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

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

(CFA-4) Summary Sheet

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 n	ame.		
Acronym or Abbreviated Name (if any)	3. Committee	Telephone Number	
	6260)	325-683	5
4. Mailling Address (Address where all campaign finance correspondence is received.)	heck if this is a	a new address.	
5. City, State, ZIP Code MORSENCE, IN. 46773	6. Party Affilia	ation (if applicable)	
CANDIDATE INFORMATION (For Candidate's Co	ommittees O	nly)	
7. Full Name of Candidate (Include any nickname.)		ation or If Independen	t Candidate
9. Office Sought (Include district number, if any. Not required for exploratory committee.)	10. County of	f Residence	
TYPE OF REPORT		CONVENTION	N CANDIDATES ONLY
11. Check one:		Check one:	
Pre-Primage Pre-Election Annual Nomination Other		Pre-Conv	
Final / Disbands Committee (Lines 18, 19, and 20 must be "0".) Outgoing Treasurer (Within ten (10) days amend State	ement of Organization	n.)	vention
12. Reporting Period (<i>mm/dd/yy</i>): From: 49/2022 Through: 16/14/20		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.)		<u> </u>	~ 0-
15b. Unitemized			
15c. Add lines 15a and 15b in both columns.	OTAL	-0-	<u> </u>
1.00	OTAL -	<u> </u>	0
EXPENDITURES			
(Note: These amounts include in-kind expenditures and loan repayments.)			
17a. Itemized (Use Schedule B.) (Public Question: use Schedule C.)		6	~0~
17b. Unitemized		-0-	
17c. Add lines 17a and 17b in both columns.	TOTAL	-0-	_ <i>o</i> _
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.)		<u>-d</u> -	
20. Debts OWED TO the committee (Use Schedule E.)		d —	

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

Title

Date (mm/dd/yy)

10 - 17 - 262 2

Date (mm/dd/yy)

Date (mm/dd/yy)

10 - 17 - 263 2

WARNING: Any information contained in his 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

TOTAL TEMENS



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	TYPE OF CONTRIBUTION	COLUMN A	COLUMN B	DATE RECEIVED (mm/dd/yy)
(street, number, city, state, ZIP code)	OR OTHER RECEIPT	AMOUNT THIS PERIOD	CUMULATIVE YEAR-TO-DATE	RECEIVED BY
1.	Contributions:	LINOS	TEAR-TO-DATE	
	Direct			
	In-Kind (describe)			
				/
	Other Receipts:			
	Interest Loan			
	Miscellaneous (specify)			
Contributor's Occupation (if required)				<u></u>
2.	Contributions:			
	Direct			
	In-Kind (describe)			
	Other Receipts:			
	Miscellaneous (specify)			
Contributor's Occupation (if required)			:	
3.	Contributions:			
	In-Kind (describe)			
	Other Receipts:			
	Interest Loan			
	Miscellaneous (specify)			
Contributor's Occupation (if required)				
4.	Contributions:			
, i	Direct			
. ,	In-Kind (describe)			
/	\			
	Other Receipts:			
	Interest Loan			
	Miscellaneous (specify)			
Contributor's Occupation (if required)	····			
5.	Contributions:			
	Direct			·
	In-Kind (describe)			
₹	Other Receipts: Interest Loan			
	Miscellaneous (specify)			
	- Millippe includes (abaptily)			
Contributor's Occupation (if required)				
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TOTAL OF ALL PAGES OF SCHEDULE A	ON THE LAST PAGE ONLY 15a of the Summary Sheet.)	\$-0-		
(Enter total on I i Elvi	15a of the Summary Sheet.)	_		

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

(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	of		

CONTRIBUTOR'S FULL NAME AND FULL MAILING ADDRESS	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A	COLUMN B CUMULATIVE	DATE RECEIVED (mm/dd/yy)
(street, number, city, state, ZIP code)	OR OTHER RECEIPT	AMOUNT THIS PERIOD	YEAR-TO-DATE	RECEIVED BY
1.	Contributions:			
	☐ Direct☐ In-Kind (describe)			
)	
	Other Receipts:			
	☐ Interest ☐ Loan☐ Miscellaneous (specify)			
2.	Contributions:			
	Direct			
	☐ In-Kind (describe)			
	Other Receipts: Interest Loan			
	Miscellaneous (specify)			
	/			
3.	Contributions:			
	☐ Direct☐ In Kind (describe)			
	Other Receipts:			
	Interest Loan Miscellaneous (specify)			
4.	Contributions:			
	☐ Direct			
	In-Kind (describe)			
	Other Receipts:			
	nterest Loan			
	Miscellaneous (specify)			
5.	Contributions: Direct			
	n-Kind (describe)			
/				
/	Other Receipts: Interest Loan		3	
2	Miscellaneous (specify)			
SUBTOTAL *	THIS PAGE OF SCHEDULE A	\$~0~		
TOTAL OF ALL PAGES OF SCHEDULE		\$ -0-		

