☐ Loan ☐ Miscellaneous *(specify)* ____	100.00	1100.00	4/5/2026 Donor purchased and hung a banne at their business.
	SUBTOTAL THIS PAGE OF SCHEDULE A	$ 1550.00		
	TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY *(Enter total on ITEM 15a of the Summary Sheet.)*	$		

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

(CFA-4 SCHEDULE A-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 10

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. Joseph R Morris Contributor's Occupation *(if required)* Attorney/Candidate	Contributions: ☐ Direct ☒ In-Kind *(describe)* Paid bill Other Receipts: ☐ Interest ☐ Loan ☐ Miscellaneous *(specify)*	1500.00	1500.00	4/5/26 Paid expense owed by the
2. Contributor's Occupation *(if required)*	Contributions: ☐ Direct ☐ In-Kind *(describe)* Other Receipts: ☐ Interest ☐ Loan ☐ Miscellaneous *(specify)*			
3. Contributor's Occupation *(if required)*	Contributions: ☐ Direct ☐ In-Kind *(describe)* Other Receipts: ☐ Interest ☐ Loan ☐ Miscellaneous *(specify)*			
4. Contributor's Occupation *(if required)*	Contributions: ☐ Direct ☐ In-Kind *(describe)* Other Receipts: ☐ Interest ☐ Loan ☐ Miscellaneous *(specify)*			
5. Contributor's Occupation *(if required)*	Contributions: ☐ Direct ☐ In-Kind *(describe)* Other Receipts: ☐ Interest ☐ Loan ☐ Miscellaneous *(specify)*			
	SUBTOTAL THIS PAGE OF SCHEDULE A	$ 1500.00		
	TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY *(Enter total on ITEM 15a of the Summary Sheet.)*	$		

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

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

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

FILE NUMBER

Page 5 of 10

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. Joseph R. Morris PC 401 N. Center Street Plymouth, IN 46563	Contributions: ☒ Direct ☐ In-Kind *(describe)* Other Receipts: ☐ Interest ☐ Loan ☐ Miscellaneous *(specify)*	2000.00	2000.00	1/5/2026 Check payable to Committee
2.	Contributions: ☐ Direct ☐ In-Kind *(describe)* Other Receipts: ☐ Interest ☐ Loan ☐ Miscellaneous *(specify)*			
3.	Contributions: ☐ Direct ☐ In-Kind *(describe)* Other Receipts: ☐ Interest ☐ Loan ☐ Miscellaneous *(specify)*			
4.	Contributions: ☐ Direct ☐ In-Kind *(describe)* Other Receipts: ☐ Interest ☐ Loan ☐ Miscellaneous *(specify)*			
5.	Contributions: ☐ Direct ☐ In-Kind *(describe)* Other Receipts: ☐ Interest ☐ Loan ☐ Miscellaneous *(specify)*			
	SUBTOTAL THIS PAGE OF SCHEDULE A	$ 2000.00		
	TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY *(Enter total on ITEM 15a of the Summary Sheet.)*	$ 13500.00		

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

(CFA-4 SCHEDULE B) ITEMIZED EXPENDITURES

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

FILE NUMBER

Page 6 of 10

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 ____ Sovan Media 1227 Jackson Heights Rd Plymouth, IN 46563	Media Consultant	☑ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other Purpose: Media Consultant	1920.00	1920.00	1/22/26 to 3/24/26
Code ____ Bowen Printing 200 S Michigan St Plymouth, IN 46563	Printing Company	☑ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other Purpose: Signs, shirts, mailers	5757.10	5757.10	2/6/26-4/10/26
Code ____ Vanadco Adams-Remco 10625 IN-10 Argos, IN 46501	Sign Company-Billboards	☑ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other Purpose: Billboard x 2	1650.00	1650.00	2/2/26 & 2/23/26
Code ____ Outfront Media 105 N. Rail Street Pierceton, IN 46562	Sign company-Billboards	☑ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other Purpose: Billboard plus banner	2280.00	2280.00	2/10/26
Code ____ Tractor Supply Co (TSC Stores) 1310 Pilgrim Lane	Farm Supply Store	☑ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other Purpose: Sign hanging supplies	86.32	86.32	3/10/26-4/10/26
Code ____ Ruoff Mortgage 548 N Oak Dr Plymouth, IN 46563	Mortgage company	☑ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other Purpose: Sublet their billboard	380.00	380.00	2/24/26
Code ____ WTCA 112 W. Washington Street Plymouth, IN 46563	Radio Station	☑ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other Purpose: Radio Advertising	950.00	950.00	3/18/26
		SUBTOTAL THIS PAGE OF SCHEDULE B	$ 13023.42		
		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 (R18 / 6-25)
Indiana Election Division (IC 3-9-5-14)

(CFA-4 SCHEDULE B) ITEMIZED EXPENDITURES

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

FILE NUMBER

RECIPIENT'S NAME AND MAILING ADDRESS *(street, number, city, state, ZIP code)*	RECIPIENT'S OCCUPATION / OFFICE SOUGHT *(if applicable)*	TYPE OF EXPENDITURE and PURPOSE *(be specific)*	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE OF EXPENDITURE *(mm/dd/yy)*
Code ____ RushOrderTees 2727 Commerce Way Philadelphia, PA 19154	Marketing/Printing Company	☒ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other ____ Purpose: Sweatshirts	719.71	719.71	2/5/26
Code ____ DOPE Media 3225 Neil Armstrong Blvd #100, Eagan, MN 55121	Marketing/Printing Company	☒ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other ____ Purpose: Signs/Magnets	844.00	844.00	2/11/26
Code ____ Uprinting.com 8000 Haskell Ave. Van Nuys, CA 91406	Marketing/Printing Company	☒ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other ____ Purpose: Car magnets + 3x3	189.93	189.93	2/11/26
Code ____ Dunkin Donuts 2124 N Michigan St. Plymouth, IN 46563	Food services restaurant	☒ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other ____ Purpose: Donuts for sign kickoff	103.20	103.20	3/7/26
Code ____ Martin's Super Market 865 E Jefferson S Plymouth, IN 46563	Grocery Store	☒ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other ____ Purpose: Kick off supplies	62.45	62.45	3/7/26
Code ____ Lowes 1100 Pilgrim Ln Plymouth, IN 46563	Home Improvemet Store	☒ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other ____ Purpose: Sign stakes and ties	7.36	7.36	3/16/26
Code ____ Michiana Tru-Value Hardware 1920 N Oak Drive Plymouth, IN 46563	Hardware Store	☒ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other ____ Purpose: Sign supplies, ties	72.65	72.65	3/20/26--3/23/26
		SUBTOTAL THIS PAGE OF SCHEDULE B	$ 1999.30		
		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 (R18 / 6-25)
Indiana Election Division (IC 3-9-5-14)

(CFA-4 SCHEDULE B) ITEMIZED EXPENDITURES

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

FILE NUMBER
Page 8 of 10

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 ____ Amazon 410 Terry Ave N Seattle, WA 98109	Online Merchandise Sales	☒ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other ____ Purpose: Grommet maker	71.78	71.78	3/5/26
Code ____ Amazon 410 Terry Ave N Seattle, WA 98109	Online Merchandise Sales	☒ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other ____ Purpose: Stakes for signs	84.52	156.30	3/16/26
Code ____ Amazon 410 Terry Ave N Seattle, WA 98109	Online Merchandise Sales	☒ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other ____ Purpose: Poles for big signs	144.44	300.74	3/17/26
Code ____ Amazon 410 Terry Ave N Seattle, WA 98109	Online Merchandise Sales	☒ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other ____ Purpose: Lincoln Day supplies	114.92	415.66	3/17/26
Code ____ Amazon 410 Terry Ave N Seattle, WA 98109	Online Merchandise Sales	☒ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other ____ Purpose: Miller's Hershey Bars	190.65	606.31	3/7/26
Code ____ Amazon 410 Terry Ave N Seattle, WA 98109	Online Merchandise Sales	☒ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other ____ Purpose: Hershey Bars for Millers	38.13	644.44	4/7/26
Code ____ PayPal P.O. Box 45950 Omaha, NE 68145-0950	Credit Card Processing Agent	☒ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other ____ Purpose: Transaction fees	53.17	53.17	1/1/26-4/10/26
		SUBTOTAL THIS PAGE OF SCHEDULE B	$697.61		
		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 (R18 / 6-25)
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 9 of 10

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
Joseph R Morris LENDER'S OCCUPATION:		7000.00 Campaign loan	1/5/26	0.00	7000.00
LENDER'S OCCUPATION:					
LENDER'S OCCUPATION:					
LENDER'S OCCUPATION:					
LENDER'S OCCUPATION:					
LENDER'S OCCUPATION:					
LENDER'S OCCUPATION:					
		SUBTOTAL THIS PAGE OF SCHEDULE D			$7000.00
		TOTAL OF ALL PAGES OF SCHEDULE D ON THE LAST PAGE ONLY *(Enter total on ITEM 19 of the Summary Sheet.)*			$7000.00

REPORT OF RECEIPTS AND EXPENDITURES OF A POLITICAL COMMITTEE

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

(CFA-4) 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.
Keith McIntire

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

3. Committee Telephone Number
(574) 305 - 0914

4. Mailing Address *(Address where all campaign finance correspondence is received.)* ☐ Check if this is a new address.
3076 Blackford Dr

5. City, State, ZIP Code
Tippecanoe IN 46570

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.)***
Tippecanoe Twp. trustee

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: 01/01/26 Through: 04/09/26	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
15b. Unitemized		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
17b. Unitemized		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.)*		
20. Debts OWED TO the committee *(Use Schedule E.)*		

CERTIFICATION

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

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

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

Signature of Candidate *(if applicable)*	Date *(mm/dd/yy)*
Keith McIntire	04/09/2026

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

FILED
CIRCUIT COURT
MARSHALL COUNTY
FRIKS OFFICE
APR -9 A 11:33

REPORT OF RECEIPTS AND EXPENDITURES OF A POLITICAL COMMITTEE

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

(CFA-4) Summary Sheet

FILE NUMBER

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.
LAURA BROCKWAY FOR MARSHALL COUNTY COUNCIL DISTRICT 4

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

3. Committee Telephone Number
(219) 218-0369

4. Mailing Address *(Address where all campaign finance correspondence is received.)* ☐ Check if this is a new address.
810 1/2 MINER 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.)*
LAURA BROCKWAY

8. Party Affiliation or If Independent Candidate
REPUBLICAN

9. Office Sought *(Include district number, if any. **Not required for exploratory committee.**)*
COUNTY 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: 01/01/26 Through: 04/10/26

	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.)*	766.73	766.73
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	766.73	766.73
EXPENDITURES		
(Note: These amounts include in-kind expenditures and loan repayments.)		
17a. Itemized *(Use Schedule B.) (Public Question: use Schedule C.)*	766.73	766.73
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	766.73	766.73
19. Debts OWED BY the committee *(Use Schedule D.)*		
20. Debts OWED TO the committee *(Use Schedule E.)*		

CERTIFICATION

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

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

Signature of Treasurer	Title	Date *(mm/dd/yy)*
Laura Brockway	TREASURER	04/16/26
Signature of Candidate *(if applicable)*		**Date** *(mm/dd/yy)*
Laura Brockway		04/16/26

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FILED
2026 APR 16 A 8:43
IN CLERK'S OFFICE
MARSHALL COUNTY, IN

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

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

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

FILE NUMBER

Page _____ of _____

CONTRIBUTOR'S FULL NAME AND OCCUPATION FULL MAILING ADDRESS *(street, number, city, state, ZIP code)*	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED *(mm/dd/yy)* / RECEIVED BY
1. TERRANCE HODGES 15513 NANCY LN. ORLAND PARK, IL 60462 Contributor's Occupation *(if required)* RETIRED	Contributions: ☐ Direct ☒ In-Kind *(describe)* YARD SIGNS Other Receipts: ☐ Interest ☐ Loan ☐ Miscellaneous *(specify)*	628.84		03/15/26 LAURA BROCKWAY
2. LAURA BROCKWAY 810 1/2 MINER ST PLYMOUTH, IN 46563 Contributor's Occupation *(if required)* CUSTOMER SERVICE	Contributions: ☐ Direct ☒ In-Kind *(describe)* WALK LIST Other Receipts: ☐ Interest ☐ Loan ☐ Miscellaneous *(specify)*	50.00		01/01/26 LAURA BROCKWAY
3. LAURA BROCKWAY 810 1/2 MINER ST. PLYMOUTH, IN 46563 Contributor's Occupation *(if required)* CUSTOMER SERVICE	Contributions: ☐ Direct ☒ In-Kind *(describe)* PRINT FLYERS Other Receipts: ☐ Interest ☐ Loan ☐ Miscellaneous *(specify)*	13.00		02/03/26 LAURA BROCKWAY
4. LAURA BROCKWAY 810 1/2 MINER ST. PLYMOUTH, IN 46563 Contributor's Occupation *(if required)* CUSTOMER SERVICE	Contributions: ☐ Direct ☒ In-Kind *(describe)* PRINT FLYERS Other Receipts: ☐ Interest ☐ Loan ☐ Miscellaneous *(specify)*	74.89		02/11/26 LAURA BROCKWAY
5. Contributor's Occupation *(if required)*	Contributions: ☐ Direct ☐ In-Kind *(describe)* Other Receipts: ☐ Interest ☐ Loan ☐ Miscellaneous *(specify)*			
	SUBTOTAL THIS PAGE OF SCHEDULE A	$ 766.73		
	TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY *(Enter total on ITEM 15a of the Summary Sheet.)*	$ 766.73		

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

(CFA-4 SCHEDULE B) ITEMIZED EXPENDITURES

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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 _____ SIGNS ON THE CHEAP 11525A STONEHOLLOW DR STE 120 AUSTIN, TX 78758	SIGN MAKER MARSHALL COUNTY COUNCIL DISTRICT 4	☐ Direct ☒ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other _____ Purpose: YARD SIGNS	628.84	628.84	03/06/26
Code _____ MARSHALL COUNTY CLERK 211 W. MADISON ST. PLYMOUTH, IN 46563	COUNTY CLERK	☐ Direct ☒ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other _____ Purpose: WALKING LIST	50.00	50.00	01/01/26
Code _____ PLYMOUTH PUBLIC LIBRARY 201 N. CENTER ST. PLYMOUTH, IN 46563	LIBRARY MARSHALL COUNTY COUNCIL DISTRICT 4	☐ Direct ☒ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other _____ Purpose: PRINT FLYERS	13.00	63.00	02/03/26
Code _____ STAPLES, INC. 500 STAPLES DR. FRAMINGHAM, MA 01702	PRINTING CO. MARSHALL COUNTY COUNCIL DISTRICT 4	☐ Direct ☒ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other _____ Purpose: PRINT FLYERS	74.89	137.89	02/10/26
Code _____		☐ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other _____ Purpose:			
Code _____		☐ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other _____ Purpose:			
Code _____		☐ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other _____ Purpose:			
		SUBTOTAL THIS PAGE OF SCHEDULE B	$ 766.73		
		TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY *(Enter total on ITEM 17a of the Summary Sheet.)*	$ 766.73		

