

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

 \mathbf{Z} 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)	name.			N.	
2. Agronym or Abbreviated Name (# any) 3. Committee Telephone Number (260) 415-0789					
4. Mailing Address (Address where all campaign finance correspondence is received.) 22413 Maple Lane	Check if th	wen a al al	address.		
5. City, State, ZIP Code 6. Party Affiliation (if applicable) Woodburn, IN, 46797 Republican					
CANDIDATE INFORMATION (For Candidate's C	ommitte	os Only)			
7. Full Name of Candidate (include any nickname.) Joseph (Joe) Keisey	8. Party	Affiliation	or if Independer	nt Candidate	
9, Office Sought (Include district number, if any. Not required for exploratory committee.) Mayor 10, County of Residence Allen					
TYPE OF REPORT			CONVENTIO	N CANDIDATES ONLY	
11. Check one: Pre-Primary Pre-Election Annual Nomination Other			Check one:	i	
Final / Disbands Committee (Lines 18, 19, and 20 must be "0".) Outgoing Tressurer (Within ten (10) days amend State	tement of Orga	nization.)	Post-Con	vention	
12. Reporting Period (mm/dd/yy):			LIMN A	COLUMNIA	
From: Through:		This	: Period	Year to Date	
13. Cash on hand and investments at the beginning of this reporting period.			0.00		
14. Cash on hand end investments January 1, current year.					
CONTRIBUTIONS AND RECFIPTS					
(Note: these amounts include in-kind contributions and loans, as well as cash contributions.)					
15a. Itemized (Use Schedule A.)					
15b. Uniternized	TOTAL		0.00	0.00	
The state of the s			0.00	0.00	
	TOTAL		טט,ט	0,00	
(Note: These amounts include in-kind expenditures and loan repayments.)					
17a, Itemized (Use Schedule B.) (Public Question; use Schedule C.)					
176. Nemized (Ose Sofieudie B.) (Fubilo didestion, dee Sofieudie C.)					
	TOTAL		0,00	0.00	
18. Cash on hand and investments at close of this reporting period (Subtract 17c from 16 in both columns.)	TOTAL	· ····	0.00	0.00	
19, Debts OWED BY the committee (Use Schedule D.)					
20. Debts OWED TO the committee (Use Schedule E.)					
				AN APPROPRIATE AND Y	
CERTIFICATION CERTIFICATION		BAT AUN AA		or office use only	
CERTIFY THAT I HAVE EXAMINED THIS STATEMENT. TO THE BEST OF MY KNOWLEDGE AND BELIEF IT IS THE	RUE, LUKK	EDI AND CL	MIFLEIC.		

Title N/A Signature of Treasure Date (mm/dd/yy) Date (mm/dd/yy) Signature of Candidate (if applicable) 04/18/2023

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 falls to file a complete or accurate report as required by the Indiana Campaign Finance Law commits a Cleas 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 3-9-4-16)



State Form 4608 (R15 / 6-19) Indiana Election Division (IC 3-8-5-14)

(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 contribution, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative receipts, (such as foan proceeds and repayments, refunds, rebets, 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 dsl/yy) RECEIVED BY
1,	Contributions: Direct In-Kind (describe)			
	Other Receipts:			
Contributor's Occupation (If required)	Miscellaneous (specify)			
2.	Contributions: Direct In-Kind (describs)			
	Other Receipts: Interest Loan Miscellensous (specify)			
Contributor's Occupation (if required)				
3.	Contributions: Direct In-Kind (describe)			
	Ciner Receipts: Interest Loan Miscellaneous (specify)			
Contributor's Occupation (Frequired)	Contributions:			
••••••••••••••••••••••••••••••••••••••	Direct in-Kind (desortbe)			
·	Other Receipte: Interest Loan Miscellaneous (specify)			
Contributor's Occupation (if required)	Contributions:			·
	Direct In-Kind (describe)			
	Other Receipts: Interest Loan Miscellaneous (specify)			
Contributor's Occupation (Frequired)				
	HIS PAGE OF SCHEDULE A	\$ 0.00		
TOTAL OF ALL PAGES OF SCHEDULE A (Enter total on ITEM	ON THE LAST PAGE ONLY 15a of the Summary Sheet.)	\$ 0.00		

REPORT OF RECEIPTS AND EXPENDITURES OF A POLITICAL COMMITTEE State Form 4806 (R15 / 8-19) 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 16s 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).