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

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

Itemized Contributions and Other Receipts

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

FILE NUMBER			
Page	of		

CONTRIBUTOR'S FULL NAME AND FULL MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED (mm/dd/yy) RECEIVED BY
1.	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest Loan Miscellaneous (specify)			
2.	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest Loan Miscellaneous (specify)			
3.	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest Loan Miscellaneous (specify)			
4.	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest Loan Miscellaneous (specify)	A STATE OF THE STA		
5.	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest Loan Miscellaneous (specify)			
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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.	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest Loan Miscellaneous (specify)			,
2.	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest Loan Miscellaneous (specify)			
3.	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest Loan Miscellaneous (specify)			
4.	Contributions: Direct In-Kind (describe)	٠.		
	Other Receipts: Interest Loan Miscellaneous (specify)			
5.	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest Loan Miscellaneous (specify)			
	THIS PAGE OF SCHEDULE A	\$		
TOTAL OF ALL PAGES OF SCHEDULE (Enter total on ITER	A ON THE LAST PAGE ONLY 1 15a of the Summary Sheet.)	\$ -0-		

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).

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SULL PALLING ADDRESS OR OTHER RECEIPT (Street, flumber, city, state, ZIP code) 1.	CONTRIBUTOR'S FULL NAME AND	TYPE OF CONTRIBUTION	COLUMN A	COLUMN B	DATE RECEIVED (mm/dd/yy)
Centropulons: Direct Direc	FULL MAILING ADDRESS	OR OTHER RECEIPT	AMOUNT THIS	CUMULATIVE VEAR-TO-DATE	
In-Kinc (describe)		Contributions:	1 ENIOD	TEAR O DATE	
Contribulinas: Contri		l —			
Interest Lean Miscellamous (specify)		In-Kind (describe)			
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Direct In-Kind (describe)					
Direct In-Kind (describe)					
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Interest Loan Miscellariseous (specify)		Institute (absolute)			
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4. Contributions: Direct in-Kind (describe) Other Receipts: Interest Loan Miscellaneous (specify) 5. Contributions: Direct In-Kind (describe) Other Receipts: In-Kind (describe) Other Receipts: Interest Loan Miscellaneous (specify) SUBTOTAL THIS PAGE OF SCHEDULE A \$		☐ Interest ☐ Loan			
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State Form

(CFA-4 SCHEDULE B) ITEMIZED EXPENDITURES

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

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	TYPE OF EXPENDITURE and	COLUMN A AMOUNT THIS	COLUMN B CUMULATIVE	DATE OF EXPENDITURE		
(2000)	OFFICE SOUGHT (if applicable)	PURPOSE (be specific)	PERIOD	YEAR-TO-DATE	(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:					
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TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY (Enter total on ITEM 17a of the Summary Sheet.)							



INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. All cumulative expenses or transfers-out, regardless of amount paid to political committees supporting or opposing a public question, MUST be itemized on this schedule.

State Form 4606 (R15 / 5-19) Indiana Election Division (IC 3-9-5-14) (CFA-4 SCHEDULE C)
ITEMIZED EXPENDITURES
For Public Questions

FILE NUMBER				
	Page	of		

					
			Page _	of _	
Enter Text of Public Question.	PUBLIC QUESTIC	N INFORMATION		0	
and for all able adoctors					
	•				
Type of Question: Statewide	Local				
Position: Supported Oppos	ed				
RECIPIENT'S NAME AND MAILING ADDRESS (street, number, city, state, ZIP code)	RECIPIENT'S OCCUPATION	TYPE OF EXPENDITURE and PURPOSE (be specific)	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE OF EXPENDITURE (mm/dd/yy)
Code		☐ Direct ☐ In-Kind ☐ Payment of Debt			
		Returned Contribution			
		Other Purpose;			
	•				
Code		☐ Direct ☐ In-Kind	/		
		Payment of Debt Returned Contribution			
		Other			
	· ·				
Code		☐ Direct ☐ In-Kind ☐ Payment of Debt			
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		Returned Contribution Other			
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TOTAL OF ALL PAGE	ES OF SCHEDULE C ON TH	E LAST PAGE ONLY			

(Enter total on ITEM 17a of the Summary Sheet.)

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

(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	DATE DEBT INCURRED	CUMULATIVE PAID	OUTSTANDING BALANCE THIS
		NATURE OF DEBT	(mm/dd/yy)	YEAR-TO-DATE	PERIOD
LENDER'S OCCUPATION:					
ELITERA OCCUPATION					
LENDER'S OCCUPATION:					
LENDER'S OCCUPATION:					
LENDER'S OCCUPATION:					
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LENDER'S OCCUPATION:					
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State Form 4606 (R15 / 5-19) Indiana Election Division (IC 3-9-5-14)

(CFA-4 SCHEDULE E) DEBTS OWED TO 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 TO the committee during the reporting period. Include all amounts the committee has loaned to others.

FILE NUMBER				
Page	of			

BORROWER'S NAME AND MAILING ADDRESS	CO-SIGNER'S NAME	ORIGINAL AMOUNT	DATE DEBT INCURRED	CUMULATIVE PAID	OUTSTANDING BALANCE THIS
(street, number, city, state, ZIP code)	AND MAILING ADDRESS (if any) (street, number, city, state, ZIP code)	NATURE OF DEBT	(mm/dd/yy)	YEAR-TO-DATE	PERIOD
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V.					
		/			
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