# 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

FILED
2023 OCT 20 AM 11:40
MARSHALL CO. CLERK

## COMMITTEE INFORMATION

1. Full Name of Committee (as on Statement of Organization) ☐ Check if this is a new name.
Andrew Atkins for Plymouth City 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)
Republican

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

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

8. Party Affiliation or If Independent Candidate
Republican

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

10. County of Residence
Marshall

## TYPE OF REPORT

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

## CONVENTION CANDIDATES ONLY

Check one:
☐ Pre-Convention
☐ Post-Convention

12. Reporting Period (mm/dd/yy):
From: 07/03/23 Through: 10/19/23

| | COLUMN A This Period | COLUMN B Year to Date |
|---|---|---|
| 13. Cash on hand and investments at the beginning of this reporting period. | 0 | |
| 14. Cash on hand and investments January 1, current year. | | 0 |
| **CONTRIBUTIONS AND RECEIPTS** | | |
| *(Note: these amounts include in-kind contributions and loans, as well as cash contributions.)* | | |
| 15a. Itemized (Use Schedule A.) | 500 | 500 |
| 15b. Unitemized | 0 | 0 |
| 15c. Add lines 15a and 15b in both columns. SUBTOTAL | 500 | 500 |
| 16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B. TOTAL | 500 | 500 |
| **EXPENDITURES** | | |
| *(Note: These amounts include in-kind expenditures and loan repayments.)* | | |
| 17a. Itemized (Use Schedule B.) (Public Question: use Schedule C.) | 477.51 | 477.51 |
| 17b. Unitemized | — | — |
| 17c. Add lines 17a and 17b in both columns. SUBTOTAL | 477.51 | 477.51 |
| 18. Cash on hand and investments at close of this reporting period (Subtract 17c from 16 in both columns.) TOTAL | 22.49 | 22.49 |
| 19. Debts OWED BY the committee (Use Schedule D.) | 0 | |
| 20. Debts OWED TO the committee (Use Schedule E.) | 0 | |

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## CERTIFICATION

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

| Signature of Treasurer | Title | Date (mm/dd/yy) |
|---|---|---|
| [signature] | Treasurer | 10/19/23 |
| 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**

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

# (CFA-4 SCHEDULE A-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. RUDY PAC<br>P.O. Box 26141<br>Alexandria, VA 22313 | Contributions:<br>☑ Direct<br>☐ In-Kind *(describe)*<br>Other Receipts:<br>☐ Interest ☐ Loan<br>☐ Miscellaneous *(specify)* | $500 | | 8/26/23 |
| 2. | Contributions:<br>☐ Direct<br>☐ In-Kind *(describe)*<br>Other Receipts:<br>☐ Interest ☐ Loan<br>☐ Miscellaneous *(specify)* | | | |
| 3. | Contributions:<br>☐ Direct<br>☐ In-Kind *(describe)*<br>Other Receipts:<br>☐ Interest ☐ Loan<br>☐ Miscellaneous *(specify)* | | | |
| 4. | Contributions:<br>☐ Direct<br>☐ In-Kind *(describe)*<br>Other Receipts:<br>☐ Interest ☐ Loan<br>☐ Miscellaneous *(specify)* | | | |
| 5. | Contributions:<br>☐ Direct<br>☐ In-Kind *(describe)*<br>Other Receipts:<br>☐ Interest ☐ Loan<br>☐ Miscellaneous *(specify)* | | | |
| | **SUBTOTAL THIS PAGE OF SCHEDULE A** | $ 500 | | |
| | **TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY** *(Enter total on ITEM 15a of the Summary Sheet.)* | $ — | | |

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

# (CFA-4 SCHEDULE 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 _____ Zazzle Inc. 1200 Chestnut St. Menlo Park, CA 94025 | Printed Business Cards | ☒ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other _____ Purpose: Business Cards | $191.70 | | 9/19/23 |
| Code _____ Bath & Baby Works 1372 Pilgrim Ln Plymouth, IN 46563 | Marshall County GOP | ☐ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☑ Other Donation Purpose: Auction Gift | $41.68 | | 9/19/23 |
| Code _____ Bowen Printing 200 S. Michigan St. Plymouth, IN 46563 | Sign Printing | ☑ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other _____ Purpose: Campaign Signs | $254.13 | | 9/27/23 |
| 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** | $ 477.51 | | |
| | | **TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY** *(Enter total on ITEM 17a of the Summary Sheet.)* | $ ____ | | |

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# REPORT OF RECEIPTS AND EXPENDITURES OF A POLITICAL COMMITTEE

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

**(CFA-4) Summary Sheet**

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2023 OCT 20 A 11:26

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

**FILE NUMBER**

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

**IS THIS AN AMENDMENT?** ☐ Yes ☑ No

## COMMITTEE INFORMATION

1. Full Name of Committee (as on *Statement of Organization*) ☐ Check if this is a new name.
Brandon Richie 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 Bailey st

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

6. Party Affiliation *(if applicable)*
Republican

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

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

8. Party Affiliation or If Independent Candidate
Republican

9. Office Sought *(Include district number, if any.* ***Not required for exploratory committee.****)*
City Common 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: 4/8 Through: 10/13

| | COLUMN A This Period | COLUMN B Year to Date |
|---|---|---|
| 13. Cash on hand and investments at the beginning of this reporting period. | $10.00 | |
| 14. Cash on hand and investments January 1, current year. | | |
| **CONTRIBUTIONS AND RECEIPTS** | | |
| *(Note: these amounts include in-kind contributions and loans, as well as cash contributions.)* | | |
| 15a. Itemized *(Use Schedule A.)* | $500.00 | |
| 15b. Unitemized | | |
| 15c. Add lines 15a and 15b in both columns. **SUBTOTAL** | $500.00 | |
| 16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B. **TOTAL** | $510.00 | $500.00 |
| **EXPENDITURES** | | |
| *(Note: These amounts include in-kind expenditures and loan repayments.)* | | |
| 17a. Itemized *(Use Schedule B.) (Public Question: use Schedule C.)* | 401.10 | |
| 17b. Unitemized | | |
| 17c. Add lines 17a and 17b in both columns. **SUBTOTAL** | 401.10 | |
| 18. Cash on hand and investments at close of this reporting period *(Subtract 17c from 16 in both columns.)* **TOTAL** | $108.90 | |
| 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)* |
| | | 10/26/23 |

**FOR OFFICE USE ONLY**

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

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

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2023 OCT 20 AM 11:20
MARSHALL COUNTY CLERK

# (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 ____ Bowen Printing 200 S Michigan St. Plymouth, IN 46563 | [redacted] Printer [redacted] / City Council | ☐ Direct ☑ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other Purpose: Yard Signs | 254.13 | 254.13 | 8/31 |
| Code ____ Sawdust N Stuff 7668 Michigan Rd Plymouth, IN 46563 | Wood worker / City Council | ☐ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other Purpose: Gift Basket Door Prize | 20.00 | 274.13 | 9/22 |
| Code ____ Martin's 865 E. Jefferson St Plymouth, IN 46563 | Grocery Store / City Council | ☑ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other Purpose: Gift Basket Door Prize | $13.01 | 287.14 | 9/22 |
| Code ____ Simply Stated Gifts 100 W. Garro St Plymouth, IN 46563 | Gift store / City Council | ☑ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other Purpose: Gift Basket Door Prize | $44.74 | $331.88 | 9/22 |
| Code ____ Plymouth Pblic Library 201 N. Center St Plymouth, IN 46563 | Library / City Council | ☑ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other Purpose: Printed Sign | $1.00 | 332.88 | 9/22 |
| Code ____ Bowen Printing 200 S. Michigan St Plymouth, IN 46563 | Printer / City Council | ☑ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other Purpose: Cards | $22.74 | $355.62 | 10/6/23 |
| Code ____ Bowen Printing 200 S Michigan St Plymouth, IN 46563 | | ☐ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other Purpose: | 45.48 | 401.10 | 10/14/23 |
| | | **SUBTOTAL THIS PAGE OF SCHEDULE B** | $401.10 | | |
| | | **TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY** *(Enter total on ITEM 17a of the Summary Sheet.)* | $ | | |

Reset Form

# 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.*

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2023 OCT 20 A 8:19

**IS THIS AN AMENDMENT?** ☐ Yes ☒ No

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

## COMMITTEE INFORMATION

1. Full Name of Committee (as on *Statement of Organization*) ☐ Check if this is a new name.
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: 04-08-23 Through: 10-13-23

| | 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.)* | 0.00 | 0.00 |
| 15b. Unitemized | 0.00 | 50.00 |
| 15c. Add lines 15a and 15b in both columns. **SUBTOTAL** | 0.00 | 50.00 |
| 16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B. **TOTAL** | 50.00 | 50.00 |
| **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** | 50.00 | 50.00 |
| 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 Catherine JH Wraight — Treasurer — Date *(mm/dd/yy)* 10/19/23

Signature of Candidate *(if applicable)* Catherine JH Wraight — Date *(mm/dd/yy)* 10/19/23

**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

2023 OCT 20 A 8:19

# REPORT OF RECEIPTS AND EXPENDITURES OF A POLITICAL COMMITTEE

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

**(CFA-4)**
**Summary Sheet**

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

FILE NUMBER:

TOTAL PAGES IN ENTIRE CFA-4 REPORT:

**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.
CHARLES R SNEAD

2. Acronym or Abbreviated Name (if any)

3. Committee Telephone Number
(574) 540-9038

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

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

6. Party Affiliation (if applicable)
REPUBLICAN

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

7. Full Name of Candidate (Include any nickname.)
CHARLES RANDY SNEAD

8. Party Affiliation or if Independent Candidate
REPUBLICAN

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

10. County of Residence
MARSHALL

## TYPE OF REPORT

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

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

| | COLUMN A This Period | COLUMN B Year to Date |
|---|---|---|
| 12. Reporting Period (mm/dd/yy): From: 4-8-2023 Through: 10-13-2023 | | |
| 13. Cash on hand and investments at the beginning of this reporting period. | 0 | 0 |
| 14. Cash on hand and investments January 1, current year. | | |
| **CONTRIBUTIONS AND RECEIPTS** | | |
| *(Note: these amounts include in-kind contributions and loans, as well as cash contributions.)* | | |
| 15a. Itemized (Use Schedule A.) | 0 | |
| 15b. Unitemized | 0 | |
| 15c. Add lines 15a and 15b in both columns. **SUBTOTAL** | 0 | |
| 16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B. **TOTAL** | 0 | |
| **EXPENDITURES** | | |
| *(Note: These amounts include in-kind expenditures and loan repayments.)* | | |
| 17a. Itemized (Use Schedule B.) (Public Question: use Schedule C.) | 0 | |
| 17b. Unitemized | 0 | |
| 17c. Add lines 17a and 17b in both columns. **SUBTOTAL** | 0 | |
| 18. Cash on hand and investments at close of this reporting period (Subtract 17c from 16 in both columns.) **TOTAL** | 0 | |
| 19. Debts OWED BY the committee (Use Schedule D.) | 0 | |
| 20. Debts OWED TO the committee (Use Schedule E.) | 0 | |

## CERTIFICATION

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

Signature of Treasurer: Charles Randy Snead — Title: TREASURE — Date (mm/dd/yy): 10/18/2023

Signature of Candidate (if applicable): Charles Randy Snead — Date (mm/dd/yy): 10/18/2023

**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)

MARSHALL CO. CLERK
2023 OCT 18 P 12:48
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.
Olivarez, JR. for Plymouth City Council

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

3. Committee Telephone Number
( 574 ) 967 - 0488

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

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

6. Party Affiliation *(if applicable)*
Democratic

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

7. Full Name of Candidate *(Include any nickname.)*
Cayetano "Cooky" Olivarez JR.

8. Party Affiliation or If Independent Candidate
Democratic

9. Office Sought *(Include district number, if any. **Not required for exploratory committee.**)*
Plymouth City Council - 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: June 28, 2023 Through: October 13, 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. | | 00.00 |
| **CONTRIBUTIONS AND RECEIPTS** | | |
| *(Note: these amounts include in-kind contributions and loans, as well as cash contributions.)* | | |
| 15a. Itemized *(Use Schedule A.)* | | |
| 15b. Unitemized | 150.00 | 150.00 |
| 15c. Add lines 15a and 15b in both columns. **SUBTOTAL** | | |
| 16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B. **TOTAL** | 150.00 | 150.00 |
| **EXPENDITURES** | | |
| *(Note: These amounts include in-kind expenditures and loan repayments.)* | | |
| 17a. Itemized *(Use Schedule B.) (Public Question: use Schedule C.)* | — | |
| 17b. Unitemized | 100 00 | 100.00 |
| 17c. Add lines 17a and 17b in both columns. **SUBTOTAL** | 100.00 | 100.00 |
| 18. Cash on hand and investments at close of this reporting period *(Subtract 17c from 16 in both columns.)* **TOTAL** | 50.00 | 50.00 |
| 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)* |
|---|---|---|
| Cayetano Oli | Candidate/Treasurer | 10-17-23 |
| **Signature of Candidate** *(if applicable)* | | Date *(mm/dd/yy)* |
| Cayetano Oli | | 10-17-23 |

**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
2023 OCT 18 A 10: 10
MARSHALL COUNTY CLERK

# 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 OCT 20 A 10:24
MARSHALL CO. CLERK

## (CFA-4) Summary Sheet

**FILE NUMBER**

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

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

**IS THIS AN AMENDMENT?** ☐ Yes ☒ No

## COMMITTEE INFORMATION

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

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

3. Committee Telephone Number
(765) 252-7030

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

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

6. Party Affiliation *(if applicable)*
Republican

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

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

8. Party Affiliation or If Independent Candidate
Republican

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

10. County of Residence
Marshall

## TYPE OF REPORT

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

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

12. Reporting Period *(mm/dd/yy)*:
From: April 8, 2023 Through: Oct 15, 2023

| | COLUMN A This Period | COLUMN B Year to Date |
|---|---|---|
| 13. Cash on hand and investments at the beginning of this reporting period. | 65.00 | |
| 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.)* | 54.55 | 604.55 |
| 15b. Unitemized | — | — |
| 15c. Add lines 15a and 15b in both columns. **SUBTOTAL** | 54.55 | 604.55 |
| 16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B. **TOTAL** | 119.55 | 119.55 |
| **EXPENDITURES** | | |
| *(Note: These amounts include in-kind expenditures and loan repayments.)* | | |
| 17a. Itemized *(Use Schedule B.) (Public Question: use Schedule C.)* | | |
| 17b. Unitemized | 54.55 | 54.55 |
| 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** | 65.00 | 65.00 |
| 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)* |
|---|---|---|
| Joan Elliott | Treasurer | 10/20/23 |
| Signature of Candidate *(if applicable)* Dana S. Neer | | Date *(mm/dd/yy)* 10/21/23 |

**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 A-1) CONTRIBUTIONS BY INDIVIDUALS
## Itemized Contributions and Other Receipts

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

| FILE NUMBER |
|---|
| |
| Page 1 of 3 |

| CONTRIBUTOR'S FULL NAME AND OCCUPATION FULL MAILING ADDRESS *(street, number, city, state, ZIP code)* | TYPE OF CONTRIBUTION OR OTHER RECEIPT | COLUMN A AMOUNT THIS PERIOD | COLUMN B CUMULATIVE YEAR-TO-DATE | DATE RECEIVED *(mm/dd/yy)* / RECEIVED BY |
|---|---|---|---|---|
| 1. Dana Neer<br>831 North Lake Shore Dr.<br>Culver, In. 46511<br>Contributor's Occupation *(if required)* | Contributions:<br>☒ Direct<br>☐ In-Kind *(describe)*<br>Other Receipts:<br>☐ Interest ☐ Loan<br>☐ Miscellaneous *(specify)* | | 300.00 | 3/15/23 |
| 2. Francis Ellert<br>304 N. Shore Lane<br>Culver, In. 46511<br>Contributor's Occupation *(if required)* | Contributions:<br>☒ Direct<br>☐ In-Kind *(describe)*<br>Other Receipts:<br>☐ Interest ☐ Loan<br>☐ Miscellaneous *(specify)* | | 100.00 | 3/30/23 |
| 3. Paul Leverett<br>16166 185 Road<br>Culver, In. 46511<br>Contributor's Occupation *(if required)* | Contributions:<br>☐ Direct<br>☐ In-Kind *(describe)*<br>Other Receipts:<br>☐ Interest ☐ Loan<br>☐ Miscellaneous *(specify)* | | 100.00 | 4/4/23 |
| 4. Steve Cox<br>1404 Boca Raton Blvd.<br>Naples, FL. 34109<br>Contributor's Occupation *(if required)* | Contributions:<br>☐ Direct<br>☐ In-Kind *(describe)*<br>Other Receipts:<br>☐ Interest ☐ Loan<br>☐ Miscellaneous *(specify)* | | 50.00 | 4/9/23 |
| 5.<br>Contributor's Occupation *(if required)* | Contributions:<br>☐ Direct<br>☐ In-Kind *(describe)*<br>Other Receipts:<br>☐ Interest ☐ Loan<br>☐ Miscellaneous *(specify)* | | | FILED<br>2023 OCT 20 A 10:24<br>MARSHALL CO. CLERK |
| | SUBTOTAL THIS PAGE OF SCHEDULE A | $ -0- | | |
| | TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY *(Enter total on ITEM 15a of the Summary Sheet.)* | $ | | |

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

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

## Itemized Contributions and Other Receipts

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

**FILE NUMBER**

Page _____ 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. NCGOP<br>Marshall Co. Republican Committe<br>PO Box 102<br>Plymouth, In. 46563 | Contributions:<br>☐ Direct<br>☒ In-Kind *(describe)* _____<br>Other Receipts:<br>☐ Interest ☐ Loan<br>☐ Miscellaneous *(specify)* _____ | 54.55 | 54.55 | 7/25/23 |
| 2. | Contributions:<br>☐ Direct<br>☐ In-Kind *(describe)* _____<br>Other Receipts:<br>☐ Interest ☐ Loan<br>☐ Miscellaneous *(specify)* _____ | | | |
| 3. | Contributions:<br>☐ Direct<br>☐ In-Kind *(describe)* _____<br>Other Receipts:<br>☐ Interest ☐ Loan<br>☐ Miscellaneous *(specify)* _____ | | | |
| 4. | Contributions:<br>☐ Direct<br>☐ In-Kind *(describe)* _____<br>Other Receipts:<br>☐ Interest ☐ Loan<br>☐ Miscellaneous *(specify)* _____ | | | |
| 5. | Contributions:<br>☐ Direct<br>☐ In-Kind *(describe)* _____<br>Other Receipts:<br>☐ Interest ☐ Loan<br>☐ Miscellaneous *(specify)* _____ | | | |
| | **SUBTOTAL THIS PAGE OF SCHEDULE A** | $ 54.55 | | |
| | **TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY** *(Enter total on ITEM 15a of the Summary Sheet.)* | $ | | |

2023 OCT 20 A 10:24
MARSHALL CO. CLERK
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**REPORT OF RECEIPTS AND EXPENDITURES OF A POLITICAL COMMITTEE**
State Form 4606 (R15 / 5-19)
Indiana Election Division (IC 3-9-5-14)

# (CFA-4 SCHEDULE B) ITEMIZED EXPENDITURES

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

**FILE NUMBER**

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

MARSHALL CO. CLERK
FILED
2023 OCT 20 A 10: 21

# 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 2023 APR 13 A 11:02

### 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 Common Council At Large

10. County of Residence
Marshall

### TYPE OF REPORT

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

### CONVENTION CANDIDATES ONLY

*Check one:*
☐ Pre-Convention
☐ Post-Convention

| 12. Reporting Period *(mm/dd/yy)*: From: 01/04/2023 Through: 04/13/2023 | 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.)* | 300.00 | 300.00 |
| 15b. Unitemized | 300.00 | 300.00 |
| 15c. Add lines 15a and 15b in both columns. **SUBTOTAL** | 600.00 | 600.00 |
| 16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B. **TOTAL** | 600.00 | 600.00 |
| **EXPENDITURES** | | |
| *(Note: These amounts include in-kind expenditures and loan repayments.)* | | |
| 17a. Itemized *(Use Schedule B.) (Public Question: use Schedule C.)* | | |
| 17b. Unitemized | 9.95 | 9.95 |
| 17c. Add lines 17a and 17b in both columns. **SUBTOTAL** | 9.95 | 9.95 |
| 18. Cash on hand and investments at close of this reporting period *(Subtract 17c from 16 in both columns.)* **TOTAL** | 590.95 | 590.95 |
| 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 | 04/13/23 |
| Signature of Candidate *(if applicable)* | | Date *(mm/dd/yy)* |
| David F. Morrow | | 04/13/23 |

**FOR OFFICE USE ONLY**

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

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

# (CFA-4 SCHEDULE 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. Mike Hite<br>11040 Timber Lane<br>Plymouth, IN 46563<br>Contributor's Occupation *(if required)* _____ | Contributions:<br>☑ Direct<br>☐ In-Kind *(describe)* _____<br>Other Receipts:<br>☐ Interest ☐ Loan<br>☐ Miscellaneous *(specify)* _____ | $300.00 | $300.00 | 02/10/23 |
| 2.<br>Contributor's Occupation *(if required)* _____ | Contributions:<br>☐ Direct<br>☐ In-Kind *(describe)* _____<br>Other Receipts:<br>☐ Interest ☐ Loan<br>☐ Miscellaneous *(specify)* _____ | | | |
| 3.<br>Contributor's Occupation *(if required)* _____ | Contributions:<br>☐ Direct<br>☐ In-Kind *(describe)* _____<br>Other Receipts:<br>☐ Interest ☐ Loan<br>☐ Miscellaneous *(specify)* _____ | | | |
| 4.<br>Contributor's Occupation *(if required)* _____ | Contributions:<br>☐ Direct<br>☐ In-Kind *(describe)* _____<br>Other Receipts:<br>☐ Interest ☐ Loan<br>☐ Miscellaneous *(specify)* _____ | | | |
| 5.<br>Contributor's Occupation *(if required)* _____ | Contributions:<br>☐ Direct<br>☐ In-Kind *(describe)* _____<br>Other Receipts:<br>☐ Interest ☐ Loan<br>☐ Miscellaneous *(specify)* _____ | | | |
| **SUBTOTAL THIS PAGE OF SCHEDULE A** | | $ 300.00 | | |
| **TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY** *(Enter total on ITEM 15a of the Summary Sheet.)* | | $ 300.00 | | |

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2023 JUN 13 A 11:02

# 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.*

FILED IN CLERK'S 2023 OCT 13 A 10:48

| FILE NUMBER | |
|---|---|
| TOTAL PAGES IN ENTIRE CFA-4 REPORT | 3 |

**IS THIS AN AMENDMENT?** ☐ Yes ☑ No

### COMMITTEE INFORMATION

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

CLERK OF CIRCUIT/SUP MARSHALL COUNTY, IN

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 Common 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: ~~10/10/23~~ 4/8/23 Through: ~~4/10/23~~ 10/13/23

| | COLUMN A This Period | COLUMN B Year to Date |
|---|---|---|
| 13. Cash on hand and investments at the beginning of this reporting period. | 590.05 | |
| 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.)* | 200.00 | 500.00 |
| 15b. Unitemized | 830.00 | 1,130.00 |
| 15c. Add lines 15a and 15b in both columns. **SUBTOTAL** | 1,030.00 | 1,630.00 |
| 16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B. **TOTAL** | 1,620.05 | |
| **EXPENDITURES** | | |
| *(Note: These amounts include in-kind expenditures and loan repayments.)* | | |
| 17a. Itemized *(Use Schedule B.) (Public Question: use Schedule C.)* | 1,545.42 | 1,545.52 |
| 17b. Unitemized | 0.00 | 9.95 |
| 17c. Add lines 17a and 17b in both columns. **SUBTOTAL** | 1,545.42 | 1,555.37 |
| 18. Cash on hand and investments at close of this reporting period *(Subtract 17c from 16 in both columns.)* **TOTAL** | 74.63 | 74.63 |
| 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 | 10/13/23 |
| Signature of Candidate *(if applicable)* | | Date *(mm/dd/yy)* |
| David F. Morrow | | 10/13/23 |

FOR OFFICE USE ONLY

FILED 2023 OCT 13 A 10:48 IN CLERK'S OFFICE MARSHALL COUNTY, IN

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

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

# (CFA-4 SCHEDULE 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 3

| CONTRIBUTOR'S FULL NAME AND OCCUPATION FULL MAILING ADDRESS *(street, number, city, state, ZIP code)* | TYPE OF CONTRIBUTION OR OTHER RECEIPT | COLUMN A AMOUNT THIS PERIOD | COLUMN B CUMULATIVE YEAR-TO-DATE | DATE RECEIVED *(mm/dd/yy)* / RECEIVED BY |
|---|---|---|---|---|
| 1. Gary and Mary Stoppelman<br>1140 Pamela Ct.<br>Dubuque, IA 52003<br>Contributor's Occupation *(if required)* _____ | Contributions:<br>☑ Direct<br>☐ In-Kind *(describe)* _____<br>Other Receipts:<br>☐ Interest ☐ Loan<br>☐ Miscellaneous *(specify)* _____ | $200.00 | $500.00 | 09/18/23 |
| 2.<br>Contributor's Occupation *(if required)* _____ | Contributions:<br>☐ Direct<br>☐ In-Kind *(describe)* _____<br>Other Receipts:<br>☐ Interest ☐ Loan<br>☐ Miscellaneous *(specify)* _____ | | | |
| 3.<br>Contributor's Occupation *(if required)* _____ | Contributions:<br>☐ Direct<br>☐ In-Kind *(describe)* _____<br>Other Receipts:<br>☐ Interest ☐ Loan<br>☐ Miscellaneous *(specify)* _____ | | | |
| 4.<br>Contributor's Occupation *(if required)* _____ | Contributions:<br>☐ Direct<br>☐ In-Kind *(describe)* _____<br>Other Receipts:<br>☐ Interest ☐ Loan<br>☐ Miscellaneous *(specify)* _____ | | | |
| 5.<br>Contributor's Occupation *(if required)* _____ | Contributions:<br>☐ Direct<br>☐ In-Kind *(describe)* _____<br>Other Receipts:<br>☐ Interest ☐ Loan<br>☐ Miscellaneous *(specify)* _____ | | | |
| | **SUBTOTAL THIS PAGE OF SCHEDULE A** | $ 200.00 | | |
| | **TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY** *(Enter total on ITEM 15a of the Summary Sheet.)* | $ 200.00 | | |