CLERK OF CIRCUIT/SUP
MARSHALL COUNTY, IN
2026 APR 16 A 8:43
FILED
IN CLERK'S OFFICE

REPORT OF RECEIPTS AND EXPENDITURES OF A POLITICAL COMMITTEE

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

(CFA-4) Summary Sheet

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 INFORMATION9

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

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.)*
Les McFarland

8. Party Affiliation or If Independent Candidate
Republican

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

10. County of Residence
Marshall

TYPE OF REPORT

CONVENTION CANDIDATES ONLY
Check one:
☐ Pre-Convention
☐ Post-Convention

12. Reporting Period *(mm/dd/yy)*:
From: 01-01-2026 Through: 04-10-2026

	COLUMN A This Period	COLUMN B Year to Date
13. Cash on hand and investments at the beginning of this reporting period.	$3,072.73	
14. Cash on hand and investments January 1, current year.		3,072.73
CONTRIBUTIONS AND RECEIPTS		
(Note: these amounts include in-kind contributions and loans, as well as cash contributions.)		
15a. Itemized *(Use Schedule A.)*	$24,090.74	$24,090.74
15b. Unitemized	-0-	-0-
15c. Add lines 15a and 15b in both columns. **SUBTOTAL**	$24,090.74	$24,090.74
16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B. **TOTAL**	$27,163.47	$27,163.47
EXPENDITURES		
(Note: These amounts include in-kind expenditures and loan repayments.)		
17a. Itemized *(Use Schedule B.) (Public Question: use Schedule C.)*	$22,535.36	$22,535.36
17b. Unitemized	-0-	-0-
17c. Add lines 17a and 17b in both columns. **SUBTOTAL**	$22,535.36	$22,535.36
18. Cash on hand and investments at close of this reporting period *(Subtract 17c from 16 in both columns.)* **TOTAL**	$4,628.11	$4,628.11
19. Debts OWED BY the committee *(Use Schedule D.)*	$4,000.00	
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)*
Les McFarland	Candidate / Treasurer	4/15/26
Signature of Candidate *(if applicable)*		Date *(mm/dd/yy)*
Les McFarland		4/15/26

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

FOR OFFICE USE ONLY

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

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. Les McFarland **Contributor's Occupation** *(if required)* Police Officer	Contributions: ☒ Direct ☐ In-Kind *(describe)* Other Receipts: ☐ Interest ☐ Loan ☐ Miscellaneous *(specify)*	$4,000	$4,000	01-29-2026 Les McFarland
2. Les McFarland **Contributor's Occupation** *(if required)* Police Officer	Contributions: ☒ Direct ☐ In-Kind *(describe)* Other Receipts: ☐ Interest ☐ Loan ☐ Miscellaneous *(specify)*	$7,000	$11,000	02-09-2026 Les McFarland
3. Les McFarland **Contributor's Occupation** *(if required)* Police Officer	Contributions: ☒ Direct ☐ In-Kind *(describe)* Other Receipts: ☐ $Interest ☐ Loan ☐ Miscellaneous *(specify)*	$7,500.00	$18,500	03-28-2026 Les McFarland
4. Les McFarland **Contributor's Occupation** *(if required)* Police Officer	Contributions: ☒ Direct ☐ In-Kind *(describe)* Print – Vista Printing Other Receipts: ☐ Interest ☐ Loan ☐ Miscellaneous *(specify)*	$1,050.74	$19,550.74	04-06-2026 Les McFarland
5. Robert Russell 485 W Marshall St. Argos, Indiana 46501 **Contributor's Occupation** *(if required)* Truck Driver	Contributions: ☒ Direct ☐ In-Kind *(describe)* Other Receipts: ☐ Interest ☐ Loan ☐ Miscellaneous *(specify)*	$40.00	$40.00	04-09-2026 Les McFarland
SUBTOTAL THIS PAGE OF SCHEDULE A		$ 19,590.74		
TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY ***(Enter total on ITEM 15a of the Summary Sheet.)***		$24,090.74		

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. Les McFarland **Contributor's Occupation** *(if required)* Police Officer	Contributions: ☐ Direct ☐ In-Kind *(describe)* _____ Other Receipts: ☐ Interest ☒ Loan ☐ Miscellaneous *(specify)* Loan to Campaign	$4,000.00	$23,550.74	04-09-2026 Les McFarland
2. **Contributor's Occupation** *(if required)* _____	Contributions: ☐ Direct ☐ In-Kind *(describe)* _____ Other Receipts: ☐ Interest ☐ Loan ☐ Miscellaneous *(specify)* _____			
3. **Contributor's Occupation** *(if required)* _____	Contributions: ☐ Direct ☐ In-Kind *(describe)* _____ Other Receipts: ☐ $Interest ☐ Loan ☐ Miscellaneous *(specify)* _____			
4. **Contributor's Occupation** *(if required)* _____	Contributions: ☐ Direct ☐ In-Kind *(describe)* Print – Vista Printing Other Receipts: ☐ Interest ☐ Loan ☐ Miscellaneous *(specify)* _____			
5. **Contributor's Occupation** *(if required)* _____	Contributions: ☐ Direct ☐ In-Kind *(describe)* _____ Other Receipts: ☐ Interest ☐ Loan ☐ Miscellaneous *(specify)* _____			
SUBTOTAL THIS PAGE OF SCHEDULE A		$ 4,000.00		
TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY ***(Enter total on ITEM 15a of the Summary Sheet.)***		$24,090.74		

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 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)*.

FILE NUMBER

Page 1 of 1

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
6. Hoosier Equipment LLC 11465 Redwood Road Plymouth, Indiana 46563 **Contributor's Occupation** *(if required)* _____	Contributions: ☒ Direct ☐ In-Kind *(describe)* _____ Other Receipts: ☐ Interest ☐ Loan ☐ Miscellaneous *(specify)* _____	$500.00	$500.00	04-03-2026 Les McFarland
7.. **Contributor's Occupation** *(if required)* _____	Contributions: ☐ Direct ☐ In-Kind *(describe)* _____ Other Receipts: ☐ Interest ☐ Loan ☐ Miscellaneous *(specify)* _____			
8. **Contributor's Occupation** *(if required)* _____	Contributions: ☐ Direct ☐ In-Kind *(describe)* _____ Other Receipts: ☐ Interest ☐ Loan ☐ Miscellaneous *(specify)* _____			
9. **Contributor's Occupation** *(if required)* _____	Contributions: ☐ Direct ☐ In-Kind *(describe)* _____ Other Receipts: ☐ Interest ☐ Loan ☐ Miscellaneous *(specify)* _____			
10. **Contributor's Occupation** *(if required)* _____	00			
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.)*		$24,090.74		

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 The Neighborhood Center 402 W Garros St. Plymouth, Indiana 46563	Dancing with the Stars - Charity Donation Check # 113 Marshall County, IN Sheriff	☒ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other Purpose: Donation	$1,000.00	$1,000	01-14-2026
Code A Bowen Printing 200 Michigan St. Plymouth, Indiana 46563	Postcards / Postage - Printer Check # 114 Marshall County, IN Sheriff	☒ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other Purpose: Advertising	$912.54	$912.54	01-15-2026
Code A Big Idea Media Company 3618 Grape Road, Suite 115 Mishawaka, Indiana 46545	Design / Create – Marketing Company Compain Content Check # 115 Marshall County, IN Sheriff	☒ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other Purpose:	$5,000	$5,000	01-30-2026
Code A The Pilot News 218 N Michigan st Plymouth, Indiana	Newspaper Ads Company Check #112 Marshall Co. Sheriff	☒ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other Purpose: Advertising	$211.00	$211.00	02-09-2026
Code C Log House Restaurant 101 N Michigan St Argos, Indiana 46501	Restaurant - Dustin's Place Check # 116 Marshall Co. Sheriff	☒ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other Purpose: Donation	$1,000	$1,000	02-09-2026
Code C Marshall County GOP 117 Water St. Plymouth, Indiana 46563	Political Party Lincoln Day Dinner Check # 117 Marshall Co. Sheriff	☒ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other Purpose: Donation	$500.00	$500.00	02-09-2026
Code A Marshall County FOP # 130 PO Box 502 Plymouth, Indiana 46563.	Advertising – Non for Profit Check # 118 Marshall Co. Sheriff	☒ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other Purpose: Donation	$50.00	$50.00	02-13-2026
		SUBTOTAL THIS PAGE OF SCHEDULE B	$ 8,673.54		
		TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY ***(Enter total on ITEM 17a of the Summary Sheet.)***	$22,535.36		

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 4

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 Bremen Fire Department 123 S. Center St Bremen, Indiana 46506	Advertising – Non for Profit Check # 119 Marshall Co. Sheriff	☒ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other Purpose: Advertising	$120.00	$120.00	02-13-2026
Code A WTCA Radio Station 112 W. Washington St. Plymouth, Indiana 46563	Advertising – Radio Ads Check # 120 Marshall Co. Sheriff	☒ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other Purpose: Advertising	$1,298.00	$1,298.00	2-27-2026
Code O 1st Source Bank 315 N Michigan St. Plymouth, Indiana 46563	Service Fee - Bank Marshall Co. Sheriff	☒ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other Purpose: Service Fee	$8.00	$8.00	2-27-2026
Code A Bowen Printing 200 S Michigan St Plymouth, Indiana 46563	Yard Signs / Banners Printer Check # 121 Marshall Co. Sheriff	☒ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other Purpose: Advertising	$2,837.64	$3,750.18	03-05-2026
Code O Tractor Supply 1310 Pilgrim Lane Plymouth, Indiana 46563	Metal Post for Banners Debit Card - Business Marshall Co. Sheriff	☒ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other Purpose: Sign Post	$88.03	$88.03	03-06-2026
Code O Wal-Mart 2505 N Oak Road Plymouth, Indiana 46563	Rope / Stakes to hold Banners Debit Card - Business Marshall Co Sheriff	☒ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other Purpose: Sign Supplies	$24.78	$24.78	03-09-2026
Code A Pilot News 218 N Michigan St Plymouth, Indiana 46405	News Paper Company Advertising – Check 122 Marshall Co Sheriff	☒ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other Purpose: Advertising	$360.00	$571.00	03-12-2026
		SUBTOTAL THIS PAGE OF SCHEDULE B	$4,736.45		
		TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY *(Enter total on ITEM 17a of the Summary Sheet.)*	$22,535.36		

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 A United States Post Office 124 W Garro St. Plymouth, Indiana 46563	Post Office Postage for letters to Absentee Voters - Mail Marshall Co. Sheriff	☒ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other Purpose: Postage	$12.62	$12.62	03-21-2026
Code C The Right to Life 11203 Michigan Rd Plymouth, Indiana 46563	Non-For Profit -Banquet Check # 123 Marshall Co. Sheriff	☒ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other Purpose: Banquet	$240.00	$240.00	03-25-2026
Code A Bowen Printing 200 S Michigan St Plymouth, Indiana	Business Advertising – Mailers Check # 12\ Marshall Co. Sheriff	☒ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other Purpose: Mailers	$5,652.01	$9,402.19	03-30-2026
Code A The Pilot News 218 N Michigan St Plymouth, Indiana 46563	Newspaper Company Check # 125 Marshall Co. Sheriff	☒ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other Purpose: Advertising	$1825.00	$2,396.00	03-30-2026
Code O 1st Source Bank 315 N Michigan St Plymouth, Indiana 46563	Bank Bank Fees – Service Fee Marshall Co. Sheriff	☒ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other Purpose: Service Fee	$5.00	$13.00	03-31-2026
Code C Boys and Girls Club – Bremen 700 W South St Bremen, Indiana 46506	Non-For Profit Check 127 Marshall Co. Sheriff	☒ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other Purpose: Banquet	$240.00	$240.00	04-06-2026
Code C Operation Quite Comfort 17671 13th Road Plymouth, Indiana 46563	Non-For Profit Check 126 Marshall Co. Sheriff	☒ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other Purpose: Banquet	$100.00	$100.00	04-06-2026
		SUBTOTAL THIS PAGE OF SCHEDULE B	$8,074.63		
		TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY *(Enter total on ITEM 17a of the Summary Sheet.)*	$22,535.36		

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

(CFA-4 SCHEDULE B) ITEMIZED EXPENDITURES

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

FILE NUMBER
Page 4 of 4

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 Vista Print Online 275 Wyman Street, Waltham, Massachusetts 02451	Printer Vista Print for Mailer Marshall Co. Sheriff	☐ Direct ☒ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other Purpose: Mailers	$1,050.74	$1,050.74	04-06-2026
Code A	Marshall Co. Sheriff	☐ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other Purpose:			
Code O	Service Fee Marshall Co. Sheriff	☐ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other Purpose:			
Code A	Marshall Co. Sheriff	☐ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other Purpose:			
Code O	Marshall Co. Sheriff	☐ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other Purpose:			
Code O	Marshall Co Sheriff	☐ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other Purpose:			
Code A	Marshall Co Sheriff	☐ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other Purpose:			
		SUBTOTAL THIS PAGE OF SCHEDULE B	$1,050.74		
		TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY *(Enter total on ITEM 17a of the Summary Sheet.)*	$22,535.74		

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 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
Les McFarland LENDER'S OCCUPATION:	McFarland for Sheriff	$4,000 Loan to campaign	04-09-2026	$0.00	$4,000.00
LENDER'S OCCUPATION:					
LENDER'S OCCUPATION:					
LENDER'S OCCUPATION:					
LENDER'S OCCUPATION:					
LENDER'S OCCUPATION:					
LENDER'S OCCUPATION:					
		SUBTOTAL THIS PAGE OF SCHEDULE D			**$4,000.00**
		TOTAL OF ALL PAGES OF SCHEDULE D ON THE LAST PAGE ONLY			**$4,000.00**

REPORT OF RECEIPTS AND EXPENDITURES OF A POLITICAL COMMITTEE

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

(CFA-4) 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.
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.
P.O. 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: 1/1/26 Through: 4/10/2026

	COLUMN A This Period	COLUMN B Year to Date
13. Cash on hand and investments at the beginning of this reporting period.	$3329.11	
14. Cash on hand and investments January 1, current year.		$3329.11
CONTRIBUTIONS AND RECEIPTS		
(Note: these amounts include in-kind contributions and loans, as well as cash contributions.)		
15a. Itemized *(Use Schedule A.)*	$400	400
15b. Unitemized	1243.64	1243.64
15c. Add lines 15a and 15b in both columns. **SUBTOTAL**	$1643.64	1643.64
16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B. **TOTAL**	$4972.85	4972.85
EXPENDITURES		
(Note: These amounts include in-kind expenditures and loan repayments.)		
17a. Itemized *(Use Schedule B.) (Public Question: use Schedule C.)*	1223.24	1223.24
17b. Unitemized	557.11	557.11
17c. Add lines 17a and 17b in both columns. **SUBTOTAL**	1780.24	1780.24
18. Cash on hand and investments at close of this reporting period *(Subtract 17c from 16 in both columns.)* **TOTAL**	3192.61	3192.61
19. Debts OWED BY the committee *(Use Schedule D.)*	0	
20. Debts OWED TO the committee *(Use Schedule E.)*	0	

CERTIFICATION

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

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

Signature of Treasurer	Title	Date *(mm/dd/yy)*
	Treasurer	4-16-26
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 (R18 / 6-25)
Indiana Election Division (IC 3-9-5-14)

