

State Form 4606 (R14 / 10-17)

Indiana Election Division (IC 3-9-5-14)

assistance in completing this form, see instructions on the reverse side.

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this form. For

OF

(CFA-4) **Summary Sheet** 

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

IS THIS AN AMENDMENT?  Yes No			-
COMMITTEE INFORMATION		<b>Nank</b>	
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)	3. Cor	mmittee Telephone Number	
4. Mailing Address (Address where all campaign finance correspondence is received.)	Check if t	this is a new address.	
5. City, State, ZIP Code Milwigan aty, FN 46360	6. Par	ty Affiliation (if applicable) DEMOCRA	_
CANDIDATE INFORMATION (For Candidate's C	ommit	tees Only)	STATE OF STATE OF STATE
7. Full Name of Candidate (Include any nickname.)	8. Par	ty Affiliation or If Independer	
9. Office Sought (Include district number, if any. Not required for exploratory committee.)	10. Co	ounty of Residence	5
TYPE OF REPORT		CONVENTIO	N CANDIDATES ONLY
11. Check one:  Pre-Primary Pre-Election Annual Nomination Other		Check one:	/ention
Final / Disbands Committee (Lines 18, 19, and 20 must be *0".) Utgoing Treasurer (Within ten (10) days amend State	tement of O	rganization.) Dost-Con	vention
12. Reporting Period (mm/dd/yy): From:       2019   Through:  2  3   2019		COLUMN A This Period	COLUMN B Year to Date
13. Cash on hand and investments at the beginning of this reporting period.		5722:65	
14. Cash on hand and investments January 1, current year.	the Mark Sept Mark		5722:65
CONTRIBUTIONS AND RECEIPTS			
(Note: these amounts include in-kind contributions and loans, as well as cash contributions.)		Control of the State of the Sta	18 (F) 11 (F) 2.5 (F) 2.4 (F) 2.5 (F)
15a. Itemized (Use Schedule A.)			
15b. Unitemized  15c. Add lines 15a and 15b in both columns.  SUB1	TOTAL		
Tot. And med for any result of	TOTAL	ଚ	0
EXPENDITURES			
(Note: These amounts include in-kind expenditures and loan repayments.)	2.000.00		<b>国际的现在</b>
17a. Itemized (Use Schedule B.) (Public Question: use Schedule C.)		1440.00	1440.00
17b. Unitemized			
17c. Add lines 17a and 17b in both columns.	TOTAL	1440.00	1440.00
18. Cash on hand and investments at close of this reporting period (Subtract 17c from 16 in both columns.)	TOTAL	4385.73	4385 ,73
19. Debts OWED BY the committee (Use Schedule D.)		0	
20. Debts OWED TO the committee (Use Schedule E.)		0	
	Appending of		לם מבלובה וולב מאו D

I CERTIFY THAT I HAVE EXAMINED THIS STATEMEN	CERTIFICATION  IT. TO THE BEST OF MY KNOWLEDGE AND BEL	ACTUAL TO THE REAL PROPERTY AND ADDRESS OF THE PROPERTY AND ADDRESS OF THE PROPERTY ADDRESS OF THE	CLERKS OFFICE
Signature of Treasurer  Signature of Candidate (Incodicable)	Vidya Wu	Date (mm/dd/yy)	SAN 9 2020
WARNING: Any information contained in this report ma files a fraudulent report commits a Level 6 felony. (IC Campaign Finance Law commits a Class B misdemeand	3-14-1-13) A person who fails to file a complete	e or accurate report as required by the Indiana	Krigusteholich ORTE SUPERIOR COURT