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

# (CFA-4 SCHEDULE B) ITEMIZED EXPENDITURES

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

**FILE NUMBER**

Page 3 of 3

| RECIPIENT'S NAME AND MAILING ADDRESS *(street, number, city, state, ZIP code)* | RECIPIENT'S OCCUPATION / OFFICE SOUGHT *(if applicable)* | TYPE OF EXPENDITURE and PURPOSE *(be specific)* | COLUMN A AMOUNT THIS PERIOD | COLUMN B CUMULATIVE YEAR-TO-DATE | DATE OF EXPENDITURE *(mm/dd/yy)* |
|---|---|---|---|---|---|
| Code A<br>Bowen Printing<br>200 S Michigan St.<br>Plymouth, IN 46563 | Printing | ☑ Direct ☐ In-Kind<br>☐ Payment of Debt<br>☐ Returned Contribution<br>☐ Other<br>Purpose: | $1,225.42 | $1,225.42 | 10/05/23 |
| Code A<br>Max 93.3 WYMR<br>215 N. Michigan St.<br>Plymouth, IN 46563 | Radio Station | ☑ Direct ☐ In-Kind<br>☐ Payment of Debt<br>☐ Returned Contribution<br>☐ Other<br>Purpose: | $320.00 | $320.00 | 10/5/23 |
| Code | | ☐ Direct ☐ In-Kind<br>☐ Payment of Debt<br>☐ Returned Contribution<br>☐ Other<br>Purpose: | | | |
| Code | | ☐ Direct ☐ In-Kind<br>☐ Payment of Debt<br>☐ Returned Contribution<br>☐ Other<br>Purpose: | | | |
| Code | | ☐ Direct ☐ In-Kind<br>☐ Payment of Debt<br>☐ Returned Contribution<br>☐ Other<br>Purpose: | | | |
| Code | | ☐ Direct ☐ In-Kind<br>☐ Payment of Debt<br>☐ Returned Contribution<br>☐ Other<br>Purpose: | | | |
| Code | | ☐ Direct ☐ In-Kind<br>☐ Payment of Debt<br>☐ Returned Contribution<br>☐ Other<br>Purpose: | | | |
| **SUBTOTAL THIS PAGE OF SCHEDULE B** | | | $ 1,545.42 | | |
| **TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY** *(Enter total on ITEM 17a of the Summary Sheet.)* | | | $ 1,545.42 | | |

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MARSHALL COUNTY, IN

# REPORT OF RECEIPTS AND EXPENDITURES OF A POLITICAL COMMITTEE

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

**(CFA-4) Summary Sheet**

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

**FILE NUMBER**

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

**IS THIS AN AMENDMENT?** ☐ Yes ☐ No

2023 OCT 10 P 1:43

## 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: 04/08/23 Through: 10/10/23

| | 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.)* | 666.22 | 666.22 |
| 15b. Unitemized | | |
| 15c. Add lines 15a and 15b in both columns. **SUBTOTAL** | 666.22 | 666.22 |
| 16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B. **TOTAL** | 666.22 | 666.22 |
| **EXPENDITURES** | | |
| *(Note: These amounts include in-kind expenditures and loan repayments.)* | | |
| 17a. Itemized *(Use Schedule B.) (Public Question: use Schedule C.)* | 340.22 | 340.22 |
| 17b. Unitemized | | |
| 17c. Add lines 17a and 17b in both columns. **SUBTOTAL** | 340.22 | 340.22 |
| 18. Cash on hand and investments at close of this reporting period *(Subtract 17c from 16 in both columns.)* **TOTAL** | 326.00 | 326.00 |
| 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)* |
|---|---|---|
| Don Ecker Jr. | | |
| **Signature of Candidate** *(if applicable)* | | **Date** *(mm/dd/yy)* |
| Don Ecker Jr. | | 10/10/23 |

**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 A-4) CONTRIBUTIONS BY POLITICAL ACTION COMMITTEES

## Itemized Contributions and Other Receipts

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

**FILE NUMBER**

Page 1 of 1

| CONTRIBUTOR'S FULL NAME AND FULL MAILING ADDRESS *(street, number, city, state, ZIP code)* | TYPE OF CONTRIBUTION OR OTHER RECEIPT | COLUMN A AMOUNT THIS PERIOD | COLUMN B CUMULATIVE YEAR-TO-DATE | DATE RECEIVED *(mm/dd/yy)* / RECEIVED BY |
|---|---|---|---|---|
| 1. Republican United to defend You PAC (Rudy PAC)<br>FEC ID: C00823351<br>P.O. Box 26141<br>Alexandria, VA 22313 | Contributions:<br>☑ Direct<br>☐ In-Kind *(describe)*<br>Other Receipts:<br>☐ Interest ☐ Loan<br>☐ Miscellaneous *(specify)* | 500.00 | 500.00 | 8/22/23<br>Don Ecker, JR |
| 2. MCGOP<br>P.O. Box 102<br>Plymouth, IN 46563 | Contributions:<br>☐ Direct<br>☑ In-Kind *(describe)* Advertising<br>Other Receipts:<br>☐ Interest ☐ Loan<br>☐ Miscellaneous *(specify)* | 166.22 | 166.22 | 10/03/23<br>Don Ecker, JR |
| 3. | Contributions:<br>☐ Direct<br>☐ In-Kind *(describe)*<br>Other Receipts:<br>☐ Interest ☐ Loan<br>☐ Miscellaneous *(specify)* | | | |
| 4. | Contributions:<br>☐ Direct<br>☐ In-Kind *(describe)*<br>Other Receipts:<br>☐ Interest ☐ Loan<br>☐ Miscellaneous *(specify)* | | | |
| 5. | Contributions:<br>☐ Direct<br>☐ In-Kind *(describe)*<br>Other Receipts:<br>☐ Interest ☐ Loan<br>☐ Miscellaneous *(specify)* | | | |
| | **SUBTOTAL THIS PAGE OF SCHEDULE A** | $ 666.22 | | |
| | **TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY** *(Enter total on ITEM 15a of the Summary Sheet.)* | $ 666.22 | | |

2023 OCT 10 P 1:13
MARSHALL CO. CLERK
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**REPORT OF RECEIPTS AND EXPENDITURES OF A POLITICAL COMMITTEE**
State Form 4606 (R15 / 5-19)
Indiana Election Division (IC 3-9-5-14)

# (CFA-4 SCHEDULE B) ITEMIZED EXPENDITURES

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

**FILE NUMBER**

Page 1 of 1

| RECIPIENT'S NAME AND MAILING ADDRESS *(street, number, city, state, ZIP code)* | RECIPIENT'S OCCUPATION / OFFICE SOUGHT *(if applicable)* | TYPE OF EXPENDITURE and PURPOSE *(be specific)* | COLUMN A AMOUNT THIS PERIOD | COLUMN B CUMULATIVE YEAR-TO-DATE | DATE OF EXPENDITURE *(mm/dd/yy)* |
|---|---|---|---|---|---|
| Code A<br>Bowen Printing<br>200 S. Michigan<br>Plymouth, IN 46563 | Printer | ☐ Direct ☐ In-Kind<br>☑ Payment of Debt<br>☐ Returned Contribution<br>☐ Other<br>Purpose: Signs + Shirts | 174.00 | 174.00 | 8-31-23 |
| Code A<br>Photography by Jayme<br>4820 N. Range Rd<br>Knox, IN 46534 | Photographer | ☐ Direct ☑ In-Kind<br>☐ Payment of Debt<br>☐ Returned Contribution<br>☐ Other<br>Purpose: Campaign Photos | 54.55 | 54.55 | 10/3/23 |
| Code H<br>The Pilot News Group<br>218 N. Michigan<br>Plymouth, IN 46563 | Newspaper Advertising | ☐ Direct ☑ In-Kind<br>☐ Payment of Debt<br>☐ Returned Contribution<br>☐ Other<br>Purpose: Print Ads | 111.67 | 111.67 | 10/3/23 |
| Code | | ☐ Direct ☐ In-Kind<br>☐ Payment of Debt<br>☐ Returned Contribution<br>☐ Other<br>Purpose: | | | |
| Code | | ☐ Direct ☐ In-Kind<br>☐ Payment of Debt<br>☐ Returned Contribution<br>☐ Other<br>Purpose: | | | |
| Code | | ☐ Direct ☐ In-Kind<br>☐ Payment of Debt<br>☐ Returned Contribution<br>☐ Other<br>Purpose: | | | |
| Code | | ☐ Direct ☐ In-Kind<br>☐ Payment of Debt<br>☐ Returned Contribution<br>☐ Other<br>Purpose: | | | |
| | | **SUBTOTAL THIS PAGE OF SCHEDULE B** | $340.22 | | |
| | | **TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY** *(Enter total on ITEM 17a of the Summary Sheet.)* | $340.22 | | |

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# REPORT OF RECEIPTS AND EXPENDITURES OF A POLITICAL COMMITTEE

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

**(CFA-4) Summary Sheet**

**FILE NUMBER**

**TOTAL PAGES IN ENTIRE CFA-4 REPORT**
5

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

**IS THIS AN AMENDMENT?** ☐ Yes ☒ No

## COMMITTEE INFORMATION

1. Full Name of Committee (as on *Statement of Organization*) ☐ Check if this is a new name.
Duane Culp / Plymouth City Council District #1

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

3. Committee Telephone Number
(574) 930-6075

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

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

6. Party Affiliation *(if applicable)*
Republican

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

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

8. Party Affiliation or If Independent Candidate
Republican

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

10. County of Residence
Marshall

## TYPE OF REPORT

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

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

12. Reporting Period *(mm/dd/yy)*:
From: 4/8/23 Through: 10/13/23

| | COLUMN A This Period | COLUMN B Year to Date |
|---|---|---|
| 13. Cash on hand and investments at the beginning of this reporting period. | Ø | |
| 14. Cash on hand and investments January 1, current year. | | Ø |
| **CONTRIBUTIONS AND RECEIPTS** | | |
| *(Note: these amounts include in-kind contributions and loans, as well as cash contributions.)* | | |
| 15a. Itemized *(Use Schedule A.)* | 1,046.22 | 1,046.22 |
| 15b. Unitemized | Ø | Ø |
| 15c. Add lines 15a and 15b in both columns. **SUBTOTAL** | 1,046.22 | 1,046.22 |
| 16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B. **TOTAL** | 1,046.22 | 1,046.22 |
| **EXPENDITURES** | | |
| *(Note: These amounts include in-kind expenditures and loan repayments.)* | | |
| 17a. Itemized *(Use Schedule B.) (Public Question: use Schedule C.)* | 941.02 | 941.02 |
| 17b. Unitemized | 30.75 | 30.75 |
| 17c. Add lines 17a and 17b in both columns. **SUBTOTAL** | 971.77 | 971.77 |
| 18. Cash on hand and investments at close of this reporting period *(Subtract 17c from 16 in both columns.)* **TOTAL** | 94.45 | 94.45 |
| 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: Secretary Date *(mm/dd/yy)*: 10/18/23

Signature of Candidate *(if applicable)*: [signature] Date *(mm/dd/yy)*: 10/18/23

**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**

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MARSHALL

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

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

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

**FILE NUMBER**

Page 1 of 1

| CONTRIBUTOR'S FULL NAME AND OCCUPATION FULL MAILING ADDRESS *(street, number, city, state, ZIP code)* | TYPE OF CONTRIBUTION OR OTHER RECEIPT | COLUMN A AMOUNT THIS PERIOD | COLUMN B CUMULATIVE YEAR-TO-DATE | DATE RECEIVED *(mm/dd/yy)* / RECEIVED BY |
|---|---|---|---|---|
| 1. Duane Culp<br>816 N. Oak Drive<br>Plymouth IN. 46563<br>Contributor's Occupation *(if required)* | Contributions:<br>☒ Direct<br>☐ In-Kind *(describe)*<br>Other Receipts:<br>☐ Interest ☐ Loan<br>☐ Miscellaneous *(specify)* | $100.00 | $100.00 | 8/3/23<br>Duane Culp |
| 2. Duane Culp<br>816 N. Oak Drive<br>Plymouth IN. 46563<br>Contributor's Occupation *(if required)* | Contributions:<br>☒ Direct<br>☐ In-Kind *(describe)*<br>Other Receipts:<br>☐ Interest ☐ Loan<br>☐ Miscellaneous *(specify)* | $100.00 | $100.00 | 8/7/23<br>Duane |
| 3. Tami L Napier<br>1013 Pennsylvania Ave.<br>Plymouth IN. 46563<br>Contributor's Occupation *(if required)* | Contributions:<br>☒ Direct<br>☐ In-Kind *(describe)*<br>Other Receipts:<br>☐ Interest ☐ Loan<br>☐ Miscellaneous *(specify)* | $100.00 | $100.00 | 8/10/23<br>Duane |
| 4.<br>Contributor's Occupation *(if required)* | Contributions:<br>☐ Direct<br>☐ In-Kind *(describe)*<br>Other Receipts:<br>☐ Interest ☐ Loan<br>☐ Miscellaneous *(specify)* | | | |
| 5.<br>Contributor's Occupation *(if required)* | Contributions:<br>☐ Direct<br>☐ In-Kind *(describe)*<br>Other Receipts:<br>☐ Interest ☐ Loan<br>☐ Miscellaneous *(specify)* | | | |
| | **SUBTOTAL THIS PAGE OF SCHEDULE A** | $ 300.00 | | |
| | **TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY** *(Enter total on ITEM 15a of the Summary Sheet.)* | $ | | |

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

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

## Itemized Contributions and Other Receipts

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

**FILE NUMBER**

Page 1 of 1

| CONTRIBUTOR'S FULL NAME AND FULL MAILING ADDRESS *(street, number, city, state, ZIP code)* | TYPE OF CONTRIBUTION OR OTHER RECEIPT | COLUMN A AMOUNT THIS PERIOD | COLUMN B CUMULATIVE YEAR-TO-DATE | DATE RECEIVED *(mm/dd/yy)* / RECEIVED BY |
|---|---|---|---|---|
| 1. Republicans United to Defend Your Rudy PAC | Contributions: ☒ Direct ☐ In-Kind *(describe)* _____ Other Receipts: ☐ Interest ☐ Loan ☐ Miscellaneous *(specify)* _____ | $500.00 | $500.00 | 8/17/23 |
| 2. Klotz for Commissioner 1322 W. Grant St. Bremen IN. 46506 | Contributions: ☒ Direct ☐ In-Kind *(describe)* _____ Other Receipts: ☐ Interest ☐ Loan ☐ Miscellaneous *(specify)* _____ | $100.00 | $100.00 | 8/13/23 |
| 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** | $600.00 | | |
| | **TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY** *(Enter total on ITEM 15a of the Summary Sheet.)* | $ | | |

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

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

## Itemized Contributions and Other Receipts

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

**FILE NUMBER**

Page 1 of 1

| CONTRIBUTOR'S FULL NAME AND FULL MAILING ADDRESS *(street, number, city, state, ZIP code)* | TYPE OF CONTRIBUTION OR OTHER RECEIPT | COLUMN A AMOUNT THIS PERIOD | COLUMN B CUMULATIVE YEAR-TO-DATE | DATE RECEIVED *(mm/dd/yy)* / RECEIVED BY |
|---|---|---|---|---|
| 1. M.C. Republican Central Committee<br>PO Box 102<br>Plymouth IN. 46563 | Contributions: ☐ Direct ☒ In-Kind *(describe)* ____<br>Other Receipts: ☐ Interest ☐ Loan ☐ Miscellaneous *(specify)* ____ | #54.55<br>#111.67 | $166.22 | 7/25/23<br>9/1/23<br>Deane |
| 2. | Contributions: ☐ Direct ☐ In-Kind *(describe)* ____<br>Other Receipts: ☐ Interest ☐ Loan ☐ Miscellaneous *(specify)* ____ | | | |
| 3. | Contributions: ☐ Direct ☐ In-Kind *(describe)* ____<br>Other Receipts: ☐ Interest ☐ Loan ☐ Miscellaneous *(specify)* ____ | | 2023 OCT 18 A 7:59<br>MARSHALL CO. CLERK | FILED |
| 4. | Contributions: ☐ Direct ☐ In-Kind *(describe)* ____<br>Other Receipts: ☐ Interest ☐ Loan ☐ Miscellaneous *(specify)* ____ | | | |
| 5. | Contributions: ☐ Direct ☐ In-Kind *(describe)* ____<br>Other Receipts: ☐ Interest ☐ Loan ☐ Miscellaneous *(specify)* ____ | | | |
| **SUBTOTAL THIS PAGE OF SCHEDULE A** | | $ 166.22 | | |
| **TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY** *(Enter total on ITEM 15a of the Summary Sheet.)* | | $ 1,066.22 | | |

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

# (CFA-4 SCHEDULE B) ITEMIZED EXPENDITURES

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

**FILE NUMBER**

Page 1 of 1

| RECIPIENT'S NAME AND MAILING ADDRESS *(street, number, city, state, ZIP code)* | RECIPIENT'S OCCUPATION / OFFICE SOUGHT *(if applicable)* | TYPE OF EXPENDITURE and PURPOSE *(be specific)* | COLUMN A AMOUNT THIS PERIOD | COLUMN B CUMULATIVE YEAR-TO-DATE | DATE OF EXPENDITURE *(mm/dd/yy)* |
|---|---|---|---|---|---|
| Code A<br>Carey Whiteman | Shirt Embroidery | ☒ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other<br>Purpose: Shirts | $149.00 | $149.00 | 10/4/23 |
| Code A<br>Tawnard Country Press<br>PO Box 417<br>Plymouth IN. 46563 | Advertising/Print Shop | ☒ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other<br>Purpose: Pamphlets | $125.00 | $125.00 | 10/3/23 |
| Code A<br>WTCA<br>42 Washington St<br>Plymouth IN. 46563 | Radio Station | ☒ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other<br>Purpose: Advertising | $400.00 | $400.00 | 9/14/23 |
| Code C<br>Compton for Mayor | @ City Council Mayor | ☒ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other<br>Purpose: @ Contribution | $100.00 | $100.00 | 8/8/23 |
| Code A<br>Photography by Jamie<br>4820 N. Range Road<br>Knox IN. 46534 | Photography | ☐ Direct ☒ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other<br>Purpose: Photo | $34.55 | $34.55 | 7/25/23 |
| Code<br>Pilot News<br>28 N. Michigan St.<br>Plymouth IN. 46563 | Local News Paper Reporter | ☐ Direct ☒ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other<br>Purpose: Campaign Advertising | $111.67 | $111.67 | 9/1/23 |
| Code<br>~~1st Source Bank~~ | | ☐ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other<br>Purpose: | | | |
| | | **SUBTOTAL THIS PAGE OF SCHEDULE B** | $941.02 | | |
| | | **TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY** *(Enter total on ITEM 17a of the Summary Sheet.)* | $941.02 | | |

# OF A POLITICAL COMMITTEE — Summary Sheet

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

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

## COMMITTEE INFORMATION

1. Full Name of Committee (as on *Statement of Organization*) ☐ Check if this is a new name.
Gary Lee Schue

2023 OCT 20 A 10:46

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

MARSHALL CO CLERK

3. Committee Telephone Number
(574) 326-0778

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

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

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

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

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

8. Party Affiliation or If Independent Candidate
Democratic Party

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

10. County of Residence

## TYPE OF REPORT

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

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

| | COLUMN A This Period | COLUMN B Year to Date |
|---|---|---|
| 12. Reporting Period *(mm/dd/yy)*: From: Through: 11-7-[illegible] 2023 | | |
| 13. Cash on hand and investments at the beginning of this reporting period. | 0 | 0 |
| 14. Cash on hand and investments January 1, current year. | | |
| **CONTRIBUTIONS AND RECEIPTS** | | |
| *(Note: these amounts include in-kind contributions and loans, as well as cash contributions.)* | | |
| 15a. Itemized *(Use Schedule A.)* | | |
| 15b. Unitemized | | |
| 15c. Add lines 15a and 15b in both columns. **SUBTOTAL** | 0 | 0 |
| 16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B. **TOTAL** | 0 | 0 |
| **EXPENDITURES** | | |
| *(Note: These amounts include in-kind expenditures and loan repayments.)* | | |
| 17a. Itemized *(Use Schedule B.) (Public Question: use Schedule C.)* | | |
| 17b. Unitemized | | |
| 17c. Add lines 17a and 17b in both columns. **SUBTOTAL** | 0 | 0 |
| 18. Cash on hand and investments at close of this reporting period *(Subtract 17c from 16 in both columns.)* **TOTAL** | 0 | 0 |
| 19. Debts OWED BY the committee *(Use Schedule D.)* | 0 | |
| 20. Debts OWED TO the committee *(Use Schedule E.)* | 0 | |

## CERTIFICATION

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

| Signature of Treasurer | Title | Date *(mm/dd/yy)* |
|---|---|---|
| | | |
| **Signature of Candidate** *(if applicable)* | | **Date** *(mm/dd/yy)* 10-20-23 |

**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

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# REPORT OF RECEIPTS AND EXPENDITURES OF A POLITICAL COMMITTEE

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

## (CFA-4) Summary Sheet

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

*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.
Ginny Bess Munroe for Town Council

2. Acronym or Abbreviated Name *(if any)*
Ginny Bess Munroe

3. Committee Telephone Number
( 574 ) 252-6148

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

5. City, State, ZIP Code
Culver

6. Party Affiliation *(if applicable)*
Republican

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

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

8. Party Affiliation or If Independent Candidate

9. Office Sought *(Include district number, if any. **Not required for exploratory committee.**)*
Culver Town 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: 4/8/23 Through: 10/20/23

| | 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)* | Date *(mm/dd/yy)* |
|---|---|
| Virginia B. Munroe | 10/23/23 |

**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)*

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# REPORT OF RECEIPTS AND EXPENDITURES OF A POLITICAL COMMITTEE

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

## (CFA-4) Summary Sheet

**FILE NUMBER**

**TOTAL PAGES IN ENTIRE CFA-4 REPORT**
17

*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 Indiana

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: 04/18/23 Through: 10/13/23

| | COLUMN A This Period | COLUMN B Year to Date |
|---|---|---|
| 13. Cash on hand and investments at the beginning of this reporting period. | 1601.40 | |
| 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.)* | 16,575.00 | 19,775.00 |
| 15b. Unitemized | 420.00 | 420.05 |
| 15c. Add lines 15a and 15b in both columns. **SUBTOTAL** | 16,995.00 | 20,195.05 |
| 16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B. **TOTAL** | 18,596.40 | 20,695.05 |
| **EXPENDITURES** | | |
| *(Note: These amounts include in-kind expenditures and loan repayments.)* | | |
| 17a. Itemized *(Use Schedule B.) (Public Question: use Schedule C.)* | 9,721.10 | 11,819.75 |
| 17b. Unitemized | — | — |
| 17c. Add lines 17a and 17b in both columns. **SUBTOTAL** | 9,721.10 | 11,819.75 |
| 18. Cash on hand and investments at close of this reporting period *(Subtract 17c from 16 in both columns.)* **TOTAL** | 8,875.30 | 8,875.30 |
| 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)* |
|---|---|---|
| Dawn Napier | TREASURER | 10-20-23 |
| Signature of Candidate *(if applicable)* | | Date *(mm/dd/yy)* 10/20/2023 |

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

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

# (CFA-4 SCHEDULE 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 13

| 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. Greg Compton<br>713 N. Michigan St.<br>Plymouth, IN 46563<br>Contributor's Occupation *(if required)* | Contributions: ☑ Direct ☐ In-Kind *(describe)*<br>Other Receipts: ☐ Interest ☐ Loan ☐ Miscellaneous *(specify)* | 500.00 | 1550.00 | 5/8/23<br>Greg Compton |
| 2. Lois Compton<br>222 Patricia<br>Plymouth, IN 46563<br>Contributor's Occupation *(if required)* | Contributions: ☑ Direct ☐ In-Kind *(describe)*<br>Other Receipts: ☐ Interest ☐ Loan ☐ Miscellaneous *(specify)* | 250.00 | 250.00 | 5/25/23<br>Greg Compton |
| 3. Jon VanVactor<br>11108 12th Rd.<br>Argos, IN 46501<br>Contributor's Occupation *(if required)* | Contributions: ☑ Direct ☐ In-Kind *(describe)*<br>Other Receipts: ☐ Interest ☐ Loan ☐ Miscellaneous *(specify)* | 100.00 | 100.00 | 6/21/23<br>Greg Compton |
| 4. Bryan Howard<br>135 S. Liberty St.<br>Plymouth, IN 46563<br>Contributor's Occupation *(if required)* | Contributions: ☑ Direct ☐ In-Kind *(describe)*<br>Other Receipts: ☐ Interest ☐ Loan ☐ Miscellaneous *(specify)* | 50.00 | 50.00 | 6/29/23<br>Greg Compton |
| 5. Carl Stockbor<br>11652 11th Rd.<br>Plymouth, IN 46563<br>Contributor's Occupation *(if required)* | Contributions: ☑ Direct ☐ In-Kind *(describe)*<br>Other Receipts: ☐ Interest ☐ Loan ☐ Miscellaneous *(specify)* | 1,000.00 | 1000.00 | 7/15/23<br>Greg Compton |
| | **SUBTOTAL THIS PAGE OF SCHEDULE A** | $1900.00 | | |
| | **TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY** *(Enter total on ITEM 15a of the Summary Sheet.)* | $1900.00 | | |

