

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		iame.		
Dewitt for Springfield-	Township		•	
2. Acronym or Abbreviated Narhe (if any)			ee Telephone N	
		1260	1466.	4713
4. Mailing Address (Address where all campaign finance of 17620 N. State Roll Po	correspondence is received.) $\Box$ c	heck if this is	s a new address.	
5. City, State, ZIP Code	11.000	6. Party Aff	iliation <i>(if applica</i>	able)
Spencerville, Indiana	46/88		oblica	<u>n</u>
	IFORMATION (For Candidate's Co	mmittees	Only)	
7. Full Name of Candidate (Include any nickname.)		~17		pendent Candidate
Lori Lynn Dewitt			oblica (	)
9. Office Sought Include district number, if any. Not requi Spring steld Township Adu	ired for exploratory committee.)	// . /	of Residence	
		HILE		
11. Check one:	REPORT			ENTION CANDIDATES ONLY
☐ Pre-Primary ☐ Pre-Election ☒ Annual ☐ Nomination ☐	Othor		Check	1
				e-Convention
Final / Disbands Committee (Lines 18, 19, and 20 must be '0'.)	utgoing Treasurer (Within ten (10) days amend Stater	ment of Organizati	ion.) L. Po	st-Convention
12. Reporting Period (mm/dd/yy): From: 01/05/2022 Throi	12/21/2000		COLUMN A	COLUMN B
	igh: 12/31/2022		This Period	Year to Date
13. Cash on hand and investments at the beginning of this			Ø	
14. Cash on hand and investments January 1, current year CONTRIBUTIONS AND				$\mathcal{O}$
(Note: these amounts include in-kind contributions and loa				
15a. Itemized (Use Schedule A.)				
15b. Unitemized			<del></del>	
15c. Add lines 15a and 15b in both columns.	SUBTO	TAL	<del>"" /</del>	
16. Add lines 13 and 15c in Column A and lines 14 and 15		OTAL.	:	
EXPENDITUR		J1765		
(Note: These amounts include in-kind expenditures and loa				
17a. Itemized (Use Schedule B.) (Public Question: use Sch	<del></del>			
17b, Unitemized				· · · · · · · · · · · · · · · · · · ·
17c. Add lines 17a and 17b in both columns.	SUBTO	TAI		
18. Cash on hand and investments at close of this reporting period		TOTAL	<u> </u>	
19. Debts OWED BY the committee (Use Schedule D.)				
20. Debts OWED TO the committee (Use Schedule E.)				
			······································	
	RTIFICATION			FOR OFFICE USE ONLY
I CERTIFY THAT I HAVE EXAMINED THIS STATEMENT. TO THE BES Signature of Treasurer	ST OF MY KNOWLEDGE AND BELIEF IT IS TRU Title			4
	e inte	Date (	mm/dd/yy)	TLED ELECTION BUORT
Signature of Candidate (if applicable)	1	Date (i	mm/dd/yy)	'22 DEC 20 AM8:01
<b>WARNING:</b> Any information contained in this report may not be copied tiles a fraudulent report commits a Level 6 felony. (IC 3-14-1-13) A p Campaign Finance Law commits a Class B misdemeanor, (IC 3-14-1-14)	person who fails to file a complete or accurate	iunas se transi	encibel adt vet hani	



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.

