REPORT OF RECEIPTS AND EXPENDITURES OF A POLITICAL COMMITTEE

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

(CFA-4) Summary Sheet

FILE NUMBER
TOTAL PAGES IN ENTIRE CFA-4 REPORT
3

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

IS THIS AN AMENDMENT? ☐ Yes ☐ No

COMMITTEE INFORMATION	
1. Full Name of Committee (as on *Statement of Organization*) ☐ Check if this is a new name. Faulstich for Marshall County	
2. Acronym or Abbreviated Name *(if any)*	3. Committee Telephone Number (559) 410-0204
4. Mailing Address *(Address where all campaign finance correspondence is received.)* ☐ Check if this is a new address. 13720 12th Road	
5. City, State, ZIP Code Plymouth, IN 46563	6. Party Affiliation *(if applicable)* Republican
CANDIDATE INFORMATION *(For Candidate's Committees Only)*	
7. Full Name of Candidate *(Include any nickname.)* Adam Faulstich	8. Party Affiliation or If Independent Candidate Republican
9. Office Sought *(Include district number, if any. **Not required for exploratory committee.**)* County 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: 01/01/23 Through: 12/31/2023

	COLUMN A This Period	COLUMN B Year to Date
13. Cash on hand and investments at the beginning of this reporting period.	1,057.54	
14. Cash on hand and investments January 1, current year.		1,057.54
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**	1,057.54	1,057.54
EXPENDITURES		
(Note: These amounts include in-kind expenditures and loan repayments.)		
17a. Itemized *(Use Schedule B.)* *(Public Question: use Schedule C.)*	1,057.54	1,075.54
17b. Unitemized	0.00	0.00
17c. Add lines 17a and 17b in both columns. **SUBTOTAL**	1,057.54	1,057.54
18. Cash on hand and investments at close of this reporting period *(Subtract 17c from 16 in both columns.)* **TOTAL**	0.00	0.00
19. Debts OWED BY the committee *(Use Schedule D.)*	0.00	
20. Debts OWED TO the committee *(Use Schedule E.)*	0.00	

CERTIFICATION

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

Signature of Treasurer	Title	Date *(mm/dd/yy)*
Colin Faulstich		01/12/23
Signature of Candidate *(if applicable)*		Date *(mm/dd/yy)*
Colin Faulstich		01/12/23

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
JAN 16 A 8:21
MARION COUNTY CLERK

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

(CFA-4 SCHEDULE B) ITEMIZED EXPENDITURES

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

FILE NUMBER
Page 1 of 1

RECIPIENT'S NAME AND MAILING ADDRESS *(street, number, city, state, ZIP code)*	RECIPIENT'S OCCUPATION / OFFICE SOUGHT *(if applicable)*	TYPE OF EXPENDITURE and PURPOSE *(be specific)*	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE OF EXPENDITURE *(mm/dd/yy)*
Code O Adam Faulstich 13720 12th Rd. Plymouth, IN 46563	Field Service Engineer	☐ Direct ☐ In-Kind ☑ Payment of Debt ☐ Returned Contribution ☐ Other Purpose: Account closed repayment of Loan	$178.55	$178.55	1/20/23
Code O Adam Faulstich 13720 12th Rd. Plymouth, IN 46563	Field Service Engineer	☐ Direct ☐ In-Kind ☑ Payment of Debt ☐ Returned Contribution ☐ Other Purpose: Account closed repayment of Loan	$878.99	$1,057.54	1/20/23
Code		☐ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other Purpose:			
Code		☐ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other Purpose:			
Code		☐ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other Purpose:			
Code		☐ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other Purpose:			
Code		☐ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other Purpose:			
SUBTOTAL THIS PAGE OF SCHEDULE B			$ 1,057.54		
TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY *(Enter total on ITEM 17a of the Summary Sheet.)*			$ 1,057.54		

MARSHALL CO. CLERK
2024 JAN 16 A 8:21
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 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
Adam Faulstich 13720 12th Rd. Plymouth, IN 46563 LENDER'S OCCUPATION: Field Service Engineer	N/A	$178.55 Loan	3/20/22	$178.55	$0.00
Adam Faulstich 13720 12th Rd. Plymouth, IN 46563 LENDER'S OCCUPATION: Field Service Engineer	N/A	$5,000.00 Loan	4/6/22	$878.99	$4,121.01
LENDER'S OCCUPATION:					
LENDER'S OCCUPATION:					
LENDER'S OCCUPATION:					
LENDER'S OCCUPATION:					
LENDER'S OCCUPATION:					
SUBTOTAL THIS PAGE OF SCHEDULE D					$ 4,121.01
TOTAL OF ALL PAGES OF SCHEDULE D ON THE LAST PAGE ONLY *(Enter total on ITEM 19 of the Summary Sheet.)*					$ 4,121.01

FILED
2024 JAN 16 A 8:21
MARSHALL CO. CLERK

REPORT OF RECEIPTS AND EXPENDITURES OF A POLITICAL COMMITTEE

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

(CFA-4) Summary Sheet

FILE NUMBER

TOTAL PAGES IN ENTIRE CFA-4 REPORT

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

IS THIS AN AMENDMENT? ☐ Yes ☒ No

COMMITTEE INFORMATION

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

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

3. Committee Telephone Number
(574) 780-7990

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

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

6. Party Affiliation *(if applicable)*

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

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

8. Party Affiliation or If Independent Candidate
GOP

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

10. County of Residence
Marshall

TYPE OF REPORT

11. *Check one:*
☐ Pre-Primary ☐ Pre-Election ☒ Annual ☐ Nomination ☐ Other _____
☐ Final / Disbands Committee *(Lines 18, 19, and 20 must be "0".)* ☐ Outgoing Treasurer *(Within ten (10) days amend Statement of Organization.)*

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

12. Reporting Period *(mm/dd/yy)*:
From: 10/14/2023 Through: 12/31/2023

	COLUMN A This Period	COLUMN B Year to Date
13. Cash on hand and investments at the beginning of this reporting period.	$26.31	
14. Cash on hand and investments January 1, current year.		$26.31
CONTRIBUTIONS AND RECEIPTS		
(Note: these amounts include in-kind contributions and loans, as well as cash contributions.)		
15a. Itemized *(Use Schedule A.)*	$157.00	
15b. Unitemized		
15c. Add lines 15a and 15b in both columns. SUBTOTAL	$157.00	
16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B. TOTAL	$183.31	
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	
18. Cash on hand and investments at close of this reporting period *(Subtract 17c from 16 in both columns.)* TOTAL	$183.31	
19. Debts OWED BY the committee *(Use Schedule D.)*		
20. Debts OWED TO the committee *(Use Schedule E.)*		

CERTIFICATION

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

Signature of Treasurer	Title: Treasurer	Date *(mm/dd/yy)*: 1/17/2024
Signature of Candidate *(if applicable)*		Date *(mm/dd/yy)*: 1/17/2024

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

FOR OFFICE USE ONLY

RECEIVED
2024 JAN 17 A 8:27
MARSHALL CO.

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

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

Itemized Contributions and Other Receipts

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

FILE NUMBER

Page _____ of _____

CONTRIBUTOR'S FULL NAME AND FULL MAILING ADDRESS *(street, number, city, state, ZIP code)*	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED *(mm/dd/yy)* / RECEIVED BY
1. Marshall County Republican Central Committee	Contributions: ☐ Direct ☒ In-Kind *(describe)* GOP Mailer Other Receipts: ☐ Interest ☐ Loan ☐ Miscellaneous *(specify)*	$123.67	$123.67	10/18/23
2. Marshall County Republican Central Committee	Contributions: ☐ Direct ☒ In-Kind *(describe)* Newspaper Advert Other Receipts: ☐ Interest ☐ Loan ☐ Miscellaneous *(specify)*	$33.33	$33.33	11/08/23
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	$157.00		
	TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY *(Enter total on ITEM 15a of the Summary Sheet.)*	$157.00		

FILED
2024 JAN 17 A 8:27
MARSHALL CO. CLERK

REPORT OF RECEIPTS AND EXPENDITURES OF A POLITICAL COMMITTEE

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

(CFA-4) 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.
Brandon Richire for City Council at Large

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 Baily 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 Richire

8. Party Affiliation or If Independent Candidate
Republican

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

10. County of Residence
Marshall

TYPE OF REPORT

11. *Check one:*
☐ Pre-Primary ☑ Pre-Election ☐ Annual ☐ Nomination ☐ Other _____
☑ Final / Disbands Committee *(Lines 18, 19, and 20 must be "0".)* ☐ Outgoing Treasurer *(Within ten (10) days amend Statement of Organization.)*

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

12. Reporting Period *(mm/dd/yy)*: From: 10/14 Through: 1/17/24	COLUMN A This Period	COLUMN B Year to Date
13. Cash on hand and investments at the beginning of this reporting period.	102.91	
14. Cash on hand and investments January 1, current year.		
CONTRIBUTIONS AND RECEIPTS		
(Note: these amounts include in-kind contributions and loans, as well as cash contributions.)		
15a. Itemized *(Use Schedule A.)*	0	
15b. Unitemized		
15c. Add lines 15a and 15b in both columns. **SUBTOTAL**		
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.)*	192.91	192.91
17b. Unitemized		
17c. Add lines 17a and 17b in both columns. **SUBTOTAL**	0	
18. Cash on hand and investments at close of this reporting period *(Subtract 17c from 16 in both columns.)* **TOTAL**	0	0
19. Debts OWED BY the committee *(Use Schedule D.)*		
20. Debts OWED TO the committee *(Use Schedule E.)*		

CERTIFICATION

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

Signature of Treasurer	Title	Date *(mm/dd/yy)*
Signature of Candidate *(if applicable)*		Date *(mm/dd/yy)* 1/17/24

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

2024 JAN 17 P 1:58
MARSHALL CO. CLERK
RECEIVED

FOR OFFICE USE ONLY

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

(CFA-4 SCHEDULE B) ITEMIZED EXPENDITURES

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

FILE NUMBER

Page _____ 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 _____ Donated to Marshall County Board of Life		☑ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other _____ Purpose: close account Donation	142.91 (102.91 cash 40 check)		1/17/24
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			$ 142.91		
TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY *(Enter total on ITEM 17a of the Summary Sheet.)*			$		

MARSHALL CO. CLERK
2024 JAN 17 P 1:58
FILED

REPORT OF RECEIPTS AND EXPENDITURES OF A POLITICAL COMMITTEE

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

(CFA-4) Summary Sheet

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

FILE NUMBER

TOTAL PAGES IN ENTIRE CFA-4 REPORT: 2

IS THIS AN AMENDMENT? ☐ Yes ☑ No

COMMITTEE INFORMATION

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

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

3. Committee Telephone Number
(574) 540-9435

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

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

6. Party Affiliation *(if applicable)*
Democratic

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

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

8. Party Affiliation or If Independent Candidate
Democratic

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

10. County of Residence
Marshall

TYPE OF REPORT

11. *Check one:*
☐ Pre-Primary ☐ Pre-Election ☑ Annual ☐ Nomination ☐ Other _____
☐ Final / Disbands Committee *(Lines 18, 19, and 20 must be "0".)* ☐ Outgoing Treasurer *(Within ten (10) days amend Statement of Organization.)*

CONVENTION CANDIDATES ONLY

Check one:
☐ Pre-Convention
☐ Post-Convention

12. Reporting Period *(mm/dd/yy)*:
From: 10/14/2023 Through: 12/31/2023

	COLUMN A This Period	COLUMN B Year to Date
13. Cash on hand and investments at the beginning of this reporting period.	50.00	
14. Cash on hand and investments January 1, current year.		0.00
CONTRIBUTIONS AND RECEIPTS		
(Note: these amounts include in-kind contributions and loans, as well as cash contributions.)		
15a. Itemized *(Use Schedule A.)*	300.00	300.00
15b. Unitemized	100.00	150.00
15c. Add lines 15a and 15b in both columns. **SUBTOTAL**	400.00	450.00
16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B. **TOTAL**	450.00	450.00
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	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**	435.00	435.00
19. Debts OWED BY the committee *(Use Schedule D.)*	0.00	
20. Debts OWED TO the committee *(Use Schedule E.)*	0.00	