Page		

CONTRIBUTOR'S FULL NAME AND FULL MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COFUMN A AMOUNT HIIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED (om/dd/yy) REGEIVED BY
1.,	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest Loan Miscellaneous (specify)			
2.	Contributions: Direct In-Kind (describe)			
	Other Receipte; Interest I Loan Miscellaneous (specify)	:		
3.	Contributions: Direct In-Kind (describs)			
	Other Receipts: Interest Loan Miscellaneous (specify)			
4	Contributions: Direct in-Kind (describe)			
	Other Receipts: Interest Loan Miscellaneous (specify)			
5	Contributions: Direct In-Kind (describs)	:		
	Other Receipts: Interest Loan Miscellaneous (specify)			
	THIS PAGE OF SCHEDULE A	\$ 0.00		
TOTAL OF ALL PAGES OF SCHEDULE (Enter total on ITE)	A ON THE LAST PAGE ONLY 11 150 of the Summary Sheet)	\$ 0.00		



State Form 4806 (R15 / 5-19) Indiana Election Division (IC 3-9-5-14)

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

Itemized Contributions and Other Receipts

INETRICTIONS: LIST ONLY CONTRIBUTIONS BY LABOR ORGANIZATIONS ON THIS SCHEDULE. Please type or print jegibly 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 repsyments, refunds, rebats, 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	үџмве	₹	
Page	1	of	1	

CONTRIBUTOR'S FULL NAME AND FULL MAUING ADDRESS (street, number, city, state, ZIP vode)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN 8 CUMULATIVE YEAR TO DATE	DATE REGLIVED (non-dilityy) RECEIVED RY
1.	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest Loan Miscellaneous (specify)			
2,	Contributions: Direct In-Kind (describs)			
	Other Receipts: Interest Loan Miscellaneous (specify)			
3.	Contributions: Direct th-Kind (desgribe)			
	Other Receipts: Interest Losn Miscellaneous (specify)			_
4.	Contributions: Direct In-Kind (describe)			
	Other Receipts: interest Loan Miscellaneous (specify)			
3.	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest Loan Miscellaneous (apecity)	: : :		
SUBTOTAL T	HIS PAGE OF SCHEDULE A	\$ 0,00		
TOTAL OF ALL PAGES OF SCHEDULE A (Enter total on ITEM	ON THE LAST PAGE ONLY 15a of the Summary Sheet.)	\$ 0.00		



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 contribution, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All transfers-in and in-kind contributions from political action committees MUST be itemized on this schedule, All cumulative receipts, (such as loan processes and repayments, refunds, rebates, returns of deposit, processes 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	NUNU.	ER	
Page _	1	of	1	

				1	f
	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 COMULATIVE YEAR TO DATE	DATE RECEIVED (mm/dd/yy) RECEIVED BY
1,	(Sireet, number, say, state, 74-code)	Contributions: Direct In-Kind (describe)		TO BY TO DATE.	
		Other Receipts:			
2.		Contributions: Direct In-Kind (describe)			
		Other Receipts: Interest Loan Miscellaneous (specify)			
3,		Contributions: Direct In-Kind (describe)		•	
		Other Receipts; Interest Loan Miscellansotts (specify)			
4.		Contributions: Direct In-Kind (describe)			
		Other Receipts: Interest Loan Miscellaneous (specify)			
ă.		Centributions: Direct in-Kind (describs)			
		Other Receipts: Interest Loan Miscellaneous (specify)			
	LATOTALIS	THIS PAGE OF SCHEDULE A	\$ 0.00		
,	TOTAL OF ALL PAGES OF SCHEDULE	A ON THE LAST PAGE ONLY	· · · · · · · · · · · · · · · · · · ·		
	(Enter total on ITEM	1 15a of the Summary Sheet.)	\$ 0.00		



State Form 4696 (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 of
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 15s of the Summary Sheet, All cumulative contributions from other antities OVER
\$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if requier party committee). All transfere-in
and in-kind contributions requertiess of amount from candidate's, legislative caucus, and regular party committees MUST be itemized on
this echedule. All cumulative receipts, fauch as loan proceeds and repayments, returns, 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 N	JMBER		
Page	1	af	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) RECHIVED BY
₹.	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest Loan Miscellaneous (specify)			
2. ,	Contributions: Direct in-Kind (describe)			
	Other Receipts: Interest Loan Miscellaneoue (specify)			
3.	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest Loen Miscellaneous (apecity)			
4.	Contributions: ☐ Direct ☐ In-Kind (describe)			
	Other Receipts:			
5.	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest Loan Miscellaneoue (specify)			
ATOTRUB	THIS PAGE OF SCHEDULE A	\$ 0.00		
TOTAL OF ALL PAGES OF SCHEDULI (Enter total on IT)	A ON THE LAST PAGE ONLY M 15a of the Summary Sheet.)	\$ 0.00		



