



# REPORT OF RECEIPTS AND EXPENDITURES OF A POLITICAL COMMITTEE

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

## (CFA-4) Summary Sheet

**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

|                                    |
|------------------------------------|
| FILE NUMBER                        |
| TOTAL PAGES IN ENTIRE CFA-4 REPORT |

### COMMITTEE INFORMATION

|  |  |   |
|--|--|---|
| 1. Full Name of Committee (as on <i>Statement of Organization</i> )<br>Friends of Jack Dodd                  |  | <input type="checkbox"/> Check if this is a new name.               |
| 2. Acronym or Abbreviated Name (if any)  | 3. Committee Telephone Number<br>( 765 ) 8601999 |   |
| 4. Mailing Address (Address where all campaign finance correspondence is received.)<br>775 Willowridge Drive |  | <input checked="" type="checkbox"/> Check if this is a new address. |
| 5. City, State, ZIP Code<br>Kokomo, Indiana 46901  | 6. Party Affiliation (if applicable)<br>R        |   |

### CANDIDATE INFORMATION (For Candidate's Committees Only)

|   |   |
|---|---|
| 7. Full Name of Candidate (Include any nickname.)<br>Jackie W. Dodd   | 8. Party Affiliation or If Independent Candidate<br>R |
| 9. Office Sought (Include district number, if any. Not required for exploratory committee.)<br>Howard County Commissioner District #2 | 10. County of Residence<br>Howard                     |

### TYPE OF REPORT

11. Check one:

Pre-Primary  Pre-Election  Annual  Nomination  Other \_\_\_\_\_

Final / Disbands Committee (Lines 18, 19, and 20 must be "0")  Outgoing Treasurer (Within ten (10) days amend Statement of Organization.)

### CONVENTION CANDIDATES ONLY

Check one:

Pre-Convention

Post-Convention

| 12. Reporting Period (mm/dd/yy):<br>From: 04/12/2024 Through: 10/11/24      | COLUMN A<br>This Period | COLUMN B<br>Year to Date |
|---|-------------------------|--------------------------|
| 13. Cash on hand and investments at the beginning of this reporting period. | 15,687.63               |                          |
| 14. Cash on hand and investments January 1, current year.                   |                         | 229.29                   |

### CONTRIBUTIONS AND RECEIPTS

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

|   |           |           |
|---|-----------|-----------|
| 15a. Itemized (Use Schedule A.)   | 14,955.00 | 35,405.00 |
| 15b. Unitemized   | 2,780.98  | 3,301.43  |
| 15c. Add lines 15a and 15b in both columns. <b>SUBTOTAL</b>                         | 33,423.61 | 38,706.43 |
| 16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B. <b>TOTAL</b> | 33,423.61 | 38,935.72 |

### EXPENDITURES

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

|   |           |           |
|---|-----------|-----------|
| 17a. Itemized (Use Schedule B.) (Public Question: use Schedule C.)  | 7,302.04  | 12,814.15 |
| 17b. Unitemized   | 0.00      | 0.00      |
| 17c. Add lines 17a and 17b in both columns. <b>SUBTOTAL</b>   | 7,302.04  | 12,814.15 |
| 18. Cash on hand and investments at close of this reporting period (Subtract 17c from 16 in both columns.) <b>TOTAL</b> | 26,121.57 | 26,121.57 |
| 19. Debts OWED BY the committee (Use Schedule D.)   | 800.00    |           |
| 20. Debts OWED TO the committee (Use Schedule E.)   |           |           |

### 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<br><i>Brenda Dodd</i>                    | Title<br>Treasurer | Date (mm/dd/yy)<br>10-17-24 |
| Signature of Candidate (if applicable)<br><i>Jackie W. Dodd</i> |                    | Date (mm/dd/yy)<br>10-17-24 |

**WARNING:** Any information contained in this report may not be copied for sale or used for any commercial purpose. (IC 3-9-4-5) A person who knowingly files a fraudulent report commits a Level 6 felony. (IC 3-14-1-13) A person who fails to file a complete or accurate report as required by the Indiana Campaign Finance Law commits a Class B misdemeanor. (IC 3-14-1-14) and may be subject to civil penalties. (IC 3-9-4-16, IC 3-9-4-17, IC 3-9-4-18)

FOR OFFICE USE ONLY

**FILED**

OCT 18 2024

**DEBBIE STEWART**  
Clerk Howard Cir. Court



**REPORT OF RECEIPTS AND EXPENDITURES  
OF A POLITICAL COMMITTEE**

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.

**FILE NUMBER**

Page \_\_\_\_\_ of \_\_\_\_\_

| RECIPIENT'S NAME AND MAILING ADDRESS<br><i>(street, number, city, state, ZIP code)</i>                                  | RECIPIENT'S OCCUPATION               | TYPE OF EXPENDITURE<br>and<br>PURPOSE <i>(be specific)</i>  | COLUMN A<br>AMOUNT THIS<br>PERIOD | COLUMN B<br>CUMULATIVE<br>YEAR-TO-DATE | DATE OF<br>EXPENDITURE<br><i>(mm/dd/yy)</i> |
|---|--------------------------------------|---|-----------------------------------|--|---|
|   | OFFICE SOUGHT <i>(if applicable)</i> |   |                                   |  |   |
| Code _____<br>transfer of funds to acct From BMO<br>from closing act  |                                      | <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind<br><input type="checkbox"/> Payment of Debt<br><input type="checkbox"/> Returned Contribution<br><input type="checkbox"/> Other _____<br>Purpose:<br>closing acct                   | \$330.98                          |  | Sept 11, 24                                 |
| Code _____<br>HOROH0 PRINTING<br>500 N. PHILIPS, KOKOMO   |                                      | <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind<br><input type="checkbox"/> Payment of Debt<br><input type="checkbox"/> Returned Contribution<br><input type="checkbox"/> Other _____<br>Purpose:<br>Flyers/cards                   | \$631.28                          |  | MAY 23, 24                                  |
| Code _____<br>BMO<br>SYCAMORE, KOKOMO   |                                      | <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind<br><input checked="" type="checkbox"/> Payment of Debt<br><input type="checkbox"/> Returned Contribution<br><input type="checkbox"/> Other _____<br>Purpose:<br>total monthly fees             | \$57.00                           |  |   |
| Code _____<br>Expressions<br>Kokomo, IN   |                                      | <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind<br><input type="checkbox"/> Payment of Debt<br><input type="checkbox"/> Returned Contribution<br><input type="checkbox"/> Other _____<br>Purpose:<br>shirts                         | \$612.04                          |  | Oct 6, 24                                   |
| Code _____<br>Rural King<br>Kokomo  |                                      | <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind<br><input type="checkbox"/> Payment of Debt<br><input type="checkbox"/> Returned Contribution<br><input type="checkbox"/> Other _____<br>Purpose:<br>Sign post/supplies             | \$166.77                          |  | October 8, 24                               |
| Code _____<br>Horohos<br>Kokomo   |                                      | <input checked="" type="checkbox"/> Direct <input checked="" type="checkbox"/> In-Kind<br><input type="checkbox"/> Payment of Debt<br><input type="checkbox"/> Returned Contribution<br><input type="checkbox"/> Other _____<br>Purpose:<br>Material fair cards | \$303.00                          |  | June 5 24                                   |
| Code _____<br>GOLFUp31  |                                      | <input type="checkbox"/> Direct <input checked="" type="checkbox"/> In-Kind<br><input type="checkbox"/> Payment of Debt<br><input type="checkbox"/> Returned Contribution<br><input type="checkbox"/> Other _____<br>Purpose:<br>FUNDRAISER RENTAL/FOOD         | \$1,567.33                        |  | OCT 1, 2024                                 |
| <b>SUBTOTAL THIS PAGE OF SCHEDULE B</b>   |                                      |   | \$ 3,668.40                       |  |   |
| <b>TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY</b><br><i>(Enter total on ITEM 17a of the Summary Sheet.)</i> |                                      |   | \$                                |  |   |



**REPORT OF RECEIPTS AND EXPENDITURES  
OF A POLITICAL COMMITTEE**

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.