State Form 4606 (R14 / 10-17) Election Division (IC 3-9-5-14) Indiana

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

Itemized Contributions and Other Receipts

	FILE	NUMB	ER	
Page		_ of		

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.	Contributions: Direct In-Kind (describe)			
	Other Receipts:  Interest Loan  Miscellaneous (specify)			
Contributor's Occupation (if required)				
2.	Contributions:  Direct In-Kind (describe)			
	Other Receipts:  Interest Loan  Miscellaneous (specify)		9	2 1 2 3 S
Contributor's Occupation (if required)	/ <u>-</u>	э		
3.	Contributions:  Direct In-Kind (describe)			
	Other Receipts: Interest Loan Miscellaneous (specify)			1
Contributor's Occupation (if required)				
4.	Contributions:  Direct In-Kind (describe)			
	Other Receipts:  Interest Loan  Miscellaneous (specify)			
Contributor's Occupation (if required)				
5.	Contributions:  Direct In-Kind (describe)			
	Other Receipts: Interest Loan Miscellaneous (specify)			
Contributor's Occupation (if required)				
	THIS PAGE OF SCHEDULE A	s ()		
TOTAL OF ALL PAGES OF SCHEDULE (Enter total on ITEM	A ON THE LAST PAGE ONLY 115a of the Summary Sheet.)	\$		



Form 4606 (R14 / 10-17) Election Division (IC 3-9-5-14 State Indiana

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

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document expenditures totaled on ITEM 17a of the Summary Sheet. All cumulative expenses paid to individuals, businesses, labor organizations and other entities OVER \$100 per recipient, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative expenses, including in-kind, regardless of amount paid to political committees, (such as transfers-out from candidate, legislative caucus, political action, or regular party committees) MUST be itemized on this schedule.

FILE NUMBER				
Page	of			

RECIPIENT'S NAME AND MAILING ADDRESS (street, number, city, state, ZIP code)	RECIPIENT'S OCCUPATION  OFFICE SOUGHT (if applicable)	TYPE OF EXPENDITURE and	COLUMN A AMOUNT THIS	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE OF EXPENDITURE (mm/dd/yy)
	OFFICE SOUGHT (II applicable)	PURPOSE (be specific)	PERIOD	TEAR-TO-DATE	(IIIII/GG/yy)
Code A   LAMAR		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:	1440,00	144000	11/14/19
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:		e 8	,01
Code		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:		e	
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		\$ 1440 %		
TOTAL OF ALL PA	AGES OF SCHEDULE B ON TH (Enter total on ITEM 17a of t	E LAST PAGE ONLY the Summary Sheet.)	S		



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.

IS THIS AN AMENDMENT? Yes

⊠ No

(CFA-4) Summary Sheet

FILE NUMBER

46-20-07

TOTAL PAGES IN ENTIRE CFA-4 REPORT

CIERK OF LA PORTE CIRCUIT COURT

COMMITTEE INFORMATION			<b>"你我们不是我们</b>
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)	10000	nmittee Telephone Numb	
	(2)	9 1874-4	220
4. Mailing Address (Address where all campaign finance correspondence is received.)	Check if th	nis is a new address.	
5. City, State, ZIP Code Millingan City, In 46360	6. Part	y Affiliation (if applicable) DEMOURA	
CANDIDATE INFORMATION (For Candidate's C	ommitte	CONTRACTOR OF THE PARTY OF THE	NAME OF BRIDE
7. Full Name of Candidate (Include any nickname.)	8. Party	y Affiliation or If Independ DEMOC	ALCOHOLOGO CANALOGO CONTRA CON
9. Office Sought (Include district number, if any. Not required for exploratory committee.)	10. Co	unty of Residence	£ .
TYPE OF REPORT		CONVENT	ION CANDIDATES ONLY
11. Check one:		Check one	
Pre-Primary Pre-Election Annual Nomination Other		Pre-Co	onvention
Final / Disbands Committee (Lines 18, 19, and 20 must be *0".) Utgoing Treasurer (Within ten (10) days amend State	ement of Org	ganization.) Dost-C	Convention
12. Reporting Period (mm/dd/yy):		COLUMN A	COLUMN B
From: 1/1/2020 Through: 4/17/2020		This Period	Year to Date
13. Cash on hand and investments at the beginning of this reporting period.		43-85-73	
14. Cash on hand and investments January 1, current year.			4385.73
(Note: these amounts include in-kind contributions and loans, as well as cash contributions.)			
15a. Itemized (Use Schedule A.)		10 (00)	10 0000
15b. Unitemized		10,000,00	10,000:00
CILI STATES AND STATES	OTAL	10,000.400	10,000.00
20 9 8 8 8 8 9 8 8 9 8 9 8 8 9 8 8 8 8 8	TOTAL	111.286,72	14.380.12
EVDENDITURES	SISSE	14/303.13	14/203-13
(Note: These amounts include in-kind expenditures and loan repayments.)			
17a. Itemized (Use Schedule B.) (Public Question: use Schedule C.)		9005	9005
17b. Unitemized		1003	1005
CARSON HAS ARRIVED WITHOUT STANDING AT LIST DISC.	TOTAL	9005	9005
18. Cash on hand and investments at close of this reporting period (Subtract 17c from 16 in both columns.)	TOTAL	5320.73	3 5380.73.
19. Debts OWED BY the committee (Use Schedule D.)		0	
20. Debts OWED TO the committee (Use Schedule E.)		0	
			AND THE PERSON NAMED IN COLUMN 1985
CERTIFICATION	ALLE COR	DECT AND COMPLETE	FOR OFFICE USE ONLY
Signature of Treasurer  Title TREASURER	735	Date (mm/dd/yy)  429/20	IN CLERKS OFFICE
Signature of Candidate (if applicable)		Date (mm/dd/yy) 4129120	APR 2 9 2020
WARNING: Any information contained in this report may not be copied for sale or used for any-commercial purpose. files a fraudulent report commits a Level 6 felony. (IC 3-14-1-13) A person who fails to file a complete or accurate			

