

State Form 4606 (R15 / 5-19) 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.

(CFA-4) **Summary Sheet**

FILE NUMBER

TOTAL PAGES IN ENTIRE CFA-4 REPORT

IS THIS AN AMENDMENT? LYes LX	7 No		
	COMMITTEE INFORMATION		-
1. Full Name of Committee (as on Statement of Organization	n) Check if this is a new name) .	
Committee to Cleet HW	and a Thompson		
2. Acronym or Abbreviated Name (if any)		Committee Telephone Numb	
		217) 4/6-009	
4. Mailing Address (Address where all campaign finance con	rrespondence is received.)	k if this is a new address.	
5. City, State, ZIP Code		Party Affiliation (if applicable)	
Teme Hante, IN 41803	0.1	Democrat	
CANDIDATE INF	ORMATION (For Candidate's Comm		
7. Full Name of Candidate (Include any nickname.)		Party Affiliation or If Indepen	dent Candidate
Amanda Thompson	5.,	Democrat	
9. Office Sought (Include district number, if any. Not require	ed for exploratory committee.) 10.	County of Residence	
City Council. District 2		Mgo	
TYPE OF R	REPORT	CONVENT	ION CANDIDATES ONLY
11. Check one:		Check one.	:
Pre-Primary Pre-Election Annual Nomination C	Other		nvention
Final / Disbands Committee (Lines 18, 19, and 20 must be "0".) Out	going Treasurer (Within ten (10) days amend Statement o	of Organization.)	Convention
12. Reporting Period (mm/dd/yy):		COLUMN A	COLUMN B
From: 6//0//23 Through	gh: 04/07/23	This Period	Year to Date
13. Cash on hand and investments at the beginning of this		0	
14. Cash on hand and investments January 1, current year.			0
CONTRIBUTIONS AND			
(Note: these amounts include in-kind contributions and loans	s, as well as cash contributions.)		
15a. Itemized (Use Schedule A.)	9	7// 7 1 598	*477 00
15b. Unitemized		4950=	4175.00
15c. Add lines 15a and 15b in both columns.	SUBTOTA	AL #450 =	#950 · =
16. Add lines 13 and 15c in Column A and lines 14 and 15c		AL \$ 950.00	1950 -
EXPENDITURE	ES		
(Note: These amounts include in-kind expenditures and loar	n repayments.)	1/2 22 22	20
17a. Itemized (Use Schedule B.) (Public Question: use Sche	edule C.)	*2,573-28	12 873.28
17b. Unitemized			-
17c. Add lines 17a and 17b in both columns.	SUBTOT	AL \$2,873.28	*2 813 +28
18. Cash on hand and investments at close of this reporting period (\$	Subtract 17c from 16 in both columns.) TOT		4407.00
19. Debts OWED BY the committee (Use Schedule D.)		40	
20. Debts OWED TO the committee (Use Schedule E.)		+ 0	
CER	TIFICATION		FOR OFFICE USE ONLY
I CERTIFY THAT I HAVE EXAMINED THIS STATEMENT. TO THE BES		CORRECT AND COMPLETE.	
Signature of Treasurer	Title	Date (mm/dd/yy)	## ### ###############################
	ta e		

Signature of Candidate (if applicable) Date (mm/dd/yy) 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 & Jelony. (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)