**FILE NUMBER**

Page \_\_\_\_\_ of \_\_\_\_\_

| RECIPIENT'S NAME AND MAILING ADDRESS<br><i>(street, number, city, state, ZIP code)</i>                                  | RECIPIENT'S OCCUPATION               | TYPE OF EXPENDITURE<br>and<br>PURPOSE <i>(be specific)</i>  | COLUMN A<br>AMOUNT THIS<br>PERIOD | COLUMN B<br>CUMULATIVE<br>YEAR-TO-DATE | DATE OF<br>EXPENDITURE<br><i>(mm/dd/yy)</i> |
|---|--------------------------------------|---|-----------------------------------|--|---|
|   | OFFICE SOUGHT <i>(if applicable)</i> |   |                                   |  |   |
| Code _____<br>INDIANA GOP STATE PARTY   |                                      | <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind<br><input type="checkbox"/> Payment of Debt<br><input type="checkbox"/> Returned Contribution<br><input type="checkbox"/> Other _____<br>Purpose:<br>state conv             | \$155.75                          |  | 5-12-24                                     |
| Code _____<br>FRIENDS OF KARICKHOFF   |                                      | <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind<br><input type="checkbox"/> Payment of Debt<br><input type="checkbox"/> Returned Contribution<br><input type="checkbox"/> Other _____<br>Purpose:<br>donation               | \$500.00                          |  | 7-15-24                                     |
| Code _____<br>HARDCOURT INC   |                                      | <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind<br><input type="checkbox"/> Payment of Debt<br><input type="checkbox"/> Returned Contribution<br><input type="checkbox"/> Other _____<br>Purpose:<br>ELECTION MATERIAL      | \$625.00                          |  | 7-15-24                                     |
| Code _____<br>GOLFUP31<br>KOKOMO, IN  |                                      | <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind<br><input type="checkbox"/> Payment of Debt<br><input type="checkbox"/> Returned Contribution<br><input type="checkbox"/> Other _____<br>Purpose:<br>DEPOSIT FOR FUNDRAISER | \$300.00                          |  | 8-9-24                                      |
| Code _____<br>Englehart Group<br>PO Box 50231<br>Indianapolis, IN   | Consulting                           | <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind<br><input type="checkbox"/> Payment of Debt<br><input type="checkbox"/> Returned Contribution<br><input type="checkbox"/> Other _____<br>Purpose:<br>consultation           | \$500.00                          |  | 9-5-24                                      |
| Code _____<br>Howard County GOP   | County GOP                           | <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind<br><input type="checkbox"/> Payment of Debt<br><input type="checkbox"/> Returned Contribution<br><input type="checkbox"/> Other _____<br>Purpose:<br>ELEPHANT STAMPEDE      | \$250.00                          |  | 9-24-24                                     |
| Code _____<br>HOWARD COUNTY GOP   | County GOP                           | <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind<br><input type="checkbox"/> Payment of Debt<br><input type="checkbox"/> Returned Contribution<br><input type="checkbox"/> Other _____<br>Purpose:<br>GOLP SPONSORSHIP                  | \$500.00                          |  | 9-10-24                                     |
| <b>SUBTOTAL THIS PAGE OF SCHEDULE B</b>   |                                      |   | \$ 2,830.75                       |  |   |
| <b>TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY</b><br><i>(Enter total on ITEM 17a of the Summary Sheet.)</i> |                                      |   | \$                                |  |   |



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OF A POLITICAL COMMITTEE**  
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Indiana Election Division (IC 3-9-5-14)

**(CFA-4 SCHEDULE B)  
ITEMIZED EXPENDITURES**

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| RECIPIENT'S NAME AND MAILING ADDRESS<br><i>(street, number, city, state, ZIP code)</i>                                  | RECIPIENT'S OCCUPATION               | TYPE OF EXPENDITURE<br>and<br>PURPOSE <i>(be specific)</i>   | COLUMN A<br>AMOUNT THIS<br>PERIOD | COLUMN B<br>CUMULATIVE<br>YEAR-TO-DATE | DATE OF<br>EXPENDITURE<br><i>(mm/dd/yy)</i> |
|---|--------------------------------------|--|-----------------------------------|--|---|
|   | OFFICE SOUGHT <i>(if applicable)</i> |  |                                   |  |   |
| Code _____<br>GolfRup31   |                                      | <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind<br><input type="checkbox"/> Payment of Debt<br><input type="checkbox"/> Returned Contribution<br><input type="checkbox"/> Other _____<br>Purpose:<br>_____   | \$1,567.33                        |  | 10/1/24                                     |
| Code _____<br>Horoho Printing   | Flyers                               | <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind<br><input type="checkbox"/> Payment of Debt<br><input type="checkbox"/> Returned Contribution<br><input type="checkbox"/> Other _____<br>Purpose:<br>_____   | \$631.28                          |  | 5/23/24                                     |
| Code _____<br>BMO bank  |                                      | <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind<br><input type="checkbox"/> Payment of Debt<br><input type="checkbox"/> Returned Contribution<br><input type="checkbox"/> Other _____<br>Purpose:<br>total mthly fees   | \$57.00                           |  |   |
| Code _____<br>expressions   |                                      | <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind<br><input type="checkbox"/> Payment of Debt<br><input type="checkbox"/> Returned Contribution<br><input type="checkbox"/> Other _____<br>Purpose:<br>_____   | \$612.04                          |  | 10/6/24                                     |
| Code _____<br>Rural King  |                                      | <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind<br><input type="checkbox"/> Payment of Debt<br><input type="checkbox"/> Returned Contribution<br><input type="checkbox"/> Other _____<br>Purpose:<br>sign post\supplies | \$166.77                          |  | 10/6/24                                     |
| Code _____  |                                      | <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind<br><input type="checkbox"/> Payment of Debt<br><input type="checkbox"/> Returned Contribution<br><input type="checkbox"/> Other _____<br>Purpose:<br>_____              |                                   |  |   |
| Code _____  |                                      | <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind<br><input type="checkbox"/> Payment of Debt<br><input type="checkbox"/> Returned Contribution<br><input type="checkbox"/> Other _____<br>Purpose:<br>f                  |                                   |  |   |
| <b>SUBTOTAL THIS PAGE OF SCHEDULE B</b>   |                                      |  | \$ 3,034.42                       |  |   |
| <b>TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY</b><br><i>(Enter total on ITEM 17a of the Summary Sheet.)</i> |                                      |  | \$                                |  |   |