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 B) ITEMIZED EXPENDITURES

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document expenditures totaled on ITEM 17a of the Summary Sheet. All cumulative expenses paid to individuals, businesses, labor organizations and other entities OVER \$100 per recipient, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative expenses, including in-kind, regardless of amount paid to political committees, (such as transfers-out from candidate, legislative caucus, political action, or regular party committees) MUST be itemized on this schedule.

FILE NUMBER				
Page	of			

RECIPIENT'S NAME AND MAILING ADDRESS (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)
THE WOZNIAK		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:	40000	-	
CODE A LAMAR ADVERGISING	-	Direct In-Kind Payment of Debt Returned Contribution Other Purpose:	3765 00		
BURK HART Adventage		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:	44357W		*
Code A LAMAR		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:	405 TVD		×
Code		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:	2		,
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		\$9005		
TOTAL OF ALL PA	GES OF SCHEDULE B ON THE		\$		



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

FILE NUMBER					
Page	of				

CONTRIBUTOR'S FULL NAME AND OCCUPATION	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	(mm/dd/yy) RECEIVED BY
1. VIDYA KORA 105 WOODOOU DA MICHI JAMUTY IN 46360 Contributor's Occupation (if required)	Contributions: Direct In-Kind (describe) Other Receipts: Interest Loan	\$10,000	TEAK TO DATE	`
Contributor's Occupation (if required)	Miscellaneous (specify)			
2.	Contributions: Direct In-Kind (describe)			
Contributor's Occupation (if required)	Other Receipts:  Interest Loan  Miscellaneous (specify)			
3.	Contributions:			
	☐ Direct ☐ In-Kind (describe)			÷
	Other Receipts:  Interest Loan  Miscellaneous (specify)			
Contributor's Occupation (if required)	Contributions:			
	Direct In-Kind (describe)			,
Contributor's Occupation (if society)	Other Receipts:  Interest Loan  Miscellaneous (specify)			
Contributor's Occupation (if required)  5.	Contributions:			· · · · · · · · · · · · · · · · · · ·
	☐ Direct ☐ In-Kind (describe)			763
	Other Receipts: Interest Loan Miscellaneous (specify)			*
Contributor's Occupation (if required)				
TOTAL OF ALL PAGES OF SCHEDULE A	HIS PAGE OF SCHEDULE A	\$		
	15a of the Summary Sheet	\$		