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

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

FILE NUMBER
Page _____ of _____

CONTRIBUTOR'S FULL NAME AND OCCUPATION FULL MAILING ADDRESS *(street, number, city, state, ZIP code)*	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED *(mm/dd/yy)* / RECEIVED BY
1. Cliff Allen 12431 Hillside Dr Plymouth IN 46563 Contributor's Occupation *(if required)* _____	Contributions: ☒ Direct ☐ In-Kind *(describe)* _____ Other Receipts: ☐ Interest ☐ Loan ☐ Miscellaneous *(specify)* _____	250	250	1/31/26 mw
2. Cliff Allen 12431 Hillside Dr Plymouth IN 46563 Contributor's Occupation *(if required)* _____	Contributions: ☒ Direct ☐ In-Kind *(describe)* _____ Other Receipts: ☐ Interest ☐ Loan ☐ Miscellaneous *(specify)* _____	150	400	3/14/26 mx
3. Contributor's Occupation *(if required)* _____	Contributions: ☐ Direct ☐ In-Kind *(describe)* _____ Other Receipts: ☐ Interest ☐ Loan ☐ Miscellaneous *(specify)* _____			
4. Contributor's Occupation *(if required)* _____	Contributions: ☐ Direct ☐ In-Kind *(describe)* _____ Other Receipts: ☐ Interest ☐ Loan ☐ Miscellaneous *(specify)* _____			
5. Contributor's Occupation *(if required)* _____	Contributions: ☐ Direct ☐ In-Kind *(describe)* _____ Other Receipts: ☐ Interest ☐ Loan ☐ Miscellaneous *(specify)* _____			
	SUBTOTAL THIS PAGE OF SCHEDULE A	$ 400		
	TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY *(Enter total on ITEM 15a of the Summary Sheet.)*	$ 400		

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

(CFA-4 SCHEDULE B) ITEMIZED EXPENDITURES

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

FILE NUMBER
Page _____ of _____

RECIPIENT'S NAME AND MAILING ADDRESS *(street, number, city, state, ZIP code)*	RECIPIENT'S OCCUPATION / OFFICE SOUGHT *(if applicable)*	TYPE OF EXPENDITURE and PURPOSE *(be specific)*	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE OF EXPENDITURE *(mm/dd/yy)*
Code O Indiana Democratic Party 101 W Washington St, Indianapolis, IN 46204	convention	☒ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other _____ Purpose:	490	490	3/25/26
Code O FTD, LLC 200 N. LaSalle St., Suite 2550 Chicago, IL 60601	flowers	☒ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other _____ Purpose:	85.05	85.05	3/2/26
Code O FTD, LLC 200 N. LaSalle St., Suite 2550 Chicago, IL 60601	flowers	☒ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other _____ Purpose:	-96.29	181.34	3/13/26
Code O FTD, LLC 200 N. LaSalle St., Suite 2550 Chicago, IL 60601	flowers	☒ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other _____ Purpose:	-85.59	266.59	4/6/26
Code O Amazon 410 Terry Ave N, Seattle, WA 98108	merch	☒ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other _____ Purpose:	37.42	37.42	01/10/26
Code O Amazon 410 Terry Ave N, Seattle, WA 98108	merch	☒ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other _____ Purpose:	17.95	55.37	01/14/26
Code O Amazon 410 Terry Ave N, Seattle, WA 98108	merch	☒ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other _____ Purpose:	61.43	116.8	01/15/26
		SUBTOTAL THIS PAGE OF SCHEDULE B	$ 873.73		
		TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY *(Enter total on ITEM 17a of the Summary Sheet.)*	$ NA		

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

(CFA-4 SCHEDULE B) ITEMIZED EXPENDITURES

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

FILE NUMBER
Page _____ of _____

RECIPIENT'S NAME AND MAILING ADDRESS *(street, number, city, state, ZIP code)*	RECIPIENT'S OCCUPATION / OFFICE SOUGHT *(if applicable)*	TYPE OF EXPENDITURE and PURPOSE *(be specific)*	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE OF EXPENDITURE *(mm/dd/yy)*
Code O Amazon 410 Terry Ave N, Seattle, WA 98108	Merch	☒ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other Purpose:	40.52	157.32	03/14/26
Code O Amazon 410 Terry Ave N, Seattle, WA 98108	Merch	☒ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other Purpose:	-8.55	165.87	03/14/26
Code O Amazon Amazon 410 Terry Ave N, Seattle, WA 98108	merch	☒ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other Purpose:	12.82	178.69	03/18/26
Code O Amazon 410 Terry Ave N, Seattle, WA 98108	Merch	☒ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other Purpose:	48.99	227.68	03/29/26
Code O Amazon 410 Terry Ave N, Seattle, WA 98108	Merch	☒ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other Purpose:	14.59	242.27	03/30/36
Code O Amazon 410 Terry Ave N, Seattle, WA 98108	Merch	☒ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other Purpose:	21.88	264.15	03/30/36
Code O Amazon 410 Terry Ave N, Seattle, WA 98108	Merch	☒ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other Purpose:	45.34	309.49	04/01/26
		SUBTOTAL THIS PAGE OF SCHEDULE B	$ 192.69		
		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 (R18 / 6-25)
Indiana Election Division (IC 3-9-5-14)

(CFA-4 SCHEDULE B) ITEMIZED EXPENDITURES

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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 Amazon 410 Terry Ave N, Seattle, WA 98108	Merch	☒ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other Purpose:	14.59	324.08	04/03/26
Code O Amazon 410 Terry Ave N, Seattle, WA 98108	Merch	☒ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other Purpose:	24.59	348.67	04/04/26
Code O Amazon 410 Terry Ave N, Seattle, WA 98108	Merch	☒ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other Purpose:	10.68	359.35	04/04/26
Code O Amazon 410 Terry Ave N, Seattle, WA 98108	Merch	☒ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other Purpose:	106.96	466.31	04/09/26
Code		☐ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other Purpose:			
Code		☐ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other Purpose:			
Code		☐ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other Purpose:			
		SUBTOTAL THIS PAGE OF SCHEDULE B	$ 156.82		
		TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY *(Enter total on ITEM 17a of the Summary Sheet.)*	$ 1223.24		

REPORT OF RECEIPTS AND EXPENDITURES OF A POLITICAL COMMITTEE

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

(CFA-4) Summary Sheet

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

IS THIS AN AMENDMENT? ☐ Yes ☒ No

FILE NUMBER

TOTAL PAGES IN ENTIRE CFA-4 REPORT
9

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: 01/01/26 Through: 04/10/26

	COLUMN A This Period	COLUMN B Year to Date
13. Cash on hand and investments at the beginning of this reporting period.	$22,202.52	
14. Cash on hand and investments January 1, current year.		$22,202.52
CONTRIBUTIONS AND RECEIPTS		
(Note: these amounts include in-kind contributions and loans, as well as cash contributions.)		
15a. Itemized *(Use Schedule A.)*	$13,994.00	$13,994.00
15b. Unitemized	$2,495.83	$2,495.83
15c. Add lines 15a and 15b in both columns. **SUBTOTAL**	$16,489.83	$16,489.83
16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B. **TOTAL**	$38,692.35	$38,692.35
EXPENDITURES		
(Note: These amounts include in-kind expenditures and loan repayments.)		
17a. Itemized *(Use Schedule B.) (Public Question: use Schedule C.)*	$11,145.80	$11,145.80
17b. Unitemized	$435.94	$435.94
17c. Add lines 17a and 17b in both columns. **SUBTOTAL**	$11,581.74	$11,581.74
18. Cash on hand and investments at close of this reporting period *(Subtract 17c from 16 in both columns.)* **TOTAL**	$27,110.61	$27,110.61
19. Debts OWED BY the committee *(Use Schedule D.)*		
20. Debts OWED TO the committee *(Use Schedule E.)*		

CERTIFICATION

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

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

Signature of Treasurer	Title	Date *(mm/dd/yy)*
	Treasurer	04/17/26
Signature of Candidate *(if applicable)*		Date *(mm/dd/yy)*

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

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

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

FILE NUMBER
Page 1 of 3

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. Aldridge, Matthew T. Contributor's Occupation *(if required)*	Contributions: ☒ Direct ☐ In-Kind *(describe)* Other Receipts: ☐ Interest ☐ Loan ☐ Miscellaneous *(specify)*	$500.00	$500.00	02/25/26 Bryan Howard
2. Birchmeier, Jeff & Angela Contributor's Occupation *(if required)*	Contributions: ☒ Direct ☐ In-Kind *(describe)* Other Receipts: ☐ Interest ☐ Loan ☐ Miscellaneous *(specify)*	$500.00	$500.00	03/04/26 Bryan Howard
3. Bookwalter, Tim 1013 Pennsylvania Avenue Plymouth, IN 46563 Contributor's Occupation *(if required)* Attorney	Contributions: ☒ Direct ☐ In-Kind *(describe)* Other Receipts: ☐ Interest ☐ Loan ☐ Miscellaneous *(specify)*	$1,000.00	$1,000.00	02/25/26 Bryan Howard
4. Chipman, E. Nelson Contributor's Occupation *(if required)*	Contributions: ☒ Direct ☐ In-Kind *(describe)* Other Receipts: ☐ Interest ☐ Loan ☐ Miscellaneous *(specify)*	$500.00	$500.00	02/25/26 Bryan Howard
5. Faulstich, Adam Contributor's Occupation *(if required)* Engineering & Marshall County Commissioner	Contributions: ☒ Direct ☐ In-Kind *(describe)* Other Receipts: ☐ Interest ☐ Loan ☐ Miscellaneous *(specify)*	$1,000.00	$1,000.00	03/04/26 Bryan Howard
SUBTOTAL THIS PAGE OF SCHEDULE A		$ 3,500.00		
TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY *(Enter total on ITEM 15a of the Summary Sheet.)*		$		

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

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

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FILE NUMBER

Page 2 of 3

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. Gorski, Steve & Lynn Contributor's Occupation *(if required)*	Contributions: ☒ Direct ☐ In-Kind *(describe)* Other Receipts: ☐ Interest ☐ Loan ☐ Miscellaneous *(specify)*	$500.00	$500.00	02/25/26 Bryan Howard
2. Johnson, Bryan & Deb 20707 9th Road Plymouth, IN 46563 Contributor's Occupation *(if required)*	Contributions: ☒ Direct ☐ In-Kind *(describe)* Other Receipts: ☐ Interest ☐ Loan ☐ Miscellaneous *(specify)*	$500.00	$500.00	03/03/26 Bryan Howard
3. Klotz, Stan & Patti 1322 West Grant Street Bremen, IN 46506 Contributor's Occupation *(if required)*	Contributions: ☒ Direct ☐ In-Kind *(describe)* Other Receipts: ☐ Interest ☐ Loan ☐ Miscellaneous *(specify)*	$500.00	$500.00	02/25/26 Bryan Howard
4. Klotz, Stan & Patti 1322 West Grant Street Bremen, IN 46506 Contributor's Occupation *(if required)*	Contributions: ☒ Direct ☐ In-Kind *(describe)* Other Receipts: ☐ Interest ☐ Loan ☐ Miscellaneous *(specify)*	$30.00	$530.00	03/12/26 Bryan Howard
5. Langowski, Nick & Brenna Contributor's Occupation *(if required)*	Contributions: ☒ Direct ☐ In-Kind *(describe)* Other Receipts: ☐ Interest ☐ Loan ☐ Miscellaneous *(specify)*	$500.00	$500.00	03/04/26 Bryan Howard
	SUBTOTAL THIS PAGE OF SCHEDULE A	$ 2,030.00		
	TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY *(Enter total on ITEM 15a of the Summary Sheet.)*	$		

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

(CFA-4 SCHEDULE A-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. Layne, Joe & Danielle 25638 State Road 4 North Liberty, IN 46554 Contributor's Occupation *(if required)*	Contributions: ☒ Direct ☐ In-Kind *(describe)* Other Receipts: ☐ Interest ☐ Loan ☐ Miscellaneous *(specify)*	$500.00	$500.00	02/25/26 Bryan Howard
2. Masterson, James 12346 Diamond Dr. Plymouth, IN 46563 Contributor's Occupation *(if required)* Realtor & Marshall County Councilman	Contributions: ☒ Direct ☐ In-Kind *(describe)* Other Receipts: ☐ Interest ☐ Loan ☐ Miscellaneous *(specify)*	$1,750.00	$1,750.00	02/25/26 Bryan Howard
3. Starr, Glenn & Linda 419 Lake Avenue Plymouth, IN 46563 Contributor's Occupation *(if required)*	Contributions: ☒ Direct ☐ In-Kind *(describe)* Other Receipts: ☐ Interest ☐ Loan ☐ Miscellaneous *(specify)*	$500.00	$500.00	02/25/26 Bryan Howard
4. Contributor's Occupation *(if required)*	Contributions: ☐ Direct ☐ In-Kind *(describe)* Other Receipts: ☐ Interest ☐ Loan ☐ Miscellaneous *(specify)*			
5. Contributor's Occupation *(if required)*	Contributions: ☐ Direct ☐ In-Kind *(describe)* Other Receipts: ☐ Interest ☐ Loan ☐ Miscellaneous *(specify)*			
SUBTOTAL THIS PAGE OF SCHEDULE A		$ 2,750.00		
TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY *(Enter total on ITEM 15a of the Summary Sheet.)*		$		

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

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

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

FILE NUMBER

Page 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. Plymouth Foundry, Inc. P.O. Box 537 Plymouth, IN 46563	Contributions: ☒ Direct ☐ In-Kind *(describe)* Other Receipts: ☐ Interest ☐ Loan ☐ Miscellaneous *(specify)*	$500.00	$500.00	02/25/26 Bryan Howard
2. Plymouth Foundry, Inc. P.O. Box 537 Plymouth, IN 46563	Contributions: ☐ Direct ☒ In-Kind *(describe)* Skillets for LD Raffle Other Receipts: ☐ Interest ☐ Loan ☐ Miscellaneous *(specify)*	$214.00	$714.00	03/06/26 Bryan Howard
3.	Contributions: ☐ Direct ☐ In-Kind *(describe)* Other Receipts: ☐ Interest ☐ Loan ☐ Miscellaneous *(specify)*			
4.	Contributions: ☐ Direct ☐ In-Kind *(describe)* Other Receipts: ☐ Interest ☐ Loan ☐ Miscellaneous *(specify)*			
5.	Contributions: ☐ Direct ☐ In-Kind *(describe)* Other Receipts: ☐ Interest ☐ Loan ☐ Miscellaneous *(specify)*			
	SUBTOTAL THIS PAGE OF SCHEDULE A	$ 714.00		
	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 (R18 / 6-25)
Indiana Election Division (IC 3-9-5-14)

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

Itemized Contributions and Other Receipts

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

FILE NUMBER
Page 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. Rudy for Hoosiers PAC P.O. Box 26141 Alexandria, VA 22313	Contributions: ☒ Direct ☐ In-Kind *(describe)* Other Receipts: ☐ Interest ☐ Loan ☐ Miscellaneous *(specify)*	$2,500.00	$2,500.00	03/12/26 Bryan Howard
2.	Contributions: ☐ Direct ☐ In-Kind *(describe)* Other Receipts: ☐ Interest ☐ Loan ☐ Miscellaneous *(specify)*			
3.	Contributions: ☐ Direct ☐ In-Kind *(describe)* Other Receipts: ☐ Interest ☐ Loan ☐ Miscellaneous *(specify)*			
4.	Contributions: ☐ Direct ☐ In-Kind *(describe)* Other Receipts: ☐ Interest ☐ Loan ☐ Miscellaneous *(specify)*			
5.	Contributions: ☐ Direct ☐ In-Kind *(describe)* Other Receipts: ☐ Interest ☐ Loan ☐ Miscellaneous *(specify)*			
SUBTOTAL THIS PAGE OF SCHEDULE A		$ 2,500.00		
TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY *(Enter total on ITEM 15a of the Summary Sheet.)*		$		