Page	of	
	FILE NUMBER	

CONTRIBUTOR'S FULL NAME AND OCCUPATION	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS	COLUMN B CUMULATIVE	DATE RECEIVED  (mm/dd/yy)  RECEIVED BY
FULL MAILING ADDRESS (street. number. city, state. ZIP code)  1. Lori Lynn De Witt 17620 N. StateRd 1 Spencerville, In 46788	Contributions:  Direct In-Kind (describe)  Signs Other Receipts:  Interest Loan	PERIOD	W 1 1 1 1 1	4/07/22 Lori De Witt
contributor's Occupation (Frequired) retired  2 Kori Lynn DeWitt  17420 N. State Roll	Miscellaneous (specify)  Contributions: Direct In-Kind (describe)	D2437	97.36	04/10/22 Lori DeWitt
Spencerville, In 46788  contributor's Occupation (it required) <u>refired</u> 3. Lori Lynn De Witt 17620 N. State Rd 1	Other Receipts: Interest Loan Miscellaneous (specify)  Contributions: Direct In-Kind (describe)	\$33.10	130.46	04/18/22 Kori Dewitt
Spencerville, In 46788  Contributor's Occupation (Frequired) <u>retired</u> 4. Lon Lynn Dewitt	Other Receipts: Contributions:  Contributions:  Direct	\$104.98	3235,44	04/18/2022
17620 N. State Rd 1 Spencerville, +7 Contributor's Occupation (If required) retired	In-Kind (describe)  Stumps, Madees  Other Receipts:  Interest Loan  Miscellaneous (specify)			
Lori Lynn DeWitt 17620 N. State Rd 1 Spencerville, IA 46788	Contributions:  Direct  In-Kind (describe)  Other Receipts:  Interest Loan  Miscellaneous (specify)	127.88	363.32	04/10/22
Contributor's Occupation (if required) Text Ced SUBTOT	AL THIS PAGE OF SCHEDULI	EA \$363.3°	2	



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.

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	FILE NUMBER	

Individual makes at least \$1,000 til continue to		0.01/13431.0	COLUMN B	DATE RECEIVED
FULL MAILING ADDRESS	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	CUMULATIVE YEAR-TO-DATE	(mm/dd/yy) RECEIVED BY
than Lunn DeWitt	Contributions:	51.36	2414.68	Lori Dewitt
171020 N. StateRd	Mac (describe)			4/23/22
	Other Receipts:			1/30/92
46.700	Miscellaneous (specify)			
Contributor's Occupation (if required) Year A	Contributions:	53.44	\$41.8.14	4/30/22
2 Lori Lynn Dewitt	Direct in-Kind (describe)	77,44		LoriDewit
1 1620 N. Statekon	Other Receipts:			
pencerville 11,788	☐ interest ☐ Loan ☐ Miscellaneous (specify)			
Contributor's Occupation (if required) refined				
3.	Contributions:  Direct tn-Kind (describe)			
	Other Receipts:			
	Miscellaneous (specify)			
Contributor's Occupation (f required)  4.	Contributions:			
	In-Kind (describe)			
	Other Receipts:			
	Interest Laan Miscellaneous (specify)			
Contributor's Occupation (if required)	Contributions:			
5.	☐ Direct ☐ In-Kind (describe)			
	Other Receipts:			
	☐ Interest ☐ Loan ☐ Miscelleneous (specify)			
A Secretarian II		572	2	
Contributor's Occupation (if required)SUBTOTA	AL THIS PAGE OF SCHEDUL	EA \$10 4.8	4	
	THE LAST BAGE ON	"V 1 - 468,16	7	



State Form 4606 (R15 / 5-19) 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 contributors 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 (street, number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVEE (mm/dd/yy) RECEIVED BY
1.	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest Loan Miscellaneous (specify)			
2.	Contributions:  Direct In-Kind (describe)		-	
	Other Receipts: Interest Loan Miscellaneous (specify)			
3.	Contributions:  Direct In-Kind (describe)			
	Other Receipts:  Interest Loan  Miscellaneous (specify)			
4.	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest Loan Miscellaneous (specify)			
5.	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest Loan Miscellaneous (specify)		<u></u>	
		. ()		
TOTAL OF ALL PAGES OF SCHEDULE	THIS PAGE OF SCHEDULE A A ON THE LAST PAGE ONLY	\$ 0		
(Enter total on ITE	M 15a of the Summary Sheet.)	* 1		