CERTIFICATION

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

Signature of Treasurer	Title	Date *(mm/dd/yy)*
Catherine JH Wraight	Treasurer	01/15/24
Signature of Candidate *(if applicable)*		Date *(mm/dd/yy)*
Catherine JH Wraight		01/15/24

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

FOR OFFICE USE ONLY

MARSHALL CO. CLERK
2024 JAN 16 A 9:01
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-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 2 of 2

CONTRIBUTOR'S FULL NAME AND FULL MAILING ADDRESS *(street, number, city, state, ZIP code)*	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED *(mm/dd/yy)* / RECEIVED BY
1. Local 150 International Union of Operating Engineers 1001 N Michigan St. Lakeville, IN 46506	Contributions: ☑ Direct ☐ In-Kind *(describe)* Other Receipts: ☐ Interest ☐ Loan ☐ Miscellaneous *(specify)*	$300.00	$300.00	10/27/23 Cathy Wraight
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	$		
	TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY *(Enter total on ITEM 15a of the Summary Sheet.)*	$		

FILED
2024 JAN 16 A 9:01
MARSHALL CO. CLERK

REPORT OF RECEIPTS AND EXPENDITURES OF A POLITICAL COMMITTEE

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

(CFA-4) Summary Sheet

FILE NUMBER

TOTAL PAGES IN ENTIRE CFA-4 REPORT
2

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

IS THIS AN AMENDMENT? ☐ Yes ☑ No

COMMITTEE INFORMATION

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

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

3. Committee Telephone Number
(574) 276-0548

4. Mailing Address *(Address where all campaign finance correspondence is received.)* ☐ Check if this is a new address.
PO Box 206

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.)*
Brian James Bartlett

8. Party Affiliation or If Independent Candidate
Republican

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

10. County of Residence
Marshall

TYPE OF REPORT

11. *Check one:*
☐ Pre-Primary ☐ Pre-Election ☐ Annual ☐ Nomination ☐ Other _____
☑ Final / Disbands Committee *(Lines 18, 19, and 20 must be "0".)* ☐ Outgoing Treasurer *(Within ten (10) days amend Statement of Organization.)*

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

12. Reporting Period *(mm/dd/yy)*:
From: 04/08/23 Through: 5/18/23

	COLUMN A This Period	COLUMN B Year to Date
13. Cash on hand and investments at the beginning of this reporting period.	1,200.00	
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	1,200.00
15b. Unitemized		
15c. Add lines 15a and 15b in both columns. **SUBTOTAL**	0.00	1,200.00
16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B. **TOTAL**	1,200.00	1,200.00
EXPENDITURES		
(Note: These amounts include in-kind expenditures and loan repayments.)		
17a. Itemized *(Use Schedule B.) (Public Question: use Schedule C.)*	1,200.00	1,200.00
17b. Unitemized		
17c. Add lines 17a and 17b in both columns. **SUBTOTAL**	1,200.00	1,200.00
18. Cash on hand and investments at close of this reporting period *(Subtract 17c from 16 in both columns.)* **TOTAL**	0.00	0.00
19. Debts OWED BY the committee *(Use Schedule D.)*	0.00	
20. Debts OWED TO the committee *(Use Schedule E.)*	0.00	

CERTIFICATION

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

Signature of Treasurer	Title	Date *(mm/dd/yy)*
	Treasurer	5-19-23
Signature of Candidate *(if applicable)*		Date *(mm/dd/yy)*
		5-19-23

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

(CFA-4 SCHEDULE B) ITEMIZED EXPENDITURES

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

FILE NUMBER

Page _____ of _____

RECIPIENT'S NAME AND MAILING ADDRESS *(street, number, city, state, ZIP code)*	RECIPIENT'S OCCUPATION / OFFICE SOUGHT *(if applicable)*	TYPE OF EXPENDITURE and PURPOSE *(be specific)*	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE OF EXPENDITURE *(mm/dd/yy)*
Code A The Pilot News Group 218 N Michigan St Plymouth, IN 46563		☐ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☑ Other Adevertising Purpose:	$585.00	$585.00	4/21/23
Code _____ Brian Bartlett 104 E Washington St Plymouth, IN 46563		☐ Direct ☐ In-Kind ☐ Payment of Debt ☑ Returned Contribution ☐ Other _____ Purpose:	$615.00	$615.00	5/18/23
Code _____		☐ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other _____ Purpose:			
Code _____		☐ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other _____ Purpose:			
Code _____		☐ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other _____ Purpose:			
Code _____		☐ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other _____ Purpose:			
Code _____		☐ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other _____ Purpose:			
SUBTOTAL THIS PAGE OF SCHEDULE B			$ 1,200.00		
TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY *(Enter total on ITEM 17a of the Summary Sheet.)*			$ 1,200.00		

REPORT OF RECEIPTS AND EXPENDITURES OF A POLITICAL COMMITTEE

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

(CFA-4) Summary Sheet

FILE NUMBER

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.
David F Morrow

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

3. Committee Telephone Number
(574) 540-9616

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

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

6. Party Affiliation *(if applicable)*
Democrat

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

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

8. Party Affiliation or If Independent Candidate
Democrat

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

10. County of Residence
Marshall

TYPE OF REPORT

11. *Check one:*
☐ Pre-Primary ☐ Pre-Election ☑ Annual ☐ Nomination ☐ Other _____
☐ Final / Disbands Committee *(Lines 18, 19, and 20 must be "0".)* ☐ Outgoing Treasurer *(Within ten (10) days amend Statement of Organization.)*

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

12. Reporting Period *(mm/dd/yy)*:
From: 10/14/2023 Through: 12/31/2023

	COLUMN A This Period	COLUMN B Year to Date
13. Cash on hand and investments at the beginning of this reporting period.	74.63	
14. Cash on hand and investments January 1, current year.		0.00
CONTRIBUTIONS AND RECEIPTS		
(Note: these amounts include in-kind contributions and loans, as well as cash contributions.)		
15a. Itemized *(Use Schedule A.)*	1,000.00	1,500.00
15b. Unitemized	0.00	1,130.00
15c. Add lines 15a and 15b in both columns. **SUBTOTAL**	1,074.63	2,630.00
16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B. **TOTAL**	1,074.63	2,630.00
EXPENDITURES		
(Note: These amounts include in-kind expenditures and loan repayments.)		
17a. Itemized *(Use Schedule B.) (Public Question: use Schedule C.)*	986.60	2,532.02
17b. Unitemized	0.00	9.95
17c. Add lines 17a and 17b in both columns. **SUBTOTAL**	986.60	2,541.97
18. Cash on hand and investments at close of this reporting period *(Subtract 17c from 16 in both columns.)* **TOTAL**	88.03	88.03
19. Debts OWED BY the committee *(Use Schedule D.)*		
20. Debts OWED TO the committee *(Use Schedule E.)*		

CERTIFICATION

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

Signature of Treasurer	Title	Date *(mm/dd/yy)*
David F. Morrow	Treasurer	01/02/23
Signature of Candidate *(if applicable)*		Date *(mm/dd/yy)*
David F. Morrow		01/02/23

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
JAN 12 PM 2:11
RK

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 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. Mark Naylor 2424 Hillcrest Ave Plymouth, IN 46563 Contributor's Occupation *(if required)* _____	Contributions: ☑ Direct ☐ In-Kind *(describe)* _____ Other Receipts: ☐ Interest ☐ Loan ☐ Miscellaneous *(specify)* _____	$200.00	$200.00	10/19/23
2. Dave Morrow 920 Angel St. Plymouth, IN 46563 Contributor's Occupation *(if required)* _____	Contributions: ☑ Direct ☐ In-Kind *(describe)* _____ Other Receipts: ☐ Interest ☐ Loan ☐ Miscellaneous *(specify)* _____	$500.00	$500.00	11/6/23
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		$ 700.00		
TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY *(Enter total on ITEM 15a of the Summary Sheet.)*		$		

2024 JAN -2 P 2:17
MARSHALL CO. CLERK
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-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 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. Northern Indiana Operators Joint Labor - Management PAC 6200 Joliet Road Countryside, IL 60525	Contributions: ☑ Direct ☐ In-Kind *(describe)* Other Receipts: ☐ Interest ☐ Loan ☐ Miscellaneous *(specify)*	$300.00	$300.00	10/20/23
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	$ 300.00		
	TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY *(Enter total on ITEM 15a of the Summary Sheet.)*	$		

FILED
2024 JAN -2 P 2:18
MARSHALL CO. CLERK

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

(CFA-4 SCHEDULE 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 4 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. Giant - WTCA 112 W. Washington St. Plymouth, IN 46563	Contributions: ☑ Direct ☐ In-Kind *(describe)* Other Receipts: ☐ Interest ☐ Loan ☐ Miscellaneous *(specify)*	$356.60	$356.60	11/06/23
2. The Pilot News 218 N Michigan St Plymouth, IN 46563	Contributions: ☑ Direct ☐ In-Kind *(describe)* Other Receipts: ☐ Interest ☐ Loan ☐ Miscellaneous *(specify)*	$630.00	$630.00	11/06/23
3.	Contributions: ☐ Direct ☐ In-Kind *(describe)* Other Receipts: ☐ Interest ☐ Loan ☐ Miscellaneous *(specify)*			FILED
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	$ 986.60		
	TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY *(Enter total on ITEM 15a of the Summary Sheet.)*	$		

2024 JAN -2 P 2:18
MARSHALL CO. CLERK

REPORT OF RECEIPTS AND EXPENDITURES OF A POLITICAL COMMITTEE

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

(CFA-4) 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

FILED
2024 JAN -4 P 3:
MARSHALL CO.

COMMITTEE INFORMATION

1. Full Name of Committee (as on *Statement of Organization*) ☐ Check if this is a new name.
DON ECKER FOR City 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
1916 FELIX PLACE

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.)*
DON ECKER

8. Party Affiliation or If Independent Candidate
REPUBLICAN

9. Office Sought *(Include district number, if any. **Not required for exploratory committee.**)*
City 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: 10/10/23 Through: 12-31-23

	COLUMN A This Period	COLUMN B Year to Date
13. Cash on hand and investments at the beginning of this reporting period.	326.00	
14. Cash on hand and investments January 1, current year.		326.00
CONTRIBUTIONS AND RECEIPTS		
(Note: these amounts include in-kind contributions and loans, as well as cash contributions.)		
15a. Itemized *(Use Schedule A.)*	157.00	823.22
15b. Unitemized		
15c. Add lines 15a and 15b in both columns. **SUBTOTAL**	157.00	823.22
16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B. **TOTAL**	483.00	1,149.22
EXPENDITURES		
(Note: These amounts include in-kind expenditures and loan repayments.)		
17a. Itemized *(Use Schedule B.) (Public Question: use Schedule C.)*	483.00	823.22
17b. Unitemized		
17c. Add lines 17a and 17b in both columns. **SUBTOTAL**	483.00	823.22
18. Cash on hand and investments at close of this reporting period *(Subtract 17c from 16 in both columns.)* **TOTAL**	0	0
19. Debts OWED BY the committee *(Use Schedule D.)*	0	
20. Debts OWED TO the committee *(Use Schedule E.)*	0	

CERTIFICATION

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

Signature of Treasurer	Title	Date *(mm/dd/yy)*
Kayla Ecker		
Signature of Candidate *(if applicable)*		Date *(mm/dd/yy)*
Don Ecker		01/04/24

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

FOR OFFICE USE ONLY

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

(CFA-4 SCHEDULE B) ITEMIZED EXPENDITURES

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

FILE NUMBER

Page _____ of _____

RECIPIENT'S NAME AND MAILING ADDRESS *(street, number, city, state, ZIP code)*	RECIPIENT'S OCCUPATION / OFFICE SOUGHT *(if applicable)*	TYPE OF EXPENDITURE and PURPOSE *(be specific)*	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE OF EXPENDITURE *(mm/dd/yy)*
Code A The Pilot News Group 218 N. Michigan Plymouth, IN 46563	Newspaper Advertisement City Council	☐ Direct ☑ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other Purpose: Print Adv.	$23.67	$463.89	10/18/23
Code A The Pilot News Group 218 N. Michigan Plymouth, IN 46563	Newspaper Advertising City Council	☐ Direct ☑ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☒ Other Purpose: Print Adv.	$33.33	$497.22	11/08/23
Code C MC GOP P.O. Box 102 Plymouth, IN 46563	Marshall County Republican Party	☐ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☑ Other Purpose:	$295.00	$792.22	12/31/23
Code O 1st Source Bank PO Box 1602 Plymouth, IN	Bank	☐ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☑ Other Bank Fees Purpose:	$31.00	$823.22	
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	$483.00		
		TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY *(Enter total on ITEM 17a of the Summary Sheet.)*	$483.00		