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 INDIMDUALS 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	TYPE OF CONTRIBUTION	COLUMNA	COLUMN B	DATE RECEIVED (mm/dd/yy)
FULL MAILING ADDRESS (street, number, city, state, ZIP code)	OR OTHER RECEIPT	AMOUNT THIS PERIOD	CUMULATIVE YEAR-TO-DATE	
(Street, number, city, state, 2n code)	Contributions:	TEMO D		
78	Direct			
	n-Kind (describe)			
	Other Receipts:			
	☐ Interest ☐ Loan			
	Miscellaneous (specify)			
Contributor's Occupation (if required)				
2.	Contributions: Direct			
	In-Kind (describe)			
	·			
	Other Receipts:			
	Miscellaneous (specify)			
Contributor's Occupation (if required)	<u> </u>			
3.	Contributions:			
	☐ Direct ☐ In-Kind (describe)			
	- Hindrid (describe)			
	Other Receipts:			
	☐ Interest ☐ Loan ☐ Miscellaneous (specify)			
	Wilsocharicodo (apasary)			
Contributor's Occupation (if required)	Contributions:			
4.	Direct			
	In-Kind (describe)			
	Other Receipts:			
	Interest Loan			
	Miscellaneous (specify)			
Contributor's Occupation (if required)	<u> </u>			
5.	Contributions: Direct			
	In-Kind (describe)			
	Other Receipts:			
	Miscellaneous (specify)			
Contributor's Occupation (if required)				
	THIS PAGE OF SCHEDULE A	\$		-Ni
TOTAL OF ALL PAGES OF SCHEDULE	A ON THE LAST PAGE ONLY	1		
(Entertotal on ITE	M 15a of the Summary Sheet.)			



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

(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	of			

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) RECEIVED BY
(street, number, city, state, ZIP code)		PERIOD	YEAR-TO-DATE	RECEIVED DI
1.	Contributions: Direct			
	☐ In-Kind (describe)			
	Other Receipts:			
	Interest Loan			
	Miscellaneous (specify)			
2.	Contributions: Direct			
	In-Kind (describe)			
	Other Receipts:		*	
	☐ Interest ☐ Loan ☐ Miscellaneous (specify)			
	Miscellarieous (specify)			
3.	Contributions:			
	In-Kind (describe)			
	Other Receipts:			
	☐ Interest ☐ Loan ☐ Miscellaneous (specify)			
	I Wildelianoodo (oposity)			
	Contributions:			
4.	Direct			
	☐ In-Kind (describe)	*		
	Other Receipts:			
	Miscellaneous (specify)			
	Contributions:			
5.	Direct			c:
	In-Kind (describe)			
	Other Receipts: Interest Loan			
	Miscellaneous (specify)			
2007271	THIS PAGE OF SCHEDULE A	e		
TOTAL OF ALL PAGES OF SCHEDUL		\$		
(Entertatel on ITE	M 15a of the Summary Sheet.)	\$		



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

(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 BLACKINK 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_	<u> </u>			

CONTRIBUTOR'S FULL NAME AND	TYPE OF CONTRIBUTION	COLUMNA	COLUMNB	DATE RECEIVED (mm/dd/yy)
FULL MAILING ADDRESS (street, number, city, state, ZIP code)	OR OTHER RECEIPT	AMOUNT THIS PERIOD	CUMULATIVE YEAR-TO-DATE	RECEIVED BY
1.	Contributions:			
	Direct			
	☐ In-Kind (describe)			
	Other Receipts:			
	Interest Loan			
	Miscellaneous (specify)			
2.	Contributions:			
	In-Kind (describe)			
	Other Receipts:			
	Interest Loan			E11
	Miscellaneous (specify)			
3.	Contributions: Direct			
	☐ In-Kind (describe)			
	Other Receipts: Interest Loan			
	Miscellaneous (specify)			
			ľ	
4.	Contributions:			
"	Direct			
	In-Kind (describe)		P F	
	Other Receipts:			
	☐ Interest ☐ Loan			
	Miscellaneous (specify)			
		,		
5.	Contributions: Direct			
	In-Kind (describe)			
	Other Receipts:			
	☐ Interest ☐ Loan ☐ Miscellaneous (specify)			
	I wiscellaneous (specify)			1
	THIS DAGE OF SCHEDULE 5.4	•		
SUBTOTAL TOTAL OF ALL PAGES OF SCHEDULE	THIS PAGE OF SCHEDULE A	\$		
(Entertotal on ITE	M 15a of the Summary Sheet.)	\$		



State Form 4606 (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				
Page	of			