#### (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).

Page _	of			
	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
4		Contributions: Direct In-Kind (describe)	EMOD	PLAK-10-DA1L	
		Other Receipts:  Interest Loan  Miscellaneous (specify)			
2.		Contributions:  Direct In-Kind (describe)			
		Other Receipts:  Interest Loan  Miscellaneous (specify)			
3.		Contributions: Direct In-Kind (describe)			
		Other Receipts: Interest Loan Miscellaneous (specify)			
4.		Contributions: Direct In-Kind (describe)			
		Other Receipts:  Interest Loan  Miscellaneous (specify)			
5.		Contributions: Direct In-Kind (describe)			
		Other Receipts:  Interest Loan  Miscellaneous (specify)			
		HIS PAGE OF SCHEDULE A	\$		
	TOTAL OF ALL PAGES OF SCHEDULE A (Enter total on ITEM	ON THE LAST PAGE ONLY 15a of the Summary Sheet.)	\$ 0		



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## (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 toan 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).

Page	of	
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	FILE NUMBER	

CONTRIBUTOR'S FULL NAME AND FULL MAILING ADDRESS	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS	COLUMN B	DATE RECEIVED (mm/dd/yy)
(street, number, city, state, ZIP code) 1.	Contributions:  Direct in-Kind (describe)	PERIOD	YEAR-TO-DATE	RECEIVED BY
	Other Receipts: Interest Loan Miscellaneous (specify)			
2.	Contributions:  Direct  In-Kind (describe)			
	Other Receipts:  Interest Loan  Miscellaneous (specify)			
3.	Contributions:  Direct  In-Kind (describe)			
	Other Receipts:  Interest Loan  Miscellaneous (specify)			
4.	Contributions:  Direct In-Kind (describe)	,		
	Other Receipts: Interest Loan Miscellaneous (specify)			
5.	Contributions:  Direct In-Kind (describe)			
	Other Receipts: Interest Loan Miscellaneous (specify)			
	1	\$ <i>D</i>		
TOTAL OF ALL PAGES OF SCHEDULE / (Enter total on ITEM	ON THE LAST PAGE ONLY 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 contribution, 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	

		<u> </u>	. ugo	- ~
CONTRIBUTOR'S FULL NAME AND FULL MAILING ADDRESS (street, number, city, state, ZIP code) 1.	TYPE OF CONTRIBUTION OR OTHER RECEIPT  Contributions:	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED (mm/dd/yy) RECEIVED BY
	Direct In-Kind (describe)			
	Other Receipts:  Interest Loan  Miscellaneous (specify)			
2	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest Loan Miscellaneous (specify)			,
3.	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest Loan Miscellaneous (specify)			
4.	Contributions: Direct In-Kind (describe)			
	Other Receipts:  Interest Loan  Miscellaneous (specify)			
5.	Contributions:  Direct In-Kind (describe)			
	Other Receipts:  Interest Loan  Miscellaneous (specify)		-	
SUBTOTAL 7	HIS PAGE OF SCHEDULE A	\$ ()		
TOTAL OF ALL PAGES OF SCHEDULE A		/^/		
(Enter total on ITEM	15a of the Summary Sheet.)	\$ 0		



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.

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FILE NUM	BER

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 Lori Lynn DeWift 17620 N. StateRoll Spencerrille Ind.468	Retired Springfield Township	Direct IX In-Kind Payment of Debt Returned Contribution Other Purpose:	<sup>9</sup> 12.99	472.99	04/07/22
Code A Lori Lynn DeWitt 17620 N. StateRd. 1 Spercerville In46788	Retired Springfielatownship Poard	☐ Direct	\$24.37	97.36	04/0/22
Lovi Lynn Dewitt 17620 Ni State Roll Spencerville Iggs8	Metired Springfield Township Roard	☐ Direct ☒ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other ☐ Purpose:	\$33.10	\$130.46	04/18/22
Code A Lori Lynn Dellitt 17620 N. Statekall Spencerville In 46788	Retired Springfield Township Exard	☐ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other Purpose:	\$104.98	235,44	04/18/22
Code A Lori Lynn De Witt 17620 N. StatePoll Spencerville, Inul 188	Redired Springfield Township Board	☐ Direct ☒ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other Purpose:	12738	363.32	
Coots A  Kori Kynn Dewitt  NUJON, Stade Rol 1  Spencerville, IA46,788	Retired Springfield Township Doard	☐ Direct ☐ in-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other Purpose:	51.36	414.68	4/23/22
Code A Kori Kynn DeWitt 17620W StateRal 1 Spencerville In 46788	Retired Prinaticld Township Board	☐ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other Purpose:	53.46	468.14	4/30/22
•	SUBTOTAL THIS PAGE GES OF SCHEDULE B ON THE (Enter total on ITEM 17a of the	LAST PAGE ONLY	\$468.14 \$468,14		