2024 JAN -4 P 3:09
MARSHALL CO. CLERK
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-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 _____ of _____

CONTRIBUTOR'S FULL NAME AND FULL MAILING ADDRESS *(street, number, city, state, ZIP code)*	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED *(mm/dd/yy)* / RECEIVED BY
1. MC GOP P.O. Box 102 Plymouth, IN 46563	Contributions: ☐ Direct ☑ In-Kind *(describe)* Other Receipts: ☐ Interest ☐ Loan ☐ Miscellaneous *(specify)*	$123,67	$789,89	10/18/23 Don Ecker Jr
2. MC GOP P.O. Box 102 Plymouth, IN 46563	Contributions: ☐ Direct ☑ In-Kind *(describe)* Other Receipts: ☐ Interest ☐ Loan ☐ Miscellaneous *(specify)*	33,33	$823,22	11/08/23 Don Ecker Jr
3.	Contributions: ☐ Direct ☐ In-Kind *(describe)* Other Receipts: ☐ Interest ☐ Loan ☐ Miscellaneous *(specify)*			FILED
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	$ 157,00		
	TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY *(Enter total on ITEM 15a of the Summary Sheet.)*	$ 157,00		

2024 JAN -4 P 3:09
MARSHALL CO. CLERK

REPORT OF RECEIPTS AND EXPENDITURES OF A POLITICAL COMMITTEE

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

(CFA-4) 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 x☐ No

COMMITTEE INFORMATION

1. Full Name of Committee (as on *Statement of Organization*) ☐ Check if this is a new name.
N/A

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)*

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

7. Full Name of Candidate *(Include any nickname.)*
Gary Lee Schue

8. Party Affiliation or If Independent Candidate
Democrat

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

10. County of Residence
Marshel

TYPE OF REPORT

11. *Check one:*
☐ Pre-Primary ☐ Pre-Election ☐ Annual ☐ Nomination ☐ Other _____
X 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
X☐ Post-Convention

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

CERTIFICATION

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

Signature of Treasurer	Title	Date *(mm/dd/yy)*
Signature of Candidate *(if applicable)* *Gary Schue*		Date *(mm/dd/yy)* *01/22/2024*

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

FOR OFFICE USE ONLY

2024 JAN 23 A 7:58
MARSHALL CO. CLERK
FILED

REPORT OF RECEIPTS AND EXPENDITURES OF A POLITICAL COMMITTEE

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

(CFA-4) Summary Sheet

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.
Greg Compton for Mayor Committee

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

3. Committee Telephone Number
(574) 780-5725

4. Mailing Address *(Address where all campaign finance correspondence is received.)* ☐ Check if this is a new address.
713 N. Michigan 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.)*
Gregory A. Compton

8. Party Affiliation or If Independent Candidate
Republican

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

10. County of Residence
Marshall

TYPE OF REPORT

11. *Check one:*
☐ Pre-Primary ☐ Pre-Election ☑ Annual ☐ Nomination ☐ Other _____
☐ Final / Disbands Committee *(Lines 18, 19, and 20 must be "0".)* ☐ Outgoing Treasurer *(Within ten (10) days amend Statement of Organization.)*

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

12. Reporting Period *(mm/dd/yy)*:
From: 10/14/2023 Through: 12/31/2023

	COLUMN A This Period	COLUMN B Year to Date
13. Cash on hand and investments at the beginning of this reporting period.	8875.30	
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.)*	3425.00	23,200.00
15b. Unitemized	—	420.05
15c. Add lines 15a and 15b in both columns. **SUBTOTAL**	3425.00	23,620.05
16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B. **TOTAL**	12,300.30	24,120.05
EXPENDITURES		
(Note: These amounts include in-kind expenditures and loan repayments.)		
17a. Itemized *(Use Schedule B.) (Public Question: use Schedule C.)*	9,656.17	21,475.92
17b. Unitemized Sign supplies, Pd pickets, etc...	267.71	267.71
17c. Add lines 17a and 17b in both columns. **SUBTOTAL**	9,923.88	21,743.63
18. Cash on hand and investments at close of this reporting period *(Subtract 17c from 16 in both columns.)* **TOTAL**	2,376.42	2,376.42
19. Debts OWED BY the committee *(Use Schedule D.)*		
20. Debts OWED TO the committee *(Use Schedule E.)*		

CERTIFICATION

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

Signature of Treasurer	Title	Date *(mm/dd/yy)*
Jami Napier	Treasurer	1-16-24
Signature of Candidate *(if applicable)*		Date *(mm/dd/yy)* 1-16-24

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

FOR OFFICE USE ONLY

JAN 16 P 3:01

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 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. Sanjay Patel 1501 Continental Dr. Zionville, IN 46077 Contributor's Occupation *(if required)* Engineering	Contributions: ☑ Direct ☐ In-Kind *(describe)* Other Receipts: ☐ Interest ☐ Loan ☐ Miscellaneous *(specify)*	✓250.00	250.00	Greg Compton 10/26/23
2. David Lattimer 10020 15th Rd. Argos, IN 46501 Contributor's Occupation *(if required)* Retired	Contributions: ☑ Direct ☐ In-Kind *(describe)* Other Receipts: ☐ Interest ☐ Loan ☐ Miscellaneous *(specify)*	✓1,000.00	1,000.00	Greg Compton 10/31/23
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		$ 1,250.00		
TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY *(Enter total on ITEM 15a of the Summary Sheet.)*		$ —		

FILED
2024 JAN 16 P 3:01
MARSHALL CO. CLERK

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

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

Itemized Contributions and Other Receipts

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

FILE NUMBER

Page 2 of 2

CONTRIBUTOR'S FULL NAME AND FULL MAILING ADDRESS *(street, number, city, state, ZIP code)*	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED *(mm/dd/yy)* / RECEIVED BY
1. Marshall County Republican Committee PO Box 102 Plymouth, IN 46563	Contributions: ☐ Direct ☑ In-Kind *(describe)* Pilot Advert. Other Receipts: ☐ Interest ☐ Loan ☐ Miscellaneous *(specify)*	150.00	323.21	Greg Carpenter 12/1/23
2. Indiana Republican State Committee, INC.	Contributions: ☐ Direct ☐ In-Kind *(describe)* Other Receipts: ☐ Interest ☐ Loan ☑ Miscellaneous *(specify)* Refund-Mailers	2,175.00	2,175.00	Greg Carpenter 12/29/23
3.	Contributions: ☑ Direct ☐ In-Kind *(describe)* Other Receipts: ☐ Interest ☐ Loan ☐ Miscellaneous *(specify)*	200.00		
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	$ 2,175.00		
	TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY *(Enter total on ITEM 15a of the Summary Sheet.)*	$ 3,425.00		

FILED
2024 JAN 16 P 3:02
MARSHALL CO. CLERK

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

(CFA-4 SCHEDULE B) ITEMIZED EXPENDITURES

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

FILE NUMBER

Page 1 of 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 ____ Cash / Greg Coyle 713 N. Michigan St. Plymouth, IN		☑ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other Purpose: Poll Worker Individuals for holding Kickoff Signs	$25 max ✓100.00	100.00	11/4/23
Code ____ WYMR-FM 215 N. Michigan St. Plymouth, IN 46563		☑ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other Purpose: Radio Advertisement	✓280.00	1,540.00	11/1/23
Code ____ Cross roads Strategies, LLC 617 Cross Wind Dr. Greenwood, IN 46143		☑ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other Purpose: Text advertisement	✓750.00	750.00	10/31/23
Code ____ The Pilot News 218 N Michigan St. Plymouth, IN 46563		☑ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other Purpose: Advertising	✓2480.00	3670.00	11/6/23
Code ____ Dustin's Place 2978 Yellowood Ct. Bremen, IN 46506		☑ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☑ Other Donation Purpose: CHARITY	✓250.00	250.00	11/10/23
Code ____ Indiana Republican State Committee, Inc. 101 W. Ohio St. Ste 2200 Indianapolis, IN 46204		☑ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other Purpose: Contribution for 3rd party Mailing	✓5,596.17	5,516.17	10/23/23
Code ____		☐ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other Purpose:			
		SUBTOTAL THIS PAGE OF SCHEDULE B	$9,456.17		
		TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY: *(Enter total on ITEM 17a of the Summary Sheet.)*			

MARSHALL CO. CLERK
2024 JAN 16 P 3:02
FILED

REPORT OF RECEIPTS AND EXPENDITURES OF A POLITICAL COMMITTEE
State Form 4606 (R15 / 5-19)
Indiana Election Division (IC 3-9-5-14)

(CFA-4 SCHEDULE B) ITEMIZED EXPENDITURES

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

FILE NUMBER

Page 2 of 2

RECIPIENT'S NAME AND MAILING ADDRESS *(street, number, city, state, ZIP code)*	RECIPIENT'S OCCUPATION / OFFICE SOUGHT *(if applicable)*	TYPE OF EXPENDITURE and PURPOSE *(be specific)*	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE OF EXPENDITURE *(mm/dd/yy)*
Code _____ WTCA Washington St. Plymouth, IN	Mayor	☑ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other _____ Purpose: Advertising	200.00	400.00	4/18/23
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			$ 200.00		
TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY *(Enter total on ITEM 17a of the Summary Sheet.)*			$9656.17		

MARSHALL CO. CLERK
2024 JAN 16 P 3:02
FILED

REPORT OF RECEIPTS AND EXPENDITURES OF A POLITICAL COMMITTEE

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

(CFA-4) Summary Sheet

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.
Janet M. Anglemyer For Clerk-Treasurer

2. Acronym or Abbreviated Name *(if any)* N/A

3. Committee Telephone Number
574-546-2471

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

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

6. Party Affiliation *(if applicable)*
Republican

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

7. Full Name of Candidate *(Include any nickname.)*
Janet Marie Anglemyer

8. Party Affiliation or If Independent Candidate
Republican

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

10. County of Residence
MARSHALL

CONVENTION CANDIDATES ONLY

11. *Check one:*
☐ Pre-Primary ☐ Pre-Election ☐ Annual ☐ Nomination ☐ Other _____
☑ Final / Disbands Committee *(Lines 18, 19, and 20 must be "0".)* ☐ Outgoing Treasurer *(Within ten (10) days amend Statement of Organization.)*

Check one:
☐ Pre-Convention
☐ Post-Convention

12. Reporting Period *(mm/dd/yy)*:
From: 10/14/2023 Through: 01/17/2024

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

Signature of Treasurer	Title	Date *(mm/dd/yy)*
Signature of Candidate *(if applicable)* Janet M. Anglemyer		Date *(mm/dd/yy)* 01/12/2024

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

FOR OFFICE USE ONLY

FILED
2024 JAN 12 A 10:28
MARSHALL CO CLERK

REPORT OF RECEIPTS AND EXPENDITURES OF A POLITICAL COMMITTEE

FILED

(CFA-4)

2024 JAN 18 A

MARSHALL CO. CLERK

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

FILE NUMBER

TOTAL PAGES IN ENTIRE CFA-4 REPORT

Summary Sheet

State Form 4606 (R17 / 8-23)

Indiana Election Division (IC 3-9-5-14)

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.
Jennifer Fonseca

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

3. Committee Telephone Number
(574) 780-9897

4. Mailing Address *(Address where all campaign finance correspondence is received.)* 705 Mansfield St. ☐ Check if this is a new address.