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ITEMIZED EXPENDITURES**

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| RECIPIENT'S NAME AND MAILING ADDRESS<br><i>(street, number, city, state, ZIP code)</i>                                  | RECIPIENT'S OCCUPATION               | TYPE OF EXPENDITURE<br>and<br>PURPOSE <i>(be specific)</i>  | COLUMN A<br>AMOUNT THIS<br>PERIOD | COLUMN B<br>CUMULATIVE<br>YEAR-TO-DATE | DATE OF<br>EXPENDITURE<br><i>(mm/dd/yy)</i> |
|---|--------------------------------------|---|-----------------------------------|--|---|
|   | OFFICE SOUGHT <i>(if applicable)</i> |   |                                   |  |   |
| Code _____<br>Friends to elect Greg Lake  |                                      | <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind<br><input type="checkbox"/> Payment of Debt<br><input type="checkbox"/> Returned Contribution<br><input type="checkbox"/> Other _____<br>Purpose:<br>Donation         | \$200.00                          |  | 7-15-24                                     |
| Code _____<br>Cmte to elect Brad Bray   |                                      | <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind<br><input type="checkbox"/> Payment of Debt<br><input type="checkbox"/> Returned Contribution<br><input type="checkbox"/> Other _____<br>Purpose:<br>Donation                    | \$590.00                          |  | 6-21-24                                     |
| Code _____<br>Cmte to elect Blake Dahl  |                                      | <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind<br><input type="checkbox"/> Payment of Debt<br><input type="checkbox"/> Returned Contribution<br><input type="checkbox"/> Other _____<br>Purpose:<br>Donation         | \$400.00                          |  | 9-22-24                                     |
| Code _____<br>CMte to elect Blake Dahl  |                                      | <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind<br><input type="checkbox"/> Payment of Debt<br><input type="checkbox"/> Returned Contribution<br><input type="checkbox"/> Other _____<br>Purpose:<br>Donation         | \$500.00                          |  | 4-20-24                                     |
| Code _____<br>Sams Club   |                                      | <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind<br><input type="checkbox"/> Payment of Debt<br><input type="checkbox"/> Returned Contribution<br><input type="checkbox"/> Other _____<br>Purpose:<br>Candy for Parade | \$144.17                          |  | 7-21-24                                     |
| Code _____<br>Cmte to elect Martha Lake   |                                      | <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind<br><input type="checkbox"/> Payment of Debt<br><input type="checkbox"/> Returned Contribution<br><input type="checkbox"/> Other _____<br>Purpose:<br>Donation         | \$50.00                           |  | 4-9-24                                      |
| Code _____<br>Cmte to elect Maple   |                                      | <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind<br><input type="checkbox"/> Payment of Debt<br><input type="checkbox"/> Returned Contribution<br><input type="checkbox"/> Other _____<br>Purpose:<br>Donation         | \$50.00                           |  | 4-9-24                                      |
| <b>SUBTOTAL THIS PAGE OF SCHEDULE B</b>   |                                      |   | \$ 1,934.17                       |  |   |
| <b>TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY</b><br><i>(Enter total on ITEM 17a of the Summary Sheet.)</i> |                                      |   | \$                                |  |   |



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**(CFA-4 SCHEDULE B)  
ITEMIZED EXPENDITURES**

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| RECIPIENT'S NAME AND MAILING ADDRESS<br><i>(street, number, city, state, ZIP code)</i>                                  | RECIPIENT'S OCCUPATION               | TYPE OF EXPENDITURE<br>and<br>PURPOSE <i>(be specific)</i>  | COLUMN A<br>AMOUNT THIS<br>PERIOD | COLUMN B<br>CUMULATIVE<br>YEAR-TO-DATE | DATE OF<br>EXPENDITURE<br><i>(mm/dd/yy)</i> |
|---|--------------------------------------|---|-----------------------------------|--|---|
|   | OFFICE SOUGHT <i>(if applicable)</i> |   |                                   |  |   |
| Code _____<br>INDIANA GOP STATE PARTY   |                                      | <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind<br><input type="checkbox"/> Payment of Debt<br><input type="checkbox"/> Returned Contribution<br><input type="checkbox"/> Other _____<br>Purpose:<br>state conv             | \$155.75                          |  | 5-12-24                                     |
| Code _____<br>FRIENDS OF KARICKHOFF   |                                      | <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind<br><input type="checkbox"/> Payment of Debt<br><input type="checkbox"/> Returned Contribution<br><input type="checkbox"/> Other _____<br>Purpose:<br>donation               | \$500.00                          |  | 7-15-24                                     |
| Code _____<br>HARDCOURT INC   |                                      | <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind<br><input type="checkbox"/> Payment of Debt<br><input type="checkbox"/> Returned Contribution<br><input type="checkbox"/> Other _____<br>Purpose:<br>ELECTION MATERIAL      | \$625.00                          |  | 7-15-24                                     |
| Code _____<br>GOLFUP31<br>KOKOMO, IN  |                                      | <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind<br><input type="checkbox"/> Payment of Debt<br><input type="checkbox"/> Returned Contribution<br><input type="checkbox"/> Other _____<br>Purpose:<br>DEPOSIT FOR FUNDRAISER | \$300.00                          |  | 8-9-24                                      |
| Code _____<br>Englehart Group<br>PO Box 50231<br>Indianapolis, IN   | Consulting                           | <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind<br><input type="checkbox"/> Payment of Debt<br><input type="checkbox"/> Returned Contribution<br><input type="checkbox"/> Other _____<br>Purpose:<br>consultation           | \$500.00                          |  | 9-5-24                                      |
| Code _____<br>Howard County GOP   | County GOP                           | <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind<br><input type="checkbox"/> Payment of Debt<br><input type="checkbox"/> Returned Contribution<br><input type="checkbox"/> Other _____<br>Purpose:<br>ELEPHANT STAMPEDE      | \$250.00                          |  | 9-24-24                                     |
| Code _____<br>HOWARD COUNTY GOP   | County GOP                           | <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind<br><input type="checkbox"/> Payment of Debt<br><input type="checkbox"/> Returned Contribution<br><input type="checkbox"/> Other _____<br>Purpose:<br>GOLP SPONSORSHIP                  | \$500.00                          |  | 9-10-24                                     |
| <b>SUBTOTAL THIS PAGE OF SCHEDULE B</b>   |                                      |   | \$ 2,830.75                       |  |   |
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State Form 4606 (R15 / 5-19)  
Indiana Election Division (IC 3-9-5-14)