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

**STRUCTIONS:** 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

(CFA-4) Summary Sheet

FILE NUMBER

fle-20-07

**TOTAL PAGES IN ENTIRE CFA-4 REPORT** 

COMMITTEE INFORMATION	
1. Full Name of Committee (as on Statement of Organization) Check if this is a new name.	
2. Action yill of Abbreviated Harris (if arry)	ommittee Telephone Number UG ) 874 - 4220
4. Mailing Address (Address where all campaign finance correspondence is received.)  Check in the control of th	f this is a new address.
5. City, State, ZIP Code MICH 4AN CITY, IN 46360 6. Pa	Affiliation (if applicable)  DEMOCRAT
CANDIDATE INFORMATION (For Candidate's Commi	ittees Only)
7. Full Name of Candidate (Include any nickname.) 8. Pa	arty Affiliation or If Independent Candidate
9. Office Sought (Include district number, if any. Not required for exploratory committee.)  10. Office Sought (Include district number, if any. Not required for exploratory committee.)	County of Residence  LA PORTE
TYPE OF REPORT	CONVENTION CANDIDATES ONLY
11. Check one:	Check one:
Pre-Primary Pre-Election Annual Nomination Other	Pre-Convention
Final / Disbands Committee (Lines 18, 19, and 20 must be "0".) Utgoing Treasurer (Within ten (10) days amend Statement of	Organization.) Post-Convention
12. Reporting Period (mm/dd/yy): om: 4 17 2020 Through: 10 9 20	COLUMN A COLUMN B This Period Year to Date
13. Cash on hand and investments at the beginning of this reporting period.	5380 .73
14. Cash on hand and investments January 1, current year.	4385,13
CONTRIBUTIONS AND RECEIPTS	
(Note: these amounts include in-kind contributions and loans, as well as cash contributions.)	
15a. Itemized (Use Schedule A.)	38,300 48,300
15b. Unitemized	250 250
15c. Add lines 15a and 15b in both columns.	101
16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B. TOTAL	43,930.73 52,935.73
EXPENDITURES	
(Note: These amounts include in-kind expenditures and loan repayments.)	AN ALLEGE PROPERTY OF
17a. Itemized (Use Schedule B.) (Public Question: use Schedule C.)	34,096-50 9005
17b. Unitemized	250.60
17c. Add lines 17a and 17b in both columns.	- 24,246,50 1005
18. Cash on hand and investments at close of this reporting period (Subtract 17c from 16 in both columns.)	1 9,584,23 9,584,23
19. Debts OWED BY the committee (Use Schedule D.)	O
20. Debts OWED TO the committee (Use Schedule E.)	
CERTIFICATION	FOR OFFICE USE ONLY
I CERTIFY THAT I HAVE EXAMINED THIS STATEMENT. TO THE BEST OF MY KNOWLEDGE AND BELIEF IT IS TRUE, CO	
Signature of Treasurer  Title TREASURER	Date (mm/dd/yy) IN CLERKS OFFICE
ignature of Candidate (if applicable)	Date (mm/dd/yy) 10 09 20 0CT 1 4 2020
WARNING: Any information contained in this report may not be copied for sale or used for any commercial purpose. (IC 3-9-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 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	rt as required by the Indiana 3-9-4-17, IC 3-9-4-18)
	CLERK OF LA PORTE CIRCUIT COURT



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

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

"NSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document expenditures totaled on ITEM 17a of the Summary Sheet. All cumulative expenses paid to individuals, businesses, labor organizations and other entities OVER \$100 per recipient, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative expenses, including in-kind, regardless of amount paid to political committees, (such as transfers-out from candidate, legislative caucus, political action, or regular party committees) MUST be itemized on this schedule.