CONTRIBUTOR'S FULL NAME AND	TYPE OF CONTRIBUTION	COLUMN A	COLUMN B	DATE RECEIVED (mm/dd/yy)
FULL MAILING ADDRESS (street, number, city, state, ZIP code)	OR OTHER RECEIPT	AMOUNT THIS PERIOD	CUMULATIVE YEAR-TO-DATE	RECEIVED BY
1.	Contributions: Direct			
	☐ In-Kind (describe)			
	Other Receipts:			
	☐ Interest ☐ Loan ☐ Miscellaneous (specify)			
2,	Contributions:			
	In-Kind (describe)			
	Other Receipts:			
	☐ Interest ☐ Loan			
	Miscellaneous (specify)			
3.	Contributions:			
**	☐ Direct☐ In-Kind (describe)			
	Other Receipts:		2	
	Miscellaneous (specify)			
4.	Contributions:			
5	☐ Direct☐ In-Kind (describe)			
	- Trime (assesses)			
	Other Receipts: Interest Loan	K # 6		
	Miscellaneous (specify)			
	Contributions:			
5.	Direct			
	In-Kind (describe)			
	Other Receipts: Interest Loan			
	Miscellaneous (specify)			
1	THIS PAGE OF SCHEDULE A	\$		
TOTAL OF ALL PAGES OF SCHEDUL (Entertotal on ITE	EAONTHELAST PAGE ONLY EM 15a of the Summary Sheet.)	\$		



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

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

Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY ORGANIZATIONS OTHER THAN CORPORATIONS, LABOR ORGANIZATIONS, POLITICAL ACTION COMMITTEES AND INDIVIDUALS ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from other entities OVER \$100 per contribution, 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, 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).

	FILE NUMBER				
Pag	e	of			

FUL	BUTOR'S FULL NAME AND L MAILING ADDRESS	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED (mm/dd/yy) RECEIVED BY
(street, nu	ımber, city, state, ZIP code)	Contributions: Direct In-Kind (describe)	PERIOD		
		Other Receipts: Interest Loan Miscellaneous (specify)			
2.		Contributions: Direct In-Kind (describe)			
		Other Receipts: Interest Loan Miscellaneous (specify)		1	
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	\$		
Т	OTAL OF ALL PAGES OF SCHEDULE	A ON THE LAST PAGE ONLY M 15a of the Summary Sheet.)	\$		



State Form

(CFA-4 SCHEDULEB) ITEMIZED EXPENDITURES

4606 (R15 / 5-19) Indiana Election Division (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. 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	1		

RECIPIENT'S NAME AND MAILING ADDRESS RECIPIENT'S OCCUPATION (street, number, city, state, ZIP code)		TYPE OF EXPENDITURE and	COLUMNA AMOUNTTHIS	COLUMN B CUMULATIVE	DATE OF EXPENDITURE
(otroot, number, only fortate, in 1935)	OFFICE SOUGHT (if applicable)	PURPOSE (be specific)	PERIOD	YEAR-TO-DATE	(mm/dd/yy)
MJB Enterprises, LLC 1801 W. 18th Soveet Zadarupolis, ZN 46202	Printing Company	Direct In-Kind Payment of Debt Returned Contribution Other Purpose: And Signs	4909 : 50		02/24/23
A Code KJB GHOPNSES, LLC 1801 W. 1850 51. Zndown polis, IN 96202	Printing Company	Direct In-Kind Payment of Debt Returned Contribution Other Purpose:	4/44. 45		03/07/23
KJB Enterprises, LLC 1801 W. 18 th St. Znotarapolis, IN 46202	Prontony Company	Direct In-Kind Payment of Debt Returned Contribution Other Purpose:	^{\$} 331.70		03/08/23
KJB Enterprises, LLC 1801 W. 1842 St. Zndranapolis, ZN 462e2	Potorkry Company	Direct In-Kind Payment of Debt Returned Contribution Other Purpose: Car Magnets	<i>777</i> 4.70		03/27/23
LJOGATUPNSES, CLC 1501 W. 16th St. ZnNanupolis, ZN 46202	Poonding Company	Payment of Debt Returned Contribution Other Purpose: Mailun Joshay	4/673.66		63/29/23
LJB Enterprises, CLC 1801 W. 18th St. Indanapolis, IN 46202	Printry Company	Direct In-Kind Payment of Debt Returned Contribution Other Purpose: Sulfans	*34. 82		08/31/23
KJB GATOPONSCS, LLC 1801 UL 18681 Znotanepoliz, ZN 46262	Drinking Company	Direct In-Kind Payment of Debt Returned Contribution Other Purpose:	3/44,45		4-3-23
LIV VAN UP VI)	SUBTOTAL THIS DA	GE OF SCHEDULE B	\$2,873.25	3	
TOTAL OF ALL P	AGES OF SCHEDULE B ON TH	IE LAST PAGE ONLY	50012.3		
I TOTAL OF ALL !	(Enter total on ITEM 17a of	the Summary Sheet.)	0,015		



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

INSTRUCTIONS: Please type or print legibly IN BLACKINK 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.

