



REPORT OF RECEIPTS AND EXPENDITURES OF A POLITICAL COMMITTEE

(CFA-4) Summary Sheet

Table with 2 rows: FILE NUMBER, TOTAL PAGES IN ENTIRE CFA-4 REPORT (8)

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 [x] No

COMMITTEE INFORMATION section containing fields 1-6: Full Name of Committee, Acronym, Mailing Address, City, State, ZIP Code, Party Affiliation.

CANDIDATE INFORMATION (For Candidate's Committees Only) section containing fields 7-10: Full Name of Candidate, Party Affiliation, Office Sought, County of Residence.

TYPE OF REPORT and CONVENTION CANDIDATES ONLY section containing fields 11: Check one: Pre-Primary, Pre-Election, Annual, Nomination, Other, Final / Disbands Committee, Outgoing Treasurer.

Table with 3 columns: Description, COLUMN A This Period, COLUMN B Year to Date. Rows 12-14: Reporting Period, Cash on hand at beginning, Cash on hand January 1.

CONTRIBUTIONS AND RECEIPTS section containing rows 15a-16: Itemized, Unitemized, SUBTOTAL, TOTAL.

EXPENDITURES section containing rows 17a-20: Itemized, Unitemized, SUBTOTAL, TOTAL, Debts OWED BY, Debts OWED TO.

CERTIFICATION section containing fields for Signature of Treasurer, Title, Date, Signature of Candidate (if applicable), Date.

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 | 2 of 8 |

| 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 |
| 1. Todd Plesko 6612 Surfside Blvd. Apollo Beach, FL Contributor's Occupation <i>(if required)</i> <u>Chief Executive Officer</u> | Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <i>(describe)</i> Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous <i>(specify)</i> | \$3,750.00 | \$3,750.00 | 10/17/23 |
| | | | | Adam Hand |
| 2. Brenda Plesko 6612 Surfside Blvd. Apollo Beach, FL Contributor's Occupation <i>(if required)</i> <u>Yoga Instructor</u> | Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <i>(describe)</i> Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous <i>(specify)</i> | \$3,750.00 | \$3,750.00 | 10/17/23 |
| | | | | Adam Hand |
| 3. Nicole Hall 1620 Silver Linden Ct. Fort Wayne, IN 46804 Professional Contributor's Occupation <i>(if required)</i> _____ | Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <i>(describe)</i> Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous <i>(specify)</i> | \$500.00 | \$500.00 | 11/22/23 |
| | | | | Adam Hand |
| 4. Adam Hall 1620 Silver Linden Ct. Fort Wayne, IN 46825 Contributor's Occupation <i>(if required)</i> _____ | Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <i>(describe)</i> Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous <i>(specify)</i> | \$500.00 | \$500.00 | 11/22/23 |
| | | | | Adam Hand |
| 5. Steven E. Barcus 1509 Canyon Cove Fort Wayne, IN 46845 Contributor's Occupation <i>(if required)</i> _____ | Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <i>(describe)</i> Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous <i>(specify)</i> | \$250.00 | \$250.00 | 12/7/23 |
| | | | | Adam Hand |
| SUBTOTAL THIS PAGE OF SCHEDULE A | | \$ 8,750.00 | | |
| TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY <i>(Enter total on ITEM 15a of the Summary Sheet.)</i> | | \$ | | |



**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.

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|---------------------------|
| FILE NUMBER |
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| Page <u>3</u> of <u>8</u> |

| 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 |
| 1. Craig Patterson 6424 Post Road Fort Wayne, IN 46814 Contributor's Occupation <i>(if required)</i> _____ | Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <i>(describe)</i> _____ Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous <i>(specify)</i> _____ | \$125.00 | \$125.00 | 12/21/23 |
| | | | | Adam Hand |
| 2. Rhonda Patterson 6424 Post Road Fort Wayne, IN 46814 Contributor's Occupation <i>(if required)</i> _____ | Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <i>(describe)</i> _____ Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous <i>(specify)</i> _____ | \$125.00 | \$125.00 | 12/21/23 |
| | | | | Adam Hand |
| 3. Heidi Koeneman 1606 Spenser Cove Fort Wayne, IN 46845 Contributor's Occupation <i>(if required)</i> _____ | Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <i>(describe)</i> _____ Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous <i>(specify)</i> _____ | \$150.00 | \$150.00 | 12/21/23 |
| | | | | Adam Hand |
| 4. Gary Johnson 1601 Forest Park Blvd. Fort Wayne, IN 46805 Contributor's Occupation <i>(if required)</i> _____ | Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <i>(describe)</i> _____ Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous <i>(specify)</i> _____ | \$125.00 | \$125.00 | 12/21/23 |
| | | | | Adam Hand |
| 5. Monica Johnson 1601 Forest Park Blvd. Fort Wayne, IN 46805 Contributor's Occupation <i>(if required)</i> _____ | Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <i>(describe)</i> _____ Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous <i>(specify)</i> _____ | \$125.00 | \$125.00 | 12/21/23 |
| | | | | Adam Hand |
| SUBTOTAL THIS PAGE OF SCHEDULE A | | \$ 650.00 | | |
| TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY <i>(Enter total on ITEM 15a of the Summary Sheet.)</i> | | \$ | | |