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

(CFA-4 SCHEDULE A-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. Friends of Jack Jordan P.O. Box 117 Plymouth, IN 46563	Contributions: ☒ Direct ☐ In-Kind *(describe)* Other Receipts: ☐ Interest ☐ Loan ☐ Miscellaneous *(specify)*	$1,000.00	$1,000.00	03/12/26 Bryan Howard
2. Johnson-Danielson Funeral Home 1100 North Michigan Street Plymouth, IN 46563	Contributions: ☒ Direct ☐ In-Kind *(describe)* Other Receipts: ☐ Interest ☐ Loan ☐ Miscellaneous *(specify)*	$500.00	$500.00	03/04/26 Bryan Howard
3. McFarland for Sheriff	Contributions: ☒ Direct ☐ In-Kind *(describe)* Other Receipts: ☐ Interest ☐ Loan ☐ Miscellaneous *(specify)*	$500.00	$500.00	02/25/26 Bryan Howard
4. Rudy for Indiana 5776 Grape Road PMB 176 Mishawaka, IN 46545	Contributions: ☒ Direct ☐ In-Kind *(describe)* Other Receipts: ☐ Interest ☐ Loan ☐ Miscellaneous *(specify)*	$500.00	$500.00	01/12/26 Bryan Howard
5.	Contributions: ☐ Direct ☐ In-Kind *(describe)* Other Receipts: ☐ Interest ☐ Loan ☐ Miscellaneous *(specify)*			
SUBTOTAL THIS PAGE OF SCHEDULE A		$ 2,500.00		
TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY ***(Enter total on ITEM 15a of the Summary Sheet.)***		$ 13,994.00		

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

(CFA-4 SCHEDULE B) ITEMIZED EXPENDITURES

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

FILE NUMBER

RECIPIENT'S NAME AND MAILING ADDRESS *(street, number, city, state, ZIP code)*	RECIPIENT'S OCCUPATION / OFFICE SOUGHT *(if applicable)*	TYPE OF EXPENDITURE and PURPOSE *(be specific)*	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE OF EXPENDITURE *(mm/dd/yy)*
Code F Boys & Girls Clubs of Marshall County 314 East Jefferson Street Plymouth, IN 46563	Event Center	☒ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other Purpose: Deposit for Lincoln Day Rental	$150.00	$150.00	02/03/26
Code F Boys & Girls Clubs of Marshall County 314 East Jefferson Street Plymouth, IN 46563	Event Center	☒ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other Purpose: Venue Rental Final Payment - LD	$1,050.00	$1,200.00	03/06/26
Code F Christo's Family Catering 2227 North Michigan Street Plymouth, IN 46563	Catering Service	☒ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other Purpose: Dinner for Lincoln Day	$5,757.40	$5,757.40	03/12/26
Code F Fingerhut Bakery 101 E. Washington St. #1151 Knox, IN 46534	Bakery	☒ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other Purpose: Cakes for LD Dinner	$202.00	$202.00	02/24/26
Code F Fingerhut Bakery 101 E. Washington St. #1151 Knox, IN 46534	Bakery	☒ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other Purpose: Cakes for LD Dinner	$57.00	$259.00	03/04/26
Code O NIPSCO P.O. Box 13007 Merrillville, IN 46411-3007	Utility Co. - Gas/Electric	☒ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other Purpose: Gas/Electric at HQ	$1,500.00	$1,500.00	02/02/26
Code F Pleased Events & Catering 1024 West Jefferson Street Plymouth, IN 46563	Caterer	☒ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other Purpose: Cash Bar for LD Dinner	$800.00	$800.00	03/06/26
		SUBTOTAL THIS PAGE OF SCHEDULE B	$9,516.40		
		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 (R18 / 6-25)
Indiana Election Division (IC 3-9-5-14)

(CFA-4 SCHEDULE B) ITEMIZED EXPENDITURES

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

FILE NUMBER

RECIPIENT'S NAME AND MAILING ADDRESS *(street, number, city, state, ZIP code)*	RECIPIENT'S OCCUPATION / OFFICE SOUGHT *(if applicable)*	TYPE OF EXPENDITURE and PURPOSE *(be specific)*	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE OF EXPENDITURE *(mm/dd/yy)*
Code F Plymouth Foundry, Inc. P.O. Box 537 Plymouth, IN 46563	Foundry	☐ Direct ☒ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other Purpose: Skillets for LD Raffle	$214.00	$214.00	03/06/26
Code F Plymouth Foundry, Inc. P.O. Box 537 Plymouth, IN 46563	Foundry	☒ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other Purpose: Purchase of "America 250" Eagles	$360.00	$574.00	03/12/26
Code O VanDeMark, Paul & Deborah 14750 Tulip Road Culver, IN 46511	Administration	☒ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other Purpose: Reimbursement Brightspeed Auto-Pay Jan/Feb/March	$350.16	$350.16	01/19/26
Code F VanDeMark, Paul & Deborah 14750 Tulip Road Culver, IN 46511	Administration	☒ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other Purpose: Reimbursement Candy Bars for LD	$223.20	$573.36	02/24/26
Code F VanDeMark, Paul & Deborah 14750 Tulip Road Culver, IN 46511	Administration	☒ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other Purpose: Reimbursement LD Decorations	$132.15	$705.51	03/04/26
Code O VanDeMark, Paul & Deborah 14750 Tulip Road Culver, IN 46511	Administration	☒ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other Purpose: Reimbursement Brightspeed Auto-Pay Apr/May/Jun	$349.89	$1,055.40	04/10/26
Code		☐ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other Purpose:			
		SUBTOTAL THIS PAGE OF SCHEDULE B	$1,629.40		
		TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY *(Enter total on ITEM 17a of the Summary Sheet.)*	$11,145.80		

REPORT OF RECEIPTS AND EXPENDITURES OF A POLITICAL COMMITTEE

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

(CFA-4) Summary Sheet

FILE NUMBER
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.*

FILED IN CLERK'S OFFICE

IS THIS AN AMENDMENT? ☐ Yes ☒ No

2026 APR 16 A 11:03

CLERK OF CIRCUIT/SUP MARSHALL COUNTY, IN

COMMITTEE INFORMATION

1. Full Name of Committee (as on *Statement of Organization*) ☒ Check if this is a new name
Matt Pitney for Twp Trustee 202

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

3. Committee Telephone Number
(574) 276-0278

4. Mailing Address *(Address where all campaign finance correspondence is received.)* ☐ Check if this is a new address.
1079 17th Rd

5. City, State, ZIP Code
Bourbon, IN 46504

6. Party Affiliation *(if applicable)*
Republican

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

7. Full Name of Candidate *(Include any nickname.)*
Matthew David Pitney

8. Party Affiliation or If Independent Candidate
Republican

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

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: 01/01/2026 Through: 04/10/2026

	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.

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

Signature of Treasurer	Title	Date *(mm/dd/yy)*
Matt Pitney		04/16/2026
Signature of Candidate *(if applicable)*		Date *(mm/dd/yy)*
Matt Pitney		04/16/2026

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 (R18 / 6-25)
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.
Matthew Aldridge for Judge of the Marshall Superior Court 2

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 274

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.)*
Matthew Timothy Aldridge

8. Party Affiliation or If Independent Candidate
Republican

9. Office Sought *(Include district number, if any.* ***Not required for exploratory committee.)***
Marshall County Superior Court No. 2 Judge

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: 01/01/2026 Through: 04/10/2026

	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.

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

Signature of Treasurer	Title	Date *(mm/dd/yy)*
Signature of Candidate *(if applicable)*		Date *(mm/dd/yy)* 04/09/26

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

(CFA-4) Summary Sheet

FILE NUMBER

TOTAL PAGES IN ENTIRE CFA-4 REPORT
4

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

IS THIS AN AMENDMENT? ☐ Yes ☒ No

COMMITTEE INFORMATION

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

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

3. Committee Telephone Number
216-215-4424

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

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

6. Party Affiliation *(if applicable)*
Republican

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

7. Full Name of Candidate *(Include any nickname.)*
Nicholas Langowski

8. Party Affiliation or If Independent Candidate
Republican

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

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: 1/1/2026 Through: 4/10/2026

	COLUMN A This Period	COLUMN B Year to Date
13. Cash on hand and investments at the beginning of this reporting period.	$79.25	
14. Cash on hand and investments January 1, current year.		$79.25
CONTRIBUTIONS AND RECEIPTS		
(Note: these amounts include in-kind contributions and loans, as well as cash contributions.)		
15a. Itemized *(Use Schedule A.)*	$2,594.95	$2,594.95
15b. Unitemized	$0	$0
15c. Add lines 15a and 15b in both columns. **SUBTOTAL**	$2,594.95	$2,594.95
16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B. **TOTAL**	$2,594.95	$2,594.95
EXPENDITURES		
(Note: These amounts include in-kind expenditures and loan repayments.)		
17a. Itemized *(Use Schedule B.) (Public Question: use Schedule C.)*	$1,278.16	$1,278.16
17b. Unitemized	$20	$20
17c. Add lines 17a and 17b in both columns. **SUBTOTAL**	$1,298.16	$1,298.16
18. Cash on hand and investments at close of this reporting period *(Subtract 17c from 16 in both columns.)* **TOTAL**	$1,296.79	$1,296.79
19. Debts OWED BY the committee *(Use Schedule D.)*	0	
20. Debts OWED TO the committee *(Use Schedule E.)*	0	

CERTIFICATION

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

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

Signature of Treasurer	Title	Date (mm/dd/yy)
	Treasurer	4/10/26
Signature of Candidate *(if applicable)*		Date (mm/dd/yy) 4/10/26

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

FOR OFFICE USE ONLY

MARSHALL COUNTY, IN
OFFICE OF THE CLERK
2026 APR 13 A 8:49

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

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

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

FILE NUMBER
Page 2 of 4

CONTRIBUTOR'S FULL NAME AND OCCUPATION FULL MAILING ADDRESS *(street, number, city, state, ZIP code)*	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED *(mm/dd/yy)* / RECEIVED BY
1. Nicholas Langowski Contributor's Occupation *(if required)*	Contributions: ☐ Direct ☑ In-Kind *(describe)* signs Other Receipts: ☐ Interest ☐ Loan ☐ Miscellaneous *(specify)*	$588.50		3/6/2026 Nicholas Langowski
2. Steve Langowski 3776 Selma Ln. Brunswick OH, 44212 Contributor's Occupation *(if required)*	Contributions: ☑ Direct ☐ In-Kind *(describe)* Other Receipts: ☐ Interest ☐ Loan ☐ Miscellaneous *(specify)*	$1000		3/9/2026 Nicholas Langowski
3. Bonnie Salyer 5378 Sage Rd Plymouth, IN 46563 Contributor's Occupation *(if required)*	Contributions: ☐ Direct ☑ In-Kind *(describe)* Signs Other Receipts: ☐ Interest ☐ Loan ☐ Miscellaneous *(specify)*	$200		3/6/2026 Nicholas Langowski
4. James (Jamie) O'Brien Contributor's Occupation *(if required)*	Contributions: ☑ Direct ☐ In-Kind *(describe)* Other Receipts: ☐ Interest ☐ Loan ☐ Miscellaneous *(specify)*	$200		3/9/2026 Nicholas Langowski
5. Eugene Nelson Chipman jr. Contributor's Occupation *(if required)*	Contributions: ☑ Direct ☐ In-Kind *(describe)* Other Receipts: ☐ Interest ☐ Loan ☐ Miscellaneous *(specify)*	$500		3/16/2026 Nicholas Langowski
	SUBTOTAL THIS PAGE OF SCHEDULE A	$2488.50		
	TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY ***(Enter total on ITEM 15a of the Summary Sheet.)***	$		

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

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

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

FILE NUMBER

Page 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. Michelle Longanecker 880 Baker St. Plymouth, IN 46563	Contributions: ☐ Direct ☒ In-Kind *(describe)* Food for Event Other Receipts: ☐ Interest ☐ Loan ☐ Miscellaneous *(specify)*	$106.45	$106.45	04/01/2026 Nicholas Langowski
2.	Contributions: ☐ Direct ☐ In-Kind *(describe)* Other Receipts: ☐ Interest ☐ Loan ☐ Miscellaneous *(specify)*			
3.	Contributions: ☐ Direct ☐ In-Kind *(describe)* Other Receipts: ☐ Interest ☐ Loan ☐ Miscellaneous *(specify)*			
4.	Contributions: ☐ Direct ☐ In-Kind *(describe)* Other Receipts: ☐ Interest ☐ Loan ☐ Miscellaneous *(specify)*			
5.	Contributions: ☐ Direct ☐ In-Kind *(describe)* Other Receipts: ☐ Interest ☐ Loan ☐ Miscellaneous *(specify)*			
	SUBTOTAL THIS PAGE OF SCHEDULE A	$ 106.45		
	TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY *(Enter total on ITEM 15a of the Summary Sheet.)*	$ $2,594.95		

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

(CFA-4 SCHEDULE B) ITEMIZED EXPENDITURES

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

FILE NUMBER
Page 4 of 4

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 Bowen Printing 200 S. Michigan St, Plymouth, IN 46563		☒ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other Purpose:	788.50	788.50	3/6/2026
Code C Marshall County FOP #130 P.O. Box 502		☒ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other Purpose:	$250	$250	03/31/2026
Code A Vista Print 100 Hayden Ave, Lexington MA, 02421		☒ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other Purpose:	$239.66	$239.66	03/17/2026
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	$1,278.16		
		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 (R18 / 6-25)
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.*

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CLERK OF CIRCUIT/SUP
MARSHALL COUNTY, IN

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
Conservatives for Nicole Cox

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

3. Committee Telephone Number
574-220-1318

4. Mailing Address *(Address where all campaign finance correspondence is received.)* ☐ Check if this is a new address.
4111 Olive Rd

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.)*
Nicole Marie Cox

8. Party Affiliation or If Independent Candidate
Republican

9. Office Sought *(Include district number, if any.* ***Not required for exploratory committee.)***
County 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 19, 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: 01-01-26 Through: 04-17-26

	COLUMN A This Period	COLUMN B Year to Date
13. Cash on hand and investments at the beginning of this reporting period	500.00	
14. Cash on hand and investments January 1, current year		500.00
CONTRIBUTIONS AND RECEIPTS		
(Note: these amounts include in-kind contributions and loans, as well as cash contributions.)		
15a. Itemized *(Use Schedule A.)*		
15b. Unitemized	50.00	50.00
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**	550.00	550.00
EXPENDITURES		
(Note: These amounts include in-kind expenditures and loan repayments.)		
17a. Itemized *(Use Schedule B.) (Public Question: use Schedule C.)*	9.95	9.95
17b. Unitemized		
17c. Add lines 17a and 17b in both columns. **SUBTOTAL**	9.95	9.95
18. Cash on hand and investments at close of this reporting period (Subtract 17c from 16 in both columns.) **TOTAL**	540.05	540.05
19. Debts OWED BY the committee *(Use Schedule D.)*		
20. Debts OWED TO the committee *(Use Schedule E.)*		

CERTIFICATION

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

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

Signature of Treasurer	Title	Date *(mm/dd/yy)*
Nicole Cox		04/16/26
Signature of Candidate *(if applicable)*		Date *(mm/dd/yy)*
Nicole Cox		04/16/26

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

(CFA-4 SCHEDULE B) ITEMIZED EXPENDITURES

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

FILE NUMBER

Page 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 O Lake City Bank 826 E Jefferson St Plymouth, IN 46563	Bank	☒ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other Purpose:	9.95	9.95	03/17/26
Code		☐ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other Purpose:			
Code		☐ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other Purpose:			
Code		☐ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other Purpose:			
Code		☐ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other Purpose:			
Code		☐ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other Purpose:			
Code		☐ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other Purpose:			
		SUBTOTAL THIS PAGE OF SCHEDULE B	$9.95		
		TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY *(Enter total on ITEM 17a of the Summary Sheet.)*	$9.95		

REPORT OF RECEIPTS AND EXPENDITURES OF A POLITICAL COMMITTEE

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

(CFA-4) Summary Sheet

FILE NUMBER
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.
Peter A Paul for County Assessor

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

3. Committee Telephone Number
574-281-2742

4. Mailing Address *(Address where all campaign finance correspondence is received.)* ☐ Check if this is a new address.
18465 Michigan 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.)*
Peter A Paul

8. Party Affiliation or If Independent Candidate
Republican

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

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: 1/1/2025 Through: 4-10-2026	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.