(CFA-4 SCHEDULEC) ITEMIZED EXPENDITURES For Public Questions

FILE NUMBER				
Page	of			

			Page_	of	
	PUBLIC QUESTION	N INFORMATION			
Enter Text of Public Question.					
Type of Question: Statewide	Local				
Position: Supported Oppo					
RECIPIENT'S NAME AND MAILING ADDRESS	RECIPIENT'S OCCUPATION	TYPE OF EXPENDITURE and	COLUMNA AMOUNTTHIS	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE OF EXPENDITURE (mm/dd/yy)
(street, number, city, state, ZIP code)		PURPOSE (be specific)	PERIOD	TEAN-HOSDAILE	(mm/dd/yy)
Code		☐ Direct ☐ In-Kind ☐ Payment of Debt			
		☐ Returned Contribution			
		OtherPurpose:			
Code		☐ Direct ☐ In-Kind			
		Payment of Debt Returned Contribution			
		☐ Other			
		Purpose:			
Codo		☐ Direct ☐ In-Kind			
Code		☐ Payment of Debt☐ Returned Contribution			
		☐ Other			**
		Purpose:			
Code		☐ Direct ☐ In-Kind			
- Could		Payment of Debt Returned Contribution			
		Other			
		Purpose:			
Code		☐ Direct ☐ In-Kind			
		Payment of Debt Returned Contribution			
		☐ Other			
		Purpose:			
		☐ Direct ☐ In-Kind			
Code		Payment of Debt Returned Contribution			
		Returned Contribution Other			
		Purpose:			
	SURTOTAL THIS DA	GE OF SCHEDULE C	\$		
TOTAL OF ALL PA	GES OF SCHEDULE C ON TH	HE LAST PAGE ONLY	l e		
TOTAL OF ALL PA	(Enter total on ITEM 17a of	the Summary Sheet.)	D		



(CFA-4 SCHEDULED)
DEBTS OWED BY THIS COMMITTEE

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

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				
Page	of	_		

CREDITOR'S OR LENDER'S NAME	CREDITOR'S OR LENDER'S NAME ENDORSER'S OR VENDOR'S NAME AMOUNT AND MAILINGADDRESS AND MAILINGADDRESS (if any)		DATE DEBT INCURRED	CUMULATIVE PAID	OUTSTANDING BALANCE THIS
(street, number, city, state, ZIPcode)	AND MAILING ADDRESS (if any) (street, number, city, state, ZIP code)	NATURE OF DEBT	(mm/dd/yy)	YEAR-TO-DATE	PERIOD
				Œ	
LENDERS OCCUPATION:					
A CONTRACTOR OF		2			
LENDER'S OCCUPATION:	7				
LENDER'S OCCUPATION:					
LENDER'S OCCUPATION:	×				
				9	
A STATE OF THE STA					
LENDER'S OCCUPATION:					
×	<u>a</u>				
LENDER'S OCCUPATION:					
LENDER'S OCCUPATION:					
SUBTOTAL THIS PAGE OF SCHEDULE D					\$
	TOTAL OF AL	L PAGES OF SCHEDUL (Enter total on l	ED ON THE LA	AST PAGE ONLY Summary Sheet.)	\$

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

(CFA-4 SCHEDULEE) 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	of		

		ORIGINAL AMOUNT	DATE DEBT INCURRED	CUMULATIVE PAID	OUTSTANDING BALANCE THIS
AND MAILING ADDRESS (street, number, city, state, ZIP code)	AND MAILING ADDRESS (if any) (street, number, city, state, ZIP code)	NATURE OF DEBT	(mm/dd/yy)	YEAR-TO-DATE	PERIOD
	'				
		•			
		2			
			_		
SUBTOTAL THIS PAGE OF SCHEDULE E					
	TOTAL OF	ALL PAGES OF SCHEDU (Entertotal on	LEEONTHELA ITEM 20 of the S	ST PAGE ONLY ummary Sheet.)	\$



(CFA-4) **Summary Sheet**

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

FILE NUMBER

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.

