



REPORT OF RECEIPTS AND EXPENDITURES OF A POLITICAL COMMITTEE

State Form 4606 (R18 / 6-25)
Indiana Election Division (IC 3-9-5-14)

(CFA-4) Summary Sheet

FILE NUMBER

TOTAL PAGES IN ENTIRE CFA-4 REPORT

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

COMMITTEE INFORMATION

1. Full Name of Committee (as on Statement of Organization) ☐ Check if this is a new name.

Comm. Heeto Elect Lipinski Commissioner

2. Acronym or Abbreviated Name (if any)

3. Committee Telephone Number

765-860-5536

4. Mailing Address (Address where all campaign finance correspondence is received.)

☐ Check if this is a new address.

PO Box 222

5. City, State, ZIP Code

Russellville, IN 46979

6. Party Affiliation (if applicable)

Republican

CANDIDATE INFORMATION (For Candidate's Committees Only)

7. Full Name of Candidate (Include any nickname.)

Jeffery Lipinski

8. Party Affiliation or If Independent Candidate

Republican

9. Office Sought (Include district number, if any. **Not required for exploratory committee.**)

Howard County Commissioner District 7

10. County of Residence

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):

From: 4/1/26

Through: 10/12/26

COLUMN A
This Period

COLUMN B
Year to Date

13. Cash on hand and investments at the beginning of this reporting period.

5158.12

14. Cash on hand and investments January 1, current year.

5158.12

CONTRIBUTIONS AND RECEIPTS

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

15a. Itemized (Use Schedule A.)

7008.31

15b. Unitemized

15c. Add lines 15a and 15b in both columns.

SUBTOTAL

7008.31

16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B.

TOTAL

12166.43

EXPENDITURES

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

17a. Itemized (Use Schedule B.) (Public Question: use Schedule C.)

7051.87

17b. Unitemized

17c. Add lines 17a and 17b in both columns.

SUBTOTAL

7051.87

18. Cash on hand and investments at close of this reporting period (Subtract 17c from 16 in both columns.)

TOTAL

5114.56

19. Debts OWED BY the committee (Use Schedule D.)

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.

If a Treasurer of a PAC: I have not knowingly or willfully received, solicited, or accepted, either directly or indirectly, contributions or expenditures from a foreign national that exceeds \$50,000 within the four (4) years immediately preceding the date of the contribution. ☐ (please check box)

Signature of Treasurer

Title

Treasurer

Date (mm/dd/yy)

10/15/26

Signature of Candidate (if applicable)

Date (mm/dd/yy)

10/15/26

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

2026 OCT 15

DEBBIE STEWART
Clerk Howard Cir. Court





REPORT OF RECEIPTS AND EXPENDITURES OF A POLITICAL COMMITTEE

State Form 4606 (R18 / 6-25)
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 1 of 1

CONTRIBUTOR'S FULL NAME AND OCCUPATION FULL MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED (mm/dd/yy) RECEIVED BY
1. Indiana Realtors Political Action Committee DPAC 143 W Market St., Ste 100 Indianapolis, IN 46204 Contributor's Occupation (if required) _____	Contributions: ☒ Direct ☐ In-Kind (describe) _____ Other Receipts: ☐ Interest ☐ Loan ☐ Miscellaneous (specify) _____	1500.00	1500.00	5/18/2026 Jeff Lipinski
2. Hearn Construction, Inc 1221 E Lincoln Rd Kokomo, IN 46902 Contributor's Occupation (if required) Contractor	Contributions: ☒ Direct ☐ In-Kind (describe) _____ Other Receipts: ☐ Interest ☐ Loan ☐ Miscellaneous (specify) _____	500.00	500.00	5/18/2026 Jeff Lipinski
3. Innovate Indiana PAC PO Box 441446 Indianapolis, IN 46244 Contributor's Occupation (if required) _____	Contributions: ☒ Direct ☐ In-Kind (describe) _____ Other Receipts: ☐ Interest ☐ Loan ☐ Miscellaneous (specify) _____	5000.00	5000.00	4/27/2026 Jeff Lipinski
4. Indiana Heartland FCU 402 S Berkley Rd Kokomo, IN 46901 Contributor's Occupation (if required) _____	Contributions: ☐ Direct ☐ In-Kind (describe) _____ Other Receipts: ☒ Interest ☐ Loan ☐ Miscellaneous (specify) _____	7.80	7.80	6/30/26 Y+D Jeff Lipinski
5. Indiana Heartland FCU 402 S. Berkley Rd Kokomo, IN 46901 Contributor's Occupation (if required) _____	Contributions: ☐ Direct ☐ In-Kind (describe) _____ Other Receipts: ☒ Interest ☐ Loan ☐ Miscellaneous (specify) _____	.51	.51	12/31/25 Y+D Jeff Lipinski
SUBTOTAL THIS PAGE OF SCHEDULE A		\$ 7008.31		
TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY (Enter total on ITEM 15a of the Summary Sheet.)		\$		



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State Form 4606 (R18 / 6-25)
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 1 of 3