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

Signature of Treasurer	Title	Date *(mm/dd/yy)*
Peter A Paul	Candidate	4/13/2026
Signature of Candidate *(if applicable)* Peter A Paul		Date *(mm/dd/yy)* 4/13/2026

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 (R18 / 6-25)
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.
Phillip Andrew Meister

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

3. Committee Telephone Number
574 364 5904

4. Mailing Address *(Address where all campaign finance correspondence is received.)* ☐ Check if this is a new address.
4115 Elm Rd

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

6. Party Affiliation *(if applicable)*
Republican

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

7. Full Name of Candidate *(Include any nickname.)*
Phillip Andrew Meister

8. Party Affiliation or If Independent Candidate
Republican

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: 1-1-26 Through: 4-10-26

	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.)*		
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**		
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**		
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.

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

Signature of Treasurer: Phillip Andrew Meister	Title	Date *(mm/dd/yy)*: 04/14/26
Signature of Candidate *(if applicable)*: Phillip Andrew Meister		Date *(mm/dd/yy)*: 04/14/26

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

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MARSHALL COUNTY IN

REPORT OF RECEIPTS AND EXPENDITURES OF A POLITICAL COMMITTEE

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

(CFA-4) Summary Sheet

FILE NUMBER
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.
Schori for Bourbon Township

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

3. Committee Telephone Number
574-780-2906

4. Mailing Address *(Address where all campaign finance correspondence is received.)* ☐ Check if this is a new address.
1318 Lincoln Hwy.

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.)*
Ryan F. Schori

8. Party Affiliation or If Independent Candidate
Republican

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

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: 01/01/26 Through: 04/10/26

	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.

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

Signature of Treasurer	Title	Date *(mm/dd/yy)*
Ryan F Schori	Treasurer	04/17/26
Signature of Candidate *(if applicable)*		Date *(mm/dd/yy)*
Ryan F Schori		04/17/26

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

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REPORT OF RECEIPTS AND EXPENDITURES OF A POLITICAL COMMITTEE

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

(CFA-4) Summary Sheet

FILE NUMBER

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.
Klotz for Commissioner

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

3. Committee Telephone Number
(574) 286-2452

4. Mailing Address *(Address where all campaign finance correspondence is received.)* ☐ Check if this is a new address.
1322 W. Grant

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

6. Party Affiliation *(if applicable)*
Republican

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

7. Full Name of Candidate *(Include any nickname.)*
Stanley Klotz

8. Party Affiliation or If Independent Candidate
Republican

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

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: 1/1/26 Through: 4/10/26

	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.

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

Signature of Treasurer	Title	Date *(mm/dd/yy)*
Stan Klotz	Commissioner	4/9/26
Signature of Candidate *(if applicable)*		**Date** *(mm/dd/yy)*
Stan Klotz		4/9/26

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

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2026 APR -9 P 3:29
CLERK OF CIRCUIT COURT
MARSHALL COUNTY, IN

REPORT OF RECEIPTS AND EXPENDITURES OF A POLITICAL COMMITTEE

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

(CFA-4) Summary Sheet

FILE NUMBER

TOTAL PAGES IN ENTIRE CFA-4 REPORT 10

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

FILED IN CLERK'S OFFICE 2026 APR 16 A 11:56 CLERK OF CIRCUIT CT MARSHALL COUNTY, IN

IS THIS AMENDMENT? ☐ Yes ☒ No

COMMITTEE INFORMATION

1. Full Name of Committee (as on *Statement of Organization*) ☐ Check if this is a new name.
STEPHEN WILHELM FOR WALNUT TOWNSHIP TRUSTEE

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

3. Committee Telephone Number
(574) 892-6522

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

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.)*
STEPHEN ALEXANDER WILHELM

8. Party Affiliation or If Independent Candidate
REPUBLICAN

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

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: 01/01/26 Through: 04/10/26

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

CERTIFICATION

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

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

Signature of Treasurer	Title	Date *(mm/dd/yy)*
Stephanie M. Wilhelm	TREASURER	04/14/26
Signature of Candidate *(if applicable)*		Date *(mm/dd/yy)*
Stephen A. Wilhelm		04/14/26

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

FOR OFFICE USE ONLY

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.
Steve Gorski for MC Recorder

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

3. Committee Telephone Number
(574) 952-5712

4. Mailing Address *(Address where all campaign finance correspondence is received.)* ☐ Check if this is a new address.
520 E Garro 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.)*
Steven (Steve) Edward Gorski

8. Party Affiliation or If Independent Candidate
Republican

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

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: 01/01/2026 Through: 4/10/2026	COLUMN A This Period	COLUMN B Year to Date
13. Cash on hand and investments at the beginning of this reporting period.	100	
14. Cash on hand and investments January 1, current year.		100
CONTRIBUTIONS AND RECEIPTS		
(Note: these amounts include in-kind contributions and loans, as well as cash contributions.)		
15a. Itemized *(Use Schedule A.)*	327.38	327.38
15b. Unitemized	0.00	0.00
15c. Add lines 15a and 15b in both columns. **SUBTOTAL**	327.38	327.38
16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B. **TOTAL**	327.38	327.38
EXPENDITURES		
(Note: These amounts include in-kind expenditures and loan repayments.)		
17a. Itemized *(Use Schedule B.) (Public Question: use Schedule C.)*	0	
17b. Unitemized	0.00	
17c. Add lines 17a and 17b in both columns. **SUBTOTAL**	0.00	
18. Cash on hand and investments at close of this reporting period *(Subtract 17c from 16 in both columns.)* **TOTAL**	100	
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)*
	Candidate	4/10/2026
Signature of Candidate *(if applicable)*		Date *(mm/dd/yy)* 4/10/2026

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

FOR OFFICE USE ONLY

MARSHALL COUNTY
CLERK OF CIRCUIT COURT
2026 APR 10 PM 2:
IN CLERK'S OFFICE
FILED

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

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

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

FILE NUMBER

Page _____ 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. Contributor's Occupation *(if required)*	Contributions: ☐ Direct ☐ In-Kind *(describe)* Other Receipts: ☐ Interest ☐ Loan ☐ Miscellaneous *(specify)*			
2. Samantha Gardner 7441 McLiver Drive Plymouth, IN 46563 Contributor's Occupation *(if required)*	Contributions: ☐ Direct ☑ In-Kind *(describe)* Shirts Other Receipts: ☐ Interest ☐ Loan ☐ Miscellaneous *(specify)*	$100.00	$100.00	1/31/2026 Steve Gorski
3. Steve Gorski 520 E Garro St Plymouth, IN 46563 Contributor's Occupation *(if required)* DEPUTY RECORDER	Contributions: ☐ Direct ☑ In-Kind *(describe)* Campaign Signs Other Receipts: ☐ Interest ☐ Loan ☐ Miscellaneous *(specify)*	$227.38	$227.38	3/19/2026 Steve Gorski
4. Contributor's Occupation *(if required)*	Contributions: ☐ Direct ☐ In-Kind *(describe)* Other Receipts: ☐ Interest ☐ Loan ☐ Miscellaneous *(specify)*			
5. Contributor's Occupation *(if required)*	Contributions: ☐ Direct ☐ In-Kind *(describe)* Other Receipts: ☐ Interest ☐ Loan ☐ Miscellaneous *(specify)*			
	SUBTOTAL THIS PAGE OF SCHEDULE A	$ 327.38		
	TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY *(Enter total on ITEM 15a of the Summary Sheet.)*	$ 327.38		

REPORT OF RECEIPTS AND EXPENDITURES OF A POLITICAL COMMITTEE

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

(CFA-4) Summary Sheet

FILE NUMBER

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.
Borggren for Trustee

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

3. Committee Telephone Number
(574) 276-3039

4. Mailing Address *(Address where all campaign finance correspondence is received.)* ☐ Check if this is a new address.
10268 Carriage Court

5. City, State, ZIP Code
Plymouth, IN 46563-9192

6. Party Affiliation *(if applicable)*
Republican

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

7. Full Name of Candidate *(Include any nickname.)*
Terry Lee Borggren

8. Party Affiliation or If Independent Candidate
Republican

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

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: 01/01/2026 Through: 04/10/2026

	COLUMN A This Period	COLUMN B Year to Date
13. Cash on hand and investments at the beginning of this reporting period.	$0.00	
14. Cash on hand and investments January 1, current year.		$0.00
CONTRIBUTIONS AND RECEIPTS		
(Note: these amounts include in-kind contributions and loans, as well as cash contributions.)		
15a. Itemized *(Use Schedule A.)*	$0.00	$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	$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.

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

Signature of Treasurer	Title	Date *(mm/dd/yy)*
Samuel J. Borggren	Treasurer	04/10/26
Signature of Candidate *(if applicable)*		Date *(mm/dd/yy)*
Terry Lee Borggren		04/10/26

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

FOR OFFICE USE ONLY

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CLERK CIRCUIT/SUP. COURTS OFFICE
MARSHALL COUNTY, IN
2026 APR 10 P 1:37

REPORT OF RECEIPTS AND EXPENDITURES OF A POLITICAL COMMITTEE

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

(CFA-4) Summary Sheet

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

IS THIS AN AMENDMENT? ☐ Yes ■ No

FILE NUMBER
TOTAL PAGES IN ENTIRE CFA-4 REPORT
3

COMMITTEE INFORMATION

1. Full Name of Committee (as on *Statement of Organization*) ☐ Check if this is a new name.
Flynn For Council District 2

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

3. Committee Telephone Number
574-286-1200

4. Mailing Address *(Address where all campaign finance correspondence is received.)* ☐ Check if this is a new address.
16206 Dogwood Lane

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.)*
Thomas Francis Flynn (Tom Flynn)

8. Party Affiliation or If Independent Candidate
Republican

9. Office Sought *(Include district number, if any.* ***Not required for exploratory committee.****)*
Marshall County Council 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: 02/06/26 Through: 04/10/26

	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.)*	$ 679.85	$ 679.85
15b. Unitemized	$ 0.00	$ 0.00
15c. Add lines 15a and 15b in both columns. **SUBTOTAL**	$ 679.85	$ 679.85
16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B. **TOTAL**	$ 679.85	$ 679.85
EXPENDITURES		
(Note: These amounts include in-kind expenditures and loan repayments.)		
17a. Itemized *(Use Schedule B.) (Public Question: use Schedule C.)*	$ 479.85	$ 479.85
17b. Unitemized	$ 0.00	$ 0.00
17c. Add lines 17a and 17b in both columns. **SUBTOTAL**	$ 479.85	$ 479.85
18. Cash on hand and investments at close of this reporting period *(Subtract 17c from 16 in both columns.)* **TOTAL**	$ 200.00	$ 200.00
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.

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

Signature of Treasurer	Title	Date *(mm/dd/yy)*
	Treasurer	04/15/26
Signature of Candidate *(if applicable)*		Date *(mm/dd/yy)*
		04/15/26

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

FOR OFFICE USE ONLY

MARSHALL COUNTY, IN
CLERK
FILED
APR 15 2026
CLERK'S OFFICE

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

(CFA-4 SCHEDULE A-1) CONTRIBUTIONS BY INDIVIDUALS

Itemized Contributions and Other Receipts

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

FILE NUMBER
Page 1 of 1

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. Thomas Flynn 16206 Dogwood Lane Plymouth, IN 46563 Contributor's Occupation *(if required)*	Contributions: ☑ Direct ☐ In-Kind *(describe)* Other Receipts: ☐ Interest ☐ Loan ☐ Miscellaneous *(specify)*	$ 58.85	$ 58.85	02/06/26 Thomas Flynn
2. Nelson Chipman Contributor's Occupation *(if required)*	Contributions: ☐ Direct ☑ In-Kind *(describe)* Other Receipts: ☐ Interest ☐ Loan ☐ Miscellaneous *(specify)*	$ 100.00	$ 158.85	06/06/26 Thomas Flynn
3. Thomas Flynn 16206 Dogwood Lane Plymouth, IN 46563 Contributor's Occupation *(if required)*	Contributions: ☑ Direct ☐ In-Kind *(describe)* Other Receipts: ☐ Interest ☐ Loan ☐ Miscellaneous *(specify)*	$ 321.00	$ 479.85	03/30/26 Thomas Flynn
4. Peter Buchanan 2821 NE 39th Street Light House Point, FL 33064 Contributor's Occupation *(if required)*	Contributions: ☑ Direct ☐ In-Kind *(describe)* Other Receipts: ☐ Interest ☐ Loan ☐ Miscellaneous *(specify)*	$ 200.00	$ 679.85	03/30/26 Thomas Flynn
5. Contributor's Occupation *(if required)*	Contributions: ☐ Direct ☐ In-Kind *(describe)* Other Receipts: ☐ Interest ☐ Loan ☐ Miscellaneous *(specify)*			
SUBTOTAL THIS PAGE OF SCHEDULE A		$ 679.85		
TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY *(Enter total on ITEM 15a of the Summary Sheet.)*		$ 679.85		

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

(CFA-4 SCHEDULE B) ITEMIZED EXPENDITURES

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

FILE NUMBER
Page 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 Bowen Printing 200 S. Michigan Street Plymouth, IN 46563	Commercial Printing Marshall County Council Distirct 2	☒ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other Purpose:	$ 58.85	$ 58.85	02/06/26
Code C Nelson Chipman	Marshall County Prosecutor Marshall County Council District 2	☐ Direct ☒ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other Purpose: M.C. Lincoln Day Dinner	$ 100.00	$ 158.85	03/06/26
Code A Bowen Printing 200 S. Michigan Street Plymouth, IN 46563	Commercial Printing Marshall County Council District 2	☒ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other Purpose:	$ 321.00	$ 479.85	03/30/26
Code		☐ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other Purpose:			
Code		☐ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other Purpose:			
Code		☐ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other Purpose:			
Code		☐ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other Purpose:			
		SUBTOTAL THIS PAGE OF SCHEDULE B	$ 479.85		
		TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY *(Enter total on ITEM 17a of the Summary Sheet.)*	$ 479.85		

REPORT OF RECEIPTS AND EXPENDITURES OF A POLITICAL COMMITTEE

State Form 46018 (R / 6-25)
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.
TIM FOR TRUSTEE

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

3. Committee Telephone Number
(574) 780 9402

4. Mailing Address *(Address where all campaign finance correspondence is received.)* ☐ Check if this is a new address.
17729 WALNUT ST.

5. City, State, ZIP Code
PLYMOUTH IND. 46563

6. Party Affiliation *(if applicable)*

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

7. Full Name of Candidate *(Include any nickname.)*
Timothy (Tim) Kazanecki

8. Party Affiliation or If Independent Candidate
Republican

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

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: 2-5-26 Through: 4-8-26

	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.

