

State Form 4606 (R17 / 8-23) Indiana Election Division (IC 3-9-5-14)

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this form. For assistance in completing this form, see instructions on the reverse side.

IS THIS AN AMENDMENT?

No

(CFA-4) **Summary Sheet**

FILE NUMBER
TOTAL PAGES IN ENTIRE CFA-4 REPORT
5

COMMITTEE INFORMATION					
1. Full Name of Committee (as on Statement of Organization) Check if this is a new name.					
2. Acronym or Abbreviated Name (if any)	3. Comm	ittee Telephone Number) 243 - 39			
4. Mailing Address (Address where all campaign finance correspondence is received.)		s is a new address.			
5. City, State, ZIP Code Haute 1N 47807		Affiliation (if applicable)	x+		
CANDIDATE INFORMATION (For Candidate's Co	mmittee	es Only)			
7. Full Name of Candidate (Include any nickname.) Kay mark Tony Thucks	8. Party	Affiliation or If Independe	nt Candidate		
9. Office Sought (Include district number, if any, Not required for exploratory committee.)	10. Cour	nty of Residence			
County Council at horge			ON CANDIDATES ONLY		
TYPE OF REPORT			IN CANDIDATES ONLY		
11. Check one:		Check one:	vention		
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 State	ment of Orga				
Markey All	mont of orga		COLUMN B		
12. Reporting Period (mm/dd/yy): From: 10 12 24 Through: 12/31/24		COLUMN A This Period	Year to Date		
13. Cash on hand and investments at the beginning of this reporting period.		2415.48			
14. Cash on hand and investments January 1, current year.			Ø		
CONTRIBUTIONS AND RECEIPTS					
(Note: these amounts include in-kind contributions and loans, as well as cash contributions.)			U 775 44		
15a. Itemized (Use Schedule A.)		1,000.00	IL 1375.00		
15b. Unitemized		×	500.00		
15c. Add lines 15a and 15b in both columns.		1,000.00	16,875.00		
16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B.	TOTAL	3415.48	16,875.00		
EXPENDITURES			ł		
(Note: These amounts include in-kind expenditures and loan repayments.)			1. 1.05.40		
17a. Itemized (Use Schedule B.) (Public Question: use Schedule C.)		3415.48	16.685.88		
17b. Unitemized		Ø	189.12		
17C. Add lines 17a and 17b in both columns.	TOTAL	3415.48	16.875.60		
18. Cash on hand and investments at close of this reporting period (Subtract 17c from 16 in both columns.)	TOTAL	Ø	Ø		
19. Debts OWED BY the committee (Use Schedule D.)					
20. Debts OWED TO the committee (Use Schedule E.)					
			FOR OFFICE HOF ONLY		

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 2000 Title Chair ma	Date (mm/dd/yy)
Signature of Januardate (if applicable)	Date (mm/dd/yy)
WARNING: Any information contained in this report may not be copied for sale or used for any commercial p files a fraudulent report commits a Level 6 felony. (IC 3-14-1-13) A person who fails to file a complete or Campaign Finance I aw commits a Class B misdemeanor. (IC 3-14-1-14) and may be subject to civil penalties.	accurate report as required by the Indiana

FOR OFFICE USE ONLY



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(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	<u>ნ</u>		

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
Micheal J Wright 40 Edge wood 5t Terre Haule IN 479002	Contributions: Direct In-Kind (describe) Other Receipts: Interest Loan Miscellaneous (specify)	9150	9150	Of 22 29
2. Sohn Hanley III 9301 E. Rio Grande Terre Hanle 2N 47802 Contributor's Occupation (if required) Construction	Contributions: Direct In-Kind (describe) Other Receipts: Interest Loan Miscellaneous (specify)	300	420000	Oct 1620
Chuck OKenfuss Carme IN.	Contributions:	\$150	9150	Oct 22 202 (
Contributor's Occupation (if required) 1 Lineed 4.	Contributions: Direct In-Kind (describe) Other Receipts: Interest Loan Miscellaneous (specify)			
5. Contributor's Occupation (if required)	Contributions: Direct In-Kind (describe) Other Receipts: Interest Loan Miscellaneous (specify)			
Contributor's Occupation (if required) SUBTOTAL	THIS PAGE OF SCHEDULE A	\$ 500		
TOTAL OF ALL PAGES OF SCHEDULE				