**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.

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|--------------------|-------------|
| FILE NUMBER | |
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| Page <u>4</u> | of <u>8</u> |

| 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 |
|---|---|-----------------------------------|--|---|
| 1. C. Terrance Kitch 7216 Bridle Path Ct. Fort Wayne, IN 46804 Contributor's Occupation <i>(if required)</i> _____ | Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <i>(describe)</i> _____ Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous <i>(specify)</i> _____ | \$50.00 | \$50.00 | 12/27/23 |
| | | | | Adam Hand |
| 2. Norine Kitch 7216 Bridle Path Ct. Fort Wayne, IN 46804 Contributor's Occupation <i>(if required)</i> _____ | Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <i>(describe)</i> _____ Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous <i>(specify)</i> _____ | \$50.00 | \$50.00 | 12/27/23 |
| | | | | Adam Hand |
| 3. William Kitch 3303 Cherry Lane Fort Wayne, IN 46804 Contributor's Occupation <i>(if required)</i> _____ | Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <i>(describe)</i> _____ Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous <i>(specify)</i> _____ | \$50.00 | \$50.00 | 12/27/23 |
| | | | | Adam Hand |
| 4. Ashlie Straka 3303 Cherry Lane Fort Wayne, IN 46804 Contributor's Occupation <i>(if required)</i> _____ | Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <i>(describe)</i> _____ Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous <i>(specify)</i> _____ | \$50.00 | \$50.00 | 12/27/23 |
| | | | | Adam Hand |
| 5. John D. Kitch, Jr. 130 W. Main St., Ste. 200 Fort Wayne, IN 46802 Contributor's Occupation <i>(if required)</i> _____ | Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <i>(describe)</i> _____ Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous <i>(specify)</i> _____ | \$100.00 | \$100.00 | 12/27/23 |
| | | | | Adam Hand |
| SUBTOTAL THIS PAGE OF SCHEDULE A | | \$ 300.00 | | |
| TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY <i>(Enter total on ITEM 15a of the Summary Sheet.)</i> | | \$ | | |



**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 5 of 8

| 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 |
| 1. John Brandt 5279 Peppermill Ct. Sarasota, FL 34241 Contributor's Occupation <i>(if required)</i> _____ | Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <i>(describe)</i> _____ Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous <i>(specify)</i> _____ | \$250.00 | \$250.00 | 12/20/23 |
| | | | | Adam Hand |
| 2. Mary Brandt 5279 Peppermill Ct. Sarasota, FL 34241 Contributor's Occupation <i>(if required)</i> _____ | Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <i>(describe)</i> _____ Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous <i>(specify)</i> _____ | \$250.00 | \$250.00 | 12/20/23 |
| | | | | Adam Hand |
| 3. Ashley Hand 130 W. Main St., Ste. 200 Fort Wayne, IN 46802 Contributor's Occupation <i>(if required)</i> _____ | Contributions: <input type="checkbox"/> Direct <input checked="" type="checkbox"/> In-Kind <i>(describe)</i> <u>bean tix</u> Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous <i>(specify)</i> _____ | \$1,500.00 | \$1,500.00 | 10/15/23 |
| | | | | Adam Hand |
| 4. Charles Leitner 13104 Bertinelli Cove Fort Wayne, IN 46845 Contributor's Occupation <i>(if required)</i> <u>IT</u> | Contributions: <input type="checkbox"/> Direct <input checked="" type="checkbox"/> In-Kind <i>(describe)</i> <u>website</u> Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous <i>(specify)</i> _____ | \$1,000.00 | \$1,000.00 | 11/1/23 |
| | | | | Adam Hand |
| 5. Adam Hand 130 W. Main St., Ste. 200 Fort Wayne, IN 46802 Contributor's Occupation <i>(if required)</i> <u>Attorney</u> | Contributions: <input type="checkbox"/> Direct <input checked="" type="checkbox"/> In-Kind <i>(describe)</i> <u>buttons, signs</u> Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous <i>(specify)</i> _____ | \$628.00 | \$628.00 | 12/14/23 |
| | | | | Adam Hand |
| SUBTOTAL THIS PAGE OF SCHEDULE A | | \$ 3,628.00 | | |
| TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY <i>(Enter total on ITEM 15a of the Summary Sheet.)</i> | | \$ | | |