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

# (CFA-4 SCHEDULE A-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 13

| 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. Helen Johnson<br>506 Randolph Dr.<br>Plymouth, IN 46563<br>Contributor's Occupation *(if required)* Retired | Contributions: ☑ Direct ☐ In-Kind *(describe)* ____<br>Other Receipts: ☐ Interest ☐ Loan ☐ Miscellaneous *(specify)* ____ | 50.00 | 50.00 | 6/29/23<br>Greg Compton |
| 2. Terry Borggren<br>10268 Carriage Court<br>Plymouth, IN 46563<br>Contributor's Occupation *(if required)* Retired | Contributions: ☑ Direct ☐ In-Kind *(describe)* ____<br>Other Receipts: ☐ Interest ☐ Loan ☐ Miscellaneous *(specify)* ____ | 50.00 | 50.00 | 6/29/23<br>Greg Compton |
| 3. Oswald Ecker<br>1916 Felix Place<br>Plymouth, IN 46563<br>Contributor's Occupation *(if required)* Councilman | Contributions: ☑ Direct ☐ In-Kind *(describe)* ____<br>Other Receipts: ☐ Interest ☐ Loan ☐ Miscellaneous *(specify)* ____ | 50.00 | 50.00 | 6/29/23<br>Greg Compton |
| 4. Lynn Gorski<br>805 Baker St. Lot 66<br>Plymouth, IN 46563<br>Contributor's Occupation *(if required)* City Clerk/Treas. | Contributions: ☑ Direct ☐ In-Kind *(describe)* ____<br>Other Receipts: ☐ Interest ☐ Loan ☐ Miscellaneous *(specify)* ____ | 50.00 | 50.00 | Greg Compton<br>6/29/23 |
| 5. Debbie Vandemark<br>14750 Tulip Rd.<br>Culver, IN 46511<br>Contributor's Occupation *(if required)* ____ | Contributions: ☑ Direct ☐ In-Kind *(describe)* ____<br>Other Receipts: ☐ Interest ☐ Loan ☐ Miscellaneous *(specify)* ____ | 50.00 | 50.00 | Greg Compton<br>6/29/23 |
| | **SUBTOTAL THIS PAGE OF SCHEDULE A** | $ 250.00 | | |
| | **TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY** *(Enter total on ITEM 15a of the Summary Sheet.)* | $2150.00 | | |

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

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

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

**FILE NUMBER**

Page 3 of 13

| 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. Jeffrey Snyder<br>15070 SR 331<br>Bourbon, IN 46504<br>Contributor's Occupation *(if required)* Police officer | Contributions: ☑ Direct ☐ In-Kind *(describe)* _____<br>Other Receipts: ☐ Interest ☐ Loan ☐ Miscellaneous *(specify)* _____ | 100.00 | 100.00 | 6/29/23<br>Greg Coughlin |
| 2. Thomas Schumacher<br>14043 Lawrence Lake Dr.<br>Plymouth, IN 46563<br>Contributor's Occupation *(if required)* Retired | Contributions: ☑ Direct ☐ In-Kind *(describe)* _____<br>Other Receipts: ☐ Interest ☐ Loan ☐ Miscellaneous *(specify)* _____ | 100.00 | 100.00 | 6/29/23<br>Greg Coughlin |
| 3. Robyn Jo Hammonds<br>10327 Pretty Lake Trail<br>Plymouth, IN 46563<br>Contributor's Occupation *(if required)* _____ | Contributions: ☑ Direct ☐ In-Kind *(describe)* _____<br>Other Receipts: ☐ Interest ☐ Loan ☐ Miscellaneous *(specify)* _____ | 100.00 | 100.00 | 6/29/23<br>Greg Coughlin |
| 4. Sean Souris<br>455 Liberty St.<br>Culver, IN 46511<br>Contributor's Occupation *(if required)* _____ | Contributions: ☑ Direct ☐ In-Kind *(describe)* _____<br>Other Receipts: ☐ Interest ☐ Loan ☐ Miscellaneous *(specify)* _____ | 100.00 | 100.00 | 6/29/23<br>Greg Coughlin |
| 5. Lynn Fitzpatrick<br>11170 Sage Trail<br>Plymouth, IN 46563<br>Contributor's Occupation *(if required)* _____ | Contributions: ☑ Direct ☐ In-Kind *(describe)* _____<br>Other Receipts: ☐ Interest ☐ Loan ☐ Miscellaneous *(specify)* _____ | 200.00 | 200.00 | 6/29/23<br>Greg Coughlin |
| | SUBTOTAL THIS PAGE OF SCHEDULE A | $ 600.00 | | |
| | TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY *(Enter total on ITEM 15a of the Summary Sheet.)* | $ 2750.00 | | |

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

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

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

FILE NUMBER

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| CONTRIBUTOR'S FULL NAME AND OCCUPATION FULL MAILING ADDRESS *(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. Jeffrey Lang<br>10327 Pretty Lake Trail<br>Plymouth, IN 46563<br>Contributor's Occupation *(if required)* _____ | Contributions:<br>☑ Direct<br>☐ In-Kind *(describe)* _____<br>Other Receipts:<br>☐ Interest ☐ Loan<br>☐ Miscellaneous *(specify)* _____ | 400.00 | 400.00 | 6/29/23<br>Greg Coppler |
| 2. James Masterson<br>2200 N. McCoy St.<br>Plymouth, IN 46563<br>Contributor's Occupation *(if required)* Realtor | Contributions:<br>☐ Direct<br>☐ In-Kind *(describe)* _____<br>Other Receipts:<br>☐ Interest ☐ Loan<br>☐ Miscellaneous *(specify)* _____ | 500.00 | 500.00 | 7/3/23<br>Greg Coppler |
| 3. Jack E. Jordan<br>3127 Sea Ln.<br>Bremen, IN 46506<br>Contributor's Occupation *(if required)* Policeman | Contributions:<br>☑ Direct<br>☐ In-Kind *(describe)* _____<br>Other Receipts:<br>☐ Interest ☐ Loan<br>☐ Miscellaneous *(specify)* _____ | 1000.00 | 1000.00 | ~~6/29/23~~<br>6/29/23<br>Greg Coppler |
| 4. Bruce Knapp<br>11478 Crocus Ct.<br>Plymouth, IN 46563<br>Contributor's Occupation *(if required)* _____ | Contributions:<br>☑ Direct<br>☐ In-Kind *(describe)* _____<br>Other Receipts:<br>☐ Interest ☐ Loan<br>☐ Miscellaneous *(specify)* _____ | 50.00 | 50.00 | 8/8/23<br>Greg Coppler |
| 5. JAMES Brown<br>5293 3RD Rd.<br>Bremen, IN 46506<br>Contributor's Occupation *(if required)* _____ | Contributions:<br>☑ Direct<br>☐ In-Kind *(describe)* _____<br>Other Receipts:<br>☐ Interest ☐ Loan<br>☐ Miscellaneous *(specify)* _____ | 500.00 | 500.00 | 8/8/23<br>Greg Coppler |
| | **SUBTOTAL THIS PAGE OF SCHEDULE A** | $ 2,450.00 | | |
| | **TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY** *(Enter total on ITEM 15a of the Summary Sheet.)* | $ 5,200.00 | | |

**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 SCHEDULE A-1) CONTRIBUTIONS BY INDIVIDUALS
## Itemized Contributions and Other Receipts

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

FILE NUMBER

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| CONTRIBUTOR'S FULL NAME AND OCCUPATION FULL MAILING ADDRESS *(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. Matthew Hassel<br>520 S. East St.<br>Bremen, IN 46506<br>Contributor's Occupation *(if required)* | Contributions: ☐ Direct ☐ In-Kind *(describe)*<br>Other Receipts: ☐ Interest ☐ Loan ☐ Miscellaneous *(specify)* | 500.00 | 700.00 | 8/8/23<br>Greg Campfield |
| 2. Paul Levett<br>PO Box 231<br>Culver, IN 46511<br>Contributor's Occupation *(if required)* | Contributions: ☑ Direct ☐ In-Kind *(describe)*<br>Other Receipts: ☐ Interest ☐ Loan ☐ Miscellaneous *(specify)* | 250.00 | 250.00 | 8/8/23<br>Greg Campfield |
| 3. Joel Schumacher<br>8736 W. County Line Rd.<br>Plymouth, IN 46563<br>Contributor's Occupation *(if required)* | Contributions: ☑ Direct ☐ In-Kind *(describe)*<br>Other Receipts: ☐ Interest ☐ Loan ☐ Miscellaneous *(specify)* | 500.00 | 750.00 | 8/8/23<br>Greg Campfield |
| 4. Troy Nafe<br>11380 Forest Dr.<br>Plymouth, IN 46563<br>Contributor's Occupation *(if required)* | Contributions: ☑ Direct ☐ In-Kind *(describe)*<br>Other Receipts: ☐ Interest ☐ Loan ☐ Miscellaneous *(specify)* | 250.00 | 250.00 | 8/8/23<br>Greg Campfield |
| 5. Lynn Fitzpatrick<br>1170 Sage Trail<br>Plymouth, IN 46563<br>Contributor's Occupation *(if required)* | Contributions: ☑ Direct ☐ In-Kind *(describe)*<br>Other Receipts: ☐ Interest ☐ Loan ☐ Miscellaneous *(specify)* | 250.00 | 450.00 | 8/8/23<br>Greg Campfield |
| | **SUBTOTAL THIS PAGE OF SCHEDULE A** | $ 1,750.00 | | |
| | **TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY** *(Enter total on ITEM 15a of the Summary Sheet.)* | $ 6,950.00 | | |

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

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

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

FILE NUMBER

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| CONTRIBUTOR'S FULL NAME AND OCCUPATION FULL MAILING ADDRESS *(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. Dr. Thomas M. Pedinoff<br>112 Pearson Pl.<br>Plymouth, IN 46563<br>Contributor's Occupation *(if required)* | Contributions: ☑ Direct ☐ In-Kind *(describe)*<br>Other Receipts: ☐ Interest ☐ Loan ☐ Miscellaneous *(specify)* | 250.00 | 250.00 | 8/7/23<br>Greg Compton |
| 2. Shawn Grobe<br>10819 Whitney Meadows Dr.<br>Plymouth, IN 46563<br>Contributor's Occupation *(if required)* | Contributions: ☑ Direct ☐ In-Kind *(describe)*<br>Other Receipts: ☐ Interest ☐ Loan ☐ Miscellaneous *(specify)* | 100.00 | 100.00 | 8/4/23<br>Greg Compton |
| 3. Linda Secor<br>291 Evergreen Dr.<br>Plymouth, IN 46563<br>Contributor's Occupation *(if required)* | Contributions: ☑ Direct ☐ In-Kind *(describe)*<br>Other Receipts: ☐ Interest ☐ Loan ☐ Miscellaneous *(specify)* | 100.00 | 100.00 | 8/8/23<br>Greg Compton |
| 4. Angie Birchmeier<br>11100 Shadylane Dr.<br>Plymouth, IN 46563<br>Contributor's Occupation *(if required)* | Contributions: ☑ Direct ☐ In-Kind *(describe)*<br>Other Receipts: ☐ Interest ☐ Loan ☐ Miscellaneous *(specify)* | 250.00 | 250.00 | 8/8/23<br>Greg Compton |
| 5. Nelsen Chipman<br>16465 Pretty View Dr.<br>Plymouth, IN 46563<br>Contributor's Occupation *(if required)* | Contributions: ☑ Direct ☐ In-Kind *(describe)*<br>Other Receipts: ☐ Interest ☐ Loan ☐ Miscellaneous *(specify)* | 100.00 | 100.00 | 8/8/23<br>Greg Compton |
| **SUBTOTAL THIS PAGE OF SCHEDULE A** | | $ 800.00 | | |
| **TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY** *(Enter total on ITEM 15a of the Summary Sheet.)* | | $ 7,750.00<br>7,750 | | |

**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**

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| 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. Michael Delp<br>1707 S. Michigan St.<br>Plymouth, IN 46563<br>Contributor's Occupation *(if required)* | Contributions: ☑ Direct ☐ In-Kind *(describe)*<br>Other Receipts: ☐ Interest ☐ Loan ☐ Miscellaneous *(specify)* | 100.00 | 100.00 | 8/8/23<br>Greg Compton |
| 2. Janette Sorrise<br>455 Liberty St.<br>Culver, IN 46511<br>Contributor's Occupation *(if required)* | Contributions: ☑ Direct ☐ In-Kind *(describe)*<br>Other Receipts: ☐ Interest ☐ Loan ☐ Miscellaneous *(specify)* | 100.00 | 100.00 | 8/8/23<br>Greg Compton |
| 3. John Barnero<br>14403 Lawrence Lake Dr.<br>Plymouth, IN 46563<br>Contributor's Occupation *(if required)* | Contributions: ☑ Direct ☐ In-Kind *(describe)*<br>Other Receipts: ☐ Interest ☐ Loan ☐ Miscellaneous *(specify)* | 100.00 | 100.00 | 8/8/23<br>Greg Compton |
| 4. Bryan Howard<br>135 S. Liberty St.<br>Plymouth, IN 46563<br>Contributor's Occupation *(if required)* | Contributions: ☑ Direct ☐ In-Kind *(describe)*<br>Other Receipts: ☐ Interest ☐ Loan ☐ Miscellaneous *(specify)* | 100.00 | 150.00 | 8/8/23<br>Greg Compton |
| 5. Michael Burroughs<br>10916 Parkview Ct.<br>Plymouth IN 46563<br>Contributor's Occupation *(if required)* | Contributions: ☑ Direct ☐ In-Kind *(describe)*<br>Other Receipts: ☐ Interest ☐ Loan ☐ Miscellaneous *(specify)* | 50.00 | 50.00 | 8/8/23<br>Greg Compton |
| | **SUBTOTAL THIS PAGE OF SCHEDULE A** | $ 450.00 | | |
| | **TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY** *(Enter total on ITEM 15a of the Summary Sheet.)* | $ 8,200.00 | | |

**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

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| 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. Mary Lynn Gee<br>302 Navelty St. Apt 112<br>Plymouth, IN 46563<br>Contributor's Occupation *(if required)* | Contributions: ☑ Direct ☐ In-Kind *(describe)*<br>Other Receipts: ☐ Interest ☐ Loan ☐ Miscellaneous *(specify)* | 25.00 | 25.00 | 8/8/23<br>Greg Coppock |
| 2. Carol Beitler<br>805 Baker St. Lot 82<br>Plymouth, IN 46563<br>Contributor's Occupation *(if required)* | Contributions: ☑ Direct ☐ In-Kind *(describe)*<br>Other Receipts: ☐ Interest ☐ Loan ☐ Miscellaneous *(specify)* | 25.00 | 25.00 | 8/8/23<br>Greg Coppock |
| 3. Robin Cupka<br>447 Charles St.<br>Plymouth, IN 46563<br>Contributor's Occupation *(if required)* | Contributions: ☑ Direct ☐ In-Kind *(describe)*<br>Other Receipts: ☐ Interest ☐ Loan ☐ Miscellaneous *(specify)* | 25.00 | 25.00 | 8/8/23<br>Greg Coppock |
| 4. Mathew Rose<br>656 Poplar St.<br>Plymouth, IN 46563<br>Contributor's Occupation *(if required)* | Contributions: ☑ Direct ☐ In-Kind *(describe)*<br>Other Receipts: ☐ Interest ☐ Loan ☐ Miscellaneous *(specify)* | 75.00 | 75.00 | 8/14/23<br>Greg Coppock |
| 5. CARLENE Henderson<br>705 Randolph Dr.<br>Plymouth, IN 46563<br>Contributor's Occupation *(if required)* | Contributions: ☑ Direct ☐ In-Kind *(describe)*<br>Other Receipts: ☐ Interest ☐ Loan ☐ Miscellaneous *(specify)* | 75.00 | 75.00 | 8/8/23<br>Greg Coppock |
| | **SUBTOTAL THIS PAGE OF SCHEDULE A** | $ 225.00 | | |
| | **TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY** *(Enter total on ITEM 15a of the Summary Sheet.)* | $ 8,425.00 | | |

**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

FILED
AUG 10 2023

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

FILE NUMBER

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| CONTRIBUTOR'S FULL NAME AND OCCUPATION FULL MAILING ADDRESS *(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. Collin Seitz<br>2348 Fairfield Pl W<br>Plymouth, IN 46563<br>Contributor's Occupation *(if required)* | Contributions: ☑ Direct ☐ In-Kind *(describe)*<br>Other Receipts: ☐ Interest ☐ Loan ☐ Miscellaneous *(specify)* | 50.00 | 50.00 | 8/8/23 ✓<br>Greg Compton |
| 2. Mark Keister<br>2348 W. Jefferson Pl<br>Plymouth, IN 46563<br>Contributor's Occupation *(if required)* | Contributions: ☑ Direct ☐ In-Kind *(describe)*<br>Other Receipts: ☐ Interest ☐ Loan ☐ Miscellaneous *(specify)* | 150.00 | 150.00 | 8/9/23 ✓<br>Greg Compton |
| 3. Susan Fortin<br>115 S. Liberty<br>Plymouth, IN 46563<br>Contributor's Occupation *(if required)* | Contributions: ☑ Direct ☐ In-Kind *(describe)*<br>Other Receipts: ☐ Interest ☐ Loan ☐ Miscellaneous *(specify)* | 200.00 | 200.00 | 8/19/23 ✓<br>Greg Compton |
| 4. Francis Ellert<br>304 N. Shore Ln.<br>Culver, IN 46511<br>Contributor's Occupation *(if required)* | Contributions: ☑ Direct ☐ In-Kind *(describe)*<br>Other Receipts: ☐ Interest ☐ Loan ☐ Miscellaneous *(specify)* | 250.00 | 250.00 | 8/29/23 ✓<br>Greg Compton |
| 5. James Causey<br>1107 River Birch Dr.<br>Plymouth, IN 46563<br>Contributor's Occupation *(if required)* | Contributions: ☑ Direct ☐ In-Kind *(describe)*<br>Other Receipts: ☐ Interest ☐ Loan ☐ Miscellaneous *(specify)* | 100.00 | 100.00 | 7/23/23 ✓<br>Greg Compton |
| | **SUBTOTAL THIS PAGE OF SCHEDULE A** | $ 750.00 | | |
| | **TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY** *(Enter total on ITEM 15a of the Summary Sheet.)* | $ 9,175.00 | | |

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

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

## Itemized Contributions and Other Receipts

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

**FILE NUMBER**

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| 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. Senate for Major Committee<br>10155 Victoria Dr.<br>Plymouth, IN<br>46563 | Contributions: ☑ Direct ☐ In-Kind *(describe)*<br>Other Receipts: ☐ Interest ☐ Loan ☐ Miscellaneous *(specify)* | 100.00 | 100.00 | 6/29/2023<br>Greg Coyle |
| 2. Friends of Jack Jordan<br>312 Sea Ln.<br>Bremen, IN<br>46506 | Contributions: ☑ Direct ☐ In-Kind *(describe)*<br>Other Receipts: ☐ Interest ☐ Loan ☐ Miscellaneous *(specify)* | 500.00 | 500.00 | 9/15/23<br>Greg Coyle |
| 3. Owens Culp for Plymouth City Council<br>816 N. Oak<br>Plymouth, IN<br>46563 | Contributions: ☑ Direct ☐ In-Kind *(describe)*<br>Other Receipts: ☐ Interest ☐ Loan ☐ Miscellaneous *(specify)* | 100.00 | 100.00 | 8/8/23<br>Greg Coyle |
| 4. ~~Comp~~ Political Action Committee<br>DPGB<br>9025 River Road<br>Suite 205<br>Indianapolis, IN<br>46240 | Contributions: ☑ Direct ☐ In-Kind *(describe)*<br>Other Receipts: ☐ Interest ☐ Loan ☐ Miscellaneous *(specify)* | 500.00 | 500.00 | 8/8/23<br>Greg Coyle |
| 5. Republicans United To Defend Your DNC (Rudy PAC)<br>PO Box 2614<br>Alexandria, VA<br>22313 | Contributions: ☑ Direct ☐ In-Kind *(describe)*<br>Other Receipts: ☐ Interest ☐ Loan ☐ Miscellaneous *(specify)* | 500.00 | 500.00 | 8/8/23<br>Greg Coyle |
| | SUBTOTAL THIS PAGE OF SCHEDULE A | $ 1,700.00 | | |
| | TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY *(Enter total on ITEM 15a of the Summary Sheet.)* | $ 19,875.00 | | |

**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-4) CONTRIBUTIONS BY POLITICAL ACTION COMMITTEES

## Itemized Contributions and Other Receipts

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

FILE NUMBER

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| | 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. | Midwest PAC<br>800 W. Broadway St.<br>Logootee, IN<br>47553 | Contributions:<br>☑ Direct<br>☐ In-Kind *(describe)*<br>Other Receipts:<br>☐ Interest ☐ Loan<br>☐ Miscellaneous *(specify)* | 500.00 | 500.00 | 7/31/23<br>Greg Coyle |
| 2. | Committee to Elect<br>Bo Hacek Senate<br>200 W. Washington St.<br>Indianapolis, IN<br>46204 | Contributions:<br>☑ Direct<br>☐ In-Kind *(describe)*<br>Other Receipts:<br>☐ Interest ☐ Loan<br>☐ Miscellaneous *(specify)* | 1000.00 | 1000.00 | 9/18/23<br>Greg Coyle |
| 3. | Stan Klotz for Commissioner<br>1800 Dogwood Rd.<br>Bremen, IN 46506 | Contributions:<br>☑ Direct<br>☐ In-Kind *(describe)*<br>Other Receipts:<br>☐ Interest ☐ Loan<br>☐ Miscellaneous *(specify)* | 100.00 | 100.00 | 8/18/23<br>Greg Coyle |
| 4. | Mishler for Senate<br>200 W. Washington St<br>~~Bremen, IN~~<br>Indianapolis, ~~46500~~ IN<br>46204 | Contributions:<br>☑ Direct<br>☐ In-Kind *(describe)*<br>Other Receipts:<br>☐ Interest ☐ Loan<br>☐ Miscellaneous *(specify)* | 500.00 | 500.00 | 9/29/23<br>Greg Coyle |
| 5. | Marshall County<br>Republican Central Committee<br>PO Box 102<br>Plymouth, IN 46563 | Contributions:<br>☐ Direct<br>☒ In-Kind *(describe)* Pilot Pictures & Advertising<br>Other Receipts:<br>☐ Interest ☐ Loan<br>☐ Miscellaneous *(specify)* | 166.21 | 166.21 | 10/3/23<br>In Kind<br>Greg Coyle |
| | | SUBTOTAL THIS PAGE OF SCHEDULE A | $ 2,100.00 | | |
| | | TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY | $ 12,975.00 | | |

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

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

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

FILE NUMBER

Page 12 of 13

| 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. Birchmeier Rentals LLC<br>11100 Shady Lane Dr.<br>Plymouth, IN<br>46563 | Contributions:<br>☑ Direct<br>☐ In-Kind *(describe)*<br>Other Receipts:<br>☐ Interest ☐ Loan<br>☐ Miscellaneous *(specify)* | 100.00 | 100.00 | 6/29/23<br>Greg Compton |
| 2. Harman Restaurants, Inc.<br>209 N. Main St.<br>Bourbon, IN<br>46504 | Contributions:<br>☑ Direct<br>☐ In-Kind *(describe)*<br>Other Receipts:<br>☐ Interest ☐ Loan<br>☐ Miscellaneous *(specify)* | 200.00 | 200.00 | 8/8/23<br>Greg Compton |
| 3. Louis Plumlee, DDS<br>113 N. Michigan St.<br>Plymouth, IN<br>46563 | Contributions:<br>☑ Direct<br>☐ In-Kind *(describe)*<br>Other Receipts:<br>☐ Interest ☐ Loan<br>☐ Miscellaneous *(specify)* | 250.00 | 250.00 | 8/3/23<br>Greg Compton |
| 4. Robertson-Cook Agency, INC.<br>204 N. Michigan St.<br>Plymouth, IN<br>46563 | Contributions:<br>☑ Direct<br>☐ In-Kind *(describe)*<br>Other Receipts:<br>☐ Interest ☐ Loan<br>☐ Miscellaneous *(specify)* | 100.00 | 100.00 | 8/8/23<br>Greg Compton |
| 5. Bartlett Blake, Inc.<br>222 W. Michigan St.<br>Plymouth, IN<br>46563 | Contributions:<br>☑ Direct<br>☐ In-Kind *(describe)*<br>Other Receipts:<br>☐ Interest ☐ Loan<br>☐ Miscellaneous *(specify)* | 250.00 | 250.00 | 8/8/23<br>Greg Compton |
| | **SUBTOTAL THIS PAGE OF SCHEDULE A** | $ 900.00 | | |
| | **TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY** *(Enter total on ITEM 15a of the Summary Sheet.)* | $ 13,875.00 | | |

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

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

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

**FILE NUMBER**

Page 13 of 13

| CONTRIBUTOR'S FULL NAME AND FULL MAILING ADDRESS *(street, number, city, state, ZIP code)* | TYPE OF CONTRIBUTION OR OTHER RECEIPT | COLUMN A AMOUNT THIS PERIOD | COLUMN B CUMULATIVE YEAR-TO-DATE | DATE RECEIVED *(mm/dd/yy)* / RECEIVED BY |
|---|---|---|---|---|
| 1. Plymouth Foundry 523 W. Hannah St. Plymouth, IN 46563 | Contributions: ☒ Direct ☐ In-Kind *(describe)* ____ Other Receipts: ☐ Interest ☐ Loan ☐ Miscellaneous *(specify)* ____ | 500.00 | 500.00 | 8/8/23 / Greg Compton |
| 2. Bowman's Tin Shop, Inc 1576 Hoham Rd. Plymouth, IN 46563 | Contributions: ☒ Direct ☐ In-Kind *(describe)* ____ Other Receipts: ☐ Interest ☐ Loan ☐ Miscellaneous *(specify)* ____ | 1,000.00 | 1,000.00 | 8/8/23 / Greg Compton |
| 3. Chris & Chris, Inc. 2227 N. Michigan St. Plymouth, IN 46563 | Contributions: ☒ Direct ☐ In-Kind *(describe)* ____ Other Receipts: ☐ Interest ☐ Loan ☐ Miscellaneous *(specify)* ____ | 200.00 | 200.00 | 8/18/23 / Greg Compton |
| 4. Property Management, LLC 1906 N. Oak Rd. Plymouth, IN 46563 | Contributions: ☒ Direct ☐ In-Kind *(describe)* ____ Other Receipts: ☐ Interest ☐ Loan ☐ Miscellaneous *(specify)* ____ | 1,000.00 | 2,000.00 | 7/31/2023 / Greg Compton |
| 5. MARSHALL CO. CLERK 2023 OCT 20 A 9:44 FILED | Contributions: ☐ Direct ☐ In-Kind *(describe)* ____ Other Receipts: ☐ Interest ☐ Loan ☐ Miscellaneous *(specify)* ____ | | | |
| **SUBTOTAL THIS PAGE OF SCHEDULE A** | | $ 2,700.00 | | |
| **TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY** *(Enter total on ITEM 15a of the Summary Sheet.)* | | $ 16,575.00 | | |