5. City, State, ZIP Code
Plymouth Indiana 46563

6. Party Affiliation *(if applicable)*
Democrat

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

7. Full Name of Candidate *(Include any nickname.)* Jennifer Fonseca

8. Party Affiliation or If Independent Candidate
Democrat

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

10. County of Residence
Marshall

TYPE OF REPORT

11. *Check one:*

☐ Pre-Primary ☐ Pre-Election ☐ Annual ☐ Nomination ☐ Other

☑ Final / Disbands Committee *(Lines 18, 19, and 20 must be "0".)* Outgoing Treasurer *(Within ten (10) days amend Statement of Organization.)*

CONVENTION CANDIDATES ONLY

Check one:

☐ Pre-Convention

☐ Post-Convention

12. Reporting Period *(mm/dd/yy)*: From: 10/14/2023 Through: 1/17/2024	COLUMN A This Period	COLUMN B Year to Date
13. Cash on hand and investments at the beginning of this reporting period.	0.00	
14. Cash on hand and investments January 1, current year.		0.00
CONTRIBUTIONS AND RECEIPTS		
(Note: these amounts include in-kind contributions and loans, as well as cash contributions.)		
15a. Itemized *(Use Schedule A.)*	0.00	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

INSTRUCTIONS FOR COMPLETING THIS FORM

FILED
2024 JAN 18 A 8:11
MARSHA CO. CLERK

CERTIFICATION		
CERTIFY THAT I HAVE EXAMINED THIS STATEMENT. TO THE BEST OF MY KNOWLEDGE AND BELIEF IT IS TRUE, CORRECT AND COMPLETE.		
Signature of Treasurer	Title: Treasurer	Date *(mm/dd/yy)*: 1/16/2024
Signature of Candidate *(if applicable)*		Date *(mm/dd/yy)*: 1/16/2024
WARNING: Any information contained in this report may not be copied for sale or used for any commercial purpose. *(IC 3-9-4-5)* A person who knowingly files a fraudulent report commits a Level 6 felony. *(IC 3-14-1-13)* A person who fails to file a complete or accurate report as required by the Indiana Campaign Finance Law commits a Class B misdemeanor, *(IC 3-14-1-14)* and may be subject to civil penalties. *(IC 3-9-4-16, IC 3-9-4-17, IC 3-9-4-18)*		

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	

FOR OFFICE USE ONLY

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.

A Libertarian party candidate nominated at a party convention should not check "nomination" report. Instead, that candidate should check either "preconvention" or "post-convention" report. Statewide candidates filing a quarterly report should check "Other" and indicate "Quarterly."

REPORT OF RECEIPTS AND EXPENDITURES OF A POLITICAL COMMITTEE

(CFA-4)

FILED
2024 JAN 17 A 8:40
MARSHALL CO. CLERK

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.*

Summary Sheet

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

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.
Jennifer Fonseca

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

3. Committee Telephone Number
(574) 780-9897

4. Mailing Address *(Address where all campaign finance correspondence is received.)* 705 Mansfield St. ☐ Check if this is a new address.

5. City, State, ZIP Code
Plymouth Indiana 46563

6. Party Affiliation *(if applicable)*
Democrat

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

7. Full Name of Candidate *(Include any nickname.)* Jennifer Fonseca

8. Party Affiliation or If Independent Candidate
Democrat

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

10. County of Residence
Marshall

TYPE OF REPORT

11. *Check one:*
☐ Pre-Primary ☑ Pre-Election ☐ Annual ☐ Nomination ☐ Other _____
Final / Disbands Committee *(Lines 18, 19, and 20 must be "0".)* Outgoing Treasurer *(Within ten (10) days amend Statement of Organization.)*

CONVENTION CANDIDATES ONLY

Check one:
☐ Pre-Convention
☐ Post-Convention

12. Reporting Period *(mm/dd/yy)*: From: 10/14/2023 Through: 1/17/2024	COLUMN A This Period	COLUMN B Year to Date
13. Cash on hand and investments at the beginning of this reporting period.	0.00	
14. Cash on hand and investments January 1, current year.		0.00
CONTRIBUTIONS AND RECEIPTS		
(Note: these amounts include in-kind contributions and loans, as well as cash contributions.)		
15a. Itemized *(Use Schedule A.)*	0.00	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

INSTRUCTIONS FOR COMPLETING THIS FORM

FILED
2024 JAN 16 A 8:40
MARSHALL CO. CLERK

CERTIFICATION		
CERTIFY THAT I HAVE EXAMINED THIS STATEMENT. TO THE BEST OF MY KNOWLEDGE AND BELIEF IT IS TRUE, CORRECT AND COMPLETE.		
Signature of Treasurer	Title Treasurer	Date *(mm/dd/yy)* 1/16/2024
Signature of Candidate *(if applicable)*		Date *(mm/dd/yy)* 1/16/2024
WARNING: Any information contained in this report may not be copied for sale or used for any commercial purpose. *(IC 3-9-4-5)* A person who knowingly files a fraudulent report commits a Level 6 felony. *(IC 3-14-1-13)* A person who fails to file a complete or accurate report as required by the Indiana Campaign Finance Law commits a Class B misdemeanor, *(IC 3-14-1-14)* and may be subject to civil penalties. *(IC 3-9-4-16, IC 3-9-4-17, IC 3-9-4-18)*		

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	

FOR OFFICE USE ONLY

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.

A Libertarian party candidate nominated at a party convention should not check "nomination" report. Instead, that candidate should check either "preconvention" or "post-convention" report. Statewide candidates filing a quarterly report should check "Other" and indicate "Quarterly."

REPORT OF RECEIPTS AND EXPENDITURES OF A POLITICAL COMMITTEE

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

(CFA-4) Summary Sheet

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

IS THIS AN AMENDMENT? ☐ Yes ☒ No

FILE NUMBER
TOTAL PAGES IN ENTIRE CFA-4 REPORT
1 of 1

COMMITTEE INFORMATION

1. Full Name of Committee (as on *Statement of Organization*) ☐ Check if this is a new name.
JOHN RICHARD GROLICH

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

3. Committee Telephone Number
(574) 933-3552

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

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

6. Party Affiliation *(if applicable)*
REPUBLICAN

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

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

8. Party Affiliation or If Independent Candidate

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

10. County of Residence

TYPE OF REPORT

11. *Check one:*
☐ Pre-Primary ☐ Pre-Election ☒ Annual ☐ Nomination ☐ Other _____
☐ Final / Disbands Committee *(Lines 18, 19, and 20 must be "0".)* ☐ Outgoing Treasurer *(Within ten (10) days amend Statement of Organization.)*

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

12. Reporting Period *(mm/dd/yy)*:
From: 10/1/23 Through: 12/31/23

	COLUMN A This Period	COLUMN B Year to Date
13. Cash on hand and investments at the beginning of this reporting period.	338.42	
14. Cash on hand and investments January 1, current year.		338.42
CONTRIBUTIONS AND RECEIPTS		
(Note: these amounts include in-kind contributions and loans, as well as cash contributions.)		
15a. Itemized *(Use Schedule A.)*		
15b. Unitemized		
15c. Add lines 15a and 15b in both columns. **SUBTOTAL**		
16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B. **TOTAL**	338.42	338.42
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**	338.42	338.42
19. Debts OWED BY the committee *(Use Schedule D.)*		
20. Debts OWED TO the committee *(Use Schedule E.)*		

CERTIFICATION

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

Signature of Treasurer	Title	Date *(mm/dd/yy)*
	CANDIDATE	1/17/24
Signature of Candidate *(if applicable)*		**Date** *(mm/dd/yy)*
John Richard Grolich		1/17/24

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

2024 JAN 17 A 11:12
OFFICE OF THE CLERK

FOR OFFICE USE ONLY
ED

REPORT OF RECEIPTS AND EXPENDITURES OF A POLITICAL COMMITTEE

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

(CFA-4) Summary Sheet

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

IS THIS AN AMENDMENT? ☐ Yes ☒ No

FILE NUMBER

TOTAL PAGES IN ENTIRE CFA-4 REPORT
2

COMMITTEE INFORMATION

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

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

3. Committee Telephone Number
574-933-3921

4. Mailing Address *(Address where all campaign finance correspondence is received.)* ☒ Check if this is a new address.
19008 W 6B Road

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

6. Party Affiliation *(if applicable)*
Democrat

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

7. Full Name of Candidate *(Include any nickname.)*
Joshua Scott Walker

8. Party Affiliation or If Independent Candidate

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

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: 1/1/2023 Through: 12/31/2023	COLUMN A This Period	COLUMN B Year to Date
13. Cash on hand and investments at the beginning of this reporting period.	$3,486.35	
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**	$3,486.35	$0.00
EXPENDITURES		
(Note: These amounts include in-kind expenditures and loan repayments.)		
17a. Itemized *(Use Schedule B.) (Public Question: use Schedule C.)*	$3,486.35	$0.00
17b. Unitemized	$0.00	$0.00
17c. Add lines 17a and 17b in both columns. **SUBTOTAL**	$3,486.35	$0.00
18. Cash on hand and investments at close of this reporting period *(Subtract 17c from 16 in both columns.)* **TOTAL**	$0.00	$0.00
19. Debts OWED BY the committee *(Use Schedule D.)*	$0.00	
20. Debts OWED TO the committee *(Use Schedule E.)*	$0.00	

CERTIFICATION

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

Signature of Treasurer	Title	Date *(mm/dd/yy)*
JS Sills	Treasurer	1/17/2024
Signature of Candidate *(if applicable)*		Date *(mm/dd/yy)* 1/17/2024

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

FOR OFFICE USE ONLY

FILED
2024 JAN 17 P 12:01
JAN 17 2024

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 Robert Listenberger for Mayor 932 Angel St. Plymouth, IN 46563	Mayor	☒ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other Purpose:	$3,486.35	$3,486.35	1/3/2023
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			$ $3,486.35		
TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY *(Enter total on ITEM 17a of the Summary Sheet.)*			$ $3,486.35		

REPORT OF RECEIPTS AND EXPENDITURES OF A POLITICAL COMMITTEE

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

FILED
2023 DEC 2 | A 11:49
MARSHALL CO. CLERK

(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.
Re-elect Berger for Clerk-Treasurer

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

3. Committee Telephone Number
(574) 360-9038

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

5. City, State, ZIP Code
Bourbon IN 46504

6. Party Affiliation *(if applicable)*
Democrat

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

7. Full Name of Candidate *(Include any nickname.)*
Kimberly Ann Berger

8. Party Affiliation or If Independent Candidate
Democrat

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

10. County of Residence
Marshall

TYPE OF REPORT

11. *Check one:*
☐ Pre-Primary ☐ Pre-Election ☒ Annual ☐ Nomination ☐ Other _____
☒ Final / Disbands Committee *(Lines 18, 19, and 20 must be "0".)* ☐ Outgoing Treasurer *(Within ten (10) days amend Statement of Organization.)*

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

12. Reporting Period *(mm/dd/yy)*:
From: 10/14/2023 Through: 12/31/2023

	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.)*		
15b. Unitemized		
15c. Add lines 15a and 15b in both columns. **SUBTOTAL**		
16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B. **TOTAL**	.00	.00
EXPENDITURES		
(Note: These amounts include in-kind expenditures and loan repayments.)		
17a. Itemized *(Use Schedule B.) (Public Question: use Schedule C.)*		
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**	.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.

