

State Form 4606 (R13/11-05) Indiana Election Commission (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.

✓ No Yes IS THIS AN AMENDMENT?

(CFA-4) **Summary Sheet**

FILE NUMBER TOTAL PAGES IN ENTIRE CFA-4 REPORT

2. Acromy or abbreviated Name (if any) 3. Committee Telephone Number 4. Mailing Address (address where all campaign finance correspondence is received) 5. City, State. 2IP Code 6. Party Affiliation (if applicable) 7. Full Name of Candidate (include any nickname) 8. Party Affiliation or if independent Candidate 9. Office Sought (include district number, if any. Not required for exploratory committee) 9. Office Sought (include district number, if any. Not required for exploratory committee) 11. Check one: Pre-Pinnary Pre-Election Annual Nomination Other Pre-Convention Pre-Convention Pre-Pinnary Pre-Election Annual Nomination Other Pre-Convention Pre-Pinnary Pre-Election Annual Nomination Other Pre-Convention Pre-Convention Pre-Convention Pre-Convention Pres-Convention Post-Convention Pres-Convention Pres-Convention Pres-Convention Pres-Convention Pres-C	1. Full Name of Committee (as on Statement of Organization) Check if this is a new r	name		
2. Acronym or Abbreviated Name (if any) 4. Mailing Address (address where all campaign finance correspondence is received) 5. City, State, ZIP Code CANDIDATE INFORMATION (For Candidate's Committees Only) 7. Full Name of Candidate (include any nickname) CANDIDATE INFORMATION (For Candidate's Committees Only) 8. Party Affiliation or if Independent Candidate 10. County of Residence 10. County of Residence 11. Check one: TYPE OF REPORT 11. Check one: TYPE OF REPORT 12. Reporting Period: Final/Disbards Committee lines 14, 19, and 20 must be 17) Outgoing Treasurer (within 10 days arrend Stelement of Organization) 12. Reporting Period: From: On Young and and Investments at the beginning of this reporting period. 14. Cash on hand and investments January 1, current year. CONTRIBUTIONS AND RECEIPTS (Note: these amounts include in-kind contributions and loans, as well as cash contributions.) 15a. Itemized (use Schedule A) 15b. Unitemized (use Schedule B) (Public Question: use Schedule C) 17b. Unitemized 17c. Add lines 17a and 17b in both columns SUBTOTAL 9. Debts OWED BY the committee (use Schedule D)	Committee to elect Debbie Lew	15		
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18. Cash on hand and investments at close of this reporting period (subtract 17c from 16 in both columns) 19. Debts OWED BY the committee (use Schedule D)			2	-6
19. Debts OWED BY the committee (use Schedule D)	1/c. Add lines 1/a and 1/b in both columns		0	-6
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20. Debts OWED TO the committee (use Schedule E)	19. Debts OWED BY the committee (use Schedule D)		0	
	20. Debts OWED TO the committee (use Schedule E)		<i>b</i>	

COMMITTEE INFORMATION

CERTIFICATION I CERTIFY THAT I HAVE EXAMINED THIS STATEMENT. TO THE BEST OF MY KNOWLEDGE AND BELIEF IT IS TRUE, CORRECT AND COMPLETE.

(IC 2 14 1 14) and may be subject to civil negatives. (IC 3-9-4-16, IC 3-9-4-17, IC 3-9-4-18)

Signature of Treasure Signature of Candidate (if applicable)

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 Class D felony. (IC 3-14-1-13) A person who fails to file a complete or accurate report as required by the Indiana

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VIGO COUNTY SUPERIOR COURT

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State Form 4606 (R13/11-05) Indiana Election Commission (IC 3-9-5-14)

(CFA-4 SCHEDULE A-1) CONTRIBUTIONS BY INDIVIDUALS

Itemized Contributions and Other Receipts

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

FILE NUMBER						
Page _	2 of 10					

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 RECEIVED BY
1,	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest Loan Misc. (specify)			
Contributor's Occupation (if required)				
2.	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest Loan Misc. (specify)			
Contributor's Occupation (if required)				
3.	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest Loan Misc. (specify)		a	
Contributor's Occupation (if required)	Contributions:			
4.,,	Direct In-Kind (describe)			
	Other Receipts: Interest Loan Misc. (specify)			
Contributor's Occupation (if required)	Contributions:			
5,	Direct In-Kind (describe)			
	Other Receipts: Interest Loan Misc. (specify)			
Contributor's Occupation (if required)	THE BACE OF SCHEDINE A	8 0	0 , 3, ⊕ 0.	- A M
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State Form 4606 (R13/11-05) Indiana Election Commission (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).

FILE NUMBER						
Page _	3	of 1 O				

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 RECEIVED BY
1.	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest Loan Misc. (specify)			
2.	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest Loan Misc. (specify)			
3.	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest Loan Misc. (specify)			
4.	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest Loan Misc. (specify)			
5.	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest Loan Misc. (specify)			
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State Form 4606 (R13/11-05) Indiana Election Commission (IC 3-9-5-14)

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

Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY LABOR ORGANIZATIONS 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 labor organizations OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative receipts, (such as loan proceeds and 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				

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	RECEIVED BY
1 2	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest Loan Misc. (specify)			
2.	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest Loan Misc. (specify)			
3.	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest Loan Misc. (specify)			
4.	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest Loan Misc. (specify)			
5.	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest Loan Misc. (specify)			
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State Form 4606 (R13/11-05) Indiana Election Commission (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, rebales, 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).