**(CFA-4 SCHEDULE A-1)  
CONTRIBUTIONS BY INDIVIDUALS  
Itemized Contributions and Other Receipts**

**INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY INDIVIDUALS ON THIS SCHEDULE.** Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from individuals OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee). A contributor's occupation is required if an individual makes at least \$1,000 in contributions during the calendar year. Otherwise, this is optional.

| FILE NUMBER |          |
|-------------|----------|
|             |          |
| Page _____  | of _____ |

| CONTRIBUTOR'S FULL NAME AND OCCUPATION<br>FULL MAILING ADDRESS<br><i>(street, number, city, state, ZIP code)</i>        | TYPE OF CONTRIBUTION<br>OR OTHER RECEIPT  | COLUMN A<br>AMOUNT THIS<br>PERIOD | COLUMN B<br>CUMULATIVE<br>YEAR-TO-DATE | DATE RECEIVED<br><i>(mm/dd/yy)</i>                |
|---|---|-----------------------------------|--|---|
|   |   |                                   |  | RECEIVED BY                                       |
| 1. SARAH HOLLOWELL<br><br><br><br><br><br><br><br><br><br>Contributor's Occupation <i>(if required)</i> _____           | Contributions:<br><input checked="" type="checkbox"/> Direct<br><input type="checkbox"/> In-Kind <i>(describe)</i><br>_____<br><br>Other Receipts:<br><input type="checkbox"/> Interest <input type="checkbox"/> Loan<br><input type="checkbox"/> Miscellaneous <i>(specify)</i><br>_____ | \$100.00                          |  | 26 SEPT<br><br><br><br><br><br><br><br><br><br>jd |
| 2. PAM AND GARY TIEDEMAN<br><br><br><br><br><br><br><br><br><br>Contributor's Occupation <i>(if required)</i> _____     | Contributions:<br><input checked="" type="checkbox"/> Direct<br><input type="checkbox"/> In-Kind <i>(describe)</i><br>_____<br><br>Other Receipts:<br><input type="checkbox"/> Interest <input type="checkbox"/> Loan<br><input type="checkbox"/> Miscellaneous <i>(specify)</i><br>_____ | \$400.00                          |  | 26 SEPT<br><br><br><br><br><br><br><br><br><br>jd |
| 3. CARRIE COLVIN<br><br><br><br><br><br><br><br><br><br>Contributor's Occupation <i>(if required)</i> _____             | Contributions:<br><input checked="" type="checkbox"/> Direct<br><input type="checkbox"/> In-Kind <i>(describe)</i><br>_____<br><br>Other Receipts:<br><input type="checkbox"/> Interest <input type="checkbox"/> Loan<br><input type="checkbox"/> Miscellaneous <i>(specify)</i><br>_____ | \$50.00                           |  | 26 SEPT<br><br><br><br><br><br><br><br><br><br>JD |
| 4. KAREN TROTTER<br><br><br><br><br><br><br><br><br><br>Contributor's Occupation <i>(if required)</i> _____             | Contributions:<br><input checked="" type="checkbox"/> Direct<br><input type="checkbox"/> In-Kind <i>(describe)</i><br>_____<br><br>Other Receipts:<br><input type="checkbox"/> Interest <input type="checkbox"/> Loan<br><input type="checkbox"/> Miscellaneous <i>(specify)</i><br>_____ | \$50.00                           |  | 26 SEPT<br><br><br><br><br><br><br><br><br><br>JD |
| 5. FRANK FAULKNER<br><br><br><br><br><br><br><br><br><br>Contributor's Occupation <i>(if required)</i> _____            | Contributions:<br><input checked="" type="checkbox"/> Direct<br><input type="checkbox"/> In-Kind <i>(describe)</i><br>_____<br><br>Other Receipts:<br><input type="checkbox"/> Interest <input type="checkbox"/> Loan<br><input type="checkbox"/> Miscellaneous <i>(specify)</i><br>_____ | \$30.00                           |  | 26 SEPT<br><br><br><br><br><br><br><br><br><br>   |
| <b>SUBTOTAL THIS PAGE OF SCHEDULE A</b>   |   | <b>\$ 630.00</b>                  |  |   |
| <b>TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY</b><br><i>(Enter total on ITEM 15a of the Summary Sheet.)</i> |   | <b>\$</b>                         |  |   |



**REPORT OF RECEIPTS AND EXPENDITURES  
OF A POLITICAL COMMITTEE**  
State Form 4606 (R15 / 5-19)  
Indiana Election Division (IC 3-9-5-14)

**(CFA-4 SCHEDULE A-1)  
CONTRIBUTIONS BY INDIVIDUALS**  
Itemized Contributions and Other Receipts

**INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY INDIVIDUALS ON THIS SCHEDULE.** Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from individuals OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee). A contributor's occupation is required if an individual makes at least \$1,000 in contributions during the calendar year. Otherwise, this is optional.

| FILE NUMBER |          |
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| Page _____  | of _____ |

| CONTRIBUTOR'S FULL NAME AND OCCUPATION<br>FULL MAILING ADDRESS<br><i>(street, number, city, state, ZIP code)</i>        | TYPE OF CONTRIBUTION<br>OR OTHER RECEIPT  | COLUMN A<br>AMOUNT THIS<br>PERIOD | COLUMN B<br>CUMULATIVE<br>YEAR-TO-DATE | DATE RECEIVED<br><i>(mm/dd/yy)</i> |
|---|---|-----------------------------------|--|------------------------------------|
|   |   |                                   |  | RECEIVED BY                        |
| 1. BRAD BATTIN<br>CARMEL<br><br>Contributor's Occupation <i>(if required)</i> _____                                     | Contributions:<br><input checked="" type="checkbox"/> Direct<br><input type="checkbox"/> In-Kind <i>(describe)</i><br>_____<br>Other Receipts:<br><input type="checkbox"/> Interest <input type="checkbox"/> Loan<br><input type="checkbox"/> Miscellaneous <i>(specify)</i><br>_____ | \$2,500.00                        |  | 4-16-24<br><br>jd                  |
| 2. JEFF KUHNS<br><br>Contributor's Occupation <i>(if required)</i> _____  | Contributions:<br><input checked="" type="checkbox"/> Direct<br><input type="checkbox"/> In-Kind <i>(describe)</i><br>_____<br>Other Receipts:<br><input type="checkbox"/> Interest <input type="checkbox"/> Loan<br><input type="checkbox"/> Miscellaneous <i>(specify)</i><br>_____ | \$50.00                           |  | 6-5-24<br><br>jd                   |
| 3. Crystal Sanburn<br><br>Contributor's Occupation <i>(if required)</i> _____   | Contributions:<br><input checked="" type="checkbox"/> Direct<br><input type="checkbox"/> In-Kind <i>(describe)</i><br>_____<br>Other Receipts:<br><input type="checkbox"/> Interest <input type="checkbox"/> Loan<br><input type="checkbox"/> Miscellaneous <i>(specify)</i><br>_____ | \$25.00                           |  | 6-5-24<br><br>jd                   |
| 4. HAROLD VINCENT<br><br>Contributor's Occupation <i>(if required)</i> _____  | Contributions:<br><input checked="" type="checkbox"/> Direct<br><input type="checkbox"/> In-Kind <i>(describe)</i><br>_____<br>Other Receipts:<br><input type="checkbox"/> Interest <input type="checkbox"/> Loan<br><input type="checkbox"/> Miscellaneous <i>(specify)</i><br>_____ | \$25.00                           |  | 6-5-24<br><br>jd                   |
| 5. CHARLES ROBERTS<br><br>Contributor's Occupation <i>(if required)</i> _____   | Contributions:<br><input checked="" type="checkbox"/> Direct<br><input type="checkbox"/> In-Kind <i>(describe)</i><br>_____<br>Other Receipts:<br><input type="checkbox"/> Interest <input type="checkbox"/> Loan<br><input type="checkbox"/> Miscellaneous <i>(specify)</i><br>_____ | \$50.00                           |  | 6-5-24<br><br>jd                   |
| <b>SUBTOTAL THIS PAGE OF SCHEDULE A</b>   |   | <b>\$ 2,650.00</b>                |  |                                    |
| <b>TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY</b><br><i>(Enter total on ITEM 15a of the Summary Sheet.)</i> |   | <b>\$</b>                         |  |                                    |