Signature of Treasurer	Title	Date *(mm/dd/yy)*
Kimberly A Berger	Treasurer	12/11/2023
Signature of Candidate *(if applicable)*		Date *(mm/dd/yy)*
Kimberly A Berger		12/11/2023

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)*

Reset Form

REPORT OF RECEIPTS AND EXPENDITURES OF A POLITICAL COMMITTEE

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

(CFA-4) Summary Sheet

FILE NUMBER
TOTAL PAGES IN ENTIRE CFA-4 REPORT

*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. E. Leigh Marshall Committee	
2. Acronym or Abbreviated Name *(if any)* E. Leigh Marshall	3. Committee Telephone Number (574) 242-1680
4. Mailing Address *(Address where all campaign finance correspondence is received.)* ☐ Check if this is a new address. 424 Forest Place	
5. City, State, ZIP Code Culver, Indiana, 46511	6. Party Affiliation *(if applicable)* Republican

CANDIDATE INFORMATION *(For Candidate's Committees Only)*	
7. Full Name of Candidate *(Include any nickname.)* E. Leigh "Boo" Marshall	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	CONVENTION CANDIDATES ONLY
11. *Check one:* ☐ Pre-Primary ☐ Pre-Election ☐ Annual ☐ Nomination ☐ Other _____ ☑ Final / Disbands Committee *(Lines 18, 19, and 20 must be "0".)* ☐ Outgoing Treasurer *(Within ten (10) days amend Statement of Organization.)*	*Check one:* ☐ Pre-Convention ☐ Post-Convention

12. Reporting Period *(mm/dd/yy)*: From: 4/14/23 Through: 5/15/23	COLUMN A This Period	COLUMN B Year to Date
13. Cash on hand and investments at the beginning of this reporting period.	$1,000.00	
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**	$1,000.00	
EXPENDITURES		
(Note: These amounts include in-kind expenditures and loan repayments.)		
17a. Itemized *(Use Schedule B.) (Public Question: use Schedule C.)*	$1,000.00	
17b. Unitemized		
17c. Add lines 17a and 17b in both columns. **SUBTOTAL**	$1,000.00	$0
18. Cash on hand and investments at close of this reporting period *(Subtract 17c from 16 in both columns.)* **TOTAL**	$0	$0
19. Debts OWED BY the committee *(Use Schedule D.)*	$0	
20. Debts OWED TO the committee *(Use Schedule E.)*	$0	

CERTIFICATION

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

Signature of Treasurer	Title	Date *(mm/dd/yy)*
E. Leigh Marshall	Treasurer / Chair	5/15/23
Signature of Candidate *(if applicable)*		Date *(mm/dd/yy)*
E. Leigh Marshall		5/15/23

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

2023 MAY 15 P 2:23
MARSHALL CO CLERK

REPORT OF RECEIPTS AND EXPENDITURES
OF A POLITICAL COMMITTEE
State Form 4606 (R15 / 5-19)
Indiana Election Division (IC 3-9-5-14)

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

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

FILE NUMBER
Page _____ 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. E. Leigh Marshall 424 Forest Place Culver, IN 46511 **Contributor's Occupation** *(if required)* _____	Contributions: ☐ Direct ☐ In-Kind *(describe)* _____ Other Receipts: ☐ Interest ☐ Loan ☐ Miscellaneous *(specify)* _____	$1,000.00	$1,000.00	4/10/23
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	$ 1,000.00		
	TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY ***(Enter total on ITEM 15a of the Summary Sheet.)***	$ 1,000.00		

FILED APR 15 P 2:23
MARSHALL CO. CLERK

REPORT OF RECEIPTS AND EXPENDITURES OF A POLITICAL COMMITTEE
State Form 4606 (R15 / 5-19)
Indiana Election Division (IC 3-9-5-14)

(CFA-4 SCHEDULE B) ITEMIZED EXPENDITURES

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

FILE NUMBER

Page _____ of _____

RECIPIENT'S NAME AND MAILING ADDRESS *(street, number, city, state, ZIP code)*	RECIPIENT'S OCCUPATION / OFFICE SOUGHT *(if applicable)*	TYPE OF EXPENDITURE and PURPOSE *(be specific)*	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE OF EXPENDITURE *(mm/dd/yy)*
Code A Bowen Printing 200 S. Michigan St. Plymouth, IN 46563	Printer	☐ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other _____ Purpose: Signs & cards	$505.04	$505.04	3/24/23
Code A Bowen Printing 200 S. Michigan St. Plymouth, IN 46563	Printer	☐ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other _____ Purpose: Mailing	$325.22	$830.26	5/5/23
Code _____ Playful Paws 14607 IN-17 Culver, IN 46511 EIN 88-2040853	Cat Sanctuary	☐ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☑ Other Donation Purpose: Account closed	$169.74	$1000.00	5/8/23
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	$ 1,000.00		
		TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY *(Enter total on ITEM 17a of the Summary Sheet.)*	$ 1,000.00		

REPORT OF RECEIPTS AND EXPENDITURES OF A POLITICAL COMMITTEE

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

(CFA-4) Summary Sheet

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

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.
McNamey for Clerk Treasurer
MARSHALL CO. CLERK

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

3. Committee Telephone Number
(574) 952-7510

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

5. City, State, ZIP Code

6. Party Affiliation *(if applicable)*

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

7. Full Name of Candidate *(Include any nickname.)*
Lisa McNamey

8. Party Affiliation or If Independent Candidate
Republican

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

10. County of Residence
Marshall

TYPE OF REPORT

11. *Check one:*
☐ Pre-Primary ☒ Pre-Election ☐ Annual ☐ Nomination ☐ Other _____
☒ Final / Disbands Committee *(Lines 18, 19, and 20 must be "0".)* ☐ Outgoing Treasurer *(Within ten (10) days amend Statement of Organization.)*

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

12. Reporting Period *(mm/dd/yy)*:
From: 10/21/2023 Through: 12/31/2023

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

CERTIFICATION

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

Signature of Treasurer	Title	Date *(mm/dd/yy)*
McNamey	Treasurer	01/12/2024
Signature of Candidate *(if applicable)*		Date *(mm/dd/yy)*
Lisa McNamey		01/12/2024

WARNING: Any information contained in this report may not be copied for sale or used for any commercial purpose. *(IC 3-9-4-5)* A person who knowingly files a fraudulent report commits a Level 6 felony. *(IC 3-14-1-12)* 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
2024
AM 8:56

RECEIVED
JAN 16 2024
MARSHALL COUNTY
CLERK'S OFFICE

REPORT OF RECEIPTS AND EXPENDITURES OF A POLITICAL COMMITTEE

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

(CFA-4)
Summary Sheet

FILE NUMBER
TOTAL PAGES IN ENTIRE CFA-4 REPORT

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

IS THIS AN AMENDMENT? ☐ Yes ☑ No

COMMITTEE INFORMATION

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

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

3. Committee Telephone Number
(574) 952-5711

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

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

6. Party Affiliation *(if applicable)*
Republican

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

7. Full Name of Candidate *(Include any nickname.)*
Lynn Marie Gorski

8. Party Affiliation or If Independent Candidate
Republican

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

10. County of Residence
Marshall

TYPE OF REPORT

11. *Check one:*
☐ Pre-Primary ☐ Pre-Election ☑ Annual ☐ Nomination ☐ Other _____
☐ Final / Disbands Committee *(Lines 18, 19, and 20 must be "0".)* ☐ Outgoing Treasurer *(Within ten (10) days amend Statement of Organization.)*

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

12. Reporting Period *(mm/dd/yy)*:
From: 10/14/2023 Through: 12/31/2023

	COLUMN A This Period	COLUMN B Year to Date
13. Cash on hand and investments at the beginning of this reporting period.	111.68	
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.)*	157.00	1,123.20
15b. Unitemized		
15c. Add lines 15a and 15b in both columns. **SUBTOTAL**	157.00	1,123.20
16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B. **TOTAL**	157.00	1,123.20
EXPENDITURES		
(Note: These amounts include in-kind expenditures and loan repayments.)		
17a. Itemized *(Use Schedule B.) (Public Question: use Schedule C.)*	157.00	919.19
17b. Unitemized		
17c. Add lines 17a and 17b in both columns. **SUBTOTAL**	157.00	919.19
18. Cash on hand and investments at close of this reporting period *(Subtract 17c from 16 in both columns.)* **TOTAL**	0.00	204.01
19. Debts OWED BY the committee *(Use Schedule D.)*		
20. Debts OWED TO the committee *(Use Schedule E.)*		

CERTIFICATION

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

Signature of Treasurer	Title	Date *(mm/dd/yy)*
Lynn M. Gorski	Treasurer	01/02/2024
Signature of Candidate *(if applicable)*		**Date** *(mm/dd/yy)*
Lynn M. Gorski		01/02/2024

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

FOR OFFICE USE ONLY
2024 JAN -2 A 9:19
FILED
MARSHALL COUNTY CLERK

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

(CFA-4 SCHEDULE 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. Lynn M. Gorski 805 Baker St. Lot 133 Plymouth, IN 46563 **Contributor's Occupation** *(if required)* _____	Contributions: ☑ Direct ☐ In-Kind *(describe)* _____ Other Receipts: ☐ Interest ☐ Loan ☐ Miscellaneous *(specify)* _____		$300.00	01/04/23 & 03/24/23 Lynn Gorski
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		$		
TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY *(Enter total on ITEM 15a of the Summary Sheet.)*		$		

2024 JAN -2 A 9:19
MARSHALL CO. CLERK
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-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 _____ of _____

CONTRIBUTOR'S FULL NAME AND FULL MAILING ADDRESS *(street, number, city, state, ZIP code)*	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED *(mm/dd/yy)* / RECEIVED BY
1. Republicans United to Defend You PAC (RUDY PAC) FEC ID: C00823351 PO Box 26141 Alexandria, VA 22313	Contributions: ☑ Direct ☐ In-Kind *(describe)* Other Receipts: ☐ Interest ☐ Loan ☐ Miscellaneous *(specify)*		$500.00	08/12/2023 Lynn Gorski
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		$ 0.00		
TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY *(Enter total on ITEM 15a of the Summary Sheet.)*		$		

FILED
2024 JAN -2 A 9:19
MARSHALL CO. CLERK

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

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

Itemized Contributions and Other Receipts

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

FILE NUMBER

Page _____ of _____

CONTRIBUTOR'S FULL NAME AND FULL MAILING ADDRESS *(street, number, city, state, ZIP code)*	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED *(mm/dd/yy)* / RECEIVED BY
1. Marshall County Republican Central Committee PO Box 102 Plymouth, IN 46563	Contributions: ☐ Direct ☑ In-Kind *(describe)* Candidate Photo Other Receipts: ☐ Interest ☐ Loan ☐ Miscellaneous *(specify)*		$54.54	07/25/2023 Lynn Gorski
2. Marshall County Republican Central Committee PO Box 102 Plymouth, IN 46563	Contributions: ☐ Direct ☑ In-Kind *(describe)* Advertising in Newspaper Other Receipts: ☐ Interest ☐ Loan ☐ Miscellaneous *(specify)*		$166.20	09/01/2023 Lynn Gorski
3. Marshall County Republican Central Committee PO Box 102 Plymouth, IN 46563	Contributions: ☐ Direct ☑ In-Kind *(describe)* GOP Mailer & Advertising Other Receipts: ☐ Interest ☐ Loan ☐ Miscellaneous *(specify)*	$123.66	$123.66	10/18/2023 Lynn Gorski
4. Marshall County Republican Central Committee PO Box 102 Plymouth, IN 46563	Contributions: ☐ Direct ☑ In-Kind *(describe)* Newspaper Advertising Other Receipts: ☐ Interest ☐ Loan ☐ Miscellaneous *(specify)*	$33.34	$33.34	11/08/2023 Lynn Gorski
5.	Contributions: ☐ Direct ☐ In-Kind *(describe)* Other Receipts: ☐ Interest ☐ Loan ☐ Miscellaneous *(specify)*			FILED
SUBTOTAL THIS PAGE OF SCHEDULE A		$ 157.00		
TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY *(Enter total on ITEM 15a of the Summary Sheet.)*		$ 157.00		

2024 JAN -2 A 9:1
MARSHALL CO. CLER

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

(CFA-4 SCHEDULE B) ITEMIZED EXPENDITURES

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

FILE NUMBER

Page _____ of _____

RECIPIENT'S NAME AND MAILING ADDRESS *(street, number, city, state, ZIP code)*	RECIPIENT'S OCCUPATION / OFFICE SOUGHT *(if applicable)*	TYPE OF EXPENDITURE and PURPOSE *(be specific)*	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE OF EXPENDITURE *(mm/dd/yy)*
Code A Bowen Printing 200 S. Michigan St. Plymouth, IN 46563	Printer	☑ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other Purpose:		$491.13	08/28/2023
Code A Bowen Printing 200 S. Michigan St. Plymouth, IN 46563	Printer	☑ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other Purpose:		$595.99	09/25/2023
Code A Marshall County Republican Central Committee PO Box 102 Plymouth, IN 46563	Candidate Photo	☐ Direct ☑ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other Purpose:		$650.53	07/25/2023
Code A Marshall County Republican Central Committee PO Box 102 Plymouth, IN 46563	Advertising in Newspaper	☐ Direct ☑ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other Purpose:		$762.19	09/01/2023
Code A Marshall County Republican Central Committee PO Box 102 Plymouth, IN 46563	GOP Mailer & Advertising	☐ Direct ☑ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other Purpose:	$123.66	$885.85	10/18/2023
Code A Marshall County Republican Central Committee PO Box 102 Plymouth, IN 46563	Newspaper Advertising	☐ Direct ☑ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other Purpose:	$33.34	$919.19	11/08/2023
Code		☐ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other Purpose:			
SUBTOTAL THIS PAGE OF SCHEDULE B			$ 157.00		
TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY *(Enter total on ITEM 17a of the Summary Sheet.)*			$ 157.00		