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

# (CFA-4 SCHEDULE B) ITEMIZED EXPENDITURES

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

**FILE NUMBER**

Page 10 of 13

| 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 ____ The Pilot News Plymouth, IN | Mayor | ☑ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other ____ Purpose: Advertisement | 855.00 | 855.00 | 4/18/23 |
| Code ____ Sarah VanVactor Plymouth, IN | Mayor | ☑ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other ____ Purpose: Social Media | 525.00 | 1,050.00 | 5/11/23 |
| Code ____ Marshall County Blueberry Festival Plymouth, IN | Mayor | ☑ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other ____ Purpose: Parade entry | 75.00 | 75.00 | 8/2/23 |
| Code ____ Plymouth High School Plymouth, IN | Mayor | ☑ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other ____ Purpose: Big Red HOLE SPONSOR | 100.00 | 100.00 | 7/25/23 |
| Code ____ The Rees Theatre Plymouth, IN | Mayor | ☑ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other ____ Purpose: Event charge | 265.00 | 265.00 | 7/24/23 |
| Code ____ The Rees Theatre Plymouth, IN | Mayor | ☑ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other ____ Purpose: Event charge | 125.00 | 390.00 | 8/8/23 |
| Code ____ Christos Family Catering Plymouth, IN | Mayor | ☑ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other ____ Purpose: Catering Event | 1,284.00 | 1284.00 | 8/9/23 |
| | | **SUBTOTAL THIS PAGE OF SCHEDULE B** | $ 3,229.00 | | |
| | | **TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY** *(Enter total on ITEM 17a of the Summary Sheet.)* | $ 3,429.00 | | |

**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 3

| RECIPIENT'S NAME AND MAILING ADDRESS *(street, number, city, state, ZIP code)* | RECIPIENT'S OCCUPATION / OFFICE SOUGHT *(if applicable)* | TYPE OF EXPENDITURE and PURPOSE *(be specific)* | COLUMN A AMOUNT THIS PERIOD | COLUMN B CUMULATIVE YEAR-TO-DATE | DATE OF EXPENDITURE *(mm/dd/yy)* |
|---|---|---|---|---|---|
| Code ____ Sarah VanVactor Plymouth, IN | Mayor | ☑ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other Purpose: Social Media | 105.00 | 1,165.00 | 8/14/23 |
| Code ____ The Pilot News Plymouth, IN | Mayor | ☑ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other Purpose: Advertising | 335.00 | 1190.00 | 8/15/23 |
| Code ____ Sarah VanVactor Plymouth, IN | Mayor | ☑ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other Purpose: Social Media | 105.00 | 1295.00 | 8/21/23 |
| Code ____ Bowen Printing Plymouth IN | Mayor | ☑ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other Purpose: | 889.17 | 889.17 | 8/15/23 |
| Code ____ Marshall County Republicans Plymouth, IN | Mayor | ☑ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other Purpose: Advertising Hole Sponsor | 150.00 | 150.00 | 8/18/23 |
| Code ____ Sarah Vanvactor Plymouth, IN | Mayor | ☑ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other Purpose: Social Media | 105.00 | 1400.00 | 8/28/23 |
| Code ____ Giant Radio WTCA Plymouth, IN | Mayor | ☑ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other Purpose: Website Advertising | 400.00 | 400.00 | 8/25/23 |
| | | **SUBTOTAL THIS PAGE OF SCHEDULE B** | $2089.17 | | |
| | | **TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY** *(Enter total on ITEM 17a of the Summary Sheet.)* | $5518.17 | | |

# REPORT OF RECEIPTS AND EXPENDITURES OF A POLITICAL COMMITTEE

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

FILED

## (CFA-4 SCHEDULE B) ITEMIZED EXPENDITURES

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

| FILE NUMBER |
|---|
| |
| Page 3 of 3 |

| RECIPIENT'S NAME AND MAILING ADDRESS *(street, number, city, state, ZIP code)* | RECIPIENT'S OCCUPATION / OFFICE SOUGHT *(if applicable)* | TYPE OF EXPENDITURE and PURPOSE *(be specific)* | COLUMN A AMOUNT THIS PERIOD | COLUMN B CUMULATIVE YEAR-TO-DATE | DATE OF EXPENDITURE *(mm/dd/yy)* |
|---|---|---|---|---|---|
| Code<br>Sarah VanVacter<br>Plymouth, IN | Mayor | ☒ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other<br>Purpose: Social Media | 210.00 | 1610.00 | 9/12/23 |
| Code<br>Max 98.3 WYMR<br>Plymouth, IN | Mayor | ☒ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other<br>Purpose: Advertising web-site | 300.00 | 300.00 | 9/11/23 |
| Code<br>Sarah VanVacter<br>Plymouth, IN | Mayor | ☒ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other<br>Purpose: Social media | 995.10 | 2605.20 | 9/18/23 |
| Code<br>City of Plymouth<br>Plymouth, IN | Mayor | ☒ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other<br>Purpose: Sign permits | 60.00 | 120.00 | 9/14/23 |
| Code<br>Bowen Printing<br>Plymouth, IN | Mayor | ☒ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other<br>Purpose: Printing | 1,677.23 | 2566.40 | 10/5/23 |
| Code<br>Max 98.3 WYMR<br>Plymouth, IN | Mayor | ☒ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other<br>Purpose: Radio Advertising | 960.00 | 1260.00 | 10/2/23 |
| Code | | ☐ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other<br>Purpose: | | | |
| | | **SUBTOTAL THIS PAGE OF SCHEDULE B** | $4,202.93 | | |
| | | **TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY** *(Enter total on ITEM 17a of the Summary Sheet.)* | $9,721.10 | | |

# 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 St.

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

## 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: 04/08/2023 Through: 10/13/2023

| | 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.)* | 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)* | Date *(mm/dd/yy)* |
|---|---|
| Janet M. Anglemyer | 10/13/2023 |

**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)*

# 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 OCT 20 A 10:17

**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.
Jeff Houin for City Council Committee

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

3. Committee Telephone Number
( 574 ) 780-0374

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

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

6. Party Affiliation *(if applicable)*
Democratic

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

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

8. Party Affiliation or If Independent Candidate
Democratic

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

10. County of Residence
Marshall

## TYPE OF REPORT

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

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

12. Reporting Period *(mm/dd/yy)*:
From: 04/08/2023 Through: 10/13/2023

| | 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.)* | 214.00 | 214.00 |
| 15b. Unitemized | 350.00 | 350.00 |
| 15c. Add lines 15a and 15b in both columns. **SUBTOTAL** | 564.00 | 564.00 |
| 16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B. **TOTAL** | 564.00 | 564.00 |
| **EXPENDITURES** | | |
| *(Note: These amounts include in-kind expenditures and loan repayments.)* | | |
| 17a. Itemized *(Use Schedule B.) (Public Question: use Schedule C.)* | 334.00 | 334.00 |
| 17b. Unitemized | 0.00 | 0.00 |
| 17c. Add lines 17a and 17b in both columns. **SUBTOTAL** | 334.00 | 334.00 |
| 18. Cash on hand and investments at close of this reporting period *(Subtract 17c from 16 in both columns.)* **TOTAL** | 230.00 | 230.00 |
| 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 | 10/20/2023 |
| Signature of Candidate *(if applicable)* | | Date *(mm/dd/yy)* |
| | | 10/20/2023 |

**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 A-1) CONTRIBUTIONS BY INDIVIDUALS
## Itemized Contributions and Other Receipts

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

**FILE NUMBER**

Page 1 of 1

| CONTRIBUTOR'S FULL NAME AND OCCUPATION FULL MAILING ADDRESS *(street, number, city, state, ZIP code)* | TYPE OF CONTRIBUTION OR OTHER RECEIPT | COLUMN A AMOUNT THIS PERIOD | COLUMN B CUMULATIVE YEAR-TO-DATE | DATE RECEIVED *(mm/dd/yy)* / RECEIVED BY |
|---|---|---|---|---|
| 1. Jeffery R. Houin<br>217 Elliott St<br>Plymouth IN 46563<br>Contributor's Occupation *(if required)* attorney | Contributions:<br>☑ Direct<br>☐ In-Kind *(describe)*<br>Other Receipts:<br>☐ Interest ☐ Loan<br>☐ Miscellaneous *(specify)* | $214.00 | $214.00 | 09/25/2023<br>JRH |
| 2.<br>Contributor's Occupation *(if required)* | Contributions:<br>☐ Direct<br>☐ In-Kind *(describe)*<br>Other Receipts:<br>☐ Interest ☐ Loan<br>☐ Miscellaneous *(specify)* | | | |
| 3.<br>Contributor's Occupation *(if required)* | Contributions:<br>☐ Direct<br>☐ In-Kind *(describe)*<br>Other Receipts:<br>☐ Interest ☐ Loan<br>☐ Miscellaneous *(specify)* | | | |
| 4.<br>Contributor's Occupation *(if required)* | Contributions:<br>☐ Direct<br>☐ In-Kind *(describe)*<br>Other Receipts:<br>☐ Interest ☐ Loan<br>☐ Miscellaneous *(specify)* | | | |
| 5.<br>Contributor's Occupation *(if required)* | Contributions:<br>☐ Direct<br>☐ In-Kind *(describe)*<br>Other Receipts:<br>☐ Interest ☐ Loan<br>☐ Miscellaneous *(specify)* | | | |
| **SUBTOTAL THIS PAGE OF SCHEDULE A** | | $ 214.00 | | |
| **TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY** *(Enter total on ITEM 15a of the Summary Sheet.)* | | $ 214.00 | | |

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2023 OCT 20 A 0:17
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**REPORT OF RECEIPTS AND EXPENDITURES OF A POLITICAL COMMITTEE**
State Form 4606 (R15 / 5-19)
Indiana Election Division (IC 3-9-5-14)

# (CFA-4 SCHEDULE B) ITEMIZED EXPENDITURES

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

**FILE NUMBER**

Page 1 of 1

| RECIPIENT'S NAME AND MAILING ADDRESS *(street, number, city, state, ZIP code)* | RECIPIENT'S OCCUPATION / OFFICE SOUGHT *(if applicable)* | TYPE OF EXPENDITURE and PURPOSE *(be specific)* | COLUMN A AMOUNT THIS PERIOD | COLUMN B CUMULATIVE YEAR-TO-DATE | DATE OF EXPENDITURE *(mm/dd/yy)* |
|---|---|---|---|---|---|
| Code A<br>Canva<br>110 Kippax St<br>NSW 2010, Australia | Printer | ☑ Direct ☐ In-Kind<br>☐ Payment of Debt<br>☐ Returned Contribution<br>☐ Other<br>Purpose: printing | $120.00 | $120.00 | 9/12/2023 |
| Code A<br>Bowen Printing Inc.<br>200 S Michigan St<br>Plymouth IN 46563 | Printer | ☑ Direct ☐ In-Kind<br>☐ Payment of Debt<br>☐ Returned Contribution<br>☐ Other<br>Purpose: printing | $214.00 | $214.00 | 9/25/2023 |
| Code | | ☐ Direct ☐ In-Kind<br>☐ Payment of Debt<br>☐ Returned Contribution<br>☐ Other<br>Purpose: | | | |
| Code | | ☐ Direct ☐ In-Kind<br>☐ Payment of Debt<br>☐ Returned Contribution<br>☐ Other<br>Purpose: | | | |
| Code | | ☐ Direct ☐ In-Kind<br>☐ Payment of Debt<br>☐ Returned Contribution<br>☐ Other<br>Purpose: | | | |
| Code | | ☐ Direct ☐ In-Kind<br>☐ Payment of Debt<br>☐ Returned Contribution<br>☐ Other<br>Purpose: | | | |
| Code | | ☐ Direct ☐ In-Kind<br>☐ Payment of Debt<br>☐ Returned Contribution<br>☐ Other<br>Purpose: | | | |
| **SUBTOTAL THIS PAGE OF SCHEDULE B** | | | $ 334.00 | | |
| **TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY** *(Enter total on ITEM 17a of the Summary Sheet.)* | | | $ 334.00 | | |

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# REPORT OF RECEIPTS AND EXPENDITURES OF A POLITICAL COMMITTEE

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

## (CFA-4) 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.*

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2023 OCT 20 A 10:44

**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.)* ☐ Check if this is a new address.
705 Mansfield St.

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: 04/08/2023 Through: 10/13/2023

| | 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.)* | 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 | 10/20/2023 |
| Signature of Candidate *(if applicable)* | | Date *(mm/dd/yy)* 10/20/2023 |

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

**FOR OFFICE USE ONLY**

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2023 OCT 20 A 10:44
MARSHALL CO. CLERK

# CANDIDATE'S STATEMENT OF ORGANIZATION AND DESIGNATION OF PRINCIPAL COMMITTEE OR EXPLORATORY COMMITTEE

(CFA-1)

State Form 4604 (R15 / 5-19)
Indiana Election Division (IC 3-9-1-3; IC 3-9-1-4; IC 3-9-1-5)

**PLEASE TYPE OR PRINT LEGIBLY IN BLACK INK. SEE INSTRUCTIONS ON REVERSE SIDE.**

**FILE NUMBER**

1. IS THIS AN AMENDMENT? ☐ Yes ☐ No *If Yes, please enter the file number in this box.* →

## SECTION A. CANDIDATE INFORMATION: *Fill in all applicable boxes as fully and accurately as possible.*

| 2. Last Name | First Name | Middle Name | Nickname | 3. Type of Committee *(Check one)* |
|---|---|---|---|---|
| Best | Jonah | Ray | | ☑ Candidate's Principal Committee<br>☐ Exploratory Committee |

| 4. Mailing Address *(number and street, city, state, and ZIP code)* | 5. FAX *(Optional)* | 6. E-mail Address *(Optional)* |
|---|---|---|
| 402 S Main St | ( ) | JonahBestforBourbon@gmail.com |

| 7. City | State | ZIP Code | 8. County | 9. Telephone *(Day)* | 10. Telephone *(Evening)* |
|---|---|---|---|---|---|
| Bourbon | IN | 46504 | Marshall | (574) 551-2378 | ( ) same |

| 11. Party Affiliation | 12. Office Sought *(Include district number, if any. Not required for an exploratory committee.)* |
|---|---|
| ☑ Democratic ☐ Libertarian ☐ Republican ☐ Other _____ | Town Council for Bourbon |

## SECTION B. COMMITTEE INFORMATION: *Fill in all applicable boxes as fully and accurately as possible.*

13. Full Name of Committee *(Do not abbreviate.)* ☐ Check if this is a new name.

| 14. Mailing Address *(number and street, city, state, and ZIP code)* ☐ Check if this is a new address. | 15. FAX *(Optional)* | 16. E-mail Address *(Optional)* |
|---|---|---|
| | ( ) | |

| 17. City | State | ZIP Code | 18. County | 19. Telephone | 20. Committee Organization Date *(mm/dd/yy)* |
|---|---|---|---|---|---|
| | | | | ( ) | |

21. Chairperson's Full Name ☐ Designate Candidate as Chairperson. ☐ Check if this is a new chairperson.

| 22. Mailing Address *(number and street, city, state, and ZIP code)* ☐ Check if this is a new address. | 23. FAX *(Optional)* | 24. E-mail Address *(Optional)* |
|---|---|---|
| | ( ) | |

| 25. City | State | ZIP Code | 26. County | 27. Telephone *(Day)* | 28. Telephone *(Evening)* |
|---|---|---|---|---|---|
| | | | | ( ) | ( ) |

29. Bank or Other Depositories *(List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.)*

| 30. Exploratory Committee *(Give brief statement explaining purpose of an exploratory committee only.)* | 31. Salaries and Reimbursements *(Will the committee pay the candidate a salary or reimbursement for lost wages? If Yes, attach a copy of the contract.)* ☐ Yes ☐ No |
|---|---|
| | |

## SECTION C. APPOINTMENT OF TREASURER (IC 3-9-1-14)

| 32. I, as Chairperson of the foregoing committee, appoint the following person as Treasurer of the Committee. | Person Appointed Treasurer | Signature of the Committee Chairperson |
|---|---|---|
| | | |

33. Treasurer's Full Name ☐ Designate candidate as treasurer. ☐ Check if this is a new treasurer.

| 34. Mailing Address *(number and street, city, state, and ZIP code)* ☐ Check if this is a new address. | 35. FAX *(Optional)* | 36. E-mail Address *(Optional)* |
|---|---|---|
| | ( ) | |

| 37. City | State | ZIP Code | 38. County | 39. Telephone *(Day)* | 40. Telephone *(Evening)* |
|---|---|---|---|---|---|
| | | | | ( ) | ( ) |

## SECTION D. ACCEPTANCE OF APPOINTMENT (IC 3-9-1-15)

| 41. I give notice that I accept the duties and responsibilities of Treasurer of this Committee. I am not the chairperson of a campaign finance committee (except as permitted for a candidate committee under IC 3-9-1-7). | Signature of Person Accepting Appointment |
|---|---|
| | |

## SECTION E. CERTIFICATION OF STATEMENT

We certify as the candidate and the duly appointed Chairperson of the Committee and that we have examined this statement. To the best of our knowledge and belief it is true, correct and complete.

| 42. Typed or Printed Name of Chairperson | Signature of Chairperson | Date *(mm/dd/yy)* |
|---|---|---|
| | | |

| 43. Typed or Printed Name of Candidate | Signature of Candidate | Date *(mm/dd/yy)* |
|---|---|---|
| Jonah Best | | 10/23/23 |

**Warning:** State law requires that any change in this information be reported within ten (10) days of the change *(IC 3-9-1-10)*. A person who knowingly files a fraudulent report commits a Level 6 D 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, and IC 3-9-4-18)*.

**FOR OFFICE USE ONLY**

MARSHALL CO. CLERK
2023 OCT 24 P 1:53
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# REPORT OF RECEIPTS AND EXPENDITURES OF A POLITICAL COMMITTEE

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

## (CFA-4) Summary Sheet

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

*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.

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.)* Jonah Best

8. Party Affiliation or If Independent Candidate D

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: Feb 1 2023 Through: 10/23/23 | 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.)* | | |
| 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.)* | | 518.09 |
| 17b. Unitemized | | |
| 17c. Add lines 17a and 17b in both columns. **SUBTOTAL** | | 518.09 |
| 18. Cash on hand and investments at close of this reporting period *(Subtract 17c from 16 in both columns.)* **TOTAL** | | 518.09 |
| 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)* 10/23/23 |

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)*

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2023 OCT 24 P 1:53
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OCT 16 2023

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

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

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**IS THIS AN AMENDMENT?** ☐ Yes ☑ No

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

## COMMITTEE INFORMATION

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

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

3. Committee Telephone Number
( 574 ) 842-8914

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

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

6. Party Affiliation *(if applicable)*
Republican

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

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

8. Party Affiliation or If Independent Candidate
Republican

9. Office Sought *(Include district number, if any. **Not required for exploratory committee.**)*
Culver 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: 4/8/2023 Through: 10/13/2023

| | 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.)* | 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)* |
|---|---|---|
| Karen Heim | Treasurer | 10/13/2023 |
| Signature of Candidate *(if applicable)* | | Date *(mm/dd/yy)* |
| Karen Heim | | 10/13/2023 |

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CLERK OF CIRCUIT/SUP
MARSHALL COUNTY, IN

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

# REPORT OF RECEIPTS AND EXPENDITURES OF A POLITICAL COMMITTEE

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

**(CFA-4) 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.*

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2023 OCT 20 A 9:13
MARSHALL CO CLERK

**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.
Kayla For Plymouth City Council at Large.

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

3. Committee Telephone Number
(574) 540-3284

4. Mailing Address *(Address where all campaign finance correspondence is received.)* ☐ Check if this is a new address.
256 Evergreen Dr. Plymouth IN 46563

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.)*
Kayla Marie Krathwohl

8. Party Affiliation or If Independent Candidate
Republican

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

10. County of Residence
Marshall

## TYPE OF REPORT

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

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

12. Reporting Period *(mm/dd/yy)*:
From: 7-18-23 Through: 10-20-23

| | 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.)* | 1,446.22 | 1,446.22 |
| 15b. Unitemized | 0 | 0 |
| 15c. Add lines 15a and 15b in both columns. SUBTOTAL | 1,446.22 | 1,446.22 |
| 16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B. TOTAL | 1,446.22 | 1,446.22 |
| **EXPENDITURES** | | |
| *(Note: These amounts include in-kind expenditures and loan repayments.)* | | |
| 17a. Itemized *(Use Schedule B.) (Public Question: use Schedule C.)* | 1,438.60 | 1,438.60 |
| 17b. Unitemized | 0 | 0 |
| 17c. Add lines 17a and 17b in both columns. SUBTOTAL | 1,438.60 | 1,438.60 |
| 18. Cash on hand and investments at close of this reporting period *(Subtract 17c from 16 in both columns.)* TOTAL | | |
| 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)* |
|---|---|---|
| Kayla K | Secretary | 10/20/23 |
| **Signature of Candidate *(if applicable)*** | | **Date *(mm/dd/yy)*** |
| Kayla | | 10/20/23 |

**FOR OFFICE USE ONLY**

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

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

# (CFA-4 SCHEDULE 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. Janice & Mark Futter<br>10901 Otter Creek Court<br>Fort Wayne, IN 46814<br>Contributor's Occupation *(if required)* _____ | Contributions:<br>☒ Direct<br>☐ In-Kind *(describe)* _____<br>Other Receipts:<br>☐ Interest ☐ Loan<br>☐ Miscellaneous *(specify)* _____ | $100 | $100 | 07-20-23<br>Kayla Krathwohl |
| 2. Steve & Brenda Davis<br>11885 Bluebird Trl<br>Plymouth, IN 46563<br>Contributor's Occupation *(if required)* _____ | Contributions:<br>☒ Direct<br>☐ In-Kind *(describe)* _____<br>Other Receipts:<br>☐ Interest ☐ Loan<br>☐ Miscellaneous *(specify)* _____ | $100 | $100 | 9-27-23<br>Kayla Krathwohl |
| 3. Sue Chase<br>11107 Taft Way<br>Greer, South Carolina 29650<br>Contributor's Occupation *(if required)* _____ | Contributions:<br>☒ Direct<br>☐ In-Kind *(describe)* _____<br>Other Receipts:<br>☐ Interest ☐ Loan<br>☐ Miscellaneous *(specify)* _____ | $40 | $40 | 9-27-23<br>Kayla Krathwohl |
| 4. Jenny Greenlee<br>625 Oakhill Ave Apt 4<br>Plymouth, IN 46563<br>Contributor's Occupation *(if required)* _____ | Contributions:<br>☒ Direct<br>☐ In-Kind *(describe)* _____<br>Other Receipts:<br>☐ Interest ☐ Loan<br>☐ Miscellaneous *(specify)* _____ | $40 | $40 | 9-5-23<br>Kayla Krathwohl |
| 5. Contributor's Occupation *(if required)* _____ | Contributions:<br>☐ Direct<br>☐ In-Kind *(describe)* _____<br>Other Receipts:<br>☐ Interest ☐ Loan<br>☐ Miscellaneous *(specify)* _____ | | | |
| | **SUBTOTAL THIS PAGE OF SCHEDULE A** | $ 280 | | |
| | **TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY** *(Enter total on ITEM 15a of the Summary Sheet.)* | $ | | |

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

# (CFA-4 SCHEDULE A-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. Republican United to Defend You PAC (Rudy PAC)<br>PO Box 26141<br>Alexandria, VA 22313 | Contributions: ☒ Direct ☐ In-Kind *(describe)* _____<br>Other Receipts: ☐ Interest ☐ Loan ☐ Miscellaneous *(specify)* _____ | 500.00 | 500. | 7/20/23<br>Kayla Krathwohl |
| 2. Adam Faulstich<br>13720 12th Rd<br>Plymouth IN 46563 | Contributions: ☒ Direct ☐ In-Kind *(describe)* _____<br>Other Receipts: ☐ Interest ☐ Loan ☐ Miscellaneous *(specify)* _____ | 500 | 500 | 9/15/23<br>Kayla Krathwohl |
| 3. | Contributions: ☐ Direct ☐ In-Kind *(describe)* _____<br>Other Receipts: ☐ Interest ☐ Loan ☐ Miscellaneous *(specify)* _____ | | | |
| 4. | Contributions: ☐ Direct ☐ In-Kind *(describe)* _____<br>Other Receipts: ☐ Interest ☐ Loan ☐ Miscellaneous *(specify)* _____ | | | FILED |
| 5. | Contributions: ☐ Direct ☐ In-Kind *(describe)* _____<br>Other Receipts: ☐ Interest ☐ Loan ☐ Miscellaneous *(specify)* _____ | | | |
| **SUBTOTAL THIS PAGE OF SCHEDULE A** | | $ 1,000 | | |
| **TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY** *(Enter total on ITEM 15a of the Summary Sheet.)* | | $ | | |

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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-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<br>PO Box 102<br>Plymouth, IN 46563 | Contributions: ☐ Direct ☒ In-Kind *(describe)* _____<br>Other Receipts: ☐ Interest ☐ Loan ☐ Miscellaneous *(specify)* _____ | 54.55<br>111.67 | 166.22 | 7-25-23<br>9-1-23<br>Kayla |
| 2. | Contributions: ☐ Direct ☐ In-Kind *(describe)* _____<br>Other Receipts: ☐ Interest ☐ Loan ☐ Miscellaneous *(specify)* _____ | | | |
| 3. | Contributions: ☐ Direct ☐ In-Kind *(describe)* _____<br>Other Receipts: ☐ Interest ☐ Loan ☐ Miscellaneous *(specify)* _____ | | 2023 OCT 20 A 9:13 MARSHALL CO. CLERK | FILED |
| 4. | Contributions: ☐ Direct ☐ In-Kind *(describe)* _____<br>Other Receipts: ☐ Interest ☐ Loan ☐ Miscellaneous *(specify)* _____ | | | |
| 5. | Contributions: ☐ Direct ☐ In-Kind *(describe)* _____<br>Other Receipts: ☐ Interest ☐ Loan ☐ Miscellaneous *(specify)* _____ | | | |
| | **SUBTOTAL THIS PAGE OF SCHEDULE A** | $ 166.22 | | |
| | **TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY** *(Enter total on ITEM 15a of the Summary Sheet.)* | $ 1,446.22 | | |