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

Signature of Treasurer: Tim Kazanecki — Title: Candidate — Date *(mm/dd/yy)*: 4-8-26

Signature of Candidate *(if applicable)*: Tim Kazanecki — Date *(mm/dd/yy)*: 4-8-26

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

FOR OFFICE USE ONLY

FILED

REPORT OF RECEIPTS AND EXPENDITURES OF A POLITICAL COMMITTEE

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

(CFA-4) Summary Sheet

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

FILE NUMBER

TOTAL PAGES IN ENTIRE CFA-4 REPORT
20

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.
Will Patterson for Marshall County Council

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

3. Committee Telephone Number
574-248-1912

4. Mailing Address *(Address where all campaign finance correspondence is received.)* ☐ Check if this is a new address.
1730 Dogwood

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

6. Party Affiliation *(if applicable)*
Republican

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

7. Full Name of Candidate *(Include any nickname.)*
William Russell Patterson (Will)

8. Party Affiliation or If Independent Candidate
Republican

9. Office Sought *(Include district number, if any. **Not required for exploratory committee.**)*
Marshall County Council District 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: 1/1/2026 Through: 04/10/2026

	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.

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

Signature of Treasurer	Title	Date *(mm/dd/yy)*
William Patterson	Treasurer	04/13/2026
Signature of Candidate *(if applicable)* William Patterson		Date *(mm/dd/yy)* 04/13/2026

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

FILED
IN CLERK'S OFFICE
2026 APR 14 P 12:36
CLERK OF CIRCUIT/SUP
MARSHALL COUNTY IN

INSTRUCTIONS FOR COMPLETING THIS FORM

This form consists of a summary sheet together with five schedules for itemized reporting. The form is to be used by treasurers of all committees to report receipts and expenditures in compliance with IC 3-9-5.

The spaces on this form have been numbered for your convenience and for easy reference to these instructions. The preparer should type or print legibly **IN BLACK INK** all information required. All previous versions of State Form 4606 are obsolete and cannot be used. (IC 3-5-4-8) **TO AVOID PENALTIES THIS FORM MUST BE FULLY COMPLETED.** You must complete each item on this form, including ALL SPACES in Column B, Calendar Year-to-Date.

SPECIAL INSTRUCTIONS FOR STATEWIDE CANDIDATES, STATE LEGISLATIVE CANDIDATES, AND CERTAIN POLITICAL ACTION COMMITTEES

This instruction applies to all statewide candidates, state legislative candidates, and any political action committee that (1) is required to file with the Election Division and (2) which received more than $50,000 in contributions since the close of the previous reporting period. This form must be filed **electronically** with the Election Division. Contact the Division at 1-800-622-4941 for more information.

FILE NUMBER: Enter the previously assigned Election Division or County Election Board file number.

TOTAL PAGES: Enter the total number of pages of the entire CFA-4 report, including any attached schedule.

IS THIS AN AMENDMENT? Check "Yes" if this report is to correct or change information submitted in a previous report; otherwise check "No."

ITEM 1: Enter full name of the committee as it appears on its Statement of Organization *(Form CFA-1, CFA-2, or CFA-3)*. Check box if new name.

ITEM 2: Enter the acronym or abbreviated name. For example: W-PAC.

ITEM 3: Enter the committee telephone number, including area code. *(This will typically be the committee's daytime telephone number.)*

ITEM 4: Enter the mailing address of the committee. All correspondence with the committee relative to filing under the Campaign Finance Act will be mailed to this address, unless specified otherwise. Check box if this is a new address.

ITEM 5: Enter the committee's city, state and ZIP code. If known, include ZIP plus four.

ITEM 6: If the committee supports the philosophy and ideals of a particular political party, enter the party affiliation.

ITEM 7: Enter the full name of the candidate and include any nickname, particularly if the candidate's nickname may appear on the ballot.

ITEM 8: If the candidate supports the philosophy and ideals of a particular political party, enter the party affiliation. If the candidate is not affiliated with a political party enter "independent candidate." A committee to retain an incumbent *(such as a justice or judge)* should also enter "independent candidate." A write-in candidate should follow the same procedure and enter either a political party or "independent candidate." DO NOT ENTER "write-in."

ITEM 9: enter the full name of the office being sought by the candidate *(include district number, if any)*. For example, "Indiana State Senator, District _____", "_____ County Sheriff", or "_____ City Council, District _____." Not required to be completed by an exploratory committee.

ITEM 10: Enter the candidate's county of residence.

ITEM 11: Check the appropriate box indicating the type of report. A candidate should check "nomination" report if the candidate was nominated as a minor party or independent candidate by petition; if the candidate was selected by a major party to fill a vacancy on the ballot existing after the primary; or if the candidate is a write-in candidate.
Libertarian party candidate nominated at a party convention should not check "nomination" report. Instead, that candidate should check either "pre-convention" or "post-convention" report. Statewide candidates filing a quarterly report should check "Other" and indicate "Quarterly."

ITEM 12: Enter the appropriate dates for the type of report checked in ITEM 11. These reporting and filing dates are prescribed by Indiana Code (IC) 3-9-5.

ITEM 13: Enter the amount of cash on hand and investments *(as described in ITEM 14)* at the beginning of the particular reporting period. If a previous report has been filed using this form, this figure will be the same as that reported on ITEM 18 of the report.

ITEM 14: Enter the amount of cash on hand and investments *(including funds in checking and savings account)* on January 1. This amount is NOT the amount on hand at the beginning of any later reporting period.

"Cash on hand" also includes any certificates of deposit or other "cash equivalent" that can be readily converted to cash within ninety (90) days. Include in total investments things such as money market accounts, stocks, bonds, and mutual fund accounts.

If the committee was not in existence on January 1 of the reporting year, the treasurer should report zero on ITEM 14 in Column B.

ITEM 15a: Enter all itemized individual contributions from all persons including in-kind and transfer-in. This figure will be the total of all pages of Schedule A. Column A is for reporting total contributions for the current reporting period, Column B is for total contributions calendar year-to-date. Contributions exceeding more than $100 *($200 if regular party committee)* must be itemized. All transfers-in must be itemized on Schedule A regardless of the amount.

ITEM 15b: Enter all unitemized individual contributions from all persons *(including in-kind)*. This includes contributions not itemized under 15a.

ITEM 15c: Enter the sum of ITEMS 15a and 15b in both Column A and B.

ITEM 16: Enter the sum of ITEMS 13 and 15c in Column A. Enter the sum of 14 and 15c in Column B.

ITEM 17a: Enter all itemized expenditures, transfer-out and in-kind expenses. This figure will be the total of all pages of Schedule B and Schedule C. Use Column A to report total expenditures for the current reporting period. Use Column B to report total itemized expenditures calendar year-to-date. Expenditures exceeding more than $100 *($200 if a regular party committee)* must be itemized. All transfers-out must be itemized on Schedule B regardless of amount.

ITEM 17b: Enter all unitemized expenditures and in-kind expenses. This includes expenditures not itemized under 17a.

ITEM 17c: Enter the sum of ITEMS 17a and 17b in BOTH Column A and B.

ITEM 18: Subtract ITEM 17c from ITEM 16 in both Column A and B.

ITEM 19: Enter the total debts and loans OWED BY the committee as itemized on Schedule D. This includes debts such as accounts payable, credit card purchases **IF made with a credit card issued in the name of the committee** and loans from a lending institution or another entity.

ITEM 20: Enter the total debts OWED TO the committee as itemized on schedule E. This includes a loan payable to the committee.

PROHIBITED SOURCE AFFIRMATION: A PAC supporting or opposing a public question must certify that no preliminary activity was funded by a prohibited source. (IC 3-9-1-4)

CERTIFICATION: The treasurer of the committee must sign this report. A person other than the treasurer may sign this report if a copy of the power of attorney signed by the treasurer authorizing the individual to sign is filed with the CFA-4. If a candidate's committee is completing this report and a person other than the candidate serves as treasurer, this report must be signed by both the candidate and treasurer. The committee chairman can file the outgoing treasurer report if the treasurer is deceased or otherwise unable to file. An executor for the committee treasurer or candidate can close a deceased person's candidate committee.

WARNING: Using campaign funds for primarily personal purposes is prohibited. (IC 3-9-3-4, IC 3-9-1-12)

NOTICE: Contact the Election Division or your County Election Board if you have any questions.

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

(CFA-4 SCHEDULE A-1) CONTRIBUTIONS BY INDIVIDUALS

Itemized Contributions and Other Receipts

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

FILE NUMBER
Page 1 of 1

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. Contributor's Occupation *(if required)*	Contributions: ☐ Direct ☐ In-Kind *(describe)* Other Receipts: ☐ Interest ☐ Loan ☐ Miscellaneous *(specify)*			
2. Contributor's Occupation *(if required)*	Contributions: ☐ Direct ☐ In-Kind *(describe)* Other Receipts: ☐ Interest ☐ Loan ☐ Miscellaneous *(specify)*			
3. Contributor's Occupation *(if required)*	Contributions: ☐ Direct ☐ In-Kind *(describe)* Other Receipts: ☐ Interest ☐ Loan ☐ Miscellaneous *(specify)*			
4. Contributor's Occupation *(if required)*	Contributions: ☐ Direct ☐ In-Kind *(describe)* Other Receipts: ☐ Interest ☐ Loan ☐ Miscellaneous *(specify)*			
5. Contributor's Occupation *(if required)*	Contributions: ☐ Direct ☐ In-Kind *(describe)* Other Receipts: ☐ Interest ☐ Loan ☐ Miscellaneous *(specify)*			
	SUBTOTAL THIS PAGE OF SCHEDULE A	$0		
	TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY *(Enter total on ITEM 15a of the Summary Sheet.)*	$0		

INSTRUCTIONS FOR COMPLETING THIS FORM

FILE NUMBER: Enter the file number assigned by the Election Division or County Election Board. Also indicate the number of pages used to complete this schedule. For example, "Page 2 of 2." This means this page is the second page of two pages used for this schedule.

CONTRIBUTOR'S NAME, MAILING ADDRESS AND OCCUPATION:

NOTE: Only list a contributor on this schedule if the contributor is an individual.

Enter the full name and mailing address of each contributor who has made one (1) or more contributions *(including in-kind)* within the calendar year in an aggregate amount exceeding $100 *($200 if regular party committee).*

ALSO

Enter the full name and mailing address of all contributors with cumulative receipts over $100 within a calendar year *($200 if regular party committee).* This includes entities that have paid interest to a committee's account.

IMPORTANT: When entering a contributor's name in this space, it is imperative to list the full name of the contributor.

OCCUPATION: Enter the occupation of any individual who has made aggregate contributions of at least $1,000 during the calendar year. Occupation information for other contributors is optional. Examples: "Attorney", "Banker", "Engineer", **NOT** "consultant."

TYPE OF CONTRIBUTION OR OTHER RECEIPT: Check the appropriate box. For in-kind contributions describe the general product or service provided *(such as yard signs, bumper stickers, or mailings, etc.).* For "miscellaneous", be as specific as possible.

COLUMN A AMOUNT THIS PERIOD: Enter the amount of each contribution, including in-kind, transfers-in or other receipts for this reporting period. NOTE: If reporting a contribution made through a payment platform that acts as a conduit, please enter the total amount of the contribution before any fees or charges are applied by the payment platform. (The fees or charges are reported on Schedule B.)

COLUMN B CUMULATIVE YEAR-TO-DATE: Enter the cumulative contributions, including in-kind, transfers-in, or other receipts calendar year-to-date.

DATE RECEIVED: Enter the month, day, and year the contribution was received. For checks and money orders indicate the date the committee deposited the check or money order in the committee's account, **NOT** the date it was written or mailed. For cash contributions, the contributions are received when cash is deposited in the committee's account, **NOT** when given or mailed. (IC 3-9-1-24.5)

RECEIVED BY: Enter the committee member who received the contribution for the committee. (IC 3-9-1-25)

SUBTOTAL THIS PAGE OF SCHEDULE A: Enter the subtotal for this page of Schedule A. If there is only one page of this Schedule, the figure is the same as the **TOTAL OF ALL PAGES ON SCHEDULE A.**

TOTAL OF ALL PAGES ON SCHEDULE A ON THE LAST PAGE ONLY: Enter *(ON THE LAST PAGE ONLY)* the total amount of all pages on Schedule A. Also enter this figure on ITEM 15a of the Summary Sheet.

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

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

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

FILE NUMBER
Page 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.	Contributions: ☐ Direct ☐ In-Kind *(describe)* _____ Other Receipts: ☐ Interest ☐ Loan ☐ Miscellaneous *(specify)* _____			
2.	Contributions: ☐ Direct ☐ In-Kind *(describe)* _____ Other Receipts: ☐ Interest ☐ Loan ☐ Miscellaneous *(specify)* _____			
3.	Contributions: ☐ Direct ☐ In-Kind *(describe)* _____ Other Receipts: ☐ Interest ☐ Loan ☐ Miscellaneous *(specify)* _____			
4.	Contributions: ☐ Direct ☐ In-Kind *(describe)* _____ Other Receipts: ☐ Interest ☐ Loan ☐ Miscellaneous *(specify)* _____			
5.	Contributions: ☐ Direct ☐ In-Kind *(describe)* _____ Other Receipts: ☐ Interest ☐ Loan ☐ Miscellaneous *(specify)* _____			
	SUBTOTAL THIS PAGE OF SCHEDULE A	$0		
	TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY *(Enter total on ITEM 15a of the Summary Sheet.)*	$0		

INSTRUCTIONS FOR COMPLETING THIS FORM

FILE NUMBER: Enter the file number assigned by the Election Division or County Election Board. Also indicate the number of pages used to complete this schedule. For example, "Page 2 of 2." This means this page is the second of two pages used for this schedule.

CONTRIBUTOR'S NAME AND MAILING ADDRESS:

NOTE: Only list a contributor on this schedule if the contributor is a corporation.
Not every business is a corporation! A corporation has articles of incorporation and is registered with the Indiana Secretary of State *(or with the equivalent office in another state).* See www.in.gov/sos/business/corps/searches.html for information on Indiana corporations.

A limited liability company (LLC), limited liability partnership (LLP), partnership, or a sole proprietorship is **NOT** a corporation. The federal income tax status of a corporation *(as a professional corporation or Subchapter S corporation, for example)* has no effect on the reporting of the corporation's contributions. If you are uncertain whether a contribution is from a corporation, contact the contributor for clarification regarding the status of the contributor.

Enter the full name and mailing address of each contributor who has made one (1) or more contributions *(including in-kind)* within the calendar year in an aggregate amount exceeding $100 *($200 if regular party committee).*

ALSO

Enter the full name and mailing address of all contributors with cumulative receipts over $100 within a calendar year *($200 if regular party committee).* This includes entities that have paid interest to a committee's account.

IMPORTANT: When entering a contributor's name in this space, it is imperative to list the full name of the contributor.

TYPE OF CONTRIBUTION OR OTHER RECEIPT: Check the appropriate box. For in-kind contributions describe the general product or service provided *(such as yard signs, bumper stickers or mailings, etc.).* For "miscellaneous", be as specific as possible.

COLUMN A AMOUNT THIS PERIOD: Enter the amount of each contribution, including in-kind, transfers-in or other receipts for this reporting period. NOTE: If reporting a contribution made through a payment platform that acts as a conduit, please enter the total amount of the contribution before any fees or charges are applied by the payment platform. (The fees or charges are reported on Schedule B.)