**REPORT OF RECEIPTS AND EXPENDITURES  
OF A POLITICAL COMMITTEE**  
State Form 4606 (R15 / 5-19)  
Indiana Election Division (IC 3-9-5-14)

**(CFA-4 SCHEDULE A-1)  
CONTRIBUTIONS BY INDIVIDUALS**  
Itemized Contributions and Other Receipts

**INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY INDIVIDUALS ON THIS SCHEDULE.** Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from individuals OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee). A contributor's occupation is required if an individual makes at least \$1,000 in contributions during the calendar year. Otherwise, this is optional.

| FILE NUMBER |          |
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| Page _____  | of _____ |

| CONTRIBUTOR'S FULL NAME AND OCCUPATION<br>FULL MAILING ADDRESS<br><i>(street, number, city, state, ZIP code)</i>        | TYPE OF CONTRIBUTION<br>OR OTHER RECEIPT  | COLUMN A<br>AMOUNT THIS<br>PERIOD | COLUMN B<br>CUMULATIVE<br>YEAR-TO-DATE | DATE RECEIVED<br><i>(mm/dd/yy)</i> |
|---|---|-----------------------------------|--|------------------------------------|
|   |   |                                   |  | RECEIVED BY                        |
| 1.<br>LANCE MABRY<br><br>Contributor's Occupation <i>(if required)</i> _____  | Contributions:<br><input checked="" type="checkbox"/> Direct<br><input type="checkbox"/> In-Kind <i>(describe)</i><br>_____<br>Other Receipts:<br><input type="checkbox"/> Interest <input type="checkbox"/> Loan<br><input type="checkbox"/> Miscellaneous <i>(specify)</i><br>_____ | \$200.00                          |  | 6-5-24                             |
|   |   |                                   |  | jd                                 |
| 2.<br>PAUL WYMAN<br><br>Contributor's Occupation <i>(if required)</i> _____   | Contributions:<br><input checked="" type="checkbox"/> Direct<br><input type="checkbox"/> In-Kind <i>(describe)</i><br>_____<br>Other Receipts:<br><input type="checkbox"/> Interest <input type="checkbox"/> Loan<br><input type="checkbox"/> Miscellaneous <i>(specify)</i><br>_____ | \$100.00                          |  | 6-10-24                            |
|   |   |                                   |  | JD                                 |
| 3.<br>BRYAN KIRKPATRICK<br><br>Contributor's Occupation <i>(if required)</i> _____                                      | Contributions:<br><input checked="" type="checkbox"/> Direct<br><input type="checkbox"/> In-Kind <i>(describe)</i><br>_____<br>Other Receipts:<br><input type="checkbox"/> Interest <input type="checkbox"/> Loan<br><input type="checkbox"/> Miscellaneous <i>(specify)</i><br>_____ | \$100.00                          |  | 8-29-24                            |
|   |   |                                   |  | JD                                 |
| 4.<br>J CONRAD MAUGANS<br><br>Contributor's Occupation <i>(if required)</i> _____                                       | Contributions:<br><input checked="" type="checkbox"/> Direct<br><input type="checkbox"/> In-Kind <i>(describe)</i><br>_____<br>Other Receipts:<br><input type="checkbox"/> Interest <input type="checkbox"/> Loan<br><input type="checkbox"/> Miscellaneous <i>(specify)</i><br>_____ | \$100.00                          |  | 5-31-24                            |
|   |   |                                   |  | JD                                 |
| 5.<br>JIM AND JUDY BUCK<br>KOKOMO<br><br>Contributor's Occupation <i>(if required)</i> _____                            | Contributions:<br><input checked="" type="checkbox"/> Direct<br><input type="checkbox"/> In-Kind <i>(describe)</i><br>_____<br>Other Receipts:<br><input type="checkbox"/> Interest <input type="checkbox"/> Loan<br><input type="checkbox"/> Miscellaneous <i>(specify)</i><br>_____ | \$100.00                          |  | 9-26-24                            |
|   |   |                                   |  | JD                                 |
| <b>SUBTOTAL THIS PAGE OF SCHEDULE A</b>   |   | \$ 600.00                         |  |                                    |
| <b>TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY</b><br><i>(Enter total on ITEM 15a of the Summary Sheet.)</i> |   | \$                                |  |                                    |



**REPORT OF RECEIPTS AND EXPENDITURES  
OF A POLITICAL COMMITTEE**  
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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| <b>FILE NUMBER</b>  |
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| Page _____ of _____ |