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

# (CFA-4 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<br>Bowen Printing | Shirts & Signs | ☒ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other _____ Purpose: | 784.00 | 784.00 | 8/31/23 |
| Code A<br>Bowen Printing | brochures & Shirts | ☒ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other _____ Purpose: | 388.41 | 388.41 | 10/19/23 |
| Code A<br>Photography by Jamie<br>4820 N.<br>Knox, IN 46534 | Photography | ☐ Direct ☒ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other _____ Purpose: | 54.54 | 54.54 | 7/25/23 |
| Code A<br>Pilot News<br>218 N. michigan St.<br>Plymouth, IN 46563 | Local Newspaper | ☐ Direct ☒ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other _____ Purpose: | 111.67 | 111.67 | 9/1/23 |
| Code _____<br>Oriental Trading Company<br>PO Box 2308<br>Omaha, NE 68103 | Campaign pass outs | ☒ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other _____ Purpose: | 100. | 100 | 10/18/23 |
| 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** | $1,438.62 | | |
| | | **TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY** *(Enter total on ITEM 17a of the Summary Sheet.)* | $ | | |

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2023 OCT 20 A 9:13
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# REPORT OF RECEIPTS AND EXPENDITURES OF A POLITICAL COMMITTEE

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

## (CFA-4) Summary Sheet

**FILE NUMBER**

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

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

**IS THIS AN AMENDMENT?** ☐ Yes ☒ No

### COMMITTEE INFORMATION

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

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: 04/08/2023 Through: 10/13/2023

| | 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 | 10/02/2023 |
| 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**

# REPORT OF RECEIPTS AND EXPENDITURES OF A POLITICAL COMMITTEE

State Form 4606 (R16 / 6-23)
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.
LINDA STARR FOR PLYMOUTH CITY COUNCIL AT LARGE

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.
419 LAKE AVENUE

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.)*
LINDA L. STARR

8. Party Affiliation or If Independent Candidate
REPUBLICAN

9. Office Sought *(Include district number, if any. **Not required for exploratory committee.**)*
PLYMOUTH CITY COUNCIL AT LARGE

10. County of Residence
MARSHALL

## TYPE OF REPORT

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

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

12. Reporting Period *(mm/dd/yy)*:
From: 04/08/2023 Through: 10/13/2023

| | COLUMN A This Period | COLUMN B Year to Date |
|---|---|---|
| 13. Cash on hand and investments at the beginning of this reporting period. | $17.83 | |
| 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.)* | $ 350.00 | $800.00 |
| 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** | $367.83 | $1167.83 |
| **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** | $367.83 | $ 367.83 |
| 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)* |
|---|---|---|
| Linda L. Starr | | 10/19/2023 |
| **Signature of Candidate** *(if applicable)* | | **Date** *(mm/dd/yy)* |
| Linda L. Starr | | 10/19/2023 |

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

**FOR OFFICE USE ONLY**

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MARSHALL COUNTY CLERK

**REPORT OF RECEIPTS AND EXPENDITURES OF A POLITICAL COMMITTEE**
State Form 4606 (R16 / 6-23)
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. GLENN H. STARR<br>419 LAKE AVE<br>PLYMOUTH, IN 46563<br>Contributor's Occupation *(if required)* Retired | Contributions: ☑ Direct ☐ In-Kind *(describe)* _____<br>Other Receipts: ☐ Interest ☐ Loan ☐ Miscellaneous *(specify)* _____ | $350.00 | $350.00 | 10/9/23 |
| 2.<br>Contributor's Occupation *(if required)* _____ | Contributions: ☐ Direct ☐ In-Kind *(describe)* _____<br>Other Receipts: ☐ Interest ☐ Loan ☐ Miscellaneous *(specify)* _____ | | | |
| 3.<br>Contributor's Occupation *(if required)* _____ | Contributions: ☐ Direct ☐ In-Kind *(describe)* _____<br>Other Receipts: ☐ Interest ☐ Loan ☐ Miscellaneous *(specify)* _____ | | | |
| 4.<br>Contributor's Occupation *(if required)* _____ | Contributions: ☐ Direct ☐ In-Kind *(describe)* _____<br>Other Receipts: ☐ Interest ☐ Loan ☐ Miscellaneous *(specify)* _____ | | | |
| 5.<br>Contributor's Occupation *(if required)* _____ | Contributions: ☐ Direct ☐ In-Kind *(describe)* _____<br>Other Receipts: ☐ Interest ☐ Loan ☐ Miscellaneous *(specify)* _____ | | | |
| SUBTOTAL THIS PAGE OF SCHEDULE A | | $ | | |
| TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY *(Enter total on ITEM 15a of the Summary Sheet.)* | | $ | | |

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**REPORT OF RECEIPTS AND EXPENDITURES OF A POLITICAL COMMITTEE**
State Form 4606 (R16 / 6-23)
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. M.C. Republican Central Committee<br>POBX102<br>PLYMOUTH, IN 46563 | Contributions:<br>☐ Direct<br>☒ In-Kind *(describe)*<br>Other Receipts:<br>☐ Interest ☐ Loan<br>☐ Miscellaneous *(specify)* | $54.54<br>$111.66 | $166.20 | 7-25-23<br>9-01-23<br>Lynda |
| 2. | Contributions:<br>☐ Direct<br>☐ In-Kind *(describe)*<br>Other Receipts:<br>☐ Interest ☐ Loan<br>☐ Miscellaneous *(specify)* | | | |
| 3. | Contributions:<br>☐ Direct<br>☐ In-Kind *(describe)*<br>Other Receipts:<br>☐ Interest ☐ Loan<br>☐ Miscellaneous *(specify)* | | | |
| 4. | Contributions:<br>☐ Direct<br>☐ In-Kind *(describe)*<br>Other Receipts:<br>☐ Interest ☐ Loan<br>☐ Miscellaneous *(specify)* | | | |
| 5. | Contributions:<br>☐ Direct<br>☐ In-Kind *(describe)*<br>Other Receipts:<br>☐ Interest ☐ Loan<br>☐ Miscellaneous *(specify)* | | | |
| | SUBTOTAL THIS PAGE OF SCHEDULE A | $ | | |
| | TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY *(Enter total on ITEM 15a of the Summary Sheet.)* | $ | | |

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# REPORT OF RECEIPTS AND EXPENDITURES OF A POLITICAL COMMITTEE

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

## (CFA-4) Summary Sheet

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**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.
Mullaney for Clerk-Treasurer

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
Argos, IN 46501

6. Party Affiliation *(if applicable)*
Republican

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

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

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: 04/11/2023 Through: 10/20/2023

| | 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.)* | 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)* |
|---|---|---|
| Kim E. Mullaney | Treasurer | 10/05/2023 |
| Signature of Candidate *(if applicable)* | | Date *(mm/dd/yy)* |
| Lisa M. Mullaney | | 10/05/2023 |

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
2023 OCT -4 P 12: 25
MARSHALL CO. CLERK

RECEIVED
OCT 16 2023
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: 04/08/2023 Through: 10/13/2023

| | 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.)* | 666.20 | 966.20 |
| 15b. Unitemized | | |
| 15c. Add lines 15a and 15b in both columns. **SUBTOTAL** | 666.20 | 966.20 |
| 16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B. **TOTAL** | 666.20 | 966.20 |
| **EXPENDITURES** | | |
| *(Note: These amounts include in-kind expenditures and loan repayments.)* | | |
| 17a. Itemized *(Use Schedule B.) (Public Question: use Schedule C.)* | 573.87 | 762.19 |
| 17b. Unitemized | | |
| 17c. Add lines 17a and 17b in both columns. **SUBTOTAL** | 573.87 | 762.19 |
| 18. Cash on hand and investments at close of this reporting period *(Subtract 17c from 16 in both columns.)* **TOTAL** | 92.33 | 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 Gorski | Treasurer | 10/16/2023 |
| Signature of Candidate *(if applicable)* | | Date *(mm/dd/yy)* |
| Lynn Gorski | | 10/16/2023 |

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

**FOR OFFICE USE ONLY**

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

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

## Itemized Contributions and Other Receipts

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

| FILE NUMBER |
|---|
| |
| Page _____ 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<br>805 Baker St. Lot 133<br>Plymouth, IN 46563<br>Contributor's Occupation *(if required)* _____ | Contributions:<br>☑ Direct<br>☐ In-Kind *(describe)* _____<br>Other Receipts:<br>☐ Interest ☐ Loan<br>☐ Miscellaneous *(specify)* _____ | | $300.00 | |
| 2.<br>Contributor's Occupation *(if required)* _____ | Contributions:<br>☑ Direct<br>☐ In-Kind *(describe)* _____<br>Other Receipts:<br>☐ Interest ☐ Loan<br>☐ Miscellaneous *(specify)* _____ | | | |
| 3.<br>Contributor's Occupation *(if required)* _____ | Contributions:<br>☐ Direct<br>☐ In-Kind *(describe)* _____<br>Other Receipts:<br>☐ Interest ☐ Loan<br>☐ Miscellaneous *(specify)* _____ | | | |
| 4.<br>Contributor's Occupation *(if required)* _____ | Contributions:<br>☐ Direct<br>☐ In-Kind *(describe)* _____<br>Other Receipts:<br>☐ Interest ☐ Loan<br>☐ Miscellaneous *(specify)* _____ | | | |
| 5.<br>Contributor's Occupation *(if required)* _____ | Contributions:<br>☐ Direct<br>☐ In-Kind *(describe)* _____<br>Other Receipts:<br>☐ Interest ☐ Loan<br>☐ Miscellaneous *(specify)* _____ | | | |
| | SUBTOTAL THIS PAGE OF SCHEDULE A | $ | | |
| | 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-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)<br>FEC ID: C00823351<br>PO Box 26141<br>Alexandria, VA 22313 | Contributions:<br>☑ Direct<br>☐ In-Kind *(describe)*<br>Other Receipts:<br>☐ Interest ☐ Loan<br>☐ Miscellaneous *(specify)* | $500.00 | $500.00 | 08/12/2023<br>Lynn Gorski |
| 2. | Contributions:<br>☐ Direct<br>☐ In-Kind *(describe)*<br>Other Receipts:<br>☐ Interest ☐ Loan<br>☐ Miscellaneous *(specify)* | | | |
| 3. | Contributions:<br>☐ Direct<br>☐ In-Kind *(describe)*<br>Other Receipts:<br>☐ Interest ☐ Loan<br>☐ Miscellaneous *(specify)* | | | |
| 4. | Contributions:<br>☐ Direct<br>☐ In-Kind *(describe)*<br>Other Receipts:<br>☐ Interest ☐ Loan<br>☐ Miscellaneous *(specify)* | | | |
| 5. | Contributions:<br>☐ Direct<br>☐ In-Kind *(describe)*<br>Other Receipts:<br>☐ Interest ☐ Loan<br>☐ Miscellaneous *(specify)* | | | |
| **SUBTOTAL THIS PAGE OF SCHEDULE A** | | $ 500.00 | | |
| **TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY** *(Enter total on ITEM 15a of the Summary Sheet.)* | | $ | | |

**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<br>PO Box 102<br>Plymouth, IN 46563 | Contributions:<br>☐ Direct<br>☑ In-Kind *(describe)* Candidate Photo<br>Other Receipts:<br>☐ Interest ☐ Loan<br>☐ Miscellaneous *(specify)* | $54.54 | $54.54 | 07/25/2023<br>Lynn Gorski |
| 2. Marshall County Republican Central Committee<br>PO Box 102<br>Plymouth, IN 46563 | Contributions:<br>☐ Direct<br>☑ In-Kind *(describe)* Advertizing in Newspaper<br>Other Receipts:<br>☐ Interest ☐ Loan<br>☐ Miscellaneous *(specify)* | $111.66 | $166.20 | 09/01/2023<br>Lynn Gorski |
| 3. | Contributions:<br>☐ Direct<br>☐ In-Kind *(describe)*<br>Other Receipts:<br>☐ Interest ☐ Loan<br>☐ Miscellaneous *(specify)* | | | |
| 4. | Contributions:<br>☐ Direct<br>☐ In-Kind *(describe)*<br>Other Receipts:<br>☐ Interest ☐ Loan<br>☐ Miscellaneous *(specify)* | | | |
| 5. | Contributions:<br>☐ Direct<br>☐ In-Kind *(describe)*<br>Other Receipts:<br>☐ Interest ☐ Loan<br>☐ Miscellaneous *(specify)* | | | |
| **SUBTOTAL THIS PAGE OF SCHEDULE A** | | $ 166.20 | | |
| **TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY** *(Enter total on ITEM 15a of the Summary Sheet.)* | | $ 666.20 | | |

**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<br>Bowen Printing<br>200 S. Michigan St.<br>Plymouth, IN 46563 | Printer | ☑ Direct ☐ In-Kind<br>☐ Payment of Debt<br>☐ Returned Contribution<br>☐ Other _____<br>Purpose: | $302.81 | $491.13 | 08/28/2023 |
| Code A<br>Bowen Printing<br>200 S. Michigan St.<br>Plymouth, IN 46563 | Printer | ☑ Direct ☐ In-Kind<br>☐ Payment of Debt<br>☐ Returned Contribution<br>☐ Other _____<br>Purpose: | $104.86 | $595.99 | 595.99 |
| Code A<br>Marshall County Republican Central Committee<br>PO Box 102<br>Plymouth, IN 46563 | Candidate Photo | ☐ Direct ☑ In-Kind<br>☐ Payment of Debt<br>☐ Returned Contribution<br>☐ Other _____<br>Purpose: | $54.54 | $650.53 | 07/25/2023 |
| Code A<br>Marshall County Republican Central Committee<br>PO Box 102<br>Plymouth, IN 46563 | Advertising in Newspaper | ☐ Direct ☑ In-Kind<br>☐ Payment of Debt<br>☐ Returned Contribution<br>☐ Other _____<br>Purpose: | $111.66 | $762.19 | 09/01/2023 |
| Code _____ | | ☐ Direct ☐ In-Kind<br>☐ Payment of Debt<br>☐ Returned Contribution<br>☐ Other _____<br>Purpose: | | | |
| Code _____ | | ☐ Direct ☐ In-Kind<br>☐ Payment of Debt<br>☐ Returned Contribution<br>☐ Other _____<br>Purpose: | | | |
| Code _____ | | ☐ Direct ☐ In-Kind<br>☐ Payment of Debt<br>☐ Returned Contribution<br>☐ Other _____<br>Purpose: | | | |
| | | **SUBTOTAL THIS PAGE OF SCHEDULE B** | $ 573.87 | | |
| | | **TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY** *(Enter total on ITEM 17a of the Summary Sheet.)* | $ 573.87 | | |

**NOTICE OF CONTRIBUTION OR EXPENDITURE TO CANDIDATE'S COMMITTEE** **(CFA-5)**

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

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

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

**REPORTING PERIOD** 2023 Pre-Election

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

**Candidate's Committee Name** Lynn Gorski for City Clerk-Treasurer

**DIRECT CONTRIBUTIONS RECEIVED**

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

| Date *(MM-DD-YY)* | Made To | Purpose | Value |
|---|---|---|---|
| 07/25/23 | Photography by Jayme | Candidate Photo | $54.54 |
| 09/01/23 | The Pilot News Group | Advertising in Newspaper | $111.66 |
| | | | |
| | | | |
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| | | | |

**CERTIFICATION**

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

| Signature of Treasurer | Telephone Number *(Day)* | Telephone Number *(Evening)* | Date *(MM-DD-YY)* |
|---|---|---|---|
| Bryan Howard | ( 574 ) 780-5814 | ( 574 ) 780-5814 | 10/03/23 |

RECEIVED

OCT 16 2023

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

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

**IS THIS AN AMENDMENT?** ☐ Yes ☑ No

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

## COMMITTEE INFORMATION

1. Full Name of Committee (as on *Statement of Organization*) ☐ Check if this is a new name.
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: 04/08/2023 Through: 10/13/2023

| | 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.)* | 666.20 | 966.20 |
| 15b. Unitemized | | |
| 15c. Add lines 15a and 15b in both columns. **SUBTOTAL** | 666.20 | 966.20 |
| 16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B. **TOTAL** | 666.20 | 966.20 |
| **EXPENDITURES** | | |
| *(Note: These amounts include in-kind expenditures and loan repayments.)* | | |
| 17a. Itemized *(Use Schedule B.) (Public Question: use Schedule C.)* | 573.87 | 762.19 |
| 17b. Unitemized | | |
| 17c. Add lines 17a and 17b in both columns. **SUBTOTAL** | 573.87 | 762.19 |
| 18. Cash on hand and investments at close of this reporting period *(Subtract 17c from 16 in both columns.)* **TOTAL** | 92.33 | 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 Gorski | Treasurer | 10/16/2023 |
| Signature of Candidate *(if applicable)* | | Date *(mm/dd/yy)* |
| Lynn Gorski | | 10/16/2023 |

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

**FOR OFFICE USE ONLY**

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

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

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

| FILE NUMBER |
|---|
| |
| Page _____ 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<br>805 Baker St. Lot 133<br>Plymouth, IN 46563<br>**Contributor's Occupation** *(if required)* _____ | Contributions:<br>☑ Direct<br>☐ In-Kind *(describe)* _____<br>Other Receipts:<br>☐ Interest ☐ Loan<br>☐ Miscellaneous *(specify)* _____ | | $300.00 | |
| 2.<br>**Contributor's Occupation** *(if required)* _____ | Contributions:<br>☑ Direct<br>☐ In-Kind *(describe)* _____<br>Other Receipts:<br>☐ Interest ☐ Loan<br>☐ Miscellaneous *(specify)* _____ | | | |
| 3.<br>**Contributor's Occupation** *(if required)* _____ | Contributions:<br>☐ Direct<br>☐ In-Kind *(describe)* _____<br>Other Receipts:<br>☐ Interest ☐ Loan<br>☐ Miscellaneous *(specify)* _____ | | | |
| 4.<br>**Contributor's Occupation** *(if required)* _____ | Contributions:<br>☐ Direct<br>☐ In-Kind *(describe)* _____<br>Other Receipts:<br>☐ Interest ☐ Loan<br>☐ Miscellaneous *(specify)* _____ | | | |
| 5.<br>**Contributor's Occupation** *(if required)* _____ | Contributions:<br>☐ Direct<br>☐ In-Kind *(describe)* _____<br>Other Receipts:<br>☐ Interest ☐ Loan<br>☐ Miscellaneous *(specify)* _____ | | | |
| **SUBTOTAL THIS PAGE OF SCHEDULE A** | | $ | | |
| **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-4) CONTRIBUTIONS BY POLITICAL ACTION COMMITTEES

## Itemized Contributions and Other Receipts

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

| FILE NUMBER |
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| Page _____ of _____ |

| CONTRIBUTOR'S FULL NAME AND FULL MAILING ADDRESS *(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)<br>FEC ID: C00823351<br>PO Box 26141<br>Alexandria, VA 22313 | Contributions:<br>☑ Direct<br>☐ In-Kind *(describe)*<br>Other Receipts:<br>☐ Interest ☐ Loan<br>☐ Miscellaneous *(specify)* | $500.00 | $500.00 | 08/12/2023<br>Lynn Gorski |
| 2. | Contributions:<br>☐ Direct<br>☐ In-Kind *(describe)*<br>Other Receipts:<br>☐ Interest ☐ Loan<br>☐ Miscellaneous *(specify)* | | | |
| 3. | Contributions:<br>☐ Direct<br>☐ In-Kind *(describe)*<br>Other Receipts:<br>☐ Interest ☐ Loan<br>☐ Miscellaneous *(specify)* | | | |
| 4. | Contributions:<br>☐ Direct<br>☐ In-Kind *(describe)*<br>Other Receipts:<br>☐ Interest ☐ Loan<br>☐ Miscellaneous *(specify)* | | | |
| 5. | Contributions:<br>☐ Direct<br>☐ In-Kind *(describe)*<br>Other Receipts:<br>☐ Interest ☐ Loan<br>☐ Miscellaneous *(specify)* | | | |
| | **SUBTOTAL THIS PAGE OF SCHEDULE A** | $ 500.00 | | |
| | **TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY** *(Enter total on ITEM 15a of the Summary Sheet.)* | $ | | |

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

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

## Itemized Contributions and Other Receipts

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

| FILE NUMBER |
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| Page _____ 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<br>PO Box 102<br>Plymouth, IN 46563 | Contributions:<br>☐ Direct<br>☑ In-Kind *(describe)* Candidate Photo<br>Other Receipts:<br>☐ Interest ☐ Loan<br>☐ Miscellaneous *(specify)* | $54.54 | $54.54 | 07/25/2023<br>Lynn Gorski |
| 2. Marshall County Republican Central Committee<br>PO Box 102<br>Plymouth, IN 46563 | Contributions:<br>☐ Direct<br>☑ In-Kind *(describe)* Advertizing in Newspaper<br>Other Receipts:<br>☐ Interest ☐ Loan<br>☐ Miscellaneous *(specify)* | $111.66 | $166.20 | 09/01/2023<br>Lynn Gorski |
| 3. | Contributions:<br>☐ Direct<br>☐ In-Kind *(describe)*<br>Other Receipts:<br>☐ Interest ☐ Loan<br>☐ Miscellaneous *(specify)* | | | |
| 4. | Contributions:<br>☐ Direct<br>☐ In-Kind *(describe)*<br>Other Receipts:<br>☐ Interest ☐ Loan<br>☐ Miscellaneous *(specify)* | | | |
| 5. | Contributions:<br>☐ Direct<br>☐ In-Kind *(describe)*<br>Other Receipts:<br>☐ Interest ☐ Loan<br>☐ Miscellaneous *(specify)* | | | |
| **SUBTOTAL THIS PAGE OF SCHEDULE A** | | $ 166.20 | | |
| **TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY** ***(Enter total on ITEM 15a of the Summary Sheet.)*** | | $ 666.20 | | |

**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<br>Bowen Printing<br>200 S. Michigan St.<br>Plymouth, IN 46563 | Printer | ☑ Direct ☐ In-Kind<br>☐ Payment of Debt<br>☐ Returned Contribution<br>☐ Other<br>Purpose: | $302.81 | $491.13 | 08/28/2023 |
| Code A<br>Bowen Printing<br>200 S. Michigan St.<br>Plymouth, IN 46563 | Printer | ☑ Direct ☐ In-Kind<br>☐ Payment of Debt<br>☐ Returned Contribution<br>☐ Other<br>Purpose: | $104.86 | $595.99 | 595.99 |
| Code A<br>Marshall County Republican Central Committee<br>PO Box 102<br>Plymouth, IN 46563 | Candidate Photo | ☐ Direct ☑ In-Kind<br>☐ Payment of Debt<br>☐ Returned Contribution<br>☐ Other<br>Purpose: | $54.54 | $650.53 | 07/25/2023 |
| Code A<br>Marshall County Republican Central Committee<br>PO Box 102<br>Plymouth, IN 46563 | Advertising in Newspaper | ☐ Direct ☑ In-Kind<br>☐ Payment of Debt<br>☐ Returned Contribution<br>☐ Other<br>Purpose: | $111.66 | $762.19 | 09/01/2023 |
| Code | | ☐ Direct ☐ In-Kind<br>☐ Payment of Debt<br>☐ Returned Contribution<br>☐ Other<br>Purpose: | | | |
| Code | | ☐ Direct ☐ In-Kind<br>☐ Payment of Debt<br>☐ Returned Contribution<br>☐ Other<br>Purpose: | | | |
| Code | | ☐ Direct ☐ In-Kind<br>☐ Payment of Debt<br>☐ Returned Contribution<br>☐ Other<br>Purpose: | | | |
| | | **SUBTOTAL THIS PAGE OF SCHEDULE B** | $ 573.87 | | |
| | | **TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY** *(Enter total on ITEM 17a of the Summary Sheet.)* | $ 573.87 | | |

# NOTICE OF CONTRIBUTION OR EXPENDITURE TO CANDIDATE'S COMMITTEE

**(CFA-5)**

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

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

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

**REPORTING PERIOD** 2023 Pre-Election

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

**Candidate's Committee Name** Lynn Gorski for City Clerk-Treasurer

**DIRECT CONTRIBUTIONS RECEIVED**

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

| Date *(MM-DD-YY)* | Made To | Purpose | Value |
|---|---|---|---|
| 07/25/23 | Photography by Jayme | Candidate Photo | $54.54 |
| 09/01/23 | The Pilot News Group | Advertising in Newspaper | $111.66 |
| | | | |
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**CERTIFICATION**

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

| Signature of Treasurer | Telephone Number *(Day)* | Telephone Number *(Evening)* | Date *(MM-DD-YY)* |
|---|---|---|---|
| Bryan Howard<br>Bryan Howard | ( 574 ) 780-5814 | ( 574 ) 780-5814 | 10/03/23 |

# 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

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2023 OCT 20 A 10:16

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.
Marshall County Democratic Central Committee

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

3. Committee Telephone Number
( )

4. Mailing Address *(Address where all campaign finance correspondence is received.)* ☐ Check if this is a new address.
PO Box 1067

5. City, State, ZIP Code
Plymouth IN 46563

6. Party Affiliation *(if applicable)*
Democratic

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

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

8. Party Affiliation or If Independent Candidate

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

10. County of Residence

### TYPE OF REPORT

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

### CONVENTION CANDIDATES ONLY

*Check one:*
☐ Pre-Convention
☐ Post-Convention

12. Reporting Period *(mm/dd/yy)*:
From: 04/08/2023 Through: 10/13/2023

| | COLUMN A This Period | COLUMN B Year to Date |
|---|---|---|
| 13. Cash on hand and investments at the beginning of this reporting period. | 2,368.80 | |
| 14. Cash on hand and investments January 1, current year. | | 537.96 |
| **CONTRIBUTIONS AND RECEIPTS** | | |
| *(Note: these amounts include in-kind contributions and loans, as well as cash contributions.)* | | |
| 15a. Itemized *(Use Schedule A.)* | 450.00 | 2,950.00 |
| 15b. Unitemized | 5,346.22 | 5,766.06 |
| 15c. Add lines 15a and 15b in both columns. **SUBTOTAL** | 5,796.22 | 8,716.06 |
| 16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B. **TOTAL** | 8,165.02 | 9,254.02 |
| **EXPENDITURES** | | |
| *(Note: These amounts include in-kind expenditures and loan repayments.)* | | |
| 17a. Itemized *(Use Schedule B.) (Public Question: use Schedule C.)* | 5,929.70 | 6,929.70 |
| 17b. Unitemized | 393.50 | 482.50 |
| 17c. Add lines 17a and 17b in both columns. **SUBTOTAL** | 6,323.20 | 7,412.20 |
| 18. Cash on hand and investments at close of this reporting period *(Subtract 17c from 16 in both columns.)* **TOTAL** | 1,841.82 | 1,841.82 |
| 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 | 10/20/2023 |
| 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**