MARSHALL CO. CLERK
2024 JAN -2 A 9:1
FILED

REPORT OF RECEIPTS AND EXPENDITURES OF A POLITICAL COMMITTEE

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

(CFA-4) Summary Sheet

FILE NUMBER

TOTAL PAGES IN ENTIRE CFA-4 REPORT

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

IS THIS AN AMENDMENT? ☐ Yes ☒ No

COMMITTEE INFORMATION

1. Full Name of Committee (as on *Statement of Organization*) ☐ Check if this is a new name.
Megan Rogers for Plymouth CIty Council Committees

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

3. Committee Telephone Number
(574) 323-7180

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

5. City, State, ZIP Code
Plymouth IN 46563

6. Party Affiliation *(if applicable)*
Democrat

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

7. Full Name of Candidate *(Include any nickname.)*
Megan Rogers

8. Party Affiliation or If Independent Candidate
Democrat

9. Office Sought *(Include district number, if any. **Not required for exploratory committee.**)*
City Council Center 1

10. County of Residence
Marshall

TYPE OF REPORT

11. *Check one:*
☐ Pre-Primary ☐ Pre-Election ☒ Annual ☐ Nomination ☐ Other _____
☐ Final / Disbands Committee *(Lines 18, 19, and 20 must be "0".)* ☐ Outgoing Treasurer *(Within ten (10) days amend Statement of Organization.)*

CONVENTION CANDIDATES ONLY

Check one:
☐ Pre-Convention
☐ Post-Convention

12. Reporting Period *(mm/dd/yy)*:
From: 10/13/23 Through: 12/31/23

	COLUMN A This Period	COLUMN B Year to Date
13. Cash on hand and investments at the beginning of this reporting period.	319	
14. Cash on hand and investments January 1, current year.		12.90
CONTRIBUTIONS AND RECEIPTS		
(Note: these amounts include in-kind contributions and loans, as well as cash contributions.)		
15a. Itemized *(Use Schedule A.)*	$300	1774.29
15b. Unitemized	0	466.22
15c. Add lines 15a and 15b in both columns. SUBTOTAL	300	2240.51
16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B. TOTAL	619	2253.41
EXPENDITURES		
(Note: These amounts include in-kind expenditures and loan repayments.)		
17a. Itemized *(Use Schedule B.) (Public Question: use Schedule C.)*	1528.90	2301.58
17b. Unitemized	0	466.22
17c. Add lines 17a and 17b in both columns. SUBTOTAL	1528.90	2767.80
18. Cash on hand and investments at close of this reporting period *(Subtract 17c from 16 in both columns.)* TOTAL	909.90	514.39
19. Debts OWED BY the committee *(Use Schedule D.)*		
20. Debts OWED TO the committee *(Use Schedule E.)*		

CERTIFICATION

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

Signature of Treasurer	Title	Date *(mm/dd/yy)*
		1/16/23
Signature of Candidate *(if applicable)*		Date *(mm/dd/yy)*
		1/16/24

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

FOR OFFICE USE ONLY

FILED
2024 JAN 16 P 2:06
MARSHALL CO. CLERK

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

(CFA-4 SCHEDULE B)
ITEMIZED EXPENDITURES

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

FILE NUMBER

Page _____ 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 _____ WTCA		☐ Direct ☐ In-Kind ☒ Payment of Debt ☐ Returned Contribution ☐ Other _____ Purpose:	592.90	888.90	1/6/24
Code _____ Pilot Newspaper		☐ Direct ☐ In-Kind ☒ Payment of Debt ☐ Returned Contribution ☐ Other _____ Purpose:	640	640	1/6/24
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			$ 1528.90		
TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY *(Enter total on ITEM 17a of the Summary Sheet.)*			$ 1528.90		

2024 JAN 16 P 2:06
MARSHALL CO. CLERK
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-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 _____ of _____

CONTRIBUTOR'S FULL NAME AND FULL MAILING ADDRESS *(street, number, city, state, ZIP code)*	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED *(mm/dd/yy)* / RECEIVED BY
1. Local 150 International Union of Operating Enigeers 1001 N Michigan st Lakeville In 46506	Contributions: ☑ Direct ☐ In-Kind *(describe)* Other Receipts: ☐ Interest ☐ Loan ☐ Miscellaneous *(specify)*	$300	300	10/16/23 Megan Rogers
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	$ 300		
	TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY *(Enter total on ITEM 15a of the Summary Sheet.)*	$ 300		

FILED
2024 JAN 16 P 2:06
MARSHALL CO. CLERK

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

(CFA-4 SCHEDULE D)
DEBTS OWED BY THIS COMMITTEE

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

FILE NUMBER

Page _____ of _____

CREDITOR'S OR LENDER'S NAME AND MAILING ADDRESS *(street, number, city, state, ZIP code)*	ENDORSER'S OR VENDOR'S NAME AND MAILING ADDRESS *(if any)* *(street, number, city, state, ZIP code)*	AMOUNT / NATURE OF DEBT	DATE DEBT INCURRED *(mm/dd/yy)*	CUMULATIVE PAID YEAR-TO-DATE	OUTSTANDING BALANCE THIS PERIOD
Megan Rogers 1201 N Walnut st Plymouth IN 46563 LENDER'S OCCUPATION:	Megan Rogers 1201 N Walnut st Plymouth IM 46563	1528.90 campaign money	1/6/24	$0	$1528.90
LENDER'S OCCUPATION:					
LENDER'S OCCUPATION:					
LENDER'S OCCUPATION:					
LENDER'S OCCUPATION:					
LENDER'S OCCUPATION:					
LENDER'S OCCUPATION:					

FILED
2024 JAN 16 P 2:06
MARSHALL CO. CLERK

SUBTOTAL THIS PAGE OF SCHEDULE D	$ 1528.90
TOTAL OF ALL PAGES OF SCHEDULE D ON THE LAST PAGE ONLY *(Enter total on ITEM 19 of the Summary Sheet.)*	$ 1528.90

REPORT OF RECEIPTS AND EXPENDITURES OF A POLITICAL COMMITTEE

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

(CFA-4) Summary Sheet

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

IS THIS AN AMENDMENT? ☐ Yes ☐ No

FILE NUMBER

TOTAL PAGES IN ENTIRE CFA-4 REPORT

FILED
JAN 19 AM 10:11
MARSHALL COUNTY

COMMITTEE INFORMATION

1. Full Name of Committee (as on *Statement of Organization*) ☐ Check if this is a new name.
Committee to elect Nichole Walter German 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.
222 South Shumaker Drive

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

6. Party Affiliation *(if applicable)*
Democrat

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

7. Full Name of Candidate *(Include any nickname.)*
Nichole Walter

8. Party Affiliation or If Independent Candidate
Democrat

9. Office Sought *(Include district number, if any. Not required for exploratory committee.)*
German 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: 1-1-2023 Through: 12-31-2023

	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	0.0
15b. Unitemized	0.00	0.(
15c. Add lines 15a and 15b in both columns. SUBTOTAL	0.00	0.
16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B. TOTAL	0.00	0
EXPENDITURES		
(Note: These amounts include in-kind expenditures and loan repayments.)		
17a. Itemized *(Use Schedule B.) (Public Question: use Schedule C.)*	0.00	
17b. Unitemized	0.00	
17c. Add lines 17a and 17b in both columns. SUBTOTAL	0.00	
18. Cash on hand and investments at close of this reporting period (Subtract 17c from 16 in both columns.) TOTAL	0.00	
19. Debts OWED BY the committee *(Use Schedule D.)*		
20. Debts OWED TO the committee *(Use Schedule E.)*		

FOR OFFICE U

CERTIFICATION

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

Signature of Treasurer	Title	Date (mm/dd/yy)
		1-18-2024
Signature of Candidate *(if applicable)* Nichole Walter		Date (mm/dd/yy) 1-18-2024

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

REPORT OF RECEIPTS AND EXPENDITURES OF A POLITICAL COMMITTEE

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

(CFA-4) Summary Sheet

FILE NUMBER

TOTAL PAGES IN ENTIRE CFA-4 REPORT

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

IS THIS AN AMENDMENT? ☐ Yes ☐ No

COMMITTEE INFORMATION

1. Full Name of Committee (as on *Statement of Organization*) ☐ Check if this is a new name.
Committee to elect Nichole Walter German 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.
222 South Shumaker Drive

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

6. Party Affiliation *(if applicable)*
Democrat

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

7. Full Name of Candidate *(Include any nickname.)*
Nichole Walter

8. Party Affiliation or If Independent Candidate
Democrat

9. Office Sought *(Include district number, if any. **Not required for exploratory committee.**)*
German 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: 1-1-2023 Through: 12-31-2023

	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.)*		
20. Debts OWED TO the committee *(Use Schedule E.)*		

CERTIFICATION

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

Signature of Treasurer	Title	Date *(mm/dd/yy)*
		1-18-2024
Signature of Candidate *(if applicable)*		Date *(mm/dd/yy)*
		1-18-2024

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

FOR OFFICE USE ONLY

Reset Form

REPORT OF RECEIPTS AND EXPENDITURES OF A POLITICAL COMMITTEE

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

(CFA-4) Summary Sheet

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

IS THIS AN AMENDMENT? ☐ Yes ☑ No

FILE NUMBER
TOTAL PAGES IN ENTIRE CFA-4 REPORT
2

RECEIVED 2024 JAN 10 PM 3:50 OFFICE OF THE CLERK

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

9. Office Sought *(Include district number, if any. **Not required for exploratory committee.**)*
Marshall County Council Distrtict 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: 01/01/2023 Through: 12/31/2023

	COLUMN A This Period	COLUMN B Year to Date
13. Cash on hand and investments at the beginning of this reporting period.	410.35	
14. Cash on hand and investments January 1, current year.		410.35
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**	410.35	410.35
EXPENDITURES		
(Note: These amounts include in-kind expenditures and loan repayments.)		
17a. Itemized *(Use Schedule B.) (Public Question: use Schedule C.)*	410.35	410.35
17b. Unitemized	0	0
17c. Add lines 17a and 17b in both columns. **SUBTOTAL**	410.35	410.35
18. Cash on hand and investments at close of this reporting period *(Subtract 17c from 16 in both columns.)* **TOTAL**	0	0
19. Debts OWED BY the committee *(Use Schedule D.)*	0	
20. Debts OWED TO the committee *(Use Schedule E.)*	0	

CERTIFICATION

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

Signature of Treasurer	Title	Date *(mm/dd/yy)*
Nicole Cox		01/04/24
Signature of Candidate *(if applicable)*		Date *(mm/dd/yy)*
Nicole Cox		01/04/24

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

FOR OFFICE USE ONLY

REPORT OF RECEIPTS AND EXPENDITURES OF A POLITICAL COMMITTEE
State Form 4606 (R15 / 5-19)
Indiana Election Division (IC 3-9-5-14)

(CFA-4 SCHEDULE B) ITEMIZED EXPENDITURES

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

FILE NUMBER

Page 2 of 2

RECIPIENT'S NAME AND MAILING ADDRESS *(street, number, city, state, ZIP code)*	RECIPIENT'S OCCUPATION / OFFICE SOUGHT *(if applicable)*	TYPE OF EXPENDITURE and PURPOSE *(be specific)*	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE OF EXPENDITURE *(mm/dd/yy)*
Code C Tim Harman 2940 Sycamore Ln Bremen, IN 46506	business owner	☐ Direct ☐ In-Kind ☑ Payment of Debt ☐ Returned Contribution ☐ Other Purpose: debt repayment	400.00	400.00	02/16/23
Code O First Federal Savings Bank 301 East Ninth St PO Box 527 Rochester, IN 46975	Bank	☑ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other Purpose: fee	5.00	405.00	08/31/23
Code O First Federal Savings Bank 301 East Ninth St PO Box 527 Rochester, IN 46975	Bank	☑ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other Purpose: fee	5.00	410.00	09/23/23
Code C Salvation Army 1934 Oak Rd Plymouth, IN. 46563	charitable organization	☑ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other Purpose:	0.35	410.35	09/23/23
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	$ 410.35		
		TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY *(Enter total on ITEM 17a of the Summary Sheet.)*	$ 410.35		