| CONTRIBUTOR'S FULL NAME AND OCCUPATION<br>FULL MAILING ADDRESS<br><i>(street, number, city, state, ZIP code)</i>        | TYPE OF CONTRIBUTION<br>OR OTHER RECEIPT  | COLUMN A<br>AMOUNT THIS<br>PERIOD | COLUMN B<br>CUMULATIVE<br>YEAR-TO-DATE | DATE RECEIVED<br><i>(mm/dd/yy)</i> |
|---|---|-----------------------------------|--|------------------------------------|
|   |   |                                   |  | RECEIVED BY                        |
| 1.<br>Maximillian Engling<br><br>Contributor's Occupation <i>(if required)</i> _____                                    | Contributions:<br><input checked="" type="checkbox"/> Direct<br><input type="checkbox"/> In-Kind <i>(describe)</i> _____<br><br>Other Receipts:<br><input type="checkbox"/> Interest <input type="checkbox"/> Loan<br><input type="checkbox"/> Miscellaneous <i>(specify)</i> _____ | \$100.00                          |  | 6-5-24<br><br>jd                   |
| 2. Ron and Lisa Metz<br><br>Contributor's Occupation <i>(if required)</i> _____   | Contributions:<br><input checked="" type="checkbox"/> Direct<br><input type="checkbox"/> In-Kind <i>(describe)</i> _____<br><br>Other Receipts:<br><input type="checkbox"/> Interest <input type="checkbox"/> Loan<br><input type="checkbox"/> Miscellaneous <i>(specify)</i> _____ | \$250.00                          |  | 6-5-24<br><br>jd                   |
| 3. Steve Seele<br><br>Contributor's Occupation <i>(if required)</i> _____   | Contributions:<br><input checked="" type="checkbox"/> Direct<br><input type="checkbox"/> In-Kind <i>(describe)</i> _____<br><br>Other Receipts:<br><input type="checkbox"/> Interest <input type="checkbox"/> Loan<br><input type="checkbox"/> Miscellaneous <i>(specify)</i> _____ | \$100.00                          |  | 6-5-24<br><br>jd                   |
| 4.<br>Adam Kelck<br>12238 Wheathill Pass<br>Fishers, IN<br><br>Contributor's Occupation <i>(if required)</i> _____      | Contributions:<br><input checked="" type="checkbox"/> Direct<br><input type="checkbox"/> In-Kind <i>(describe)</i> _____<br><br>Other Receipts:<br><input type="checkbox"/> Interest <input type="checkbox"/> Loan<br><input type="checkbox"/> Miscellaneous <i>(specify)</i> _____ | \$100.00                          |  | 6-5-24<br><br>jd                   |
| 5.<br>Tyler Moore<br>Moore for Kokomo<br><br>Contributor's Occupation <i>(if required)</i> _____                        | Contributions:<br><input checked="" type="checkbox"/> Direct<br><input type="checkbox"/> In-Kind <i>(describe)</i> _____<br><br>Other Receipts:<br><input type="checkbox"/> Interest <input type="checkbox"/> Loan<br><input type="checkbox"/> Miscellaneous <i>(specify)</i> _____ | \$1,000.00                        |  | 6-5-24<br><br>jd                   |
| <b>SUBTOTAL THIS PAGE OF SCHEDULE A</b>   |   | \$ 1,550.00                       |  |                                    |
| <b>TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY</b><br><i>(Enter total on ITEM 15a of the Summary Sheet.)</i> |   | \$                                |  |                                    |



**REPORT OF RECEIPTS AND EXPENDITURES  
OF A POLITICAL COMMITTEE**

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

**(CFA-4 SCHEDULE A-1)  
CONTRIBUTIONS BY INDIVIDUALS  
Itemized Contributions and Other Receipts**

**INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY INDIVIDUALS ON THIS SCHEDULE.** Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from individuals OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee). A contributor's occupation is required if an individual makes at least \$1,000 in contributions during the calendar year. Otherwise, this is optional.

| FILE NUMBER |          |
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|             |          |
| Page _____  | of _____ |

| CONTRIBUTOR'S FULL NAME AND OCCUPATION<br>FULL MAILING ADDRESS<br><i>(street, number, city, state, ZIP code)</i>              | TYPE OF CONTRIBUTION<br>OR OTHER RECEIPT  | COLUMN A<br>AMOUNT THIS<br>PERIOD | COLUMN B<br>CUMULATIVE<br>YEAR-TO-DATE | DATE RECEIVED<br><i>(mm/dd/yy)</i> |
|---|---|-----------------------------------|--|------------------------------------|
|   |   |                                   |  | RECEIVED BY                        |
| 1. J CONRAD MAUGANS<br><br><i>Contributor's Occupation (if required)</i> _____  | Contributions:<br><input checked="" type="checkbox"/> Direct<br><input type="checkbox"/> In-Kind <i>(describe)</i> _____<br><br>Other Receipts:<br><input type="checkbox"/> Interest <input type="checkbox"/> Loan<br><input type="checkbox"/> Miscellaneous <i>(specify)</i> _____ | \$100.00                          | \$200.00                               | SEPT 26<br><br>jd                  |
| 2. MARK HEIRBRANDT<br>16121 CHANCELLORS RIDGE WAY<br>WESTFIELD, IN<br><br><i>Contributor's Occupation (if required)</i> _____ | Contributions:<br><input checked="" type="checkbox"/> Direct<br><input type="checkbox"/> In-Kind <i>(describe)</i> _____<br><br>Other Receipts:<br><input type="checkbox"/> Interest <input type="checkbox"/> Loan<br><input type="checkbox"/> Miscellaneous <i>(specify)</i> _____ | \$500.00                          |  | SEPT 29<br><br>JD                  |
| 3. WILLIAM SPEIDEL<br>CARMEL<br><br><i>Contributor's Occupation (if required)</i> _____                                       | Contributions:<br><input checked="" type="checkbox"/> Direct<br><input type="checkbox"/> In-Kind <i>(describe)</i> _____<br><br>Other Receipts:<br><input type="checkbox"/> Interest <input type="checkbox"/> Loan<br><input type="checkbox"/> Miscellaneous <i>(specify)</i> _____ | \$200.00                          |  | SEPT 26<br><br>JD                  |
| 4. CRYSTAL SANBURN<br>KOKOMO<br><br><i>Contributor's Occupation (if required)</i> _____                                       | Contributions:<br><input checked="" type="checkbox"/> Direct<br><input type="checkbox"/> In-Kind <i>(describe)</i> _____<br><br>Other Receipts:<br><input type="checkbox"/> Interest <input type="checkbox"/> Loan<br><input type="checkbox"/> Miscellaneous <i>(specify)</i> _____ | \$25.00                           | \$50.00                                | SEPT 26<br><br>JD                  |
| 5. MARK HURT<br>KOKOMO<br><br><i>Contributor's Occupation (if required)</i> _____   | Contributions:<br><input checked="" type="checkbox"/> Direct<br><input type="checkbox"/> In-Kind <i>(describe)</i> _____<br><br>Other Receipts:<br><input type="checkbox"/> Interest <input type="checkbox"/> Loan<br><input type="checkbox"/> Miscellaneous <i>(specify)</i> _____ | \$100.00                          |  | SEPT 26<br><br>JD                  |
| <b>SUBTOTAL THIS PAGE OF SCHEDULE A</b>   |   | \$ 925                            |  |                                    |
| <b>TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY</b><br><i>(Enter total on ITEM 15a of the Summary Sheet.)</i>       |   | \$                                |  |                                    |



**REPORT OF RECEIPTS AND EXPENDITURES  
OF A POLITICAL COMMITTEE**

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 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).