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

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

## Itemized Contributions and Other Receipts

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

**FILE NUMBER**

Page 1 of 1

| CONTRIBUTOR'S FULL NAME AND OCCUPATION FULL MAILING ADDRESS *(street, number, city, state, ZIP code)* | TYPE OF CONTRIBUTION OR OTHER RECEIPT | COLUMN A AMOUNT THIS PERIOD | COLUMN B CUMULATIVE YEAR-TO-DATE | DATE RECEIVED *(mm/dd/yy)* / RECEIVED BY |
|---|---|---|---|---|
| 1. Ralph Huff<br>14240 Nataka Trail<br>Plymouth IN 46563<br>Contributor's Occupation *(if required)* _____ | Contributions:<br>☑ Direct<br>☐ In-Kind *(describe)* _____<br>Other Receipts:<br>☐ Interest ☐ Loan<br>☐ Miscellaneous *(specify)* _____ | $150.00 | $300.00 | 08/06/2023<br>JRH |
| 2.<br>Contributor's Occupation *(if required)* _____ | Contributions:<br>☐ Direct<br>☐ In-Kind *(describe)* _____<br>Other Receipts:<br>☐ Interest ☐ Loan<br>☐ Miscellaneous *(specify)* _____ | | | |
| 3.<br>Contributor's Occupation *(if required)* _____ | Contributions:<br>☐ Direct<br>☐ In-Kind *(describe)* _____<br>Other Receipts:<br>☐ Interest ☐ Loan<br>☐ Miscellaneous *(specify)* _____ | | | |
| 4.<br>Contributor's Occupation *(if required)* _____ | Contributions:<br>☐ Direct<br>☐ In-Kind *(describe)* _____<br>Other Receipts:<br>☐ Interest ☐ Loan<br>☐ Miscellaneous *(specify)* _____ | | | |
| 5.<br>Contributor's Occupation *(if required)* _____ | Contributions:<br>☐ Direct<br>☐ In-Kind *(describe)* _____<br>Other Receipts:<br>☐ Interest ☐ Loan<br>☐ Miscellaneous *(specify)* _____ | | | |
| **SUBTOTAL THIS PAGE OF SCHEDULE A** | | $ 150.00 | | |
| **TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY** ***(Enter total on ITEM 15a of the Summary Sheet.)*** | | $ 150.00 | | |

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2023 OCT 20 A 10:16
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-5) CONTRIBUTIONS BY OTHER ORGANIZATIONS

## Itemized Contributions and Other Receipts

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

**FILE NUMBER**

Page 1 of 1

| CONTRIBUTOR'S FULL NAME AND FULL MAILING ADDRESS *(street, number, city, state, ZIP code)* | TYPE OF CONTRIBUTION OR OTHER RECEIPT | COLUMN A AMOUNT THIS PERIOD | COLUMN B CUMULATIVE YEAR-TO-DATE | DATE RECEIVED *(mm/dd/yy)* / RECEIVED BY |
|---|---|---|---|---|
| 1. 2nd Congressional District Democratic Committee | Contributions: ☑ Direct ☐ In-Kind *(describe)* _____ Other Receipts: ☐ Interest ☐ Loan ☐ Miscellaneous *(specify)* _____ | $300.00 | $300.00 | 09/11/2023 / JRH |
| 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.)*** | | $ 300.00 | | |

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2023 OCT 20 A 10:16
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 |
|---|
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| Page 1 of 1 |

| RECIPIENT'S NAME AND MAILING ADDRESS *(street, number, city, state, ZIP code)* | RECIPIENT'S OCCUPATION / OFFICE SOUGHT *(if applicable)* | TYPE OF EXPENDITURE and PURPOSE *(be specific)* | COLUMN A AMOUNT THIS PERIOD | COLUMN B CUMULATIVE YEAR-TO-DATE | DATE OF EXPENDITURE *(mm/dd/yy)* |
|---|---|---|---|---|---|
| Code F<br>Seasoned Banquet Hall<br>830 Lincoln Hwy E<br>Plymouth IN 46563 | Banquet Hall | ☑ Direct ☐ In-Kind<br>☐ Payment of Debt<br>☐ Returned Contribution<br>☐ Other<br>Purpose: fundraiser | $4,164.15 | $4,164.15 | 10/09/2023 |
| Code F<br>Shiloh Milner<br>304 Webster Ave<br>Plymouth IN 46563 | | ☐ Direct ☐ In-Kind<br>☑ Payment of Debt<br>☐ Returned Contribution<br>☐ Other<br>Purpose: reimbursement | $503.08 | $503.08 | 08/15/2023 |
| Code A<br>Barb Holcomb<br>1101 Warana Dr<br>Plymouth IN 46563 | | ☐ Direct ☐ In-Kind<br>☑ Payment of Debt<br>☐ Returned Contribution<br>☐ Other<br>Purpose: reimbursement | $295.11 | $295.11 | 09/14/2023 |
| Code A<br>Bowen Printing<br>200 S Michigan St<br>Plymouth IN 46563 | Printer | ☑ Direct ☐ In-Kind<br>☐ Payment of Debt<br>☐ Returned Contribution<br>☐ Other<br>Purpose: printing | $265.36 | $265.36 | 09/14/2023 |
| Code A<br>Marshall County Fair Association<br>211 W Walnut St<br>Argos IN 46501 | Fair | ☑ Direct ☐ In-Kind<br>☐ Payment of Debt<br>☐ Returned Contribution<br>☐ Other<br>Purpose: booth rental | $250.00 | $250.00 | 04/14/2023 |
| Code O<br>CPH and Associates<br>c/o Miller Insurance Group<br>850 E Jefferson St, Plymouth IN 465 | Insurance | ☑ Direct ☐ In-Kind<br>☐ Payment of Debt<br>☐ Returned Contribution<br>☐ Other<br>Purpose: insurance | $226.00 | $226.00 | 05/18/2023 |
| Code O<br>United States Postal Service<br>124 W Garro St<br>Plymouth IN 46563 | Post Office | ☑ Direct ☐ In-Kind<br>☐ Payment of Debt<br>☐ Returned Contribution<br>☐ Other<br>Purpose: PO Box | $226.00 | $226.00 | 08/17/2023 |
| | | **SUBTOTAL THIS PAGE OF SCHEDULE B** | $ 5,929.70 | | |
| | | **TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY** ***(Enter total on ITEM 17a of the Summary Sheet.)*** | $ 5,929.70 | | |

# 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.
Megan Rogers for Plymouth city council comm; tte

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

3. Committee Telephone Number
574) 3237180

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)*
Democratic

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

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

8. Party Affiliation or If Independent Candidate
Democratic

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: ~~4/8/23~~ 6/28/23 Through: 10/13/23

| | 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.)* | 1036.37 | 1036.37 |
| 15b. Unitemized | 437.92 | 437.92 |
| 15c. Add lines 15a and 15b in both columns. **SUBTOTAL** | 1474.29 | 1474.29 |
| 16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B. **TOTAL** | 1474.29 | 1474.29 |
| **EXPENDITURES** *(Note: These amounts include in-kind expenditures and loan repayments.)* | | |
| 17a. Itemized *(Use Schedule B.) (Public Question: use Schedule C.)* | 772.68 | 772.68 |
| 17b. Unitemized | 466.22 | 466.22 |
| 17c. Add lines 17a and 17b in both columns. **SUBTOTAL** | 1238.90 | 1238.90 |
| 18. Cash on hand and investments at close of this reporting period *(Subtract 17c from 16 in both columns.)* **TOTAL** | 235.39 | 235.39 |
| 19. Debts OWED BY the committee *(Use Schedule D.)* | 1333.37 | |
| 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)* 10/16/23 |
| Signature of Candidate *(if applicable)* | | Date *(mm/dd/yy)* 10/16/23 |

**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**

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MARSHALL COUNTY CLERK'S OFFICE

**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. Megan Rogers 623 N Walnut St Plymouth IN 46563<br>Contributor's Occupation *(if required)* _____ | Contributions: ☐ Direct ☐ In-Kind *(describe)* _____<br>Other Receipts: ☐ Interest ☒ Loan ☐ Miscellaneous *(specify)* _____ | 1036.37 | 103637 | Megan Rogers |
| 2.<br>Contributor's Occupation *(if required)* _____ | Contributions: ☐ Direct ☐ In-Kind *(describe)* _____<br>Other Receipts: ☐ Interest ☐ Loan ☐ Miscellaneous *(specify)* _____ | | | |
| 3.<br>Contributor's Occupation *(if required)* _____ | Contributions: ☐ Direct ☐ In-Kind *(describe)* _____<br>Other Receipts: ☐ Interest ☐ Loan ☐ Miscellaneous *(specify)* _____ | | | |
| 4.<br>Contributor's Occupation *(if required)* _____ | Contributions: ☐ Direct ☐ In-Kind *(describe)* _____<br>Other Receipts: ☐ Interest ☐ Loan ☐ Miscellaneous *(specify)* _____ | | | |
| 5.<br>Contributor's Occupation *(if required)* _____ | Contributions: ☐ Direct ☐ In-Kind *(describe)* _____<br>Other Receipts: ☐ Interest ☐ Loan ☐ Miscellaneous *(specify)* _____ | | | |
| | **SUBTOTAL THIS PAGE OF SCHEDULE A** | $1036.37 | | |
| | **TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY** *(Enter total on ITEM 15a of the Summary Sheet.)* | $1036.37 | | |

**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 _____<br>Allied Shirts. Com | | ☒ Direct ☐ In-Kind<br>☐ Payment of Debt<br>☐ Returned Contribution<br>☐ Other _____<br>Purpose: | 298.68 | 298.68 | 8/3/23 |
| Code _____<br>canva.com | | ☒ Direct ☐ In-Kind<br>☐ Payment of Debt<br>☐ Returned Contribution<br>☐ Other _____<br>Purpose: | 195 | 195 | 7/10/23 |
| Code _____<br>sticker mule.com | | ☒ Direct ☐ In-Kind<br>☐ Payment of Debt<br>☐ Returned Contribution<br>☐ Other _____<br>Purpose: | 279 | 279 | 8/10/23 |
| Code _____ | | ☐ Direct ☐ In-Kind<br>☐ Payment of Debt<br>☐ Returned Contribution<br>☐ Other _____<br>Purpose: | | | |
| Code _____ | | ☐ Direct ☐ In-Kind<br>☐ Payment of Debt<br>☐ Returned Contribution<br>☐ Other _____<br>Purpose: | | | |
| Code _____ | | ☐ Direct ☐ In-Kind<br>☐ Payment of Debt<br>☐ Returned Contribution<br>☐ Other _____<br>Purpose: | | | |
| Code _____ | | ☐ Direct ☐ In-Kind<br>☐ Payment of Debt<br>☐ Returned Contribution<br>☐ Other _____<br>Purpose: | | | |
| **SUBTOTAL THIS PAGE OF SCHEDULE B** | | | $772.68 | | |
| **TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY** *(Enter total on ITEM 17a of the Summary Sheet.)* | | | $772.68 | | |

**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 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 |
|---|---|---|---|---|---|
| WTCA<br>LENDER'S OCCUPATION: | WTCA | 297<br>AD'S Sept 23 | 9/30/23 | 0 | 297 |
| Megan Rogers 1023 N Walnut St Plymouth IN 46563<br>LENDER'S OCCUPATION: Social Worker | Megan Rogers 1023 N Walnut St Plymouth IN 46563 | 1036.37<br>Campaign Money | 8/30/23 | 0 | 1036.37 |
| LENDER'S OCCUPATION: | | | | | |
| LENDER'S OCCUPATION: | | | | | |
| LENDER'S OCCUPATION: | | | | | |
| LENDER'S OCCUPATION: | | | | | |
| LENDER'S OCCUPATION: | | | | | |
| | | SUBTOTAL THIS PAGE OF SCHEDULE D | | | $1333.37 |
| | | TOTAL OF ALL PAGES OF SCHEDULE D ON THE LAST PAGE ONLY *(Enter total on ITEM 19 of the Summary Sheet.)* | | | $1333.37 |

# REPORT OF RECEIPTS AND EXPENDITURES OF A POLITICAL COMMITTEE

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

## (CFA-4) Summary Sheet

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

**IS THIS AN AMENDMENT?** ☐ Yes ☑ No

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

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

3. Committee Telephone Number
(574) 780- 1124

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

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

6. Party Affiliation *(if applicable)*
REPUBLICAN

7. Full Name of Candidate *(Include any nickname.)*
Nickolas (Nick) DJ Fisher

8. Party Affiliation or If Independent Candidate
REPUBLICAN

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

10. County of Residence
Marshall

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: 04/08/23 Through: 12/31/23

| | | |
|---|---|---|
| 13. Cash on hand and investments at the beginning of this reporting period. | $293.75 | |
| 14. Cash on hand and investments January 1, current year. (2024) | | 1295.71 |
| *(Note: these amounts include in-kind contributions and loans, as well as cash contributions.)* | | |
| 15a. Itemized *(Use Schedule A.)* | | |
| 15b. Unitemized | | |
| 15c. Add lines 15a and 15b in both columns. **SUBTOTAL** | | |
| 16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B. **TOTAL** | 0 | |
| *(Note: These amounts include in-kind expenditures and loan repayments.)* | | |
| 17a. Itemized *(Use Schedule B.) (Public Question: use Schedule C.)* | 998.04 | |
| 17b. Unitemized | 0 | |
| 17c. Add lines 17a and 17b in both columns. **SUBTOTAL** | 998.04 | |
| 18. Cash on hand and investments at close of this reporting period *(Subtract 17c from 16 in both columns.)* **TOTAL** | 1295.71 | |
| 19. Debts OWED BY the committee *(Use Schedule D.)* | 0 | |
| 20. Debts OWED TO the committee *(Use Schedule E.)* | 0 | |

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)* |
|---|---|---|
| /s/ Nickolas Fisher | Treasurer | 01/15/2024 |
| Signature of Candidate *(if applicable)* | | Date *(mm/dd/yy)* |
| /s/ Nickolas Fisher | | 01/15/2024 |

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

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## INSTRUCTIONS FOR COMPLETING THIS

**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.

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 |
|---|---|---|---|---|---|
| Code A<br>The Pilot News<br>218 N. Michigan St.<br>Ply. IN 46563 | (Advertising) | ☑ Direct ☐ In-Kind<br>☐ Payment of Debt<br>☐ Returned Contribution<br>☐ Other<br>Purpose: | 600 00 | 1866.35 | 04/25/23 |
| Code A<br>TCS<br>1810 Pacific Ave<br>Knox. IN 46534 | (Advertising) | ☑ Direct ☐ In-Kind<br>☐ Payment of Debt<br>☐ Returned Contribution<br>☐ Other<br>Purpose: | 398.04 | 398.04 | 08/27/23 |
| Code | | ☐ Direct ☐ In-Kind<br>☐ Payment of Debt<br>☐ Returned Contribution<br>☐ Other<br>Purpose: | | | |
| Code | | ☐ Direct ☐ In-Kind<br>☐ Payment of Debt<br>☐ Returned Contribution<br>☐ Other<br>Purpose: | | | |
| Code | | ☐ Direct ☐ In-Kind<br>☐ Payment of Debt<br>☐ Returned Contribution<br>☐ Other<br>Purpose: | | | |
| Code | | ☐ Direct ☐ In-Kind<br>☐ Payment of Debt<br>☐ Returned Contribution<br>☐ Other<br>Purpose: | | | |
| Code | | ☐ Direct ☐ In-Kind<br>☐ Payment of Debt<br>☐ Returned Contribution<br>☐ Other<br>Purpose: | | | |
| **SUBTOTAL THIS PAGE OF SCHEDULE B** | | | $ 998.04 | | |
| **TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY** *(Enter total on ITEM 17a of the Summary Sheet.)* | | | $ 998.04 | | |

MARSHALL CO. CLERK
2024 JAN 17 A 9:41
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**

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

**FILE NUMBER**

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

**IS THIS AN AMENDMENT?** ☐ Yes ☐ No

## COMMITTEE INFORMATION

1. Full Name of Committee (as on *Statement of Organization*) ☐ Check if this is a new name.
Randy Longanecker for Common Council Dist 4

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.
880 Baker 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.)*
Randy J. Longanecker

8. Party Affiliation or If Independent Candidate
Republican

9. Office Sought *(Include district number, if any. **Not required for exploratory committee.**)*
Plymouth City Council (Common Council) Dist 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: 4-8-2023 Through: 10-13-2023

| | COLUMN A This Period | COLUMN B Year to Date |
|---|---|---|
| 13. Cash on hand and investments at the beginning of this reporting period. | 200.00 | |
| 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.)* | 808.06 | 1459.36 |
| 15b. Unitemized | | |
| 15c. Add lines 15a and 15b in both columns. SUBTOTAL | 808.06 | 1459.36 |
| 16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B. TOTAL | 1008.06 | 1459.36 |
| **EXPENDITURES** | | |
| *(Note: These amounts include in-kind expenditures and loan repayments.)* | | |
| 17a. Itemized *(Use Schedule B.) (Public Question: use Schedule C.)* | 539.56 | 990.86 |
| 17b. Unitemized | | |
| 17c. Add lines 17a and 17b in both columns. SUBTOTAL | 539.56 | 990.86 |
| 18. Cash on hand and investments at close of this reporting period *(Subtract 17c from 16 in both columns.)* TOTAL | 468.50 | 468.50 |
| 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: Shawn Dotts — Title: Treasurer — Date *(mm/dd/yy)*: 10-17-23

Signature of Candidate *(if applicable)*: Randy Longanecker — Date *(mm/dd/yy)*: 10-18-23

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)*

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2023 OCT 18 A 9:29
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REPORT OF RECEIPTS AND EXPENDITURES
OF A POLITICAL COMMITTEE
State Form 4606 (R15 / 5-19)
Indiana Election Division (IC 3-9-5-14)

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

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

FILE NUMBER

Page _____ 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. Republicans United to Defend Your PAC<br>P.O. Box 26141<br>Alexandria, VA 22313<br>Contributor's Occupation *(if required)* _____ | Contributions:<br>☒ Direct<br>☐ In-Kind *(describe)* _____<br>Other Receipts:<br>☐ Interest ☐ Loan<br>☐ Miscellaneous *(specify)* _____ | 500.00 | 500.00 | 8-9-23<br>AR |
| 2. Marshall Co. Republican Central Committee<br>P.O. Box 102<br>Plymouth In 46563<br>(Photography by Jayme)<br>Contributor's Occupation *(if required)* _____ | Contributions:<br>☐ Direct<br>☒ In-Kind *(describe)* Photos<br>Other Receipts:<br>☐ Interest ☐ Loan<br>☐ Miscellaneous *(specify)* _____ | 54.54 | | 7/25/23<br>AR |
| 3. MARSHALL Co. Republican Central Committee<br>P.O. Box 102<br>Plymouth In 46563<br>(The Pilot News Group)<br>Contributor's Occupation *(if required)* _____ | Contributions:<br>☐ Direct<br>☒ In-Kind *(describe)* Advertising<br>Other Receipts:<br>☐ Interest ☐ Loan<br>☐ Miscellaneous *(specify)* _____ | 111.66 | 166.20 | 9/1/23<br>AR |
| 4. Joseph DOTTA<br>7510 Jarrue<br>Plymouth 46563<br>Contributor's Occupation *(if required)* _____ | Contributions:<br>☐ Direct<br>☒ In-Kind *(describe)* A<br>Other Receipts:<br>☐ Interest ☐ Loan<br>☐ Miscellaneous *(specify)* _____ | 141.86 | 141.86 | 9-2-23<br>AR |
| 5.<br>Contributor's Occupation *(if required)* _____ | Contributions:<br>☐ Direct<br>☐ In-Kind *(describe)* _____<br>Other Receipts:<br>☐ Interest ☐ Loan<br>☐ Miscellaneous *(specify)* _____ | | | |
| | SUBTOTAL THIS PAGE OF SCHEDULE A | $ 808.06 | | |
| | 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
4606 (R15 / 5-19)
Indiana Election Division (IC 3-9-5-14)

State Form

# (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<br>Joseph Dotta<br>7510 Jarrad<br>Plymouth IN 46563 | N/A | ☐ Direct ☒ In-Kind<br>☐ Payment of Debt<br>☐ Returned Contribution<br>☐ Other<br>Purpose: | 141.86 | 141.86 | 9-2-23 |
| Code A<br>Bowen Printing<br>200 S. Michigan St<br>Plymouth IN 46563 | N/A | ☐ Direct ☐ In-Kind<br>☐ Payment of Debt<br>☐ Returned Contribution<br>☐ Other<br>Purpose: | 79.71 | | 9-22-23 |
| Code A<br>Bowen Printing<br>200 S. Michigan St.<br>Plymouth IN 46563 | N/A | ☐ Direct ☐ In-Kind<br>☐ Payment of Debt<br>☐ Returned Contribution<br>☐ Other<br>Purpose: | 103.79 | 183.50 | 10-5-23 |
| Code A<br>Key Bank<br>2701 N. Michigan<br>Plymouth IN 46563 | SERVICE Chgs | ☐ Direct ☐ In-Kind<br>☐ Payment of Debt<br>☐ Returned Contribution<br>☐ Other<br>Purpose: | 48.00 | | April thru Sept. |
| Code A<br>MARSHALL Co. Republican Central Committee<br>P.O. Box 102<br>Plymouth, IN 46563<br>(Photography by Jayme) | Photo's | ☐ Direct ☒ In-Kind<br>☐ Payment of Debt<br>☐ Returned Contribution<br>☐ Other<br>Purpose: | 54.54 | | 7/25/23 |
| Code A<br>MARSHALL Co. Republican Central Committee<br>P.O. Box 102<br>Plymouth IN 46563<br>(The Pilot News Group) | Advertisment | ☐ Direct ☒ In-Kind<br>☐ Payment of Debt<br>☐ Returned Contribution<br>☐ Other<br>Purpose: | 111.66 | 166.20 | 9/1/23 |
| Code _____ | | ☐ Direct ☐ In-Kind<br>☐ Payment of Debt<br>☐ Returned Contribution<br>☐ Other<br>Purpose: | | | |
| | | SUBTOTAL THIS PAGE OF SCHEDULE B | 539.56 | | |
| | | TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY *(Enter total on ITEM 17a of the Summary Sheet.)* | $ | | |

# REPORT OF RECEIPTS AND EXPENDITURES OF A POLITICAL COMMITTEE

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

**(CFA-4) Summary Sheet**

**FILE NUMBER**

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

*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.
COOP 4 MAYOR

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

3. Committee Telephone Number
(574) 933-1583

4. Mailing Address *(Address where all campaign finance correspondence is received.)* ☐ Check if this is a new address.
825 North 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.)*
Richard Allen Cooper Jr. (COOP)

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: 4-8-23 Through: 10-13-23

| | 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 | |

MARSHALL CO CLERK

## 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: Tracy VanMeter-Keenan | Title: Treasurer | Date *(mm/dd/yy)*: 10/17/2023

Signature of Candidate *(if applicable)*: Richard Allen Cooper Jr. | Date *(mm/dd/yy)*: 10/17/2023

**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 OCT 17 P 1:00
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** |
| 10 |

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

**IS THIS AN AMENDMENT?** ☐ Yes ☑ No

## COMMITTEE INFORMATION

1. Full Name of Committee (as on *Statement of Organization*) ☐ Check if this is a new name.
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: Apirl 8, 2023 Through: October 13, 2023

| | COLUMN A This Period | COLUMN B Year to Date |
|---|---|---|
| 13. Cash on hand and investments at the beginning of this reporting period. | 7,150.60 | |
| 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.)* | 6,871.38 | |
| 15b. Unitemized | 2,428.49 | |
| 15c. Add lines 15a and 15b in both columns. **SUBTOTAL** | 9,299.87 | 18,335.47 |
| 16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B. **TOTAL** | 16,450.47 | 19,811.07 |
| **EXPENDITURES** | | |
| *(Note: These amounts include in-kind expenditures and loan repayments.)* | | |
| 17a. Itemized *(Use Schedule B.) (Public Question: use Schedule C.)* | 13,310.47 | |
| 17b. Unitemized | | |
| 17c. Add lines 17a and 17b in both columns. **SUBTOTAL** | 13,310.47 | 16,671.07 |
| 18. Cash on hand and investments at close of this reporting period *(Subtract 17c from 16 in both columns.)* **TOTAL** | 3,140.00 | 3,140.00 |
| 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)* |
|---|---|---|
| Melissa Neidlinger | Treasurer | 10/13/2023 |
| Signature of Candidate *(if applicable)* | | Date *(mm/dd/yy)* |
| | | 10/13/23 |

**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

MARSHALL COUNTY
2023 OCT 17 A 11:14
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



| 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. Steven Listenberger<br>5731 Quince Rd<br>Plymouth, IN 46563<br>Contributor's Occupation *(if required)* | Contributions:<br>☑ Direct<br>☐ In-Kind *(describe)*<br>Other Receipts:<br>☐ Interest ☐ Loan<br>☐ Miscellaneous *(specify)* | $1,000.00 | $1,000.00 | 8/10/2023<br>RWL |
| 2. Patty Moberly<br>111 Webster St<br>Plymouth, IN 46563<br>Contributor's Occupation *(if required)* | Contributions:<br>☑ Direct<br>☐ In-Kind *(describe)*<br>Other Receipts:<br>☐ Interest ☐ Loan<br>☐ Miscellaneous *(specify)* | $1,500.00 | $1,750.00 | 9/15/2023<br>RWL |
| 3. David & Kris Livinghouse<br>301 W Washington St<br>Indianapolis, IN 46204<br>Contributor's Occupation *(if required)* | Contributions:<br>☑ Direct<br>☐ In-Kind *(describe)*<br>Other Receipts:<br>☐ Interest ☐ Loan<br>☐ Miscellaneous *(specify)* | $250.00 | $250.00 | 9/4/2023<br>RWL |
| 4. Sue & John Wendel<br>10249 PrettY Lake Tr<br>Plymouth, IN 46563<br>Contributor's Occupation *(if required)* | Contributions:<br>☑ Direct<br>☐ In-Kind *(describe)*<br>Other Receipts:<br>☐ Interest ☐ Loan<br>☐ Miscellaneous *(specify)* | $200.00 | $200.00 | 9/12/2023<br>RWL |
| 5. Jenny Sickmiller<br>14555 12B Rd<br>Plymouth, IN 46563<br>Contributor's Occupation *(if required)* | Contributions:<br>☐ Direct<br>☑ In-Kind *(describe)* Signs<br>Other Receipts:<br>☐ Interest ☐ Loan<br>☐ Miscellaneous *(specify)* | $150.00 | $250.00 | 9/15/2023<br>Bowen Printing |
| **SUBTOTAL THIS PAGE OF SCHEDULE A** | | $ 3,100.00 | | |
| **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-1) CONTRIBUTIONS BY INDIVIDUALS
## Itemized Contributions and Other Receipts