MARSHALL CO. CLERK
2024 JAN -4 P 3:36
FILED

REPORT OF RECEIPTS AND EXPENDITURES OF A POLITICAL COMMITTEE

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

(CFA-4) Summary Sheet

FILE NUMBER
TOTAL PAGES IN ENTIRE CFA-4 REPORT
7

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

IS THIS AN AMENDMENT? ☐ Yes ☑ No

COMMITTEE INFORMATION

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

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

3. Committee Telephone Number
(574) 540-3072

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

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

6. Party Affiliation *(if applicable)*
Democrat

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

7. Full Name of Candidate *(Include any nickname.)*
Robert Walter Listenberger

8. Party Affiliation or If Independent Candidate
Democrat

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

10. County of Residence
Marshall

TYPE OF REPORT

11. *Check one:*
☐ Pre-Primary ☐ Pre-Election ☑ Annual ☐ Nomination ☐ Other _____
☐ Final / Disbands Committee *(Lines 18, 19, and 20 must be "0".)* ☐ Outgoing Treasurer *(Within ten (10) days amend Statement of Organization.)*

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

12. Reporting Period *(mm/dd/yy)*: From: October 14, 2023 Through: December 31, 2023	COLUMN A This Period	COLUMN B Year to Date
13. Cash on hand and investments at the beginning of this reporting period.	3,140.00	
14. Cash on hand and investments January 1, current year.		1,475.60
CONTRIBUTIONS AND RECEIPTS		
(Note: these amounts include in-kind contributions and loans, as well as cash contributions.)		
15a. Itemized *(Use Schedule A.)*	5,367.00	
15b. Unitemized	100.00	
15c. Add lines 15a and 15b in both columns. **SUBTOTAL**	5,467.00	23,802.47
16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B. **TOTAL**	8,607.00	25,278.07
EXPENDITURES		
(Note: These amounts include in-kind expenditures and loan repayments.)		
17a. Itemized *(Use Schedule B.) (Public Question: use Schedule C.)*	8,292.65	
17b. Unitemized		
17c. Add lines 17a and 17b in both columns. **SUBTOTAL**	8,292.65	24,963.72
18. Cash on hand and investments at close of this reporting period *(Subtract 17c from 16 in both columns.)* **TOTAL**	314.35	314.35
19. Debts OWED BY the committee *(Use Schedule D.)*		
20. Debts OWED TO the committee *(Use Schedule E.)*		

CERTIFICATION

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

Signature of Treasurer	Title	Date *(mm/dd/yy)*
Melissa Needlinger	Treasurer	1-9-2024
Signature of Candidate *(if applicable)*		Date *(mm/dd/yy)*
		1-9-2024

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

FOR OFFICE USE ONLY

FILED
JAN 10 PM 2:20
2024
MARSHALL COUNTY

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 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. Sanjay B Patel 1501 Continental Dr Zionsville, IN 46077 Contributor's Occupation *(if required)*	Contributions: ☑ Direct ☐ In-Kind *(describe)* Other Receipts: ☐ Interest ☐ Loan ☐ Miscellaneous *(specify)*	$250.00		10-23-2023 RWL
2. Cindy Danielson 16066 Pretty Lake Rd Plymouth, IN 46563 Contributor's Occupation *(if required)*	Contributions: ☑ Direct ☐ In-Kind *(describe)* Other Receipts: ☐ Interest ☐ Loan ☐ Miscellaneous *(specify)*	$250.00		10-20-2023 RWL
3. John Oliver 1433 Western Ave Plymouth, IN 46563 Contributor's Occupation *(if required)* Business Owner	Contributions: ☑ Direct ☐ In-Kind *(describe)* Other Receipts: ☐ Interest ☐ Loan ☐ Miscellaneous *(specify)*	$1,000.00	$2,000.00	10-20-2023 RWL
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		$ 1,450.00		
TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY ***(Enter total on ITEM 15a of the Summary Sheet.)***		$		

2024 JAN 10 P 3:20
MARSHALL CO. CLERK
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-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

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. Hoosier Foods Service Inc PO Box 1512 Plymouth, IN 46563	Contributions: ☑ Direct ☐ In-Kind *(describe)* Other Receipts: ☐ Interest ☐ Loan ☐ Miscellaneous *(specify)*	$1,708.50		12-29-2023 RWL
2. Listenberger & Kozel, LLC PO Box 1512 Plymouth, IN 46563	Contributions: ☑ Direct ☐ In-Kind *(describe)* Other Receipts: ☐ Interest ☐ Loan ☐ Miscellaneous *(specify)*	$1,708.50	$2,250.00	12-29-2023 RWL
3.	Contributions: ☐ Direct ☐ In-Kind *(describe)* Other Receipts: ☐ Interest ☐ Loan ☐ Miscellaneous *(specify)*			FILED 2024 JAN 10 P 3:20 MARSHALL CO. CLERK
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		$ 3,417.00		
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 (R17 / 8-23)
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 4 of 7

CONTRIBUTOR'S FULL NAME AND FULL MAILING ADDRESS *(street, number, city, state, ZIP code)*	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED *(mm/dd/yy)* / RECEIVED BY
1. Northern Indiana Operators 6200 Joliet Rd Countryside, IL 60525	Contributions: ☑ Direct ☐ In-Kind *(describe)* Other Receipts: ☐ Interest ☐ Loan ☐ Miscellaneous *(specify)*	$500.00	$1,500.00	10-25-2023 RWL
2.	Contributions: ☐ Direct ☐ In-Kind *(describe)* Other Receipts: ☐ Interest ☐ Loan ☐ Miscellaneous *(specify)*			
3.	Contributions: ☐ Direct ☐ In-Kind *(describe)* Other Receipts: ☐ Interest ☐ Loan ☐ Miscellaneous *(specify)*			FILED 2024 JAN 10 P 3:20 MARSHALL CO. CLERK
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		$ 500.00		
TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY ***(Enter total on ITEM 15a of the Summary Sheet.)***		$ 5,367.00		

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

(CFA-4 SCHEDULE B) ITEMIZED EXPENDITURES

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

FILE NUMBER

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	Printing	☑ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other Purpose:	$1,257.25	$7,780.37	11-9-2023
Code A The Pilot News PO Box 220 Plymouth, IN 46563	Adverising	☑ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other Purpose:	$4,128.50	$4,538.50	12-29-2023
Code A Kankakee Valley 400 W Culver Knox, IN 46534	Advertising	☑ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other Purpose:	$150.00	$1,812.00	11-9-2023
Code A Domain.com Burlington, MA	Web Service	☑ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other Purpose:	$81.95	$222.73	12-20-2023
Code A WTCA - AM 112 W Washington St Plymouth, IN 46563	Advertising	☑ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other Purpose:	$740.50	$2,234.50	12-29-2023
Code A Amazon.com 410 Terry Ave N Seattle, WA 98109	Advertsing	☑ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other Purpose:	$33.44	$233.39	10-17-2023
Code O City of Plymouth 111 North Center St Plymouth, IN 46563	Permits	☑ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other Purpose:	$30.98	$271.96	10-24-2023
		SUBTOTAL THIS PAGE OF SCHEDULE B	$ 6,422.62		
		TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY ***(Enter total on ITEM 17a of the Summary Sheet.)***	$		

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

(CFA-4 SCHEDULE B) ITEMIZED EXPENDITURES

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

FILE NUMBER

Page 6 of 7

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 FaceBK 1 Hacker Way Menlo Park, CA 94025	Advertising	☑ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other Purpose:	$142.04		12-2-2023
Code O USPS 124 W Garro St Plymouth, IN 46563	Mailing/Advertising	☑ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other Purpose:	$579.94		10-18-2023
Code A Wal Mart 2505 N Oak Dr Plymouth, IN 46563	Advertising	☑ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other Purpose:	$82.97		10-30-2023
Code A Scale to Win 13742 Harper St Santa Ana, CA 92703	Advertising	☑ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other Purpose:	$156.06		11-8-2023
Code O Pizza Hut 1919 N Michigan St Plymouth, IN 46563	Meals	☑ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other Purpose:	$74.07		10-31-2023
Code O Maria's Taqueria 112 E Garro St Plymouth, IN 46563	Meals	☑ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other Purpose:	$119.61		11-1-2023
Code O Opies Deli 114 N Michigan St Plymouth, IN 46563	Meals	☑ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other Purpose:	$113.00		11-6-2023
		SUBTOTAL THIS PAGE OF SCHEDULE B	$ 1,267.69		
		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 (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 7 of 7

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 First Federal Savings 2113 N Michigan St Plymouth, IN 46563	checks	☑ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other Purpose:	$29.06		11-16-2023
Code A Town & Country Press 1920 Jim Neu Dr Plymouth, IN 46563	Advertising	☑ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other Purpose:	$573.28		10-17-2023
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			$ 602.34		
TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY *(Enter total on ITEM 17a of the Summary Sheet.)*			$ 8,292.65		

MARSHAL CO. CLERK
2024 JAN 10 P 3:21
FILED

REPORT OF RECEIPTS AND EXPENDITURES OF A POLITICAL COMMITTEE

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

(CFA-4)
Summary Sheet

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 Barbon 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
Barbon, IN. 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: 01-01-25 Through: 12-31-25	COLUMN A This Period	COLUMN B Year to Date
13. Cash on hand and investments at the beginning of this reporting period.	0	
14. Cash on hand and investments January 1, current year.		0
CONTRIBUTIONS AND RECEIPTS		
(Note: these amounts include in-kind contributions and loans, as well as cash contributions.)		
15a. Itemized *(Use Schedule A.)*	0	0
15b. Unitemized	0	0
15c. Add lines 15a and 15b in both columns. **SUBTOTAL**	0	0
16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B. **TOTAL**	0	0
EXPENDITURES		
(Note: These amounts include in-kind expenditures and loan repayments.)		
17a. Itemized *(Use Schedule B.) (Public Question: use Schedule C.)*	0	0
17b. Unitemized	0	0
17c. Add lines 17a and 17b in both columns. **SUBTOTAL**	0	0
18. Cash on hand and investments at close of this reporting period *(Subtract 17c from 16 in both columns.)* **TOTAL**	0	0
19. Debts OWED BY the committee *(Use Schedule D.)*	0	
20. Debts OWED TO the committee *(Use Schedule E.)*	0	

CERTIFICATION

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

Signature of Treasurer: Ryan F. Schori — Title: Trustee — Date *(mm/dd/yy)*: 01-16-2024

Signature of Candidate *(if applicable)*: Ryan F. Schori — Date *(mm/dd/yy)*: 01-16-2024

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

FOR OFFICE USE ONLY

FILED
2024 JAN 16 A 9:19
MARSHALL CO. CLERK

REPORT OF RECEIPTS AND EXPENDITURES OF A POLITICAL COMMITTEE

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

(CFA-4) Summary Sheet

FILE NUMBER

TOTAL PAGES IN ENTIRE CFA-4 REPORT

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

IS THIS AN AMENDMENT? ☐ Yes ☒ No

COMMITTEE INFORMATION

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

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

3. Committee Telephone Number
(574) 767-0356

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

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

6. Party Affiliation *(if applicable)*
Democratic

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

7. Full Name of Candidate *(Include any nickname.)*
Shilon Carothers Milner

8. Party Affiliation or If Independent Candidate
Democratic

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

10. County of Residence
Marshall

TYPE OF REPORT

11. *Check one:*
☐ Pre-Primary ☐ Pre-Election ☒ Annual ☐ Nomination ☐ Other _____
☐ Final / Disbands Committee *(Lines 18, 19, and 20 must be "0".)* ☐ Outgoing Treasurer *(Within ten (10) days amend Statement of Organization.)*