**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 **totalled 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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|---------------------------|
| FILE NUMBER |
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| Page <u>6</u> of <u>8</u> |

| CONTRIBUTOR'S FULL NAME AND 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 |
| 1. Shilts & Setlack 10311 Dawsons Creek Blvd., Ste. C Fort Wayne, IN 46825 | Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <i>(describe)</i> _____ Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous <i>(specify)</i> _____ | \$500.00 | \$500.00 | 11/22/23 |
| | | | | Adam Hand |
| 2. Wendy Davis for Judge 4646 W. Jefferson St. Fort Wayne, IN 46804 | Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <i>(describe)</i> _____ Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous <i>(specify)</i> _____ | \$5,000.00 | \$5,000.00 | 11/6/23 |
| | | | | Adam Hand |
| 3. Community Capital Partners, LLC 9604 Coverdale Rd. Fort Wayne, IN 46809 | Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <i>(describe)</i> _____ Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous <i>(specify)</i> _____ | \$500.00 | \$500.00 | 11/22/23 |
| | | | | Adam Hand |
| 4. Burt Blee Dixon Sutton & Bloom 200 E. Main St. Fort Wayne, IN 46802 | Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <i>(describe)</i> _____ Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous <i>(specify)</i> _____ | \$2,000.00 | \$2,000.00 | 11/22/23 |
| | | | | Adam Hand |
| 5. Beckman Lawson, LLC 201 W. Wayne St. Fort Wayne, IN 46802 | Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <i>(describe)</i> _____ Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous <i>(specify)</i> _____ | \$1,000.00 | \$1,000.00 | 12/21/23 |
| | | | | Adam Hand |
| SUBTOTAL THIS PAGE OF SCHEDULE A | | \$ 9,000.00 | | |
| TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY <i>(Enter total on ITEM 15a of the Summary Sheet.)</i> | | \$ | | |



**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 <u>7</u> of <u>8</u> | |

| CONTRIBUTOR'S FULL NAME AND 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 |
| 1. Carson LLP 301 W. Jefferson Blvd. Fort Wayne, IN 46802 | Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (<i>describe</i>) _____ Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (<i>specify</i>) _____ | \$2,500.00 | \$2,500.00 | 12/7/23 |
| | | | | Adam Hand |
| 2. Shambaugh Beck Kast Williams 229 W. Berry St. Fort Wayne, IN 46802 | Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (<i>describe</i>) _____ Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (<i>specify</i>) _____ | \$1,000.00 | \$1,000.00 | 12/14/23 |
| | | | | Adam Hand |
| 3. Nichols Brand Stories 2825 E Dupont Rd. Fort Wayne, IN 46825 | Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (<i>describe</i>) _____ Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (<i>specify</i>) _____ | \$500.00 | \$500.00 | 12/27/23 |
| | | | | Adam Hand |
| 4. Hayes & Hayes 810 S. Calhoun St. Fort Wayne, IN 46802 | Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (<i>describe</i>) _____ Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (<i>specify</i>) _____ | \$2,000.00 | \$2,000.00 | 12/7/23 |
| | | | | Adam Hand |
| 5. | Contributions: <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind (<i>describe</i>) _____ Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (<i>specify</i>) _____ | | | |
| SUBTOTAL THIS PAGE OF SCHEDULE A | | \$ 6,000.00 | | |
| TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY <i>(Enter total on ITEM 15a of the Summary Sheet.)</i> | | \$ 28,328 | | |



**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

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| RECIPIENT'S NAME AND MAILING ADDRESS <i>(street, number, city, state, ZIP code)</i> | RECIPIENT'S OCCUPATION | 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> |
|---|--------------------------------------|---|-----------------------------------|--|---|
| | OFFICE SOUGHT <i>(if applicable)</i> | | | | |
| Code <u>A</u> Nichols Brand Stories 2825 E. Dupont Rd. Fort Wayne, IN 46825 | marketing | <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: | \$7,855.00 | \$7,855.00 | 11/29/23 |
| Code <u>O</u> Lake City Bank 6851 W. Jefferson Blvd. Fort Wayne, IN 46804 | | <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: | \$26.25 | \$26.25 | 11/14/23 |
| Code <u>A</u> Specialized Printed Products 6716 Metro Park Dr. N. Fort Wayne, IN 46818 | | <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: | \$871.84 | \$871.84 | 12/15/23 |
| Code <u>A</u> Allen County GOP 135 W. Main St. Fort Wayne, IN 46802 | | <input type="checkbox"/> Direct <input checked="" type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: | \$1,500.00 | \$1,500.00 | 10/15/23 |
| Code <u>O</u> Chuck Leitner 13104 Bertinelli Cove Fort Wayne, IN 46845 | | <input type="checkbox"/> Direct <input checked="" type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: | \$1,000.00 | \$1,000.00 | 11/15/23 |
| Code <u>A</u> Kroger 10230 Chestnut Plaza Dr. Fort Wayne, IN 46814 | | <input type="checkbox"/> Direct <input checked="" type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: | \$28.00 | \$28.00 | 12/14/23 |
| 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 | | | \$ 11,281.09 | | |
| TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY <i>(Enter total on ITEM 17a of the Summary Sheet.)</i> | | | \$ 11,281.09 | | |