COLUMN B CUMULATIVE YEAR-TO-DATE: Enter the cumulative contributions, including in-kind, transfers-in or other receipts calendar year-to-date.

DATE RECEIVED: Enter the month, day, and year the contribution was received. For checks and money orders indicate the date the committee deposited the check or money order in the committee's account, **NOT** the date it was written or mailed. For cash contributions, the contributions are received when cash is deposited in the committee's account, **NOT** when given or mailed. (IC 3-9-1-24.5)

RECEIVED BY: Enter the committee member who received the contribution for the committee. (IC 3-9-1-25)

SUBTOTAL THIS PAGE OF SCHEDULE A: Enter the subtotal for this page of Schedule A. If there is only one page of this Schedule, the figure is the same as the **TOTAL OF ALL PAGES ON SCHEDULE A.**

TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY: Enter *(ON THE LAST PAGE ONLY)* the total amount of all pages on Schedule A. Also enter this figure on ITEM 15a of the Summary Sheet.

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

(CFA-4 SCHEDULE A-3) CONTRIBUTIONS BY LABOR ORGANIZATIONS

Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY LABOR ORGANIZATIONS 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 labor organizations **OVER $100** per contributor, within a calendar year **MUST** be itemized on this schedule *(over $200, if regular party committee)*. All cumulative receipts, *(such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income)* **OVER $100** per contributor, within a calendar year, **MUST** be itemized on this schedule *(over $200 if regular party committee)*.

FILE NUMBER

Page 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.	Contributions: ☐ Direct ☐ In-Kind *(describe)* _____ Other Receipts: ☐ Interest ☐ Loan ☐ Miscellaneous *(specify)* _____			
2.	Contributions: ☐ Direct ☐ In-Kind *(describe)* _____ Other Receipts: ☐ Interest ☐ Loan ☐ Miscellaneous *(specify)* _____			
3.	Contributions: ☐ Direct ☐ In-Kind *(describe)* _____ Other Receipts: ☐ Interest ☐ Loan ☐ Miscellaneous *(specify)* _____			
4.	Contributions: ☐ Direct ☐ In-Kind *(describe)* _____ Other Receipts: ☐ Interest ☐ Loan ☐ Miscellaneous *(specify)* _____			
5.	Contributions: ☐ Direct ☐ In-Kind *(describe)* _____ Other Receipts: ☐ Interest ☐ Loan ☐ Miscellaneous *(specify)* _____			
	SUBTOTAL THIS PAGE OF SCHEDULE A	$0		
	TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY *(Enter total on ITEM 15a of the Summary Sheet.)*	$0		

INSTRUCTIONS FOR COMPLETING THIS FORM

FILE NUMBER: Enter the file number assigned by the Election Division or County Election Board. Also indicate the number of pages used to complete this schedule. For example, "Page 2 of 2." This means this page is the second of two pages used for this schedule.

CONTRIBUTOR'S NAME AND MAILING ADDRESS:

NOTE: Only list a contributor on this schedule if the contributor is a labor organization.

Enter the full name and mailing address of each contributor who has made one (1) or more contributions *(including in-kind)* within the calendar year in an aggregate amount exceeding $100 *($200 if regular party committee).*

ALSO

Enter the full name and mailing address of all contributors with cumulative receipts over $100 within a calendar year *($200 if regular party committee).* This includes entities that have paid interest to a committee's account.

IMPORTANT: When entering a contributor's name in this space, it is imperative to list the full name of the contributor.

TYPE OF CONTRIBUTION OR OTHER RECEIPT: Check the appropriate box. For in-kind contributions describe the general product or service provided *(such as yard signs, bumper stickers or mailings, etc.).* For "miscellaneous", be as specific as possible.

COLUMN A AMOUNT THIS PERIOD: Enter the amount of each contribution, including in-kind, transfers-in or other receipts for this reporting period. NOTE: If reporting a contribution made through a payment platform that acts as a conduit, please enter the total amount of the contribution before any fees or charges are applied by the payment platform. (The fees or charges are reported on Schedule B.)

COLUMN B CUMULATIVE YEAR-TO-DATE: Enter the cumulative contributions, including in-kind, transfers-in or other receipts calendar year-to-date.

DATE RECEIVED: Enter the month, day, and year the contribution was received. For checks and money orders indicate the date the committee deposited the check or money order in the committee's account, **NOT** the date it was written or mailed. For cash contributions, the contributions are received when cash is deposited in the committee's account, **NOT** when given or mailed. (IC 3-9-1-24.5)

RECEIVED BY: Enter the committee member who received the contribution for the committee. (IC 3-9-1-25)

SUBTOTAL THIS PAGE OF SCHEDULE A: Enter the subtotal for this page of Schedule A. If there is only one page of this Schedule, the figure is the same as the **TOTAL OF ALL PAGES ON SCHEDULE A.**

TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY: Enter (ON THE LAST PAGE ONLY) the total amount of all pages on Schedule A. Also enter this figure on ITEM 15a of the Summary Sheet.

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

(CFA-4 SCHEDULE A-4)
CONTRIBUTIONS BY POLITICAL ACTION COMMITTEES
Itemized Contributions and Other Receipts

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

FILE NUMBER

Page 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.	Contributions: ☐ Direct ☐ In-Kind *(describe)* _____ Other Receipts: ☐ Interest ☐ Loan ☐ Miscellaneous *(specify)* _____			
2.	Contributions: ☐ Direct ☐ In-Kind *(describe)* _____ Other Receipts: ☐ Interest ☐ Loan ☐ Miscellaneous *(specify)* _____			
3.	Contributions: ☐ Direct ☐ In-Kind *(describe)* _____ Other Receipts: ☐ Interest ☐ Loan ☐ Miscellaneous *(specify)* _____			
4.	Contributions: ☐ Direct ☐ In-Kind *(describe)* _____ Other Receipts: ☐ Interest ☐ Loan ☐ Miscellaneous *(specify)* _____			
5.	Contributions: ☐ Direct ☐ In-Kind *(describe)* _____ Other Receipts: ☐ Interest ☐ Loan ☐ Miscellaneous *(specify)* _____			
	SUBTOTAL THIS PAGE OF SCHEDULE A	$0		
	TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY *(Enter total on ITEM 15a of the Summary Sheet.)*	$0		

INSTRUCTIONS FOR COMPLETING THIS FORM

FILE NUMBER: Enter the file number assigned by the Election Division or County Election Board. Also indicate the number of pages used to complete this schedule. For example, "Page 2 of 2." This means this page is the second of two pages used for this schedule.

CONTRIBUTOR'S NAME AND MAILING ADDRESS:

NOTE: Only list a contributor on this schedule if the contributor is a political action committee.

Enter the full name and mailing address of each contributor who has made one (1) or more contributions *(including in-kind)* within the calendar year in an aggregate amount exceeding $100 *($200 if regular party committee).*

ALSO

Enter the full name and mailing address of each political committee from which the political action committee received a transfer-in. All transfers-in from a political committee *(candidate's committee, legislative caucus committee, political action committee, or regular party committee)* must be itemized regardless of amount.

ALSO

Enter the full name and mailing address of all contributors with cumulative receipts over $100 within a calendar year *($200 if regular party committee).* This includes entities that have paid interest to a committee's account.

IMPORTANT: When entering a contributor's name in this space, it is imperative to list the full name of the contributor.

TYPE OF CONTRIBUTION OR OTHER RECEIPT: Check the appropriate box. For in-kind contributions describe the general product or service provided *(such as yard signs, bumper stickers or mailings, etc.).* For "miscellaneous", be as specific as possible.

COLUMN A AMOUNT THIS PERIOD: Enter the amount of each contribution, including in-kind, transfers-in or other receipts for this reporting period. NOTE: If reporting a contribution made through a payment platform that acts as a conduit, please enter the total amount of the contribution before any fees or charges are applied by the payment platform. (The fees or charges are reported on Schedule B.)

COLUMN B CUMULATIVE YEAR-TO-DATE: Enter the cumulative contributions, including in-kind, transfers-in or other receipts calendar year-to-date.

DATE RECEIVED: Enter the month, day, and year the contribution was received. For checks and money orders indicate the date the committee deposited the check or money order in the committee's account, **NOT** the date it was written or mailed. For cash contributions, the contributions are received when cash is deposited in the committee's account, **NOT** when given or mailed. (IC 3-9-1-24.5)

RECEIVED BY: Enter the committee member who received the contribution for the committee. (IC 3-9-1-25)

SUBTOTAL THIS PAGE OF SCHEDULE A: Enter the subtotal for this page of Schedule A. If there is only one page of this Schedule, the figure is the same as the **TOTAL OF ALL PAGES ON SCHEDULE A.**

TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY: Enter *(ON THE LAST PAGE ONLY)* the total amount of all pages on Schedule A. Also enter this figure on ITEM 15a of the Summary Sheet.

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

(CFA-4 SCHEDULE A-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.	Contributions: ☐ Direct ☐ In-Kind *(describe)* _____ Other Receipts: ☐ Interest ☐ Loan ☐ Miscellaneous *(specify)* _____			
2.	Contributions: ☐ Direct ☐ In-Kind *(describe)* _____ Other Receipts: ☐ Interest ☐ Loan ☐ Miscellaneous *(specify)* _____			
3.	Contributions: ☐ Direct ☐ In-Kind *(describe)* _____ Other Receipts: ☐ Interest ☐ Loan ☐ Miscellaneous *(specify)* _____			
4.	Contributions: ☐ Direct ☐ In-Kind *(describe)* _____ Other Receipts: ☐ Interest ☐ Loan ☐ Miscellaneous *(specify)* _____			
5.	Contributions: ☐ Direct ☐ In-Kind *(describe)* _____ Other Receipts: ☐ Interest ☐ Loan ☐ Miscellaneous *(specify)* _____			
	SUBTOTAL THIS PAGE OF SCHEDULE A	$0		
	TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY *(Enter total on ITEM 15a of the Summary Sheet.)*	$0		

INSTRUCTIONS FOR COMPLETING THIS FORM

FILE NUMBER: Enter the file number assigned by the Election Division or County Election Board. Also indicate the number of pages used to complete this schedule. For example, "Page 2 of 2." This means this page is the second of two pages used for this schedule.

CONTRIBUTOR'S NAME AND MAILING ADDRESS:

NOTE: Only list a contributor on this schedule if the contributor is NOT an individual, a political action committee, a corporation, or a labor organization. A contribution from a limited liability company (LLC), limited liability partnership (LLP), partnership, or sole proprietorship, for example, should be listed on this schedule.

Enter the full name and mailing address of each contributor who has made one (1) or more contributions (including in-kind) within the calendar year in an aggregate amount exceeding $100 *($200 if regular party committee).*

ALSO

Enter the full name and mailing address of each political committee from which the reporting committee received a transfer-in. All transfers-in from a political committee *(candidate's committee, legislative caucus committee, political action committee, or regular party committee)* must be itemized regardless of amount.

ALSO

Enter the full name and mailing address of all contributors with cumulative receipts over $100 within a calendar year *($200 if regular party committee).* This includes entities that have paid interest to a committee's account.

IMPORTANT: When entering a contributor's name in this space, it is imperative to list the full name of the contributor.

TYPE OF CONTRIBUTION OR OTHER RECEIPT: Check the appropriate box. For in-kind contributions describe the general product or service provided *(such as yard signs, bumper stickers or mailings, etc.).* For "miscellaneous", be as specific as possible.

COLUMN A AMOUNT THIS PERIOD: Enter the amount of each contribution, including in-kind, transfers-in or other receipts for this reporting period. NOTE: If reporting a contribution made through a payment platform that acts as a conduit, please enter the total amount of the contribution before any fees or charges are applied by the payment platform. (The fees or charges are reported on Schedule B.)

COLUMN B CUMULATIVE YEAR-TO-DATE: Enter the cumulative contributions, including in-kind, transfers-in or other receipts calendar year-to-date.

DATE RECEIVED: Enter the month, day, and year the contribution was received. For checks and money orders indicate the date the committee deposited the check or money order in the committee's account, **NOT** the date it was written or mailed. For cash contributions, the contributions are received when cash is deposited in the committee's account, **NOT** when given or mailed. (IC 3-9-1-24.5)

RECEIVED BY: Enter the committee member who received the contribution for the committee. (IC 3-9-1-25)

SUBTOTAL THIS PAGE OF SCHEDULE A: Enter the subtotal for this page of Schedule A. If there is only one page of this Schedule, the figure is the same as the **TOTAL OF ALL PAGES ON SCHEDULE A.**

TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY: Enter *(ON THE LAST PAGE ONLY)* the total amount of all pages on Schedule A. Also enter this figure on ITEM 15a of the Summary Sheet.

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

(CFA-4 SCHEDULE 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 ____		☐ 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:			
Code ____		☐ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other ____ Purpose:			
		SUBTOTAL THIS PAGE OF SCHEDULE B	$0		
		TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY *(Enter total on ITEM 17a of the Summary Sheet.)*	$0		

INSTRUCTIONS FOR COMPLETING THIS FORM

FILE NUMBER: Enter the file number assigned by the Election Division or County Election Board. Also indicate the number of pages used to complete this schedule. For example, "Page 2 of 2." This means that this page is second page of two pages used for this schedule.

RECIPIENT'S NAME AND MAILING ADDRESS: Enter the full name and mailing address of each person or vendor to whom one (1) or more disbursements in an aggregate amount exceeding $100 *($200 if regular party committee)* have been made.

ALSO

Enter the full name and mailing address of each political committee that has received a transfer-out from the reporting committee. The reporting requirement of a transfer-out from a political committee is different from the reporting requirement of an expenditure to a person. Each transfer-out, regardless of amount, must be itemized.

NOTE: Under normal circumstances, you should not list a credit card issuer as a recipient. If making a payment on a credit card, list vendor, NOT the credit card company. Also note that any unpaid credit obligation should be listed on Schedule D, "Debts Owed By This Committee."

EXPENDITURE CODES: In the box at the upper left corner of the "Recipient's Name and Mailing Address" section, enter the expenditure code for each entry from the following list of codes:

Code: C
Expenditure Type: Contributions

Expenditure Definition: Direct and in-kind contributions the campaign can legally make to other campaigns, political action committees, community and charitable organizations. In the description column, the filer is directed to specify who benefited and, if in-kind, what was purchased.

Code: F
Expenditure Type: Fundraising

Expenditure Definition: Expenditures, direct or in-kind, associated with holding a fundraiser, including payments to restaurants, hotels and caterers, other food and refreshment vendors, entertainers, and speakers.
**Filers are directed to use an "A" for expenditures for printed matter produced in connection with fundraising events.*

Code: A
Expenditure Type: Advertising

Expenditure Definition: Expenditures associated with the production, design, photography, copy, layout, printing, reproduction and purchase of advertising and campaign communications including:

- Radio and television advertising
- Advertising in newspapers, periodicals, and other publications
- Advertising on billboards and yard signs
- Campaign paraphernalia such as buttons, bumper stickers, T-shirts, hats, etc.
- Websites
- Campaign literature
- Printed solicitations
- Fundraising letters
- Mailing lists

Code: O
Expenditure Type: Operations

Expenditure Definition: General campaign operating expenses and overhead including:

- Wages, salaries and benefits associated with hiring campaign employees and other paid workers who provide miscellaneous services
- Contracts, fees, and commissions paid to campaign management companies and contract consultants including law firms
- Headquarters purchase or rental
- Utilities
- Purchase or rental of office equipment and furniture for the campaign
- Surveys and Polls – Including expenditures associated with the design and production of polls, election trend reports, voter surveys, telemarketing, telephone banks, Get out the Vote drives, etc.
- Postage – including stamps, or metered postage, direct mail services and delivery services like United Parcel Services and Federal Express
- Travel – including fares, accommodations, and meals from campaign trips
- Payment Platform Fees when third party payment platform is used to accept contributions to the committee.