TOTAL PAGES IN ENTIRE CFA-4 REPORT

IS THIS AN AMENDMENT? Yes L	No				
	COMMITTEE INFORMATION				•
1. Full Name of Committee (as on Statement of Organization		name.			
Campilles to Elset Hum	da Thom oson				
2. Acronym or Abbreviated Name (if any) 3. Committee Telephone Number			er		
Z. Adionymor/ absorbance (a. 2.9)		(21)) 41	6-009	1
4. Mailing Address (Address where all campaign finance cor	respondence is received.)	heck if thi	sisanew	address.	
62 Brannocod		-	_		
5. City, State, ZIP Code	20.0	7 1		if applicable)	
Terre Haute, IN 4788	.5		nocre	ar	
	ORMATION (For Candidate's C				and Opposite
7. Full Name of Candidate (Include any nickname.)		8. Party	//		ent Candidate
Amanda hampson	de la companya de la	10 Cou	nty of Resi	dence	
9. Office Sought (Include district number, If any. Not require	ed for exploratory commutee.)	10. Cou	Wa	A	
My Council Destret 2 TYPE OF R	PEPOPT				ON CANDIDATES ONLY
	CI OKI			Check one:	
11. Check one: More Primary Pre-Election Annual Nomination C	Other			☐ Pre-Co	nvention
Final / Disbands Committee (Lines 18, 19, and 20 must be "0".)		ement of Oraa	nization.)	☐ Post-C	onvention
	going Troubland (William to) (1.0) says among the			LUMN A	COLUMN B
12. Reporting Period (mm/dd/yy):	gh: 04/01/23			Period	Year to Date
13. Cash on hand and investments at the beginning of this r				~	
14. Cash on hand and investments at the degrining of this?					*407
CONTRIBUTIONS AND					
(Note: these amounts include in-kind contributions and loans	s, as well as cash contributions.)				
15a. Itemized (Use Schedule A.)			02,81	13.28	2,873,28
15b. Unitemized			450.	cee	4450.0
15c. Add lines 15a and 15b in both columns.	SUB	TOTAL	\$3,32	13.28	13,323.28
16. Add lines 13 and 15c in Column A and lines 14 and 15c	in Column B	TOTAL	433	23.28	3,730.28
EXPENDITURI	ES				
(Note: These amounts include in-kind expenditures and loar	n repayments.)				2.2
17a. Itemized (Use Schedule B.) (Public Question: use Sch	edule C.)		\$2,87		12873.
17b. Unitemized			1	# 43.00	
17c. Add lines 17a and 17b in both columns,	SUB	TOTAL	1	92	10 9716. 25
18. Cash on hand and investments at close of this reporting period (Subtract 17c from 16 in both columns.)	TOTAL	-39	107.0	\$407. as
19. Debts OWED BY the committee (Use Schedule D.)				0	
20. Debts OWED TO the committee (Use Schedule E.)				9	
					FOR OFFICE USE ONLY
	TIFICATION	TRUE COR	DECT AND C	OMPLETE	
I CERTIFY THAT I HAVE EXAMINED THIS STATEMENT. TO THE BE	Title	TRUE, COR	ate (mm/d	ld/vv)	& w
Signature of Treasurer	1106		2.0 //////	/ / /	TT1 02.
Signature of Eandidate (if applicable)			ate (mm/a		50
		10	94/13/-	23	HQ
WARMING: Any information contained in this report may not be copied files a fraudulent report commits a Level 6 felony. (IC 3-14-1-13) A pers	on who fails to file a complete or accurate in e	port as red	juired by ti	ne indiana	22. O. 22. O.)
Campaign Finance Law commits a Class B misdemeanor, (IC 3-14-1-14	4) and may be subject to civil penalties. (IC 3-	9-4-16, IC 3-	9-4-17, IC 3-	9-4-18)	SENTEE VOTERS R 13 m3:31:45



