

REPORT OF RECEIPTS AND EXPENDITURES OF A POLITICAL COMMITTEE

State Form 4806 (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.

Tom Freestrotter FOR City Council

2. Acronym or Abbreviated Name (if any)

3. Committee Telephone Number

(260) 414-5288

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

5. City, State, ZIP Code

6. Party Affiliation (if applicable)

Republican

CANDIDATE INFORMATION (For Candidate's Committees Only)

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

8. Party Affiliation or If Independent Candidate

Republican

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

10. County of Residence

Dillon

TYPE OF REPORT

CONVENTION CANDIDATES ONLY

11. Check one:

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

Check one:

Pre-Convention
 Post-Convention

12. Reporting Period (mm/dd/yy):

From: *01-01-21* Through: *12-31-21*

COLUMN A
This Period

COLUMN B
Year to Date

13. Cash on hand and investments at the beginning of this reporting period.

3,503.59

14. Cash on hand and investments January 1, current year.

3,503.59

CONTRIBUTIONS AND RECEIPTS

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

15a. Itemized (Use Schedule A.)

1,000

1,000

15b. Unitemized

15c. Add lines 15a and 15b in both columns.

SUBTOTAL

1,000

1,000

16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B.

TOTAL

4,503.59

4,503.59

EXPENDITURES

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

17a. Itemized (Use Schedule B.) (Public Question: use Schedule C.)

2,250.00

2,250.00

17b. Unitemized

17c. Add lines 17a and 17b in both columns.

SUBTOTAL

2,250.00

2,250.00

18. Cash on hand and investments at close of this reporting period (Subtract 17c from 16 in both columns.)

TOTAL

2,253.59

2,253.59

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

Thomas A. Webb

Title

Date (mm/dd/yy)

01-19-22

Signature of Candidate (if applicable)

Thomas J. Freestrotter

Date (mm/dd/yy)

01-19-22

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**

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 <i>(street, number, city, state, ZIP code)</i>	RECIPIENT'S OCCUPATION OFFICE SOUGHT <i>(if applicable)</i>	TYPE OF EXPENDITURE and PURPOSE <i>(be specific)</i>	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE OF EXPENDITURE <i>mm dd yy</i>
Code _____ Didier For Mayor	Mayor	<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose:	1,000		04-30-21
Code _____ Dalen For Indiana	Governor	<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose:	1,000		8-10-21
Code _____ Keeling For STATE Treasurer	STATE Treasurer	<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose:	250,000		12-15-21
Code _____		<input type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose:			
Code _____		<input type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose:			
Code _____		<input type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose:			
Code _____		<input type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose:			
SUBTOTAL THIS PAGE OF SCHEDULE B			\$		
TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY <i>(Enter total on ITEM 17a of the Summary Sheet.)</i>			\$		



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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 <i>(street, number, city, state, ZIP code)</i>	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED <i>(mm/dd/yy)</i> RECEIVED BY
<p>1.</p> <p>RICHARD + Jennifer RUNESTED</p> <p>Contributor's Occupation (if required) _____</p>	<p>Contributions:</p> <p><input checked="" type="checkbox"/> Direct</p> <p><input type="checkbox"/> In-Kind (describe) <i>donation</i></p> <p>Other Receipts:</p> <p><input type="checkbox"/> Interest <input type="checkbox"/> Loan</p> <p><input type="checkbox"/> Miscellaneous (specify) _____</p>	<p>1,000.00</p>		<p>06/15/21</p> <p>Tom Freistrolfer</p>
<p>2.</p> <p>Contributor's Occupation (if required) _____</p>	<p>Contributions:</p> <p><input type="checkbox"/> Direct</p> <p><input type="checkbox"/> In-Kind (describe) _____</p> <p>Other Receipts:</p> <p><input type="checkbox"/> Interest <input type="checkbox"/> Loan</p> <p><input type="checkbox"/> Miscellaneous (specify) _____</p>			
<p>3.</p> <p>Contributor's Occupation (if required) _____</p>	<p>Contributions:</p> <p><input type="checkbox"/> Direct</p> <p><input type="checkbox"/> In-Kind (describe) _____</p> <p>Other Receipts:</p> <p><input type="checkbox"/> Interest <input type="checkbox"/> Loan</p> <p><input type="checkbox"/> Miscellaneous (specify) _____</p>			
<p>4.</p> <p>Contributor's Occupation (if required) _____</p>	<p>Contributions:</p> <p><input type="checkbox"/> Direct</p> <p><input type="checkbox"/> In-Kind (describe) _____</p> <p>Other Receipts:</p> <p><input type="checkbox"/> Interest <input type="checkbox"/> Loan</p> <p><input type="checkbox"/> Miscellaneous (specify) _____</p>			
<p>5.</p> <p>Contributor's Occupation (if required) _____</p>	<p>Contributions:</p> <p><input type="checkbox"/> Direct</p> <p><input type="checkbox"/> In-Kind (describe) _____</p> <p>Other Receipts:</p> <p><input type="checkbox"/> Interest <input type="checkbox"/> Loan</p> <p><input type="checkbox"/> Miscellaneous (specify) _____</p>			
<p>SUBTOTAL THIS PAGE OF SCHEDULE A</p>		<p>\$</p>		
<p>TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY <i>(Enter total on ITEM 15a of the Summary Sheet.)</i></p>		<p>\$</p>		