State Form 4505 (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 17e 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 (in specific)	COLUMN A AMOUNT THIS PERIOD	COLUMN R CUMPLATIVE YEAR-TO-DATE	DATE OF EXPENDITURE (mm/td/yy)
Code		Direct In-Kind Feyment of Debt Returned Contribution Other Purpose:			
Code		Direct in-Kind Payment of Debt Returned Contribution Other Purpose:			
Code		Direct In-Kind Payment of Dabt Returned Contribution Other Purpose:			
Çode		Direct In-Gnd Payment of Debt Returned Contribution Other Purpose:			
Code		Direct In-Kind Fayment 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 PAG	E OF SCHEDULE B	\$ 0.00]	
TOTAL OF ALL PA	\$ 0,00				



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 achedule. For assistance in completing this schedule, see instructions on the reverse aide. All cumulative expenses or transfers-out, regardless of amount paid to political committees supporting or opposing a public question, MUST be temized on this schedule.

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

	FILE NUMBER							
Pers	1	of	1					

			Page_	1of	1
	PUBLIC QUESTIO	N INFORMATION			
Enter Text of Public Question.					
	7				
Type of Question: Statewide					
Position: Supported Dpp	osod	1		ı	
RECIPIENT'S NAME AND MAILING ADDRESS (street, number, city, state, ZIP code)	RECIPIENT'S OCCUPATION	TYPE OF EXPENDITURE and PURFOSE (be specific)	GOLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE OF EXPENDITURE (moveldigy)
		☐ Direct ☐ In-Kind			
_Code		☐ Payment of Debt			
		Returned Contribution			
		Other			
		Purpose:	:		
Code		Direct In-Kind			
		Payment of Debt			
		Returned Contribution Other			
		Purpose:			
Cade		☐ Direct ☐ In-Kind			·
Code		Payment of Debi	-		i
		Returned Contribution			
		Other			
		, -,			
Code		☐ Direct ☐ in-Kind			
COGA		Payment of Debt			
		Returned Contribution			
		Other			
		, - Panan			
Code	2.2.2.00	☐ Direct ☐ In-Kind			
		Payment of Debt	:	-	
		Returned Contribution			
		Other Purpose:			
		/ athrases			
Mada .		☐ Direct ☐ in-Kind			
<u>Code</u>		Payment of Debt	:		
		Returned Contribution		!	
•		Other	•		
		- Lai ^h ase			
J	SUBTOTAL THIS PAG	E OF SCHEDULE C	\$ 0.00		
TOTAL OF ALL PAG	SES OF SCHEDULE C ON THE		\$ 0.00		
	(Enter total on ITEM 17a of ti	he Summary Sheet.)	\$ 0.00		



State Form 4606 (R15 / 8-19) 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 easistance in completing this schedule, see instructions on the reverse side. List all debts and loans, <u>rederdless of the amount</u>, 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 oredit dard 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	NUMBE	В	
Page	1	of	1	

CREDITOR'S OR LENDER'S NAME AND MAILING ADDRESS	ENDORSER'S OR VENDOR'S NAME AND MAILING ADDRESS (il any)	INUOMA	DATE DEBT INCURRED	CUMULATIVE PAID	OUTSTANDING BALANCE THIS	
(street, number, city, state, ZIP code)	(street, number, city, state, ZIP code)	NATURE OF DEBT	(mm/dd/yy)	YEAR-TO-DATE	Fit	BIOD
	,					
LENDER'S OCCUPATION:	· · · · · · · · · · · · · · · · · · ·	·			·····	
I Skinonio oddy inksiów.						
Lengers occupation:						
	:	4				
LENDER'S OCCUPATION:						
			-	•		
			: !			
LENDER'S OCCUPATION:						
LENDER'S OCCUPATION:					· · · · · · · · · · · · · · · · · · ·	
						
LENDER'S OCCUPATION:			: :			
LENDER'S OCCUPATION:		QUIDTATA	TUIQ PAGE O	F SCHEDURED	\$	0.00
SUBTOTAL THIS PAGE OF SCHEDULE D TOTAL OF ALL PAGES OF SCHEDULE D ON THE LAST PAGE ONLY						
(Enter total on ITEM 19 of the Summary Sheet.)					\$	0.00



(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.

Page	1	of	1

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 DERT INCURRED (mm/dd/yy)	CUMULATIVE PAID YEAR-10-DATE	OUTSTANDING BALANCE THIS PERIOD	

-						
•						
, <u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>						_
				: :		
						_
		, ,	_			
SUBTOTAL THIS PAGE OF SCHEDULE E					\$ 0.00	_
TOTAL OF ALL PAGES OF SCHEDULE E ON THE LAST PAGE ONLY (Enter total on ITEM 20 of the Summary Sheet.)					* 0.00	