|                     |  |
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| <b>FILE NUMBER</b>  |  |
|                     |  |
| Page _____ of _____ |  |

| CONTRIBUTOR'S FULL NAME AND FULL MAILING ADDRESS<br><i>(street, number, city, state, ZIP code)</i>                      | TYPE OF CONTRIBUTION OR OTHER RECEIPT   | COLUMN A<br>AMOUNT THIS PERIOD | COLUMN B<br>CUMULATIVE YEAR-TO-DATE | DATE RECEIVED<br><i>(mm/dd/yy)</i> |
|---|---|--------------------------------|-------------------------------------|------------------------------------|
|   |   |                                |                                     | RECEIVED BY                        |
| 1. DLZ  | Contributions:<br><input type="checkbox"/> Direct<br><input type="checkbox"/> In-Kind <i>(describe)</i><br>_____<br><br>Other Receipts:<br><input type="checkbox"/> Interest <input type="checkbox"/> Loan<br><input type="checkbox"/> Miscellaneous <i>(specify)</i><br>_____            | \$1,000.00                     |                                     | 23 APRIL                           |
| 2. TROY WOODRUFF RQAW   | Contributions:<br><input type="checkbox"/> Direct<br><input type="checkbox"/> In-Kind <i>(describe)</i><br>_____<br><br>Other Receipts:<br><input type="checkbox"/> Interest <input type="checkbox"/> Loan<br><input type="checkbox"/> Miscellaneous <i>(specify)</i><br>_____            | \$500.00                       |                                     | MAY 17                             |
| 3. BLN EMERGENCY MGT<br>8320 CRAIG STREET<br>INDIANAPOLIS, IN   | Contributions:<br><input type="checkbox"/> Direct<br><input type="checkbox"/> In-Kind <i>(describe)</i><br>_____<br><br>Other Receipts:<br><input type="checkbox"/> Interest <input type="checkbox"/> Loan<br><input type="checkbox"/> Miscellaneous <i>(specify)</i><br>_____            | \$500.00                       |                                     | MAY 13                             |
| 4. STEPHENS MACHINE   | Contributions:<br><input type="checkbox"/> Direct<br><input type="checkbox"/> In-Kind <i>(describe)</i><br>_____<br><br>Other Receipts:<br><input type="checkbox"/> Interest <input type="checkbox"/> Loan<br><input type="checkbox"/> Miscellaneous <i>(specify)</i><br>_____            | \$150.00                       |                                     | JUNE 4                             |
| 5.  | Contributions:<br><input checked="" type="checkbox"/> Direct<br><input type="checkbox"/> In-Kind <i>(describe)</i><br>_____<br><br>Other Receipts:<br><input type="checkbox"/> Interest <input type="checkbox"/> Loan<br><input type="checkbox"/> Miscellaneous <i>(specify)</i><br>_____ |                                |                                     |                                    |
| <b>SUBTOTAL THIS PAGE OF SCHEDULE A</b>   |   | <b>\$ 2,150.00</b>             |                                     |                                    |
| <b>TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY</b><br><i>(Enter total on ITEM 15a of the Summary Sheet.)</i> |   | <b>\$</b>                      |                                     |                                    |



**REPORT OF RECEIPTS AND EXPENDITURES  
OF A POLITICAL COMMITTEE**

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 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).

|                     |
|---------------------|
| <b>FILE NUMBER</b>  |
|                     |
| Page _____ of _____ |

| CONTRIBUTOR'S FULL NAME AND FULL MAILING ADDRESS<br><i>(street, number, city, state, ZIP code)</i>                      | TYPE OF CONTRIBUTION OR OTHER RECEIPT  | COLUMN A<br>AMOUNT THIS PERIOD | COLUMN B<br>CUMULATIVE YEAR-TO-DATE | DATE RECEIVED<br><i>(mm/dd/yy)</i> |
|---|--|--------------------------------|-------------------------------------|------------------------------------|
|   |  |                                |                                     | RECEIVED BY                        |
| 1. PIERRE FOX MCGRIFF   | Contributions:<br><input type="checkbox"/> Direct<br><input type="checkbox"/> In-Kind <i>(describe)</i><br>_____<br>Other Receipts:<br><input type="checkbox"/> Interest <input type="checkbox"/> Loan<br><input type="checkbox"/> Miscellaneous <i>(specify)</i><br>_____ | \$1,000.00                     |                                     | 9-26-24                            |
| 2.  | Contributions:<br><input type="checkbox"/> Direct<br><input type="checkbox"/> In-Kind <i>(describe)</i><br>_____<br>Other Receipts:<br><input type="checkbox"/> Interest <input type="checkbox"/> Loan<br><input type="checkbox"/> Miscellaneous <i>(specify)</i><br>_____ |                                |                                     | JD                                 |
| 3.  | Contributions:<br><input type="checkbox"/> Direct<br><input type="checkbox"/> In-Kind <i>(describe)</i><br>_____<br>Other Receipts:<br><input type="checkbox"/> Interest <input type="checkbox"/> Loan<br><input type="checkbox"/> Miscellaneous <i>(specify)</i><br>_____ |                                |                                     |                                    |
| 4.  | Contributions:<br><input type="checkbox"/> Direct<br><input type="checkbox"/> In-Kind <i>(describe)</i><br>_____<br>Other Receipts:<br><input type="checkbox"/> Interest <input type="checkbox"/> Loan<br><input type="checkbox"/> Miscellaneous <i>(specify)</i><br>_____ |                                |                                     |                                    |
| 5.  | Contributions:<br><input type="checkbox"/> Direct<br><input type="checkbox"/> In-Kind <i>(describe)</i><br>_____<br>Other Receipts:<br><input type="checkbox"/> Interest <input type="checkbox"/> Loan<br><input type="checkbox"/> Miscellaneous <i>(specify)</i><br>_____ |                                |                                     |                                    |
| <b>SUBTOTAL THIS PAGE OF SCHEDULE A</b>   |  | <b>\$ 1,000.00</b>             |                                     |                                    |
| <b>TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY</b><br><i>(Enter total on ITEM 15a of the Summary Sheet.)</i> |  | <b>\$</b>                      |                                     |                                    |



**REPORT OF RECEIPTS AND EXPENDITURES  
OF A POLITICAL COMMITTEE**

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 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).

|                     |  |
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| <b>FILE NUMBER</b>  |  |
|                     |  |
| Page _____ of _____ |  |