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 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)	OKO MEKKECE!! 1	PERIOD	YEAR-TO-DATE	RECEIVED BY
1 Anonda Thompson G2 Byproded 500	Contributions: Direct In-Kind (describe)	4 909. 50	909.50	2/24/23
Terre Harte, ZN 91803	Other Receipts: Interest Loan Miscellaneous (specify)			Anuda Kapan
Contributor's Occupation (if required)	Contributions:			
2 Amarda Thorpson	Direct Direct In-Kind (describe)	4/44. 45	9,053.95	3/1/23
Cer Botherweed 97803 Terre Haute, ZN 97803	Other Receipts: Interest Loan Miscellaneous (specify)			Amle
Attachen				0 00 9 2
3. Amarda Thompson (a) Boyar versue (b) Boyar versue (c) Boyar versue (d) Boyar versue	Contributions: Direct In Kind (describe)	9331.70	\$1,385.65	3/8/23
Teme Hout, N 47803	Other Receipts: Interest Loan			Amely
Contributor's Occupation (if required)	Miscellaneous (specify)			Numpson
4. 1 1	Contributions:	_		5/27102
(2) Brownson	Direct In-Kind (describe) The Cor Maynets	9224.70	\$/,610.35	7/2//23
Terre Havite, Dy 1803	Other Receipts: Interest Loan Miscellaneous (specify)			Amarka
Atan	Miscellatieous (specify)			
Contributor's Occupation (if required)	Contributions:		40 (0	> /
Amarda Transan	Direct In-Kind (describe)	\$/083.66	12,694.01	3/29/23
Time Live, The	Other Receipts:			Hmark
1 (100)	Miscellaneous (specify)			Thompson
Contributor's Occupation (if required)				
	THIS PAGE OF SCHEDULE A	\$2,694.01		
TOTAL OF ALL PAGES OF SCHEDULE (Entertotal on ITE)	A ON THE LAST PAGE ONLY M 15a of the Summary Sheet.)	\$		



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 INDIMDUALS 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 cortributions 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	TYPE OF CONTRIBUTION	COLUMNA	COLUMNB	DATE RECEIVED (mm/dd/yy)
FULL MAILING ADDRESS (street, number, city, state, ZIP code)	OR OTHER RECEIPT	AMOUNT THIS PERIOD	CUMULATIVE YEAR-TO-DATE	RECEIVED BY
Anow Trongson	Contributions: Direct In-Kind (descripe)	134.82		3-31-23
Cerve Harte, N 47803	Other Receipts: Interest Loan Miscellaneous (specify)		\$2,838.4 6	Amanda Tumpan
2. Amarda Margaen Cel BNowweed	Contributions: Direct In-Kind (describe) Faud for Cords	8/44.45	\$ 2873.28	4-3-23
Tempe Hate, IN 47803 Contributor's Occupation (if required) Affany	Other Receipts: Interest Loan Miscellaneous (specify)			Amark Thompson
3.	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest Loan Miscellaneous (specify)			
Contributor's Occupation (if required)	Contributions:			
	Direct In-Kind (describe)			
	Other Receipts: Interest Loan Miscellaneous (specify)			
Contributor's Occupation (if required)	Contributions:			-
5.	Direct In-Kind (describe)			
	Other Receipts: Interest Loan Miscellaneous (specify)			
Contributor's Occupation (if required)		100 00		
SUBTOTAL TOTAL OF ALL PAGES OF SCHEDULE	THIS PAGE OF SCHEDULE A	\$ 179.27		
(Entertotal on ITEM	115a of the Summary Sheet.)	\$2,873.28		