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 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.

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

Page		of	
	FILE N	IUMBER	

	PUBLIC QUESTIC	N INCOMATION	Page	of	
Enter Text of Public Question.	PODERO GOESTIC	H-INI ONINA HON			
Type of Question: Statewide Position: Supported Opported Opported	Local				
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)
Lori Lynn DeWitt 17620 N. SR 1 Spencerville, In 46788	Retired	Direct (Nin-Kind) Payment of Debt Returned Contribution Other Purpose:	572.99°	572.99	4/7/22
Code A  LOri Lynn DeWitt  17620 N. S.R.I.  Spencerv. 11e + 12.788	Retired	Direct In-Kind Payment of Debt Returned Contribution Other Purpose:	₱24:37.	97.34	4/10/22
Cools A Lori Lynn Dewitt 17620 N. S.R. I Spencerville, 176788	Retired	Direct 1 In-Kind Payment of Debt Returned Contribution Other Purpose:	33,10	130,46	4/18/22
code Al Lori Lymn DeWitt 17620 NSR1 Spencerville In 46788	Retired	Direct In-Kind Payment of Debt Returned Contribution Other Purpose:	104.98	235.44	4/18/22
code Af Lori Lynn DeWitt NGO N.SRI Pencerville In 46788	Retired	Direct IX In-Kind Payment of Debt Returned Contribution Other Purpose:	127.88	363,32	4/10/22
	Retired	Direct In-Kind Payment of Debt Returned Contribution Other Purpose:	51.36	4)4.68	1/23/2
	SUBTOTAL THIS PAG		\$416.78		
TOTAL OF ALL PAG	SES OF SCHEDULE C ON THE (Enter total on ITEM 17a of the second		\$468,14		



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

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

FILE NUMBER				
Page_	of			

			Page	of_	
	PUBLIC QUESTIO	N INFORMATION			
Enter Text of Public Question.					
					.:
Type of Question:	Local				
Position: Supported Dpp	osed				
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 A. Lori Lynn DeWitt 17620 N.SRI Spencerville IA4678	Dolinga	☐ Direct ☑ In-Kind	12 11	111000	
Losi Luga Dallist	Remed	Payment of Debt	53,44	468.14	4/30/2.
CONTRACTOR DEWIFE	}	Returned Contribution  Other			
1/630 N.OK.		Purpose:			•
Spencery. He LOUIS	*				
Code		☐ Direct ☐ In-Kind			
The state of the s		Payment of Debt Returned Contribution			
•		Other			
		Purpose:			
Code		☐ Direct ☐ In-Kind ☐ Payment of Debt			
		Returned Contribution			
		Other Purpose:			
		гигро <del>зе</del> .			
Code		☐ Direct ☐ In-Kind			
		Payment of Debt			
		☐ Returned Contribution			
		Purpose:			
Code		Direct In-Kind Payment of Debt			
		Returned Contribution			
		Other Purpose:		i	
		ruipuse.			
Code		☐ Direct ☐ In-Kind			
,		Payment of Debt			
		Returned Contribution Other			
		Purpose:			
			10		
TOTAL OF ALL SA	SUBTOTAL THIS PAG		\$53.46		
IUIAL OF ALL PAC	GES OF SCHEDULE C ON THE (Enter total on ITEM 17a of the		\$468.14		



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.