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

FILE NUMBER

Page 3 of 10

| CONTRIBUTOR'S FULL NAME AND OCCUPATION FULL MAILING ADDRESS *(street, number, city, state, ZIP code)* | TYPE OF CONTRIBUTION OR OTHER RECEIPT | COLUMN A AMOUNT THIS PERIOD | COLUMN B CUMULATIVE YEAR-TO-DATE | DATE RECEIVED *(mm/dd/yy)* / RECEIVED BY |
|---|---|---|---|---|
| 1. Clifford Allen<br>12431 HIllside Dr<br>Plymouth, IN 46563<br>**Contributor's Occupation** *(if required)* | Contributions:<br>☐ Direct<br>☑ In-Kind *(describe)*<br>Yard sign, stakes & Stickers<br>Other Receipts:<br>☐ Interest ☐ Loan<br>☐ Miscellaneous *(specify)* | $571.38 | $571.38 | 10/6/2023<br>Bowen Printing |
| 2. Randy & Elanor Danielson<br>12638 Emerald Court<br>Plymouth, IN 46563<br>**Contributor's Occupation** *(if required)* | Contributions:<br>☑ Direct<br>☐ In-Kind *(describe)*<br>Other Receipts:<br>☐ Interest ☐ Loan<br>☐ Miscellaneous *(specify)* | $200.00 | $200.00 | 10/12/023<br>RWL |
| 3.<br>**Contributor's Occupation** *(if required)* | Contributions:<br>☐ Direct<br>☐ In-Kind *(describe)*<br>Other Receipts:<br>☐ Interest ☐ Loan<br>☐ Miscellaneous *(specify)* | | | |
| 4.<br>**Contributor's Occupation** *(if required)* | Contributions:<br>☐ Direct<br>☐ In-Kind *(describe)*<br>Other Receipts:<br>☐ Interest ☐ Loan<br>☐ Miscellaneous *(specify)* | | | |
| 5.<br>**Contributor's Occupation** *(if required)* | Contributions:<br>☐ Direct<br>☐ In-Kind *(describe)*<br>Other Receipts:<br>☐ Interest ☐ Loan<br>☐ Miscellaneous *(specify)* | | | |
| **SUBTOTAL THIS PAGE OF SCHEDULE A** | | $ 771.38 | | |
| **TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY** ***(Enter total on ITEM 15a of the Summary Sheet.)*** | | $ | | |

FILED
2023 OCT 11 A 11:41
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-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 4 of 10

| CONTRIBUTOR'S FULL NAME AND FULL MAILING ADDRESS *(street, number, city, state, ZIP code)* | TYPE OF CONTRIBUTION OR OTHER RECEIPT | COLUMN A AMOUNT THIS PERIOD | COLUMN B CUMULATIVE YEAR-TO-DATE | DATE RECEIVED *(mm/dd/yy)* / RECEIVED BY |
|---|---|---|---|---|
| 1. A & K Industries<br>PO Box 640<br>Plymouth, IN 46563 | Contributions:<br>☑ Direct<br>☐ In-Kind *(describe)*<br>Other Receipts:<br>☐ Interest ☐ Loan<br>☐ Miscellaneous *(specify)* | $2,000.00 | $2,000.00 | 6/15/2023 |
| 2. | Contributions:<br>☐ Direct<br>☐ In-Kind *(describe)*<br>Other Receipts:<br>☐ Interest ☐ Loan<br>☐ Miscellaneous *(specify)* | | | |
| 3. | Contributions:<br>☐ Direct<br>☐ In-Kind *(describe)*<br>Other Receipts:<br>☐ Interest ☐ Loan<br>☐ Miscellaneous *(specify)* | | | |
| 4. | Contributions:<br>☐ Direct<br>☐ In-Kind *(describe)*<br>Other Receipts:<br>☐ Interest ☐ Loan<br>☐ Miscellaneous *(specify)* | | | |
| 5. | Contributions:<br>☐ Direct<br>☐ In-Kind *(describe)*<br>Other Receipts:<br>☐ Interest ☐ Loan<br>☐ Miscellaneous *(specify)* | | | |
| | **SUBTOTAL THIS PAGE OF SCHEDULE A** | $ 2,000.00 | | |
| | **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



| 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. North Indiana Operators<br>6200 Joliet Rd<br>Countryside, IL 60525 | Contributions:<br>☑ Direct<br>☐ In-Kind *(describe)*<br>Other Receipts:<br>☐ Interest ☐ Loan<br>☐ Miscellaneous *(specify)* | $1,000.00 | $1,000.00 | 7/27/2023<br>RWL |
| 2. | Contributions:<br>☐ Direct<br>☐ In-Kind *(describe)*<br>Other Receipts:<br>☐ Interest ☐ Loan<br>☐ Miscellaneous *(specify)* | | | |
| 3. | Contributions:<br>☐ Direct<br>☐ In-Kind *(describe)*<br>Other Receipts:<br>☐ Interest ☐ Loan<br>☐ Miscellaneous *(specify)* | | | |
| 4. | Contributions:<br>☐ Direct<br>☐ In-Kind *(describe)*<br>Other Receipts:<br>☐ Interest ☐ Loan<br>☐ Miscellaneous *(specify)* | | | |
| 5. | Contributions:<br>☐ Direct<br>☐ In-Kind *(describe)*<br>Other Receipts:<br>☐ Interest ☐ Loan<br>☐ Miscellaneous *(specify)* | | | |
| | **SUBTOTAL THIS PAGE OF SCHEDULE A** | $ 1,000.00 | | |
| | **TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY** ***(Enter total on ITEM 15a of the Summary Sheet.)*** | $ 6,871.38 | | |

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

# (CFA-4 SCHEDULE B) ITEMIZED EXPENDITURES

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

FILE NUMBER



| RECIPIENT'S NAME AND MAILING ADDRESS *(street, number, city, state, ZIP code)* | RECIPIENT'S OCCUPATION / OFFICE SOUGHT *(if applicable)* | TYPE OF EXPENDITURE and PURPOSE *(be specific)* | COLUMN A AMOUNT THIS PERIOD | COLUMN B CUMULATIVE YEAR-TO-DATE | DATE OF EXPENDITURE *(mm/dd/yy)* |
|---|---|---|---|---|---|
| Code A<br>Bowen Printing<br>200 S Michigan St<br>Plymouth, IN 46563 | Printing | ☑ Direct ☐ In-Kind<br>☐ Payment of Debt<br>☐ Returned Contribution<br>☐ Other<br>Purpose: | $5,439.88 | $6,523.12 | 9/16/2023 |
| Code A<br>The UPS Store<br>1913 - F N Michigan St<br>Plymouth, IN 46563 | Printing | ☑ Direct ☐ In-Kind<br>☐ Payment of Debt<br>☐ Returned Contribution<br>☐ Other<br>Purpose: | $180.80 | $180.80 | 7/27/2023 |
| Code A<br>The Pilot News<br>PO Box 220<br>Plymouth, IN 46563 | Advertising | ☑ Direct ☐ In-Kind<br>☐ Payment of Debt<br>☐ Returned Contribution<br>☐ Other<br>Purpose: | $410.00 | $410.00 | 10/10/2023 |
| Code A<br>Kankakee Valley<br>400 W Culver<br>Knox, IN 46534 | Advertising | ☑ Direct ☐ In-Kind<br>☐ Payment of Debt<br>☐ Returned Contribution<br>☐ Other<br>Purpose: | $1,662.00 | $1,662.00 | 1010/2023 |
| Code F<br>Act Blue<br>Sommerville, MA | Processing Fee | ☑ Direct ☐ In-Kind<br>☐ Payment of Debt<br>☐ Returned Contribution<br>☐ Other<br>Purpose: | $24.97 | $57.85 | 9/132023 |
| Code A<br>Godaddy.com<br>AZ | Web Service | ☑ Direct ☐ In-Kind<br>☐ Payment of Debt<br>☐ Returned Contribution<br>☐ Other<br>Purpose: | $20.17 | $143.75 | 4/10/2023 |
| Code A<br>Domain.com<br>Burlington, MA | Web Service | ☑ Direct ☐ In-Kind<br>☐ Payment of Debt<br>☐ Returned Contribution<br>☐ Other<br>Purpose: | $49.78 | $140.78 | 10/2/2022 |
| | | **SUBTOTAL THIS PAGE OF SCHEDULE B** | $ 7,787.60 | | |
| | | **TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY** ***(Enter total on ITEM 17a of the Summary Sheet.)*** | $ | | |

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

# (CFA-4 SCHEDULE B) ITEMIZED EXPENDITURES

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

FILE NUMBER



| RECIPIENT'S NAME AND MAILING ADDRESS *(street, number, city, state, ZIP code)* | RECIPIENT'S OCCUPATION / OFFICE SOUGHT *(if applicable)* | TYPE OF EXPENDITURE and PURPOSE *(be specific)* | COLUMN A AMOUNT THIS PERIOD | COLUMN B CUMULATIVE YEAR-TO-DATE | DATE OF EXPENDITURE *(mm/dd/yy)* |
|---|---|---|---|---|---|
| Code A<br>WTCA - AM<br>112 W Washington St<br>Plymouth, IN 46563 | Advertising | ☑ Direct ☐ In-Kind<br>☐ Payment of Debt<br>☐ Returned Contribution<br>☐ Other<br>Purpose: | $1,494.00 | $1,494.00 | 5/5/2023 |
| Code C<br>Dave Morrow<br>920 Angel St<br>Plymouth, IN 46563 | Contribution<br>City Council | ☑ Direct ☐ In-Kind<br>☐ Payment of Debt<br>☐ Returned Contribution<br>☐ Other<br>Purpose: | $100.00 | $100.00 | 8/6/2023 |
| Code C<br>Shiloh Milner<br>304 Webster Ave<br>Plymouth, IN 46563 | Contribution<br>City Council | ☑ Direct ☐ In-Kind<br>☐ Payment of Debt<br>☐ Returned Contribution<br>☐ Other<br>Purpose: | $100.00 | $100.00 | 8/6/2023 |
| Code C<br>Jeff Houin<br>217 Elliot Ave<br>Plymouth, IN 46563 | Contribution<br>City Council | ☑ Direct ☐ In-Kind<br>☐ Payment of Debt<br>☐ Returned Contribution<br>☐ Other<br>Purpose: | $100.00 | $100.00 | 8/6/2023 |
| Code A<br>Plymouth Elks Lodge<br>12455 7B Rd<br>Plymouth, IN 46563 | Advertising | ☑ Direct ☐ In-Kind<br>☐ Payment of Debt<br>☐ Returned Contribution<br>☐ Other<br>Purpose: | $100.00 | $100.00 | 8/16/2023 |
| Code C<br>Megan Roger<br>1023 N Walnut St<br>Plymouth, IN 46563 | Contribution<br>City Council | ☑ Direct ☐ In-Kind<br>☐ Payment of Debt<br>☐ Returned Contribution<br>☐ Other<br>Purpose: | $100.00 | $100.00 | 8/6/2023 |
| Code C<br>Cayentano Olverez<br>214 Plum St<br>Plymouth, IN 46563 | Contribution<br>City Council | ☑ Direct ☐ In-Kind<br>☐ Payment of Debt<br>☐ Returned Contribution<br>☐ Other<br>Purpose: | $100.00 | $100.00 | 8/6/2023 |
| | | **SUBTOTAL THIS PAGE OF SCHEDULE B** | $ 2,094.00 | | |
| | | **TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY** ***(Enter total on ITEM 17a of the Summary Sheet.)*** | $ | | |

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

# (CFA-4 SCHEDULE B) ITEMIZED EXPENDITURES

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

FILE NUMBER



| RECIPIENT'S NAME AND MAILING ADDRESS *(street, number, city, state, ZIP code)* | RECIPIENT'S OCCUPATION / OFFICE SOUGHT *(if applicable)* | TYPE OF EXPENDITURE and PURPOSE *(be specific)* | COLUMN A AMOUNT THIS PERIOD | COLUMN B CUMULATIVE YEAR-TO-DATE | DATE OF EXPENDITURE *(mm/dd/yy)* |
|---|---|---|---|---|---|
| Code A<br>Sean Hatfield<br>10644 Kimberly Ct<br>Plymouth, IN 46563 | Advertising Design | ☑ Direct ☐ In-Kind<br>☐ Payment of Debt<br>☐ Returned Contribution<br>☐ Other<br>Purpose: | $270.00 | $1,170.00 | 5/4/2023 |
| Code A<br>Uline<br>PO Box 88741<br>Chicago, IL 60680-1741 | Advertising Supplies | ☑ Direct ☐ In-Kind<br>☐ Payment of Debt<br>☐ Returned Contribution<br>☐ Other<br>Purpose: | $85.89 | $129.87 | 8/11/2023 |
| Code A<br>Amazon.com<br>410 Terry Ave N<br>Seattle, WA 98109 | Advertising | ☑ Direct ☐ In-Kind<br>☐ Payment of Debt<br>☐ Returned Contribution<br>☐ Other<br>Purpose: | $199.95 | $199.95 | 10/2/2023 |
| Code A<br>Smith Ace Hardware<br>1917 N Michigan St<br>Plymouth, IN 46563 | Advertising Supplies | ☑ Direct ☐ In-Kind<br>☐ Payment of Debt<br>☐ Returned Contribution<br>☐ Other<br>Purpose: | $86.79 | $86.79 | 8/30/2023 |
| Code A<br>Spirit Halloween.com<br>NJ, US | Advertising | ☑ Direct ☐ In-Kind<br>☐ Payment of Debt<br>☐ Returned Contribution<br>☐ Other<br>Purpose: | $320.38 | $320.38 | 10/4/2023 |
| Code O<br>City of Plymouth<br>111 North Center St<br>Plymouth, IN 46563 | Permits | ☑ Direct ☐ In-Kind<br>☐ Payment of Debt<br>☐ Returned Contribution<br>☐ Other<br>Purpose: | $240.98 | $240.98 | 10/6/2023 |
| Code F<br>Marshall County Democrats<br>PO Box 1067<br>Plymouth, IN 46563 | Fundrasing | ☑ Direct ☐ In-Kind<br>☐ Payment of Debt<br>☐ Returned Contribution<br>☐ Other<br>Purpose: | $250.00 | $250.00 | 10/8/2023 |
| | | **SUBTOTAL THIS PAGE OF SCHEDULE B** | $ 1,453.99 | | |
| | | **TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY** ***(Enter total on ITEM 17a of the Summary Sheet.)*** | $ | | |

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

# (CFA-4 SCHEDULE B) ITEMIZED EXPENDITURES

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

FILE NUMBER



| RECIPIENT'S NAME AND MAILING ADDRESS *(street, number, city, state, ZIP code)* | RECIPIENT'S OCCUPATION / OFFICE SOUGHT *(if applicable)* | TYPE OF EXPENDITURE and PURPOSE *(be specific)* | COLUMN A AMOUNT THIS PERIOD | COLUMN B CUMULATIVE YEAR-TO-DATE | DATE OF EXPENDITURE *(mm/dd/yy)* |
|---|---|---|---|---|---|
| Code C<br>LaSall Cousel BSA<br>1340 South Bend Ave<br>South Bend, IN 46617 | Contribution | ☑ Direct ☐ In-Kind<br>☐ Payment of Debt<br>☐ Returned Contribution<br>☐ Other<br>Purpose: | $200.00 | $200.00 | 5/23/2023 |
| Code A<br>Blueberry Festival<br>233 E Jefferson St<br>Plymouth, IN 46563 | Advertising | ☑ Direct ☐ In-Kind<br>☐ Payment of Debt<br>☐ Returned Contribution<br>☐ Other<br>Purpose: | $75.00 | $75.00 | 8/4/2023 |
| Code C<br>Los Voz Unida<br>Plymouth, IN 46563 | Advertising | ☑ Direct ☐ In-Kind<br>☐ Payment of Debt<br>☐ Returned Contribution<br>☐ Other<br>Purpose: | $500.00 | $500.00 | 8/21/2023 |
| Code F<br>The American Legion<br>1040 E Jefferson St<br>Plymouth, IN 46563 | Hall Rental | ☑ Direct ☐ In-Kind<br>☐ Payment of Debt<br>☐ Returned Contribution<br>☐ Other<br>Purpose: | $300.00 | $300.00 | 10/6/023 |
| Code A<br>Clifford Allen<br>f12431 Hillside Dr<br>Plymouth, iN 46563 | Advertising | ☐ Direct ☑ In-Kind<br>☐ Payment of Debt<br>☐ Returned Contribution<br>☐ Other<br>Purpose:<br>Yard signs, stakes, & Stickers | $571.38 | $571.38 | 10/6/2023 |
| Code A<br>Jenny Sickmiller<br>14555 12B Rd<br>Plymouth, IN 46563 | Advertising | ☐ Direct ☑ In-Kind<br>☐ Payment of Debt<br>☐ Returned Contribution<br>☐ Other<br>Purpose:<br>Signs | $150.00 | $150.00 | 9/15/2023 |
| Code A<br>Alfred LIstenberger<br>914 Thayer<br>Plymouth, IN 46563 | Advertising | ☐ Direct ☑ In-Kind<br>☐ Payment of Debt<br>☐ Returned Contribution<br>☐ Other<br>Purpose:<br>Banner | $53.50 | $53.50 | 9/11/2023 |
| | | **SUBTOTAL THIS PAGE OF SCHEDULE B** | $ 1,849.88 | | |
| | | **TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY** *(Enter total on ITEM 17a of the Summary Sheet.)* | $ | | |

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

# (CFA-4 SCHEDULE B) ITEMIZED EXPENDITURES

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

| FILE NUMBER |
|---|
| |



| RECIPIENT'S NAME AND MAILING ADDRESS *(street, number, city, state, ZIP code)* | RECIPIENT'S OCCUPATION / OFFICE SOUGHT *(if applicable)* | TYPE OF EXPENDITURE and PURPOSE *(be specific)* | COLUMN A AMOUNT THIS PERIOD | COLUMN B CUMULATIVE YEAR-TO-DATE | DATE OF EXPENDITURE *(mm/dd/yy)* |
|---|---|---|---|---|---|
| Code C<br>Cathy Wright<br>522 Pennsylvania Ave<br>Plymouth, IN 46563 | City Council | ☑ Direct ☐ In-Kind<br>☐ Payment of Debt<br>☐ Returned Contribution<br>☐ Other<br>Purpose: | $100.00 | $100.00 | 8/6/2023 |
| Code A<br>Marshall County Council on Aging<br>Senior Expo<br>1305 W Harrison St<br>Plymouth, IN 46563 | | ☑ Direct ☐ In-Kind<br>☐ Payment of Debt<br>☐ Returned Contribution<br>☐ Other<br>Purpose: | $25.00 | $25.00 | 10/12/2023 |
| Code | | ☐ Direct ☐ In-Kind<br>☐ Payment of Debt<br>☐ Returned Contribution<br>☐ Other<br>Purpose: | | | |
| Code | | ☐ Direct ☐ In-Kind<br>☐ Payment of Debt<br>☐ Returned Contribution<br>☐ Other<br>Purpose: | | | |
| Code | | ☐ Direct ☐ In-Kind<br>☐ Payment of Debt<br>☐ Returned Contribution<br>☐ Other<br>Purpose: | | | |
| Code | | ☐ Direct ☐ In-Kind<br>☐ Payment of Debt<br>☐ Returned Contribution<br>☐ Other<br>Purpose: | | | |
| Code | | ☐ Direct ☐ In-Kind<br>☐ Payment of Debt<br>☐ Returned Contribution<br>☐ Other<br>Purpose: | | | |
| **SUBTOTAL THIS PAGE OF SCHEDULE B** | | | $ 125.00 | | |
| **TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY** *(Enter total on ITEM 17a of the Summary Sheet.)* | | | $ 13,310.47 | | |

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2023 OCT 17 A 11:41
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**
10

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

**IS THIS AN AMENDMENT?** ☐ Yes ☑ No

### COMMITTEE INFORMATION

1. Full Name of Committee (as on *Statement of Organization*) ☐ Check if this is a new name.
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: Aprl 8, 2023 Through: October 13, 2023

| | COLUMN A This Period | COLUMN B Year to Date |
|---|---|---|
| 13. Cash on hand and investments at the beginning of this reporting period. | 7,150.60 | |
| 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.)* | 6,871.38 | |
| 15b. Unitemized | 2,428.49 | |
| 15c. Add lines 15a and 15b in both columns. **SUBTOTAL** | 9,299.87 | 18,335.47 |
| 16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B. **TOTAL** | 16,450.47 | 19,811.07 |
| **EXPENDITURES** | | |
| *(Note: These amounts include in-kind expenditures and loan repayments.)* | | |
| 17a. Itemized *(Use Schedule B.) (Public Question: use Schedule C.)* | 13,310.47 | |
| 17b. Unitemized | | |
| 17c. Add lines 17a and 17b in both columns. **SUBTOTAL** | 13,310.47 | 16,671.07 |
| 18. Cash on hand and investments at close of this reporting period *(Subtract 17c from 16 in both columns.)* **TOTAL** | 3,140.00 | 3,140.00 |
| 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)* |
|---|---|---|
| Melissa Neidlinger | Treasurer | 10/13/2023 |
| Signature of Candidate *(if applicable)* | | Date *(mm/dd/yy)* 10/13/23 |

**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**

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2023 OCT 17 A 11:11
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**REPORT OF RECEIPTS AND EXPENDITURES OF A POLITICAL COMMITTEE**
State Form 4606 (R17 / 8-23)
Indiana Election Division (IC 3-9-5-14)

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

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

FILE NUMBER

Page 2 of 10

| CONTRIBUTOR'S FULL NAME AND OCCUPATION FULL MAILING ADDRESS *(street, number, city, state, ZIP code)* | TYPE OF CONTRIBUTION OR OTHER RECEIPT | COLUMN A AMOUNT THIS PERIOD | COLUMN B CUMULATIVE YEAR-TO-DATE | DATE RECEIVED *(mm/dd/yy)* / RECEIVED BY |
|---|---|---|---|---|
| 1. Steven Listenberger<br>5731 Quince Rd<br>Plymouth, IN 46563<br>Contributor's Occupation *(if required)* | Contributions:<br>☑ Direct<br>☐ In-Kind *(describe)*<br>Other Receipts:<br>☐ Interest ☐ Loan<br>☐ Miscellaneous *(specify)* | $1,000.00 | $1,000.00 | 8/10/2023<br>RWL |
| 2. Patty Moberly<br>111 Webster St<br>Plymouth, IN 46563<br>Contributor's Occupation *(if required)* | Contributions:<br>☑ Direct<br>☐ In-Kind *(describe)*<br>Other Receipts:<br>☐ Interest ☐ Loan<br>☐ Miscellaneous *(specify)* | $1,500.00 | $1,750.00 | 9/15/2023<br>RWL |
| 3. David & Kris Livinghouse<br>301 W Washington St<br>Indianapolis, IN 46204<br>Contributor's Occupation *(if required)* | Contributions:<br>☑ Direct<br>☐ In-Kind *(describe)*<br>Other Receipts:<br>☐ Interest ☐ Loan<br>☐ Miscellaneous *(specify)* | $250.00 | $250.00 | 9/4/2023<br>RWL |
| 4. Sue & John Wendel<br>10249 PrettY Lake Tr<br>Plymouth, IN 46563<br>Contributor's Occupation *(if required)* | Contributions:<br>☑ Direct<br>☐ In-Kind *(describe)*<br>Other Receipts:<br>☐ Interest ☐ Loan<br>☐ Miscellaneous *(specify)* | $200.00 | $200.00 | 9/12/2023<br>RWL |
| 5. Jenny Sickmiller<br>14555 12B Rd<br>Plymouth, IN 46563<br>Contributor's Occupation *(if required)* | Contributions:<br>☐ Direct<br>☑ In-Kind *(describe)* Signs<br>Other Receipts:<br>☐ Interest ☐ Loan<br>☐ Miscellaneous *(specify)* | $150.00 | $250.00 | 9/15/2023<br>Bowen Printing |
| | **SUBTOTAL THIS PAGE OF SCHEDULE A** | $ 3,100.00 | | |
| | **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-1) CONTRIBUTIONS BY INDIVIDUALS
## Itemized Contributions and Other Receipts

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

**FILE NUMBER**

Page 3 of 10

| CONTRIBUTOR'S FULL NAME AND OCCUPATION FULL MAILING ADDRESS *(street, number, city, state, ZIP code)* | TYPE OF CONTRIBUTION OR OTHER RECEIPT | COLUMN A AMOUNT THIS PERIOD | COLUMN B CUMULATIVE YEAR-TO-DATE | DATE RECEIVED *(mm/dd/yy)* / RECEIVED BY |
|---|---|---|---|---|
| 1. Clifford Allen<br>12431 HIllside Dr<br>Plymouth, IN 46563<br>Contributor's Occupation *(if required)* | Contributions:<br>☐ Direct<br>☑ In-Kind *(describe)* Yard sign, stakes & Stickers<br>Other Receipts:<br>☐ Interest ☐ Loan<br>☐ Miscellaneous *(specify)* | $571.38 | $571.38 | 10/6/2023<br>Bowen Printing |
| 2. Randy & Elanor Danielson<br>12638 Emerald Court<br>Plymouth, IN 46563<br>Contributor's Occupation *(if required)* | Contributions:<br>☑ Direct<br>☐ In-Kind *(describe)*<br>Other Receipts:<br>☐ Interest ☐ Loan<br>☐ Miscellaneous *(specify)* | $200.00 | $200.00 | 10/12/023<br>RWL |
| 3.<br>Contributor's Occupation *(if required)* | Contributions:<br>☐ Direct<br>☐ In-Kind *(describe)*<br>Other Receipts:<br>☐ Interest ☐ Loan<br>☐ Miscellaneous *(specify)* | | | |
| 4.<br>Contributor's Occupation *(if required)* | Contributions:<br>☐ Direct<br>☐ In-Kind *(describe)*<br>Other Receipts:<br>☐ Interest ☐ Loan<br>☐ Miscellaneous *(specify)* | | | |
| 5.<br>Contributor's Occupation *(if required)* | Contributions:<br>☐ Direct<br>☐ In-Kind *(describe)*<br>Other Receipts:<br>☐ Interest ☐ Loan<br>☐ Miscellaneous *(specify)* | | | |
| | **SUBTOTAL THIS PAGE OF SCHEDULE A** | $ 771.38 | | |
| | **TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY** *(Enter total on ITEM 15a of the Summary Sheet.)* | $ | | |