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

(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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Street, number, city, state, ZIP code) Contributions Con	CONTRIBUTOR'S FULL NAME AND	TYPE OF CONTRIBUTION	COLUMN A	COLUMN B CUMULATIVE	(mm/dd/yy)
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In-Kind (describe) Other Receipts:	3,				
Other Receipts: Interest Loan Miscellaneous (specify) 4. Contributions: Direct In-Kind (describe) Other Receipts: Interest Loan Miscellaneous (specify) 5. Contributions: Direct Interest Loan Miscellaneous (specify) Other Receipts: Interest Loan Miscellaneous (specify) Subtotal this Page Of Schedule A S Total Of All Pages of Schedule A On the Last Page Only s		I —			
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4. Contributions: Direct In-Kind (describe) Other Receipts: Loan Miscellaneous (specify) 5. Contributions: Direct In-Kind (describe) Other Receipts: In-Kind (describe) Other Receipts: In-Kind (describe) Other Receipts: Interest Loan Miscellaneous (specify) Other Receipts: Interest Loan Interest					
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Direct					
In-Kind (describe) Other Receipts: Interest	4.				
Other Receipts: Interest Loan Miscellaneous (specify) 5. Contributions: Direct In-Kind (describe) Other Receipts: Interest Loan Miscellaneous (specify) Miscellaneous (specify) SUBTOTAL THIS PAGE OF SCHEDULE A TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY					
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TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY (Enter total on ITEM 15a of the Summary Sheet.) \$ \(\text{Figure 1.5} \)			\$		
	TOTAL OF ALL PAGES OF SCHEDUL	EAON THE LAST PAGE ONLY	\$		



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

(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	of				

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) RECEIVED BY
(street, number, city, state, ZIP code)	Contributions:	PERIOD	YEAR-TO-DATE	RECEIVED BY
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	☐ In-Kind (describe)			
	Other Receipts:	ľ		
	Interest Loan Miscellaneous (specify)			
2.	Contributions:			
	In-Kind (describe)			
	Other Receipts:			
	Miscellaneous (specify)			
3.	Contributions:			
	☐ Direct ☐ In-Kind (describe)			
	Other Receipts: Interest Loan			
	Miscellaneous (specify)			
	4			
4.	Contributions: Direct			
	In-Kind (describe)			
	Other Receipts:			
	☐ Interest ☐ Loan ☐ Miscellaneous (specify)			
	TATAGOSTICATION (OPOSA))			
5.	Contributions:			
	Direct In-Kind (describe)			
	Other Receipts: Interest Loan			
	Miscellaneous (specify)			
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(Entertotal on l	TEM 15a of the Summary Sheet.)	Ψ		



State Form 4606 (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 BLACKINK 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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CONTRIBUTOR'S FULL NAME AND FULL MAILING ADDRESS (ctroot, number city state 7/8 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
(street, number, city, state, ZIP code) 1.	Contributions: Direct In-Kind (describe) Other Receipts: Interest Loan Miscellaneous (specify)	PERIOD	TEAR-TO-DATE	W
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		\$		
	115a of the Summary Sheet.)	Φ		



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

(CFA-4 SCHEDULEA-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 contribution, 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_	of				

CONTRIBUTOR'S FULLN FULL MAILING ADDR (street, number, city, state,	RESS	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED (mm/dd/yy) RECEIVED BY
(street, number, city, state		Contributions: Direct In-Kind (describe) Other Receipts:			
		☐ Interest ☐ Loan ☐ Miscellaneous (specify)			
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)			
		HIS PAGE OF SCHEDULE A	\$		
TOTAL OF ALL P.	AGES OF SCHEDULE A (Entertotal on ITEM	ON THE LAST PAGE ONLY 15a of the Summary Sheet.)	\$		



State Form

(CFA-4 SCHEDULEB) ITEMIZED EXPENDITURES

4606 (R15 / 5-19) Indiana Election Division (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. 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	1			