CONVENTION CANDIDATES ONLY

Check one:
☐ Pre-Convention
☐ Post-Convention

12. Reporting Period *(mm/dd/yy)*: From: October 13 - 2023 Through: December 31, 2023	COLUMN A This Period	COLUMN B Year to Date
13. Cash on hand and investments at the beginning of this reporting period.	620	
14. Cash on hand and investments January 1, current year.		620
CONTRIBUTIONS AND RECEIPTS *(Note: these amounts include in-kind contributions and loans, as well as cash contributions.)*		
15a. Itemized *(Use Schedule A.)*	500	1000
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.)*	946.46	946.46
17b. Unitemized	60.00	200.00
17c. Add lines 17a and 17b in both columns. **SUBTOTAL**	1006.46	1146.46
18. Cash on hand and investments at close of this reporting period *(Subtract 17c from 16 in both columns.)* **TOTAL**	113.54	113.54
19. Debts OWED BY the committee *(Use Schedule D.)*	406.40	
20. Debts OWED TO the committee *(Use Schedule E.)*		

CERTIFICATION

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

Signature of Treasurer	Title	Date *(mm/dd/yy)*
Shilon Milner	Treasurer	1/15/24
Signature of Candidate *(if applicable)*		Date *(mm/dd/yy)*
Shilon Milner		1/15/24

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

FOR OFFICE USE ONLY

RECEIVED
JAN 17 2024

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

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

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

FILE NUMBER
Page 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. LIVINGHOUSE, INC. 301 WEST WASHINGTON ST. INDIANAPOLIS, IN 46204	Contributions: ☒ Direct ☐ In-Kind *(describe)* _____ Other Receipts: ☐ Interest ☐ Loan ☐ Miscellaneous *(specify)* _____	$500.00	$1000.00	10-16-23 SHILOH MILNER
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		$ 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		

2024 JAN 17 A 11:51
MARSHALL CO. CLERK
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 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 ____ BOWEN PRINTING 200 S. MICHIGAN ST PLYMOUTH IN 46563	PRINTER	☐ Direct ☐ In-Kind ☒ Payment of Debt ☐ Returned Contribution ☐ Other ____ Purpose:	86.85	86.85	10-16-23
Code ____ PILOT NEWS 218 N MICHIGAN ST PLYMOUTH, IN 46563	NEWSPAPER	☐ Direct ☐ In-Kind ☒ Payment of Debt ☐ Returned Contribution ☐ Other ____ Purpose:	515.00	515.00	11-2-23
Code ____ BOWEN PRINTING 200 S. MICHIGAN ST PLYMOUTH, IN 46563	PRINTER	☐ Direct ☐ In-Kind ☒ Payment of Debt ☐ Returned Contribution ☐ Other ____ Purpose:	344.61	431.46	12-29-23
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			$ 946.46		
TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY *(Enter total on ITEM 17a of the Summary Sheet.)*			$ 946.46		

FILED
2024 JAN 17 A 11:51
MARSHALL CO. CLERK

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

(CFA-4 SCHEDULE 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
WTCA LENDER'S OCCUPATION:		RADIO AD	OCT 2023	0	406.40
LENDER'S OCCUPATION:					
LENDER'S OCCUPATION:					
LENDER'S OCCUPATION:					
LENDER'S OCCUPATION:					
LENDER'S OCCUPATION:					
LENDER'S OCCUPATION:					
SUBTOTAL THIS PAGE OF SCHEDULE D					$406.40
TOTAL OF ALL PAGES OF SCHEDULE D ON THE LAST PAGE ONLY *(Enter total on ITEM 19 of the Summary Sheet.)*					$406.40

MARSHALL CO. CLERK
2024 JAN 17 A 11:51
FILED

REPORT OF RECEIPTS AND EXPENDITURES OF A POLITICAL COMMITTEE

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

(CFA-4)
Summary Sheet

FILED
2024 JAN -5 P 2:03
MARSHALL CO. CLERK

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.
Spencer for Town of Bourbon

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

3. Committee Telephone Number
(574) 767-6112

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

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.)*
Spencer S. Standley

8. Party Affiliation or If Independent Candidate
Republican

9. Office Sought *(Include district number, if any. **Not required for exploratory committee.**)*
Bourbon 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: 10/14/2023 Through: 12/31/2023

	COLUMN A This Period	COLUMN B Year to Date
13. Cash on hand and investments at the beginning of this reporting period.	194.89	
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.)*	194.89	194.89
15b. Unitemized		
15c. Add lines 15a and 15b in both columns. **SUBTOTAL**	194.89	194.89
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.)*	194.89	194.89
17b. Unitemized		
17c. Add lines 17a and 17b in both columns. **SUBTOTAL**	194.89	194.89
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.)*		
20. Debts OWED TO the committee *(Use Schedule E.)*		

CERTIFICATION

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

Signature of Treasurer	Title	Date *(mm/dd/yy)*
		01/05/2024
Signature of Candidate *(if applicable)*		Date *(mm/dd/yy)*
		01/05/2024

FOR OFFICE USE ONLY

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

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

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

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

FILE NUMBER

Page _____ 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. Spencer S. Standley 303 S. Main St. Bourbon IN 46504 Contributor's Occupation *(if required)* _____	Contributions: ☒ Direct ☐ In-Kind *(describe)* _____ Other Receipts: ☐ Interest ☐ Loan ☐ Miscellaneous *(specify)* _____	$194.89		9/29/2023
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	$ 194.89		
	TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY *(Enter total on ITEM 15a of the Summary Sheet.)*	$ 194.89		

2024 JAN -5 P 2:03
MARSHALL CO. CLERK
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 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 Spencer S. Standley 303 S. Main St. Bourbon, IN 46504	Bourbon Town Council	☒ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other _____ Purpose:	$194.89	$194.89	$194.89
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	$ $194.89		
		TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY *(Enter total on ITEM 17a of the Summary Sheet.)*	$ $194.89		

MARSHALL CO. CLERK
2024 JAN -5 P 2:03
FILED

REPORT OF RECEIPTS AND EXPENDITURES OF A POLITICAL COMMITTEE

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

(CFA-4) Summary Sheet

FILED
2023 DEC 14 A 9:17
MARSHALL CO. CLERK

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.
TAMI NAPIER FOR JUDGE

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

3. Committee Telephone Number
(317) 395-4326

4. Mailing Address *(Address where all campaign finance correspondence is received.)* ☐ Check if this is a new address.
P.O. BOX 1133

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.)*
TAMI NAPIER

8. Party Affiliation or If Independent Candidate
REPUBLICAN

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

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: 7-1-23 Through: 12/31/23

	COLUMN A This Period	COLUMN B Year to Date
13. Cash on hand and investments at the beginning of this reporting period.		
14. Cash on hand and investments January 1, current year.		
CONTRIBUTIONS AND RECEIPTS		
(Note: these amounts include in-kind contributions and loans, as well as cash contributions.)		
15a. Itemized *(Use Schedule A.)*	3500.00	
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**	3500.00	
EXPENDITURES		
(Note: These amounts include in-kind expenditures and loan repayments.)		
17a. Itemized *(Use Schedule B.) (Public Question: use Schedule C.)*	1190.00	
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**	2310.00	
19. Debts OWED BY the committee *(Use Schedule D.)*		
20. Debts OWED TO the committee *(Use Schedule E.)*		

CERTIFICATION

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

Signature of Treasurer: [signature] Title: Treasurer Date *(mm/dd/yy)*: 12/14/23

Signature of Candidate *(if applicable)*: Tami Napier Date *(mm/dd/yy)*: 12/14/23

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
DEC 14 2023
CLERK

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

(CFA-4 SCHEDULE 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. David Rubin Attorney 7703 Ivydale Dr. Indpls., IN 46250 Contributor's Occupation *(if required)*	Contributions: ☒ Direct ☐ In-Kind *(describe)* Other Receipts: ☐ Interest ☐ Loan ☐ Miscellaneous *(specify)*	$500		08/08/23 Tami Napier
2. Michael Knight Attorney 930 E. Weber South Bend, IN Contributor's Occupation *(if required)*	Contributions: ☒ Direct ☐ In-Kind *(describe)* Other Receipts: ☐ Interest ☐ Loan ☐ Miscellaneous *(specify)*	$1,000		6/8/23 Tami Napier
3. Tim Bookwalter 830 Beau Blvd Greencastle, IN 46135 Attorney Contributor's Occupation *(if required)*	Contributions: ☒ Direct ☐ In-Kind *(describe)* Other Receipts: ☐ Interest ☐ Loan ☐ Miscellaneous *(specify)*	$2,000		8/10/23 Tami Napier
4. Contributor's Occupation *(if required)*	Contributions: ☐ Direct ☐ In-Kind *(describe)* Other Receipts: ☐ Interest ☐ Loan ☐ Miscellaneous *(specify)*		2023 DEC 14 A 9:17 MARSHALL CO. CLERK	FILED
5. Contributor's Occupation *(if required)*	Contributions: ☐ Direct ☐ In-Kind *(describe)* Other Receipts: ☐ Interest ☐ Loan ☐ Miscellaneous *(specify)*			
	SUBTOTAL THIS PAGE OF SCHEDULE A	$ 3500		
	TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY *(Enter total on ITEM 15a of the Summary Sheet.)*	$		

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

(CFA-4 SCHEDULE 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 _____ Sarah Vanvactor 221 E. Lake Ave Apt. 303 Plymouth, IN 46563	Social Media Management	☐ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☒ Other Payment for service Purpose:	$1,190		12/12/23
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			$ 1190		
TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY *(Enter total on ITEM 17a of the Summary Sheet.)*			$		

MARSHALL CO. CLERK
2023 DEC 14 A 9:17
FILED

REPORT OF RECEIPTS AND EXPENDITURES OF A POLITICAL COMMITTEE

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

(CFA-4) Summary Sheet

FILED
2024 JAN 11 P 3:12
MARSHALL CO. CLERK

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

FILE NUMBER
TOTAL PAGES IN ENTIRE CFA-4 REPORT
1

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.
Yes for Bremen

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

3. Committee Telephone Number
(574) 301-9750

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

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

6. Party Affiliation *(if applicable)*

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

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

8. Party Affiliation or If Independent Candidate

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

10. County of Residence

TYPE OF REPORT

11. *Check one:*
☐ Pre-Primary ☐ Pre-Election ☑ Annual ☐ Nomination ☐ Other _____
☐ Final / Disbands Committee *(Lines 18, 19, and 20 must be "0".)* ☐ Outgoing Treasurer *(Within ten (10) days amend Statement of Organization.)*

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

12. Reporting Period *(mm/dd/yy)*:
From: 10/14/2023 Through: 12/31/2023

	COLUMN A This Period	COLUMN B Year to Date
13. Cash on hand and investments at the beginning of this reporting period.	2,616.25	
14. Cash on hand and investments January 1, current year.		2,656.25
CONTRIBUTIONS AND RECEIPTS		
(Note: these amounts include in-kind contributions and loans, as well as cash contributions.)		
15a. Itemized *(Use Schedule A.)*	0.00	0.00
15b. Unitemized	20.00	20.00
15c. Add lines 15a and 15b in both columns. **SUBTOTAL**	20.00	20.00
16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B. **TOTAL**	2,636.25	2,676.25
EXPENDITURES		
(Note: These amounts include in-kind expenditures and loan repayments.)		
17a. Itemized *(Use Schedule B.) (Public Question: use Schedule C.)*	0.00	0.00
17b. Unitemized	0.00	40.00
17c. Add lines 17a and 17b in both columns. **SUBTOTAL**	0.00	40.00
18. Cash on hand and investments at close of this reporting period *(Subtract 17c from 16 in both columns.)* **TOTAL**	2,636.25	2,636.25
19. Debts OWED BY the committee *(Use Schedule D.)*	0.00	
20. Debts OWED TO the committee *(Use Schedule E.)*	0.00	

CERTIFICATION

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

Signature of Treasurer	Title	Date *(mm/dd/yy)*
Stephanie Pittman	Treasurer	01/11/2024
Signature of Candidate *(if applicable)*		Date *(mm/dd/yy)*

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

FOR OFFICE USE ONLY

RECEIVED
2024 JAN 11 P 3:12
MARSHALL CO. CLERK