RECIPIENT'S NAME AND MAILING ADDRESS (street, number, city, state, ZIP code)	RECIPIENT'S OCCUPATION OFFICE SOUGHT (if applicable)	TYPE OF EXPENDITURE and PURPOSE (be specific)	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE OF EXPENDITURE (mm/dd/yy)
Code _____ Kokomo Lantern 1201 E Wheeler St Kokomo, IN 46902	Newspaper	☒ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other _____ Purpose:	1800.-	1800.-	7/23/26
Code _____ Lamar Billboards PO Box 746966 Atlanta, GA 30374	Advertising	☒ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other _____ Purpose:	975.-	975.-	8/7/26
Code _____ Russiaville Masonic Lodge 240 N Union St Russiaville, IN 46789	Advertising Sponsorship	☒ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other _____ Purpose:	100.-	100.-	8/7/26
Code _____ Russiaville Lions Club 555 N Liberty St Russiaville, IN 46789	Advertising Sponsorship	☒ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other _____ Purpose:	250.-	250.-	8/7/26
Code _____ Republican Party 1500 N Reed Rd Kokomo, IN 46901	Break Fast meeting	☐ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other _____ Purpose:	20.-	20.-	9/3/26
Code _____ Print Craft 524 S Union St Kokomo, IN 46901	Signs + Flyers	☐ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other _____ Purpose:	1369.60	1369.60	9/3/26
Code _____ Kokomo Tribune 123 N Budgete St Kokomo, IN 46901	Advertising	☐ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other _____ Purpose:	1368.-	1368.-	9/3/26
SUBTOTAL THIS PAGE OF SCHEDULE B			\$5882.40		
TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY (Enter total on ITEM 17a of the Summary Sheet.)			\$71,100.-		



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FILE NUMBER

Page 2 of 3

RECIPIENT'S NAME AND MAILING ADDRESS (street, number, city, state, ZIP code)	RECIPIENT'S OCCUPATION	TYPE OF EXPENDITURE and PURPOSE (be specific)	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE OF EXPENDITURE (mm/dd/yy)
	OFFICE SOUGHT (if applicable)				
Code _____ Printcraft 524 S Union St Kokomo, IN 46901	Sign Posts/ stakes	☒ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other _____ Purpose:	100.-	100.-	9/28/26
Code _____ Republican Party 1500 N Reed Rd Kokomo, IN 46901	Elephant Stamped e Bronze Sponser	☒ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other _____ Purpose:	300.-	300.-	10/5/26
Code _____ Frank Faulkner 391 S Deanna Dr Kokomo, IN 46902	Donation for Elephant Stamped e	☒ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other _____ Purpose:	100.-	100.-	10/5/26
Code _____ Howard County Cubs Baseball 2600 Veterans Memorial Dr Kokomo, IN 46901	Sponser	☒ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other _____ Purpose:	100.-	100.-	10/5/26
Code _____ Narrow Gate Ranch 7535 W 000 S Kokomo, IN 46901	Advertising	☒ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other _____ Purpose:	250.-	250.-	4/17/26
Code _____ Amvets 650 N West St Russiaville, IN 46979	Advertising	☒ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other _____ Purpose:	100.-	100.-	4/17/26
Code _____ Waddells IGTA 125 E Main St Russiaville, IN 46979	Parade Candy	☐ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other _____ Purpose:	42.27	42.27	6/20/26
SUBTOTAL THIS PAGE OF SCHEDULE B			\$ 992.27		
TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY (Enter total on ITEM 17a of the Summary Sheet.)			\$		



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State Form 4606 (R18 / 6-25)
Indiana Election Division (IC 3-9-5-14)

(CFA-4 SCHEDULE B) ITEMIZED EXPENDITURES

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FILE NUMBER

Page 3 of 3

RECIPIENT'S NAME AND MAILING ADDRESS (street, number, city, state, ZIP code)	RECIPIENT'S OCCUPATION OFFICE SOUGHT (if applicable)	TYPE OF EXPENDITURE and PURPOSE (be specific)	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE OF EXPENDITURE (mm/dd/yy)
Code _____ Republican Party 15007 Reed Rd Kokomo, In 46901	Breakfast	☒ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other _____ Purpose:	25.-	25.-	6/15/26
Code _____ mi Kah Lawrence Kokomo, In	Campaign Contribution	☒ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other _____ Purpose:	150.-	150.-	6/20/26
Code _____ Indiana Heartland 402 S Berkeley Rd Kokomo, In 46901	Cashier's check fee	☒ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other _____ Purpose:	2.-	2.-	4/6/26
Code _____		☐ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other _____ Purpose:			
Code _____		☐ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other _____ Purpose:			
Code _____		☐ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other _____ Purpose:			
Code _____		☐ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other _____ Purpose:			
Code _____		☐ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other _____ Purpose:			
SUBTOTAL THIS PAGE OF SCHEDULE B			\$ 177.-		
TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY (Enter total on ITEM 17a of the Summary Sheet.)			\$ 705. ⁸⁷		



**SUPPLEMENTAL "LARGE CONTRIBUTION" REPORT
BY A CANDIDATE'S COMMITTEE
(\$1,000 CONTRIBUTIONS OR MORE)**

State Form 48492 (R8 / 6-25)
Indiana Election Division (IC 3-9-5-20.1; 3-9-5-22)