RECIPIENT STANDE AND WAILING ADDITEST		TYPE OF EXPENDITURE and	COLUMNA AMOUNTTHIS	COLUMN B CUMULATIVE	DATE OF EXPENDITURE
(street, number, city, state, ZIP code)	OFFICE SOUGHT (if applicable)	PURPOSE (be specific)	PERIOD	YEAR-TO-DATE	(mm/dd/yy)
KJB Enterprises, LLC 1801 W. 18th Someet Zadarupolis, ZN 46202	Printing Company	Direct In-Kind Payment of Debt Returned Contribution Other Purpose:	4909 . <u>50</u>		02/24/23
A Code KJB GITOPNSES, LLC 1801 W. 1850 SI. Zndampelis, IN 16202	Printing Company	Direct In-Kind Payment of Debt Returned Contribution Other Purpose:	4/44. 45		03/07/23
KJB Enterprises, LLC 1801 W 18th St. Zndarupolis, IN 46202	Promony Congany	Direct In-Kind Payment of Debt Returned Contribution Other Purpose:	[‡] 331, 70		03/08/23
KJB Enterprises, LLC 1801 W. 184 St. Zudanapolis, ZN 462e2	Potokry Company	Direct In-Kind Payment of Debt Returned Contribution Other Purpose: Car Magnets	<i>9734.70</i>		03/27/23
LJOEnterprises, CLC 1801 W. 15th St. Endanupolis, ZN 4620	Ponding Company	Direct In-Kind Payment of Debt Returned Contribution Other Purpose:	41683.66		03/29/23
LJB CHEPNEY, CLC 1801 W. 18th St. Zndanspolis, ZN 46202	Printing Company	Direct In-Kind Payment of Debt Returned Contribution Other Purpose:	*34. 82	-	03/31/23
KJB GATOPPISCS, LLC 1801 UL 18481 Znobanepoliz, ZN 46262	Drinking Company	Direct In-Kind Payment of Debt Returned Contribution Other Purpose:	3/44,45		4-3-23
		AGE OF SCHEDULE			
TOTAL OF ALL F	PAGES OF SCHEDULE B ON THE PAGES OF SCHEDULE B ON THE PAGE OF THE	HE LAST PAGE ONL) f the Summary Sheet.	\$2,813.	5	



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

INSTRUCTIONS: Please type or print legibly IN BLACKINK 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.

(CFA-4 SCHEDULE C) ITEMIZED EXPENDITURES For Public Questions

FILE NUMBER				
Page	of			

			Page_	of					
	PUBLIC QUESTIO	N INFORMATION							
Enter Text of Public Question.									
Type of Question: Statewide Local									
Position: Supported Doppe	osed								
RECIPIENT'S NAME AND MAILING ADDRESS (street, number, city, state, ZIPcode)	RECIPIENT'S OCCUPATION	TYPE OF EXPENDITURE and PURPOSE (be specific)	COLUMNA AMOUNTTHIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE OF EXPENDITURE (mm/dd/yy)				
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:							
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TOTAL OF ALL PA	GES OF SCHEDULE C ON TH (Enter total on ITEM 17a of	E LAST PAGE ONLY the Summary Sheet.)	\$						



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

(CFA-4 SCHEDULED) 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			
Page	of		

CREDITOR'S OR LENDER'S NAME AND MAILINGADDRESS (street, number, city, state, ZIP code)	ENDORSER'S OR VENDOR'S NAME AND MAILING ADDRESS (if any) (street, number, city, state, ZIPcode)	AMOUNT	DATE DEBT INCURRED (mm/dd/yy)	CUMULATIVE PAID	OUTSTANDING BALANCE THIS PERIOD
		NATURE OF DEBT		YEAR-TO-DATE	
LENDER'S OCCUPATION:					
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(Enter total on ITEM 19 of the Summary Sheet.)				\$	

(CFA-4 SCHEDULEE)
DEBTS OWED TO THIS COMMITTEE

State Form 4606 (R15 / 5-19) Indiana Election Division (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 TO the committee during the reporting period. Include all amounts the committee has loaned to others.

FILE NUMBER				
Page	of			

BORROWER'S NAME	CO-SIGNER'S NAME AND MAILING ADDRESS (if any) (street, number, city, state, ZIP code)	ORIGINAL AMOUNT	DATE DEBT INCURRED (mm/dd/yy)	CUMULATIVE PAID YEAR-TO-DATE	OUTSTANDING BALANCE THIS PERIOD
AND MAILING ADDRESS (street, number, city, state, ZIP code)		NATURE OF DEBT			
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