Page		of	 
	FILE NU	MBER	

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
Amazon	Same	72.99	04/07/22	872.99	A
LENDER'S OCCUPATION:		Advertising Signs			
Michaels 10240 Maysville Rd	Same	24.37	4/10/22	\$97.36	0
FT. Wayne In 46835		Vinyl Lettering			
Sams Club 6736 Lima Rd.	Same	33.10	4/18/22	130.46	0
Ft. Wayne In 46818		plaks, cops napkins			
USPS	Same	104.98	418/22	235.44	0
LENDER'S OCCUPATION		Mailings			
Hmazon	Same		4/10/22	363.32	0
IENTERS OCCUPATION		Signs & Ink			
Harlan Donuts 16247-In. 37	Same		4/23/22	414.68	Ø
Harlan, Ind HUNG3		meet a			
Harlan Donuts 16247 IN 37	Same		4/30/22	468.14	
Harlan, Ind. 40143	V	refreshments nt-greet			
SUBTOTAL THIS PAGE OF SCHEDULE D					\$468,14
TOTAL OF ALL PAGES OF SCHEDULE D ON THE LAST PAGE ONLY (Enter total on ITEM 19 of the Summary Sheet.)					\$468,14



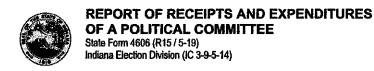
State Form 4606 (R15 / 5-19) Indiana Election Division (IC 3-9-5-14)

### (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.

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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
Lori Lynn DeWitt 19620 N. SRI		72.99	4/11/22	12.99	0
Spencerville In 41,788		advertising			
Same 95		24.37	40/83	97.36	0
ABOV L		advertising			
Same as		33.10	4/18/22	130.46	0
GBOVE LENDER'S OCCUPATION:		advertising			
Same as		104.98	4/18/22	235.44	0
LENDER'S OCCUPATION:		advertising		_	
Same as	,			363.32	,0
LENDER'S OCCUPATION:		advertising			
Same 95		51.36	4/23/22	414.68	
LENDER'S OCCUPATION:		advertising		. ( ( ) ( ) ( )	
above		53.46	1/30/22	468.14	
LENDER'S OCCUPATION:		advertising			<u> </u>
	TOTAL OF ALL	SUBTOTAL PAGES OF SCHEDULE (Enter total on IT)		T PAGE ONLY	\$468.14 \$468.14



## (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, <u>regardless of the amount</u>, **OWED TO** the committee during the reporting period. Include all amounts the committee has loaned to others.

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BORROWER'S NAME AND MAILING ADDRESS (street, number, city, state, ZIP code)	CO-SIGNER'S NAME AND MAILING ADDRESS (if any) (street, number, city, state, ZIP code)	ORIGINAL AMOUNT	DATE DEBT INCURRED (mm/dd/yy)	CUMULATIVE PAID YEAR-TO-DATE	OUTSTANDING BALANCE THIS PERIOD
Kori Lynn DeWitt		72.99	4/1/22	72.99	8
17620N.SR1 Spermery, 11e 19468	8	advertising			
Same		24.37	4/10/22	97.36	0
		advertising		10.0.11	(X)
Same		33.10	4/18/22	130.46	
Same		adventising 104.98	4/18/22	235.44	0
		advertising			
Same		127.88	4/10/22	363.32	8
		advertising			,
Same			1/23/22	414.68	0
		advertising			
Same		53.46	430/22	468,14	0
		adultising	- 70,0		1, 0, 4,
SUBTOTAL THIS PAGE OF SCHEDULE E  TOTAL OF ALL PAGES OF SCHEDULE E ON THE LAST PAGE ONLY					\$468.14
(Enter total on ITEM 20 of the Summary Sheet.)					\$468.14