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

# (CFA-4 SCHEDULE A-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. A & K Industries<br>PO Box 640<br>Plymouth, IN 46563 | Contributions:<br>☑ Direct<br>☐ In-Kind *(describe)*<br>Other Receipts:<br>☐ Interest ☐ Loan<br>☐ Miscellaneous *(specify)* | $2,000.00 | $2,000.00 | 6/15/2023 |
| 2. | Contributions:<br>☐ Direct<br>☐ In-Kind *(describe)*<br>Other Receipts:<br>☐ Interest ☐ Loan<br>☐ Miscellaneous *(specify)* | | | |
| 3. | Contributions:<br>☐ Direct<br>☐ In-Kind *(describe)*<br>Other Receipts:<br>☐ Interest ☐ Loan<br>☐ Miscellaneous *(specify)* | | | |
| 4. | Contributions:<br>☐ Direct<br>☐ In-Kind *(describe)*<br>Other Receipts:<br>☐ Interest ☐ Loan<br>☐ Miscellaneous *(specify)* | | | |
| 5. | Contributions:<br>☐ Direct<br>☐ In-Kind *(describe)*<br>Other Receipts:<br>☐ Interest ☐ Loan<br>☐ Miscellaneous *(specify)* | | | |
| | **SUBTOTAL THIS PAGE OF SCHEDULE A** | $ 2,000.00 | | |
| | **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



| 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. North Indiana Operators<br>6200 Joliet Rd<br>Countryside, IL 60525 | Contributions:<br>☑ Direct<br>☐ In-Kind *(describe)*<br>Other Receipts:<br>☐ Interest ☐ Loan<br>☐ Miscellaneous *(specify)* | $1,000.00 | $1,000.00 | 7/27/2023<br>RWL |
| 2. | Contributions:<br>☐ Direct<br>☐ In-Kind *(describe)*<br>Other Receipts:<br>☐ Interest ☐ Loan<br>☐ Miscellaneous *(specify)* | | | |
| 3. | Contributions:<br>☐ Direct<br>☐ In-Kind *(describe)*<br>Other Receipts:<br>☐ Interest ☐ Loan<br>☐ Miscellaneous *(specify)* | | | |
| 4. | Contributions:<br>☐ Direct<br>☐ In-Kind *(describe)*<br>Other Receipts:<br>☐ Interest ☐ Loan<br>☐ Miscellaneous *(specify)* | | | |
| 5. | Contributions:<br>☐ Direct<br>☐ In-Kind *(describe)*<br>Other Receipts:<br>☐ Interest ☐ Loan<br>☐ Miscellaneous *(specify)* | | | |
| **SUBTOTAL THIS PAGE OF SCHEDULE A** | | $ 1,000.00 | | |
| **TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY** *(Enter total on ITEM 15a of the Summary Sheet.)* | | $ 6,871.38 | | |

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

# (CFA-4 SCHEDULE B) ITEMIZED EXPENDITURES

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

FILE NUMBER



| RECIPIENT'S NAME AND MAILING ADDRESS *(street, number, city, state, ZIP code)* | RECIPIENT'S OCCUPATION / OFFICE SOUGHT *(if applicable)* | TYPE OF EXPENDITURE and PURPOSE *(be specific)* | COLUMN A AMOUNT THIS PERIOD | COLUMN B CUMULATIVE YEAR-TO-DATE | DATE OF EXPENDITURE *(mm/dd/yy)* |
|---|---|---|---|---|---|
| Code A<br>Bowen Printing<br>200 S Michigan St<br>Plymouth, IN 46563 | Printing | ☑ Direct ☐ In-Kind<br>☐ Payment of Debt<br>☐ Returned Contribution<br>☐ Other<br>Purpose: | $5,439.88 | $6,523.12 | 9/16/2023 |
| Code A<br>The UPS Store<br>1913 - F N Michigan St<br>Plymouth, IN 46563 | Printing | ☑ Direct ☐ In-Kind<br>☐ Payment of Debt<br>☐ Returned Contribution<br>☐ Other<br>Purpose: | $180.80 | $180.80 | 7/27/2023 |
| Code A<br>The Pilot News<br>PO Box 220<br>Plymouth, IN 46563 | Advertising | ☑ Direct ☐ In-Kind<br>☐ Payment of Debt<br>☐ Returned Contribution<br>☐ Other<br>Purpose: | $410.00 | $410.00 | 10/10/2023 |
| Code A<br>Kankakee Valley<br>400 W Culver<br>Knox, IN 46534 | Advertising | ☑ Direct ☐ In-Kind<br>☐ Payment of Debt<br>☐ Returned Contribution<br>☐ Other<br>Purpose: | $1,662.00 | $1,662.00 | 1010/2023 |
| Code F<br>Act Blue<br>Sommerville, MA | Processing Fee | ☑ Direct ☐ In-Kind<br>☐ Payment of Debt<br>☐ Returned Contribution<br>☐ Other<br>Purpose: | $24.97 | $57.85 | 9/132023 |
| Code A<br>Godaddy.com<br>AZ | Web Service | ☑ Direct ☐ In-Kind<br>☐ Payment of Debt<br>☐ Returned Contribution<br>☐ Other<br>Purpose: | $20.17 | $143.75 | 4/10/2023 |
| Code A<br>Domain.com<br>Burlington, MA | Web Service | ☑ Direct ☐ In-Kind<br>☐ Payment of Debt<br>☐ Returned Contribution<br>☐ Other<br>Purpose: | $49.78 | $140.78 | 10/2/2022 |
| | **SUBTOTAL THIS PAGE OF SCHEDULE B** | | $ 7,787.60 | | |
| | **TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY** *(Enter total on ITEM 17a of the Summary Sheet.)* | | $ | | |

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

# (CFA-4 SCHEDULE B) ITEMIZED EXPENDITURES

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

FILE NUMBER



| RECIPIENT'S NAME AND MAILING ADDRESS *(street, number, city, state, ZIP code)* | RECIPIENT'S OCCUPATION / OFFICE SOUGHT *(if applicable)* | TYPE OF EXPENDITURE and PURPOSE *(be specific)* | COLUMN A AMOUNT THIS PERIOD | COLUMN B CUMULATIVE YEAR-TO-DATE | DATE OF EXPENDITURE *(mm/dd/yy)* |
|---|---|---|---|---|---|
| Code A<br>WTCA - AM<br>112 W Washington St<br>Plymouth, IN 46563 | Advertising | ☑ Direct ☐ In-Kind<br>☐ Payment of Debt<br>☐ Returned Contribution<br>☐ Other<br>Purpose: | $1,494.00 | $1,494.00 | 5/5/2023 |
| Code C<br>Dave Morrow<br>920 Angel St<br>Plymouth, IN 46563 | Contribution<br>City Council | ☑ Direct ☐ In-Kind<br>☐ Payment of Debt<br>☐ Returned Contribution<br>☐ Other<br>Purpose: | $100.00 | $100.00 | 8/6/2023 |
| Code C<br>Shiloh Milner<br>304 Webster Ave<br>Plymouth, IN 46563 | Contribution<br>City Council | ☑ Direct ☐ In-Kind<br>☐ Payment of Debt<br>☐ Returned Contribution<br>☐ Other<br>Purpose: | $100.00 | $100.00 | 8/6/2023 |
| Code C<br>Jeff Houin<br>217 Elliot Ave<br>Plymouth, IN 46563 | Contribution<br>City Council | ☑ Direct ☐ In-Kind<br>☐ Payment of Debt<br>☐ Returned Contribution<br>☐ Other<br>Purpose: | $100.00 | $100.00 | 8/6/2023 |
| Code A<br>Plymouth Elks Lodge<br>12455 7B Rd<br>Plymouth, IN 46563 | Advertising | ☑ Direct ☐ In-Kind<br>☐ Payment of Debt<br>☐ Returned Contribution<br>☐ Other<br>Purpose: | $100.00 | $100.00 | 8/16/2023 |
| Code C<br>Megan Roger<br>1023 N Walnut St<br>Plymouth, IN 46563 | Contribution<br>City Council | ☑ Direct ☐ In-Kind<br>☐ Payment of Debt<br>☐ Returned Contribution<br>☐ Other<br>Purpose: | $100.00 | $100.00 | 8/6/2023 |
| Code C<br>Cayentano Olverez<br>214 Plum St<br>Plymouth, IN 46563 | Contribution<br>City Council | ☑ Direct ☐ In-Kind<br>☐ Payment of Debt<br>☐ Returned Contribution<br>☐ Other<br>Purpose: | $100.00 | $100.00 | 8/6/2023 |
| | | **SUBTOTAL THIS PAGE OF SCHEDULE B** | $ 2,094.00 | | |
| | | **TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY** *(Enter total on ITEM 17a of the Summary Sheet.)* | $ | | |

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

# (CFA-4 SCHEDULE B) ITEMIZED EXPENDITURES

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

FILE NUMBER



| RECIPIENT'S NAME AND MAILING ADDRESS *(street, number, city, state, ZIP code)* | RECIPIENT'S OCCUPATION / OFFICE SOUGHT *(if applicable)* | TYPE OF EXPENDITURE and PURPOSE *(be specific)* | COLUMN A AMOUNT THIS PERIOD | COLUMN B CUMULATIVE YEAR-TO-DATE | DATE OF EXPENDITURE *(mm/dd/yy)* |
|---|---|---|---|---|---|
| Code A<br>Sean Hatfield<br>10644 Kimberly Ct<br>Plymouth, IN 46563 | Advertising Design | ☑ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other<br>Purpose: | $270.00 | $1,170.00 | 5/4/2023 |
| Code A<br>Uline<br>PO Box 88741<br>Chicago, IL 60680-1741 | Advertising Supplies | ☑ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other<br>Purpose: | $85.89 | $129.87 | 8/11/2023 |
| Code A<br>Amazon.com<br>410 Terry Ave N<br>Seattle, WA 98109 | Advertising | ☑ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other<br>Purpose: | $199.95 | $199.95 | 10/2/2023 |
| Code A<br>Smith Ace Hardware<br>1917 N Michigan St<br>Plymouth, IN 46563 | Advertising Supplies | ☑ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other<br>Purpose: | $86.79 | $86.79 | 8/30/2023 |
| Code A<br>Spirit Halloween.com<br>NJ, US | Advertising | ☑ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other<br>Purpose: | $320.38 | $320.38 | 10/4/2023 |
| Code O<br>City of Plymouth<br>111 North Center St<br>Plymouth, IN 46563 | Permits | ☑ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other<br>Purpose: | $240.98 | $240.98 | 10/6/2023 |
| Code F<br>Marshall County Democrats<br>PO Box 1067<br>Plymouth, IN 46563 | Fundrasing | ☑ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other<br>Purpose: | $250.00 | $250.00 | 10/8/2023 |
| | | **SUBTOTAL THIS PAGE OF SCHEDULE B** | $ 1,453.99 | | |
| | | **TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY** *(Enter total on ITEM 17a of the Summary Sheet.)* | $ | | |

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

# (CFA-4 SCHEDULE B) ITEMIZED EXPENDITURES

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

FILE NUMBER



| RECIPIENT'S NAME AND MAILING ADDRESS *(street, number, city, state, ZIP code)* | RECIPIENT'S OCCUPATION / OFFICE SOUGHT *(if applicable)* | TYPE OF EXPENDITURE and PURPOSE *(be specific)* | COLUMN A AMOUNT THIS PERIOD | COLUMN B CUMULATIVE YEAR-TO-DATE | DATE OF EXPENDITURE *(mm/dd/yy)* |
|---|---|---|---|---|---|
| Code C<br>LaSall Cousel BSA<br>1340 South Bend Ave<br>South Bend, IN 46617 | Contribution | ☑ Direct ☐ In-Kind<br>☐ Payment of Debt<br>☐ Returned Contribution<br>☐ Other<br>Purpose: | $200.00 | $200.00 | 5/23/2023 |
| Code A<br>Blueberry Festival<br>233 E Jefferson St<br>Plymouth, IN 46563 | Advertising | ☑ Direct ☐ In-Kind<br>☐ Payment of Debt<br>☐ Returned Contribution<br>☐ Other<br>Purpose: | $75.00 | $75.00 | 8/4/2023 |
| Code C<br>Los Voz Unida<br>Plymouth, IN 46563 | Advertising | ☑ Direct ☐ In-Kind<br>☐ Payment of Debt<br>☐ Returned Contribution<br>☐ Other<br>Purpose: | $500.00 | $500.00 | 8/21/2023 |
| Code F<br>The American Legion<br>1040 E Jefferson St<br>Plymouth, IN 46563 | Hall Rental | ☑ Direct ☐ In-Kind<br>☐ Payment of Debt<br>☐ Returned Contribution<br>☐ Other<br>Purpose: | $300.00 | $300.00 | 10/6/023 |
| Code A<br>Clifford Allen<br>f12431 Hillside Dr<br>Plymouth, iN 46563 | Advertising | ☐ Direct ☑ In-Kind<br>☐ Payment of Debt<br>☐ Returned Contribution<br>☐ Other<br>Purpose:<br>Yard signs, stakes, & Stickers | $571.38 | $571.38 | 10/6/2023 |
| Code A<br>Jenny Sickmiller<br>14555 12B Rd<br>Plymouth, IN 46563 | Advertising | ☐ Direct ☑ In-Kind<br>☐ Payment of Debt<br>☐ Returned Contribution<br>☐ Other<br>Purpose:<br>Signs | $150.00 | $150.00 | 9/15/2023 |
| Code A<br>Alfred LIstenberger<br>914 Thayer<br>Plymouth, IN 46563 | Advertising | ☐ Direct ☑ In-Kind<br>☐ Payment of Debt<br>☐ Returned Contribution<br>☐ Other<br>Purpose:<br>Banner | $53.50 | $53.50 | 9/11/2023 |
| | | **SUBTOTAL THIS PAGE OF SCHEDULE B** | $ 1,849.88 | | |
| | | **TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY** *(Enter total on ITEM 17a of the Summary Sheet.)* | $ | | |

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

# (CFA-4 SCHEDULE B) ITEMIZED EXPENDITURES

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

**FILE NUMBER**

Page 10 of 10

| RECIPIENT'S NAME AND MAILING ADDRESS *(street, number, city, state, ZIP code)* | RECIPIENT'S OCCUPATION / OFFICE SOUGHT *(if applicable)* | TYPE OF EXPENDITURE and PURPOSE *(be specific)* | COLUMN A AMOUNT THIS PERIOD | COLUMN B CUMULATIVE YEAR-TO-DATE | DATE OF EXPENDITURE *(mm/dd/yy)* |
|---|---|---|---|---|---|
| Code C<br>Cathy Wright<br>522 Pennsylvania Ave<br>Plymouth, IN 46563 | City Council | ☑ Direct ☐ In-Kind<br>☐ Payment of Debt<br>☐ Returned Contribution<br>☐ Other<br>Purpose: | $100.00 | $100.00 | 8/6/2023 |
| Code A<br>Marshall County Council on Aging<br>Senior Expo<br>1305 W Harrison St<br>Plymouth, IN 46563 | | ☑ Direct ☐ In-Kind<br>☐ Payment of Debt<br>☐ Returned Contribution<br>☐ Other<br>Purpose: | $25.00 | $25.00 | 10/12/2023 |
| Code | | ☐ Direct ☐ In-Kind<br>☐ Payment of Debt<br>☐ Returned Contribution<br>☐ Other<br>Purpose: | | | |
| Code | | ☐ Direct ☐ In-Kind<br>☐ Payment of Debt<br>☐ Returned Contribution<br>☐ Other<br>Purpose: | | | |
| Code | | ☐ Direct ☐ In-Kind<br>☐ Payment of Debt<br>☐ Returned Contribution<br>☐ Other<br>Purpose: | | | |
| Code | | ☐ Direct ☐ In-Kind<br>☐ Payment of Debt<br>☐ Returned Contribution<br>☐ Other<br>Purpose: | | | |
| Code | | ☐ Direct ☐ In-Kind<br>☐ Payment of Debt<br>☐ Returned Contribution<br>☐ Other<br>Purpose: | | | |
| **SUBTOTAL THIS PAGE OF SCHEDULE B** | | | $ 125.00 | | |
| **TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY** *(Enter total on ITEM 17a of the Summary Sheet.)* | | | $ 13,310.47 | | |

FILED
2023 OCT 17 A 11:41
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

FILED
2023 OCT 10 P 2:00
MARSHALL CO. CLERK

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

**FILE NUMBER**

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

**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.
Shawn L Harley

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

3. Committee Telephone Number
( 574 ) 540-1380

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

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

6. Party Affiliation *(if applicable)*
Democratic

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

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

8. Party Affiliation or If Independent Candidate
Democratic

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

10. County of Residence
Marshall

## TYPE OF REPORT

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

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

12. Reporting Period *(mm/dd/yy)*:
From: 04/08/2023 Through: 10/13/2023

| | 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.)* | 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)* | Date *(mm/dd/yy)* |
|---|---|
| Shawn L Harley | 10/10/2023 |

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

**FOR OFFICE USE ONLY**

# REPORT OF RECEIPTS AND EXPENDITURES OF A POLITICAL COMMITTEE

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

## (CFA-4) Summary Sheet

**FILE NUMBER**

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

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

**IS THIS AN AMENDMENT?** ☐ Yes ☑ No

## COMMITTEE INFORMATION

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

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

3. Committee Telephone Number
( 574 ) 767-0356

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

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

6. Party Affiliation *(if applicable)*
Democratic

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

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

8. Party Affiliation or If Independent Candidate
Democratic

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

10. County of Residence
Marshall

## TYPE OF REPORT

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

**CONVENTION CANDIDATES ONLY**

*Check one:*
☐ Pre-Convention
☐ Post-Convention

12. Reporting Period *(mm/dd/yy)*:
From: 01/01/2023 Through: 10/13/2023

| | 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.)* | 500.00 | 500.00 |
| 15b. Unitemized | 260.00 | 260.00 |
| 15c. Add lines 15a and 15b in both columns. **SUBTOTAL** | 760.00 | 760.00 |
| 16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B. **TOTAL** | 760.00 | 760.00 |
| **EXPENDITURES** | | |
| *(Note: These amounts include in-kind expenditures and loan repayments.)* | | |
| 17a. Itemized *(Use Schedule B.) (Public Question: use Schedule C.)* | | |
| 17b. Unitemized | 140.00 | 140.00 |
| 17c. Add lines 17a and 17b in both columns. **SUBTOTAL** | 140.00 | 140.00 |
| 18. Cash on hand and investments at close of this reporting period *(Subtract 17c from 16 in both columns.)* **TOTAL** | 620.00 | 620.00 |
| 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 Shiloh Milner | Title Treasurer | Date *(mm/dd/yy)* 10/17/23 |
| Signature of Candidate *(if applicable)* Shiloh Milner | | Date *(mm/dd/yy)* 10/17/23 |

**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)*

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

# (CFA-4 SCHEDULE A-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.<br>301 West Washington St.<br>Indianapolis, IN 46204-2704 | Contributions:<br>☑ Direct<br>☐ In-Kind *(describe)*<br>Other Receipts:<br>☐ Interest ☐ Loan<br>☐ Miscellaneous *(specify)* | $500.00 | $500.00 | 08/28/2023<br>Shiloh Milner |
| 2. | Contributions:<br>☐ Direct<br>☐ In-Kind *(describe)*<br>Other Receipts:<br>☐ Interest ☐ Loan<br>☐ Miscellaneous *(specify)* | | | |
| 3. | Contributions:<br>☐ Direct<br>☐ In-Kind *(describe)*<br>Other Receipts:<br>☐ Interest ☐ Loan<br>☐ Miscellaneous *(specify)* | | | |
| 4. | Contributions:<br>☐ Direct<br>☐ In-Kind *(describe)*<br>Other Receipts:<br>☐ Interest ☐ Loan<br>☐ Miscellaneous *(specify)* | | | |
| 5. | Contributions:<br>☐ Direct<br>☐ In-Kind *(describe)*<br>Other Receipts:<br>☐ Interest ☐ Loan<br>☐ Miscellaneous *(specify)* | | | |
| | **SUBTOTAL THIS PAGE OF SCHEDULE A** | $ 500.00 | | |
| | **TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY** ***(Enter total on ITEM 15a of the Summary Sheet.)*** | $ 500.00 | | |

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# REPORT OF RECEIPTS AND EXPENDITURES OF A POLITICAL COMMITTEE

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

**(CFA-4) Summary Sheet**

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

**FILE NUMBER**

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

IS THIS AN AMENDMENT? ☐ Yes ☑ No

## COMMITTEE INFORMATION

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

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: 04/08/23 Through: 10/13/23 | 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. | | 194.89 |
| **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 | 194.89 | 194.89 |
| **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)* |
|---|---|---|
| S. S. Standley | | 10/19/2023 |
| Signature of Candidate *(if applicable)* | | Date *(mm/dd/yy)* |
| S. S. Standley | | 10/19/2023 |

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

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

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

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

| FILE NUMBER |
|---|
| |
| Page _____ 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<br>303 S. Main St.<br>Bourbon IN 46504<br>Contributor's Occupation *(if required)* _____ | Contributions:<br>☑ Direct<br>☐ In-Kind *(describe)*<br>_____<br>Other Receipts:<br>☐ Interest ☐ Loan<br>☐ Miscellaneous *(specify)*<br>_____ | $194.89 | $194.89 | 9/29/23 |
| 2.<br>Contributor's Occupation *(if required)* _____ | Contributions:<br>☐ Direct<br>☐ In-Kind *(describe)*<br>_____<br>Other Receipts:<br>☐ Interest ☐ Loan<br>☐ Miscellaneous *(specify)*<br>_____ | | | |
| 3.<br>Contributor's Occupation *(if required)* _____ | Contributions:<br>☐ Direct<br>☐ In-Kind *(describe)*<br>_____<br>Other Receipts:<br>☐ Interest ☐ Loan<br>☐ Miscellaneous *(specify)*<br>_____ | | | |
| 4.<br>Contributor's Occupation *(if required)* _____ | Contributions:<br>☐ Direct<br>☐ In-Kind *(describe)*<br>_____<br>Other Receipts:<br>☐ Interest ☐ Loan<br>☐ Miscellaneous *(specify)*<br>_____ | | | |
| 5.<br>Contributor's Occupation *(if required)* _____ | Contributions:<br>☐ Direct<br>☐ In-Kind *(describe)*<br>_____<br>Other Receipts:<br>☐ Interest ☐ Loan<br>☐ Miscellaneous *(specify)*<br>_____ | | | |
| 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 | | |

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

# (CFA-4 SCHEDULE B)
# ITEMIZED EXPENDITURES

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

**FILE NUMBER**

Page _____ 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<br>Spencer S. Standley<br>303 S. Main St.<br>Bourbon IN 46504 | Bourbon Town Council | ☑ Direct ☐ In-Kind<br>☐ Payment of Debt<br>☐ Returned Contribution<br>☐ Other<br>Purpose:<br>Yard Signs by Imprint.com | $194.89 | $194.89 | 9/29/23 |
| Code | | ☐ Direct ☐ In-Kind<br>☐ Payment of Debt<br>☐ Returned Contribution<br>☐ Other<br>Purpose: | | | |
| Code | | ☐ Direct ☐ In-Kind<br>☐ Payment of Debt<br>☐ Returned Contribution<br>☐ Other<br>Purpose: | | | |
| Code | | ☐ Direct ☐ In-Kind<br>☐ Payment of Debt<br>☐ Returned Contribution<br>☐ Other<br>Purpose: | | | |
| Code | | ☐ Direct ☐ In-Kind<br>☐ Payment of Debt<br>☐ Returned Contribution<br>☐ Other<br>Purpose: | | | |
| Code | | ☐ Direct ☐ In-Kind<br>☐ Payment of Debt<br>☐ Returned Contribution<br>☐ Other<br>Purpose: | | | |
| Code | | ☐ Direct ☐ In-Kind<br>☐ Payment of Debt<br>☐ Returned Contribution<br>☐ Other<br>Purpose: | | | |
| SUBTOTAL THIS PAGE OF SCHEDULE B | | | $ 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 | | |

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# REPORT OF RECEIPTS AND EXPENDITURES OF A POLITICAL COMMITTEE

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

## (CFA-4) Summary Sheet

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

**IS THIS AN AMENDMENT?** ☐ Yes ☑ No

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

## COMMITTEE INFORMATION

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

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

3. Committee Telephone Number
( 574 ) 301-9750

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

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

6. Party Affiliation *(if applicable)*

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

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

8. Party Affiliation or If Independent Candidate

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

10. County of Residence

## TYPE OF REPORT

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

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

12. Reporting Period *(mm/dd/yy)*:
From: 04/08/2023 Through: 10/13/2023

| | COLUMN A This Period | COLUMN B Year to Date |
|---|---|---|
| 13. Cash on hand and investments at the beginning of this reporting period. | 2,656.25 | |
| 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 | 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** | 2,656.25 | 2,656.25 |
| **EXPENDITURES** | | |
| *(Note: These amounts include in-kind expenditures and loan repayments.)* | | |
| 17a. Itemized *(Use Schedule B.) (Public Question: use Schedule C.)* | 0.00 | 0.00 |
| 17b. Unitemized | 40.00 | 40.00 |
| 17c. Add lines 17a and 17b in both columns. **SUBTOTAL** | 40.00 | 40.00 |
| 18. Cash on hand and investments at close of this reporting period *(Subtract 17c from 16 in both columns.)* **TOTAL** | 2,616.25 | 2,616.25 |
| 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 | 10/18/2023 |
| Signature of Candidate *(if applicable)* | | Date *(mm/dd/yy)* |

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

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