RECIPIENT'S OCCUPATION/OFFICE SOUGHT: Enter the recipient's occupation, and if applicable, the office sought. For example, "printer" or "candidate, State Representative District 5."

TYPE OF EXPENDITURE: Check the type of expenditure. For "other", describe the type of expenditure.

PURPOSE OF EXPENDITURE: Enter the purpose of the expenditure or transfer-out. Be specific. Indicate any reimbursement.

COLUMN A AMOUNT THIS PERIOD: Enter the amount of each expenditure and transfer-out, including in-kind for this reporting period. Any fees or charges assessed by a payment platform acting as a conduit used by the committee to receive and accept contributions must be entered as an expenditure.

COLUMN B CUMULATIVE YEAR-TO-DATE: Enter the cumulative expenditure and transfer-out, including in-kind for calendar year-to-date.

DATE OF EXPENDITURE: Enter the month, day, and year of the expenditure or transfer-out. Use the following guidelines to determine the proper date to use:

FOR	USE
Payment of bill	The date the bill was actually paid *(by placing a check in the mail or tendering cash in person).*
Transfer-out	The date the check was written to a candidate's, legislative caucus, political action, or regular party committee.
In-kind	The date the material was given or service provided.

SUBTOTAL OF THIS PAGE OF SCHEDULE B: Enter the subtotal for this page of Schedule B. If there is only one page of this schedule, the figure is the same as the TOTAL OF ALL PAGES ON SCHEDULE B.

TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY: Enter *(ON THE LAST PAGE ONLY)* the total amount of all pages on Schedule B. Also enter this figure on ITEM 17a of the Summary Sheet.

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

(CFA-4 SCHEDULE C) ITEMIZED EXPENDITURES For Public Questions

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. All cumulative expenses or transfers-out, regardless of amount paid to political committees supporting or opposing a public question, **MUST** be itemized on this schedule.

FILE NUMBER

Page 1 of 1

PUBLIC QUESTION INFORMATION

Enter Text of Public Question.

Type of Question: ☐ **Statewide** ☐ **Local**
Position: ☐ **Supported** ☐ **Opposed**

RECIPIENT'S NAME AND MAILING ADDRESS *(street, number, city, state, ZIP code)*	RECIPIENT'S OCCUPATION	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 ____		☐ 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 C	$0		
		TOTAL OF ALL PAGES OF SCHEDULE C ON THE LAST PAGE ONLY *(Enter total on ITEM 17a of the Summary Sheet.)*	$0		

INSTRUCTIONS FOR COMPLETING THIS FORM

FILE NUMBER: Enter the file number assigned by the Election Division or County Election Board. Also indicate the number of pages used to complete this schedule. For example, "Page 2 of 2." This means that this page is second page of two pages used for this schedule.

PUBLIC QUESTION INFORMATION: Enter the text of the public question as it appears on the ballot, or the general subject of the question if exact language has not been determined.

Check the appropriate box indicating whether the public question is statewide or local.

Check the appropriate box indicating whether the committee supports or opposes approval of the public question.

RECIPIENT'S NAME AND MAILING ADDRESS: Enter the full name and mailing address of each person or political committee to whom one (1) or more disbursements have been made.

ALSO

EXPENDITURE CODES: In the box at the upper left corner of the "Recipient's Name and Mailing Address" section, enter the expenditure code for each entry from the following list of codes:

Code: C
Expenditure Type: Contributions

Expenditure Definition: Direct and in-kind contributions the campaign can legally make to other campaigns, political action committees, community and charitable organizations. In the description column, the filer is directed to specify who benefited and, if in-kind, what was purchased.

Code: F
Expenditure Type: Fundraising

Expenditure Definition: Expenditures, direct or in-kind, associated with holding a fundraiser, including payments to restaurants, hotels and caterers, other food and refreshment vendors, entertainers, and speakers.
**Filers are directed to use an "A" for expenditures for printed matter produced in connection with fundraising events.*

Code: A
Expenditure Type: Advertising

Expenditure Definition: Expenditures associated with the production, design, photography, copy, layout, printing, reproduction and purchase of advertising and campaign communications including:

- Radio and television advertising
- Advertising in newspapers, periodicals, and other publications
- Advertising on billboards and yard signs
- Campaign paraphernalia such as buttons, bumper stickers, T-shirts, hats, etc.
- Websites
- Campaign literature
- Printed solicitations
- Fundraising letters
- Mailing lists

Code: O
Expenditure Type: Operations

Expenditure Definition: General campaign operating expenses and overhead including:

- Wages, salaries and benefits associated with hiring campaign employees and other paid workers who provide miscellaneous services
- Contracts, fees, and commissions paid to campaign management companies and contract consultants including law firms
- Headquarters purchase or rental
- Utilities
- Purchase or rental of office equipment and furniture for the campaign
- Surveys and Polls – Including expenditures associated with the design and production of polls, election trend reports, voter surveys, telemarketing, telephone banks, Get out the Vote drives, etc.
- Postage – including stamps, or metered postage, direct mail services and delivery services like United Parcel Services and Federal Express
- Trevel – including fares, accommodations, and meals from campaign trips
- Payment Platform Fees when third party payment platform is used to accept contributions to the committee

RECIPIENT'S OCCUPATION: Enter the recipient's occupation. For example, "printer."

TYPE OF EXPENDITURE: Check the type of expenditure. For "other", describe the type of expenditure.

PURPOSE OF EXPENDITURE: Enter the purpose of the expenditure or transfer-out. Be specific. Indicate any reimbursement.

COLUMN A AMOUNT THIS PERIOD: Enter the amount of each expenditure and transfer-out, including in-kind for this reporting period. Any fees or charges assessed by a payment platform acting as a conduit used by the committee to receive and accept contributions must be entered as an expenditure.

COLUMN B CUMULATIVE YEAR-TO-DATE: Enter the cumulative expenditure and transfer-out, including in-kind for calendar year-to-date.

DATE OF EXPENDITURE: Enter the month, day, and year of the expenditure or transfer-out. Use the following guidelines to determine the proper date to use:

FOR	USE
Payment of bill	The date the bill was actually paid *(by placing a check in the mail or tendering cash in person).*
Transfer-out	The date the check was written to a candidate's, legislative caucus, political action, or regular party committee.
In-kind	The date the material was given or service provided.

SUBTOTAL OF THIS PAGE OF SCHEDULE C: Enter the subtotal for this page of Schedule C. If there is only one page of this schedule, the figure is the same as the TOTAL OF ALL PAGES ON SCHEDULE C.

TOTAL OF ALL PAGES OF SCHEDULE C ON THE LAST PAGE ONLY: Enter *(ON THE LAST PAGE ONLY)* the total amount of all pages on Schedule C. Also enter this figure on ITEM 17a of the Summary Sheet.

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

(CFA-4 SCHEDULE 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 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
LENDER'S OCCUPATION:					
LENDER'S OCCUPATION:					
LENDER'S OCCUPATION:					
LENDER'S OCCUPATION:					
LENDER'S OCCUPATION:					
LENDER'S OCCUPATION:					
LENDER'S OCCUPATION:					
		SUBTOTAL THIS PAGE OF SCHEDULE D			$0
		TOTAL OF ALL PAGES OF SCHEDULE D ON THE LAST PAGE ONLY *(Enter total on ITEM 19 of the Summary Sheet.)*			$0

INSTRUCTIONS FOR COMPLETING THIS FORM

This schedule is used to document debts **OWED BY** the committee totaled on ITEM 19 of the Summary Sheet.

In addition to disclosing the loans or debts owed by the committee within the reporting period, you must report all previous loans or debts owed by the committee in every subsequent report **until the debt is extinguished.**

FILE NUMBER: Enter the file number assigned by the Election Division or County Election Board. Also, indicate the number of pages being used to complete this schedule. For example, "Page 2 of 2." This means this page is the second page of two pages used for this schedule.

CREDITOR'S OR LENDER'S NAME AND MAILING ADDRESS: Enter the creditor or lender's full name and mailing address. For the purpose of this reporting requirement, a creditor or lender may be an individual, business, lending institution, or another committee who has advanced money or things of value to the committee with the understanding that the committee will pay back the debt with or without interest. A debt may be evidenced by a promissory note, credit purchase, committee credit card account, or any other document showing an unpaid debt. For a credit card account in the name of the committee, list the name of the credit card issuer.

ENDORSER'S OR VENDOR'S NAME AND MAILING ADDRESS: Enter the full name and mailing address of all co-makers, co-signers, co-endorsers, or endorsers, if the debt owed by the committee was secured by another entity. For committee credit card debts, also list the name and address of the vendor. **If more than one vendor per credit card, list each vendor in this column, but do not re-enter the card issuer in the "creditor's" column.**

AMOUNT: For a loan, enter the actual amount of the loan (principal), not the interest charged for the loan. Interest paid on a loan and other finance charges are treated as expenditures by the committee and must be reported on Schedule B. The amount of the **principal** is treated as a **receipt** by the committee and must be reported on Schedule A.

For committee credit card purchases, enter the amount of each transaction.

NATURE OF DEBT: Enter the nature of the debt. This requires a short description of the type of debt owed by the committee. Example: "loan", "promissory note", "open account", or "committee credit card account."

DATE DEBT INCURRED: Enter the month, day and year that debt owed by the committee was incurred. For example, if the committee borrowed money from a lending institution and the committee gave a promissory note evidencing the loan, the date the note was **signed** by the committee would be entered in this space.

If the **committee** used an open-end credit card or revolving charge plan, the date of the transaction as shown on the account statement would be entered here.

CUMULATIVE PAID YEAR-TO-DATE: Enter the amount that has been repaid on the principal of any loan received by the committee at the end of this reporting period. The repayment of the principal on a loan is considered an expenditure by the committee and must be reported on Schedule B. **For committee credit card transactions, list the total amount paid to the credit card issuer. Do not enter the amount of each vendor transaction in this column.**

OUTSTANDING BALANCE THIS PERIOD: Enter the outstanding balance of the debt owed by the committee. You must continue to report the outstanding balance of the debt owed by the committee on each report **until the debt is extinguished. For committee credit card transactions, list the total outstanding balance to the credit card issuer. Do not enter the amount of each vendor transaction in this column.**

SUBTOTAL THIS PAGE OF SCHEDULE D: Enter the subtotal for this page of Schedule D. If there is only one page of this schedule, the figure is the same as the **TOTAL OF ALL PAGES ON SCHEDULE D.**

TOTAL OF ALL PAGES OF SCHEDULE D ON THE LAST PAGE ONLY: Enter *(ON THE LAST PAGE ONLY)* the total amount of all pages on Schedule D. Also enter this figure on ITEM 19 of the Summary Sheet.

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

(CFA-4 SCHEDULE E) DEBTS OWED TO THIS COMMITTEE

FILE NUMBER
Page 1 of 1

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 TO** the committee during the reporting period. Include all amounts the committee has loaned to others.

BORROWER'S NAME AND MAILING ADDRESS *(street, number, city, state, ZIP code)*	CO-SIGNER'S NAME AND MAILING ADDRESS *(if any)* *(street, number, city, state, ZIP code)*	ORIGINAL AMOUNT / NATURE OF DEBT	DATE DEBT INCURRED *(mm/dd/yy)*	CUMULATIVE PAID YEAR-TO-DATE	OUTSTANDING BALANCE THIS PERIOD
				SUBTOTAL THIS PAGE OF SCHEDULE E	$0
				TOTAL OF ALL PAGES OF SCHEDULE E ON THE LAST PAGE ONLY *(Enter total on ITEM 20 of the Summary Sheet.)*	$0

INSTRUCTIONS FOR COMPLETING THIS FORM

This schedule is used to document debts **OWED TO** the committee totaled on ITEM 20 of the Summary Sheet.

In addition to disclosing the loans or debts owed to the committee within the reporting period, you must also report all previous loans or debts owed to the committee in every subsequent report **until the debt is extinguished.**

FILE NUMBER: Enter the file number assigned by the Election Division or County Election Board. Also, indicate the number of pages being used to complete this schedule. For example, "Page 2 of 2." This means this page is the second page of two pages used for this schedule.

BORROWER'S NAME AND MAILING ADDRESS: Enter the full name and mailing address of the person to whom the reporting committee has given a loan within the reporting period.

CO-SIGNER'S NAME AND MAILING ADDRESS: Enter the full name and mailing address of all co-makers, co-signers, co-endorsers, or endorsers, if the loan made by the reporting committee was secured by another entity.

ORIGINAL AMOUNT: Enter the principal amount the reporting committee initially loaned to another person.

NATURE OF DEBT: Enter the nature of the debt to be collected by the reporting committee. This requires a short description of the type of debt owed to the committee, such as a "loan."

DATE OBLIGATION INCURRED: Enter the month, day and year that initial loan of credit was made by the committee.

CUMULATIVE PAID YEAR-TO-DATE: Enter the total amount of principal repaid to the committee on a debt owed to the committee. Principal repaid on a debt owed to the committee is treated as a receipt and reported on Schedule A. If the interest is paid to the reporting committee on a loan, the amount of interest received for each reporting period is also to be treated as a receipt and reported on Schedule A.

OUTSTANDING BALANCE THIS PERIOD: Enter the outstanding balance of the debt to be collected by the committee. You must continue to report the outstanding balance of the debt to be collected by the committee on each report **until the debt is extinguished.**

SUBTOTAL THIS PAGE OF SCHEDULE E: Enter the subtotal for this page of Schedule E. If there is only one page of this schedule, the figure is the same as the **TOTAL OF ALL PAGES ON SCHEDULE E.**

TOTAL OF ALL PAGES OF SCHEDULE E ON THE LAST PAGE ONLY: Enter *(ON THE LAST PAGE ONLY)* the total amount of all pages on Schedule E. Also enter this figure on ITEM 20 of the Summary Sheet.

REPORT OF RECEIPTS AND EXPENDITURES OF A POLITICAL COMMITTEE

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

(CFA-4) 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.
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: 01/01/2026 Through: 04/10/2026	COLUMN A This Period	COLUMN B Year to Date
13. Cash on hand and investments at the beginning of this reporting period.	2651.25	
14. Cash on hand and investments January 1, current year.		2651.25
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**	2651.25	2651.25
EXPENDITURES		
(Note: These amounts include in-kind expenditures and loan repayments.)		
17a. Itemized *(Use Schedule B.) (Public Question: use Schedule C.)*		
17b. Unitemized	15.00	15.00
17c. Add lines 17a and 17b in both columns. **SUBTOTAL**	15.00	15.00
18. Cash on hand and investments at close of this reporting period *(Subtract 17c from 16 in both columns.)* **TOTAL**	2636.25	2636.25
19. Debts OWED BY the committee *(Use Schedule D.)*	0	
20. Debts OWED TO the committee *(Use Schedule E.)*	0	

CERTIFICATION

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

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

Signature of Treasurer	Title	Date *(mm/dd/yy)*
Stephanie Kettman	Treasurer	4/17/26
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)*

FOR OFFICE USE ONLY
CLERK OF CIRCUIT/SUP
MARSHALL COUNTY, IN
2026 APR 17 A 8:22
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IN CLERK'S OFFICE