| CONTRIBUTOR'S FULL NAME AND FULL MAILING ADDRESS<br><i>(street, number, city, state, ZIP code)</i>                      | TYPE OF CONTRIBUTION OR OTHER RECEIPT   | COLUMN A<br>AMOUNT THIS PERIOD | COLUMN B<br>CUMULATIVE YEAR-TO-DATE | DATE RECEIVED<br><i>(mm/dd/yy)</i> |
|---|---|--------------------------------|-------------------------------------|------------------------------------|
|   |   |                                |                                     | RECEIVED BY                        |
| 1. DLZ<br>2211 E Jefferson Blvd<br>South Bend IN  | Contributions:<br><input checked="" type="checkbox"/> Direct<br><input type="checkbox"/> In-Kind <i>(describe)</i><br>_____<br>Other Receipts:<br><input type="checkbox"/> Interest <input type="checkbox"/> Loan<br><input type="checkbox"/> Miscellaneous <i>(specify)</i><br>_____ | \$1,000.00                     | \$2,000.00                          | 9-11-24                            |
|   |   |                                |                                     | jd                                 |
| 2. Beam, Longest and Neff LLC / EGIS<br>8320 Craig St<br>Indianapolis, IN   | Contributions:<br><input type="checkbox"/> Direct<br><input checked="" type="checkbox"/> In-Kind <i>(describe)</i><br>_____<br>Other Receipts:<br><input type="checkbox"/> Interest <input type="checkbox"/> Loan<br><input type="checkbox"/> Miscellaneous <i>(specify)</i><br>_____ | \$1,000.00                     | \$1,500.00                          | 9-10-24                            |
|   |   |                                |                                     | jd                                 |
| 3. USI CONSULTANTS  | Contributions:<br><input checked="" type="checkbox"/> Direct<br><input type="checkbox"/> In-Kind <i>(describe)</i><br>_____<br>Other Receipts:<br><input type="checkbox"/> Interest <input type="checkbox"/> Loan<br><input type="checkbox"/> Miscellaneous <i>(specify)</i><br>_____ | \$250.00                       |                                     | 9-20-24                            |
|   |   |                                |                                     | jd                                 |
| 4. TROY WOODRUFF<br>RQAW  | Contributions:<br><input checked="" type="checkbox"/> Direct<br><input type="checkbox"/> In-Kind <i>(describe)</i><br>_____<br>Other Receipts:<br><input type="checkbox"/> Interest <input type="checkbox"/> Loan<br><input type="checkbox"/> Miscellaneous <i>(specify)</i><br>_____ | \$500.00                       | \$1,000.00                          | 9-26-24                            |
|   |   |                                |                                     |                                    |
| 5. ERIC WEFLEN<br>STUDIO VIEW ARCHITECHURE LLC  | Contributions:<br><input type="checkbox"/> Direct<br><input type="checkbox"/> In-Kind <i>(describe)</i><br>_____<br>Other Receipts:<br><input type="checkbox"/> Interest <input type="checkbox"/> Loan<br><input type="checkbox"/> Miscellaneous <i>(specify)</i><br>_____            | \$1,000.00                     |                                     | 9-26-24                            |
|   |   |                                |                                     | jd                                 |
| <b>SUBTOTAL THIS PAGE OF SCHEDULE A</b>   |   | \$ 3,750.00                    |                                     |                                    |
| <b>TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY</b><br><i>(Enter total on ITEM 15a of the Summary Sheet.)</i> |   | \$                             |                                     |                                    |



**REPORT OF RECEIPTS AND EXPENDITURES  
OF A POLITICAL COMMITTEE**  
State Form 4806 (R15 / 5-19)  
Indiana Election Division (IC 3-9-5-14)

**(CFA-4 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         |  |
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|                     |  |
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| CONTRIBUTOR'S FULL NAME AND FULL MAILING ADDRESS<br><i>(street, number, city, state, ZIP code)</i>                      | TYPE OF CONTRIBUTION OR OTHER RECEIPT  | COLUMN A<br>AMOUNT THIS PERIOD | COLUMN B<br>CUMULATIVE YEAR-TO-DATE | DATE RECEIVED<br><i>(mm/dd/yy)</i> |
|---|--|--------------------------------|-------------------------------------|------------------------------------|
|   |  |                                |                                     | RECEIVED BY                        |
| 1. CENTRAL INDIANA CONSTRUCTORS PAC<br>5986 MICHIGAN ROAD<br>INDIANAPOLIS, IN   | Contributions:<br><input type="checkbox"/> Direct<br><input type="checkbox"/> In-Kind <i>(describe)</i><br>_____<br>Other Receipts:<br><input type="checkbox"/> Interest <input type="checkbox"/> Loan<br><input type="checkbox"/> Miscellaneous <i>(specify)</i><br>_____ | \$750.00                       |                                     | 6-14-24<br><br>JD                  |
| 2. INDIANA REALTORS PAC<br>143 W Market<br>Indianapolis, IN46204  | Contributions:<br><input type="checkbox"/> Direct<br><input type="checkbox"/> In-Kind <i>(describe)</i><br>_____<br>Other Receipts:<br><input type="checkbox"/> Interest <input type="checkbox"/> Loan<br><input type="checkbox"/> Miscellaneous <i>(specify)</i><br>_____ | \$2,500.00                     |                                     | 10-1-24<br><br>JD                  |
| 3.  | Contributions:<br><input type="checkbox"/> Direct<br><input type="checkbox"/> In-Kind <i>(describe)</i><br>_____<br>Other Receipts:<br><input type="checkbox"/> Interest <input type="checkbox"/> Loan<br><input type="checkbox"/> Miscellaneous <i>(specify)</i><br>_____ |                                |                                     |                                    |
| 4.  | Contributions:<br><input type="checkbox"/> Direct<br><input type="checkbox"/> In-Kind <i>(describe)</i><br>_____<br>Other Receipts:<br><input type="checkbox"/> Interest <input type="checkbox"/> Loan<br><input type="checkbox"/> Miscellaneous <i>(specify)</i><br>_____ |                                |                                     |                                    |
| 5.  | Contributions:<br><input type="checkbox"/> Direct<br><input type="checkbox"/> In-Kind <i>(describe)</i><br>_____<br>Other Receipts:<br><input type="checkbox"/> Interest <input type="checkbox"/> Loan<br><input type="checkbox"/> Miscellaneous <i>(specify)</i><br>_____ |                                |                                     |                                    |
| <b>SUBTOTAL THIS PAGE OF SCHEDULE A</b>   |  | <b>\$ 3,250.00</b>             |                                     |                                    |
| <b>TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY</b><br><i>(Enter total on ITEM 15a of the Summary Sheet.)</i> |  | <b>\$</b>                      |                                     |                                    |



**REPORT OF RECEIPTS AND EXPENDITURES  
OF A POLITICAL COMMITTEE**  
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.

**FILE NUMBER**

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| CREDITOR'S OR LENDER'S NAME<br>AND MAILING ADDRESS<br><i>(street, number, city, state, ZIP code)</i>                   | ENDORSER'S OR VENDOR'S NAME<br>AND MAILING ADDRESS <i>(if any)</i><br><i>(street, number, city, state, ZIP code)</i> | AMOUNT                  | DATE DEBT<br>INCURRED<br><i>(mm/dd/yy)</i> | CUMULATIVE<br>PAID<br>YEAR-TO-DATE | OUTSTANDING<br>BALANCE THIS<br>PERIOD |
|--|--|-------------------------|--|------------------------------------|---------------------------------------|
|  |  | NATURE OF DEBT          |  |                                    |                                       |
| Jack Dodd<br>775 Willowridge Dr<br>Kokomo  |  | \$800.00                |  |                                    | \$800.00                              |
| LENDER'S OCCUPATION:   |  | ORIGINAL Campaign Loans |  |                                    |                                       |
| LENDER'S OCCUPATION:   |  |                         |  |                                    |                                       |
| LENDER'S OCCUPATION:   |  |                         |  |                                    |                                       |
| LENDER'S OCCUPATION:   |  |                         |  |                                    |                                       |
| LENDER'S OCCUPATION:   |  |                         |  |                                    |                                       |
| LENDER'S OCCUPATION:   |  |                         |  |                                    |                                       |
| LENDER'S OCCUPATION:   |  |                         |  |                                    |                                       |
| <b>SUBTOTAL THIS PAGE OF SCHEDULE D</b>  |  |                         |  |                                    | \$                                    |
| <b>TOTAL OF ALL PAGES OF SCHEDULE D ON THE LAST PAGE ONLY</b><br><i>(Enter total on ITEM 19 of the Summary Sheet.)</i> |  |                         |  |                                    | \$                                    |