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(CFA-4 SCHEDULE A-4) CONTRIBUTIONS BY POLITICAL ACTION COMMITTEES

Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY POLITICAL ACTION COMMITTEES ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule, For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from political action committees OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All transfers-in and in-kind contributions regardless of amount from political action committees MUST be itemized on this schedule. All cumulative receipts, (such as 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				
(4				
Page _	3	of _	5	

CONTRIBUTOR'S FULL NAME AND FULL MAILING ADDRESS (street, number, city, state. ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED (mm/dd/yy) RECEIVED BY
1 Sheet Metal Worker Loggy 20530 Indianipoly IN DAC. 46220	Contributions: Direct In-Kind (describe) Other Receipts: Interest Loan Miscellaneous (specify)	300	300	10-26-24
2.	Contributions: Direct In-Kind (describe) Other Receipts: Interest Loan Miscellaneous (specify)			
3.	Contributions: Direct In-Kind (describe) Other Receipts: Interest Loan Miscellaneous (specify)			
4.	Contributions: Direct In-Kind (describe) Other Receipts: Interest Loan Miscellaneous (specify)			
5.	Contributions: Direct In-Kind (describe) Other Receipts: Interest Loan Miscellaneous (specify)			
TOTAL OF ALL PAGES OF SCHEDULE	THIS PAGE OF SCHEDULE A A ON THE LAST PAGE ONLY	\$ 300		
(Enter total on ITEI	M 15a of the Summary Sheet.)	\$		



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(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 _	4	of	5			

CONTRIBUTOR'S FULL NAME AND FULL MAILING ADDRESS	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS	COLUMN B CUMULATIVE	DATE RECEIVED (mm/dd/yy)
(street, number, city, state, ZIP code)		PERIOD	YEAR-TO-DATE	RECEIVED BY
First Financial Cooperation P.O. Box 2122 Terre Hadel N 47202	Contributions: Direct In-Kind (describe) Other Receipts: Interest Loan Miscellaneous (specify)	200	200	10/29/24
2.:	Contributions: Direct In-Kind (describe) Other Receipts: Interest Loan Miscellaneous (specify)			
3.	Contributions: Direct In-Kind (describe) Other Receipts: Interest Loan Miscellaneous (specify)			
4.	Contributions: Direct In-Kind (describe) Other Receipts: Interest Loan Miscellaneous (specify)			
5.	Contributions: Direct In-Kind (describe) Other Receipts: Interest Loan Miscellaneous (specify)			
SUBTOTAL	THIS PAGE OF SCHEDULE A	\$20.0		
TOTAL OF ALL PAGES OF SCHEDULE	A ON THE LAST PAGE ONLY M 15a of the Summary Sheet.)	\$ 1000		



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(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 _	5	of	5		

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_OUSPS	Post Office Retial Store Council Stored St	Direct In-Kind Payment of Debt Returned Contribution Other Purpose:	168°° CK125		10,6-24
SWAY Markenstry	1 1 A .	Direct In-Kind Payment of Debt Returned Contribution Other Purpose:	2000 bck124	45988	102324
Korrum Nossa	Lo Coured At lang	☐ Payment of Debt ☐ Returned Contribution ☐ Other ☐ Purpose: ☐ Call	\$350 CK127		11-4-29
Kurun Noss per	Adoctising Co Comfattan	Direct In-Kind Payment of Debt Returned Contribution Other Purpose:	300	6500	11424
Terre Rule W	tortidale City Council	Direct In-Kind Payment of Debt Returned Contribution Other Purpose:			
1000 There	Selfre par 10an	Direct In-Kind Payment of Debt Returned Contribution Other Purpose:	597.48	þ	12-31-21
Todd Thacker 37 Hazelwood Ct. Terre Haute, IN	Self repay	Direct In-Kind Payment of Debt Returned Contribution Other Purpose:	189.12		12-31-24
TOTAL OF ALL PA	SUBTOTAL THIS PAC		\$ 3415.48		
TOTAL OF ALLT	\$34158				