F	ILE NUMBER	
Page5	of 10	_

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 RECEIVED BY
1,:	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest Loan Misc. (specify)			
2.	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest Loan Misc. (specify)			
3,	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest Loan Misc. (specify)			
4.	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest Loan Misc. (specify)			
5.	Contributions: Direct Tn-Kind (describe)			
	Other Receipts: Interest Loan Misc. (specify)			
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TOTAL OF ALL PAGES OF SCHEDULE A	A ON THE LAST PAGE ONLY M 15a of the Summary Sheet)	\$		



State Form 4606 (R13/11-05) Indiana Election Commission (IC 3-9-5-14)

(CFA-4 SCHEDULE A-5) CONTRIBUTIONS BY OTHER ORGANIZATIONS

Itemized Contributions and Other Receipts

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

	FILE NUMBER					
Page _	6	of _	10	_		

CONTRIBUTOR'S FULL NAME AND	TYPE OF CONTRIBUTION	COLUMN A	COLUMN B	DATE RECEIVED
FULL MAILING ADDRESS (street, number, city, state, ZIP code)	OR OTHER RECEIPT	AMOUNT THIS PERIOD	CUMULATIVE YEAR-TO-DATE	RECEIVED BY
(street, number, city, state, 21r code)	Contributions: Direct In-Kind (describe) Other Receipts: Interest Loan Misc. (specify)			
2.	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest Loan Misc. (specify)			
3.	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest Loan Misc. (specify)			
4.	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest Loan Misc. (specify)			
5.	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest Loan Misc. (specify)			
SUBTOTAL T	HIS PAGE OF SCHEDULE A	\$	3 gr	
TOTAL OF ALL PAGES OF SCHEDULE A	ON THE LAST PAGE ONLY 15a of the Summary Sheet)	\$		



State Form 4606 (R13/11-05) Indiana Election Commission (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 _	7	of	10			

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
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:			
Code		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:			
Code		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:			
	SUBTOTAL THIS PAG		\$.0-	7	
TOTAL OF ALL PA	GES OF SCHEDULE B ON THE (Enter total on ITEM 17a of t	he Summary Sheet)	\$-0		2-61



State Form 4606 (R13/11-05) Indiana Election Commission (IC 3-9-5-14) (CFA-4 SCHEDULE C)
ITEMIZED EXPENDITURES
For Public Questions

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. All cumulative expenses or transfers-out, regardless of amount paid to political committees supporting or opposing a public question, MUST be itemized on this schedule.

FILE NUMBER
Page of

===-A K	PUBLIC QUESTIO	NINEORMATION	7-11		
Enter Text of Public Question	FUBLIC QUESTION	WINI OKWATION			
					1
Type of Question: Statewide	Local				
Position: Supported Oppo					
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
Code		☐ Direct ☐ In-Kind			
		Payment of Debt Returned Contribution			
		Other			
		Purpose:			
		☐ Direct ☐ In-Kind			
Code		Payment of Debt			
		Returned Contribution Other			
		Purpose:			
		☐ Direct ☐ In-Kind			
Code		Payment of Debt			
		☐ Returned Contribution ☐ Other			
		Purpose:			
		Direct In-Kind			
Code		Payment of Debt			
		Returned Contribution			
		Purpose:			
		☐ Direct ☐ In-Kind			
Code		Payment of Debt			
22		Returned Contribution Other			
		Purpose:			
No. Phi		☐ Direct ☐ In-Kind			
Code		Payment of Debt			
		Returned Contribution Other			
		Purpose:			
	SUBTOTAL THIS PAG	E OF SCHEDULE C	\$ 2	V= - 9 5	8 12 1
TOTAL OF ALL PAG	ES OF SCHEDULE C ON THE	LAST PAGE ONLY	\$ 0		
	(Enter total on ITEM 17a of t	he Summary Sheet)			



(CFA-4 SCHEDULE D)
DEBTS OWED BY THIS COMMITTEE

State Form 4606 (R13/11-05) Indiana Election Commission (IC 3-9-5-14)

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 & MAILING ADDRESS (street, number, city, state, ZIP code)	ENDORSER'S OR VENDOR'S NAME & MAILING ADDRESS (if any) (street, number, city, state, ZIP code)	AMOUNT	DATE DEBT INCURRED	CUMULATIVE PAID YEAR-TO-DATE	OUTSTANDING BALANCE THIS
		NATURE OF DEBT			PERIOD
	,				,
LENDER'S OCCUPATION.					
			7.8		
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CENTED O CONTRIBATION					
SUBTOTAL THIS PAGE OF SCHEDULE D				\$0	
TOTAL OF ALL PAGES OF SCHEDULE D ON THE LAST PAGE ONLY (Enter total on ITEM 19 of the Summary Sheet)					\$0



State Form 4606 (R13/11-05) Indiana Election Commission (IC 3-9-5-14)

(CFA-4 SCHEDULE E) DEBTS OWED TO THIS COMMITTEE

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. List all debts and loans, regardless of the amount, OWED TO the committee during the reporting period. Include all amounts the committee has loaned to others.

FILE NUMBER							
Page _	10 of 10						

BORROWER'S NAME & MAILING ADDRESS (street, number, city, state, ZIP code)	CO-SIGNER'S NAME & MAILING ADDRESS (if any) (street, number, city, state, ZIP code)	ORIGINAL AMOUNT DATE DEBT		CUMULATIVE PAID	OUTSTANDING BALANCE THIS
		NATURE OF DEBT	INCURRED	YEAR-TO-DATE	PERIOD
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		ñ	:		
		SUBTOTA	AL THIS PAGE (OF SCHEDULE E	\$0
TOTAL OF ALL PAGES OF SCHEDULE E ON THE LAST PAGE ONLY					