(CFA-11)

INSTRUCTIONS: Only candidates receiving a "large contribution" are required to file this report. 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-11
REPORT**

COMMITTEE INFORMATION

1. Full Name of Candidate (Include any nickname.) ☐ Check if this is a new name. JEFFREY SHAWN LIPINSKI		2. Committee Telephone Number (765) 860-5536	
3. Mailing Address (Address where all campaign finance correspondence is received.) ☐ Check if this is a new address. PO BOX 222			
4. City RUSSIAVILLE	State IN	ZIP Code 46979	5. Party Affiliation or If Independent Candidate REPUBLICAN
6. Office Sought (Include district number, if any. Not required for exploratory committee.) County Commissioner District 1			7. County of Residence HOWARD
8. Reporting Period (mm/dd/yy): From: 4/4/26 Through: 10/12/26			
For classification, enter INDV for individual; PAC for political action committee; CORP for corporation; LAB for labor organization; OTHER for all entries which are not one of the above categories.			

CONTRIBUTOR'S FULL NAME AND OCCUPATION FULL MAILING ADDRESS (street, number, city, state, ZIP code)		TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT OF CONTRIBUTION	DATE RECEIVED & ACCEPTED (mm/dd/yy) RECEIVED BY
Classification ☐	1. INDIANA REALTORS Political Action Committee (RPAC) 143 W MARKET STREET, STE 100 INDIANAPOLIS, IN 46204 Contributor's Occupation (if applicable)	Contributions: ☒ Direct ☐ In-Kind (describe) _____ Other Receipts: ☐ Interest ☐ Loan ☐ Miscellaneous (specify) _____	1500.00	5/18/2024 JEFF LIPINSKI
Classification ☐	2. INNOVATE INDIANA PAC PO BOX 441446 INDIANAPOLIS, IN. 46244 Contributor's Occupation (if applicable)	Contributions: ☒ Direct ☐ In-Kind (describe) _____ Other Receipts: ☐ Interest ☐ Loan ☐ Miscellaneous (specify) _____	5000.00	4/27/26 JEFF LIPINSKI
Classification ☐	3. _____ Contributor's Occupation (if applicable)	Contributions: ☐ Direct ☐ In-Kind (describe) _____ Other Receipts: ☐ Interest ☐ Loan ☐ Miscellaneous (specify) _____		

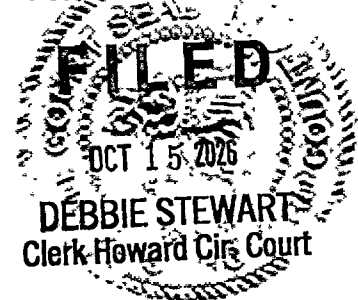
CERTIFICATION

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 Andrew Spivey	Title TREASURER	Date (mm/dd/yy) 10/15/26
Signature of Candidate (if applicable) Jeff Lipinski		Date (mm/dd/yy) 10/15/26

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

State Form 4606 (R18 / 6-25)
Indiana Election Division (IC 3-9-5-14)

**(CFA-4 SCHEDULE A-4)
CONTRIBUTIONS BY
POLITICAL ACTION COMMITTEES**
Itemized Contributions and Other Receipts

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

FILE NUMBER

Page _____ of _____

CONTRIBUTOR'S FULL NAME AND FULL MAILING ADDRESS <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. Indiana Realtors Political Action Committee CRPAC 143 W. MARKET STREET, STE 100 Indianapolis, IN 46244	Contributions: ☒ Direct ☐ In-Kind <i>(describe)</i> _____ Other Receipts: ☐ Interest ☐ Loan ☐ Miscellaneous <i>(specify)</i> _____	1500. ⁰⁰	1500. ⁰⁰	5/18/26 JEFF LIPINSKI
2. INNOVATE INDIANA PAC PO BOX 441446 Indianapolis, IN 46244	Contributions: ☒ Direct ☐ In-Kind <i>(describe)</i> _____ Other Receipts: ☐ Interest ☐ Loan ☐ Miscellaneous <i>(specify)</i> _____	5000. ⁰⁰	5000. ⁰⁰	4/27/26 JEFF LIPINSKI
3.	Contributions: ☐ Direct ☐ In-Kind <i>(describe)</i> _____ Other Receipts: ☐ Interest ☐ Loan ☐ Miscellaneous <i>(specify)</i> _____			
4.	Contributions: ☐ Direct ☐ In-Kind <i>(describe)</i> _____ Other Receipts: ☐ Interest ☐ Loan ☐ Miscellaneous <i>(specify)</i> _____			
5.	Contributions: ☐ Direct ☐ In-Kind <i>(describe)</i> _____ Other Receipts: ☐ Interest ☐ Loan ☐ Miscellaneous <i>(specify)</i> _____			
SUBTOTAL THIS PAGE OF SCHEDULE A		\$		
TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY <i>(Enter total on ITEM 15a of the Summary Sheet.)</i>		\$		