FILE NUMBER				
Page	of			

RECIPIENT'S NAME AND MAILING ADDRESS (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)
COUNTY DEMOCRATIC		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:	10327W		7/8/20
SERA SOLUTIONS 720 Franklin ST Millingen City		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:	1800		7/15/20
Code A HARWURT OUTLINES INC 77655175W 11LROY FN 46156		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:	4991		7/23/20
WOZNIAIC GRUUP 1032 GEORGETOWN RD MILLINGAM LITH 46360		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:	400		7/26/20
Code A BURKHART 1335 MISHAWAKA AVE SOUTH BEND, FN 46615		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:	316475		8/1420
Code A LAMAR Advising 1770 W. HATANMING GARY JEW		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:	54075		8/920
Code 1 WOZNIAK GROUP 1032GEORGETOWN RD MILLINGAM GIM, FN 46360		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:	900		3/1420
	\$ 0.00				
TOTAL OF ALL PA	SUBTOTAL THIS PAG GES OF SCHEDULE B ON THE (Enter total on ITEM 17a of th	LAST PAGE ONLY	\$		



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

## (CFA-4 SCHEDULE B) ITEMIZED EXPENDITURES

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Page _	of

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 A WNLP		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:	660 m		9/1/20
Code 4 WOZNIAX  URDUP  1032 GEORGE TOWN RD  MICHIGAN CITY IN  46360		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:	200°%		9/3/20
1770W HOT ANNIM		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:	5995		9/3/20
SOLUTIONS 720 FLANNING ST MILLINGTON		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:	250		9/22/20
REPROGRAPHICS 2824 E.MIUNIGAMBLUP MIUNIGAMUTY		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:	770规		9/25/20
Code WOZNIAK GROUP 1032 GEORGETOWN RD MICHIGAN CITHILN 46360		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:	11,625		9/28/20
Code ATRENALINE SOLUTIONS 3875 SOUTH JONES GUITI 103 AS VEGAS, NV 89103		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:	13000		9/30/20
SUBTOTAL THIS PAGE OF SCHEDULE B			\$ 0.00		
TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY (Enter total on ITEM 17a of the Summary Sheet.)			\$		



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

## (CFA-4 SCHEDULE B) ITEMIZED EXPENDITURES

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FILE NUMBER					
Page	of				

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 A SERA SOLUTIONS 720 transum Steur Miunganum,		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:	250		10/1/20
CODE A CARDMEMBERS SERVICES FOR FALLUTYK		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:	50		10/6/20
CODE ACT BLUE		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:	168		10/9/20
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			\$ 0.00		
TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY (Enter total on ITEM 17a of the Summary Sheet.)		\$34,096-50			



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

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

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FI	LE NUMBER	
Page	of	

RECIPIENT'S NAME AND MAILING ADDRESS (street, number, city, state, ZIP code)	RECIPIENT'S OCCUPATION	TYPE OF EXPENDITURE and	COLUMN A AMOUNT THIS	COLUMN B CUMULATIVE	DATE OF
(Street, number, city, state, 211 code)	OFFICE SOUGHT (if applicable)	PURPOSE (be specific)	PERIOD	YEAR-TO-DATE	(mm/dd/yy)
ACT BLUE		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:	45		
CODE A WOZNIAK GROUP		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:	3150		10/2/20
COMMUNICATION	ſ	Direct In-Kind Payment of Debt Returned Contribution Other Purpose:	68M		10/12/20
Code A WOZNI'AIC	=	Direct In-Kind Payment of Debt Returned Contribution Other Purpose:	4N		10/22/20
COMMUNICATION	45	Direct In-Kind Payment of Debt Returned Contribution Other Purpose:	7400 747w		10/22/0
Code A WOZNIAK GROVP		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:	2/1000		10/26/2
Code A Jausour Ads		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:	248%		10/30/20
	SUBTOTAL THIS PAG	E OF SCHEDULE B	\$ 0.00		
TOTAL OF ALL PA	GES OF SCHEDULE B ON THE (Enter total on ITEM 17a of the		\$		
	I THE TOTAL OF THE THE OF IT	Juninary Sileet.)			



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

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

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FILE NUMBER					
Page	of				

RECIPIENT'S NAME AND MAILING ADDRESS (street, number, city, state, ZIP code)	RECIPIENT'S OCCUPATION	TYPE OF EXPENDITURE	COLUMN A AMOUNT THIS	COLUMN B	DATE OF EXPENDITURE
The state of the s	OFFICE SOUGHT (if applicable)	PURPOSE (be specific)	PERIOD	YEAR-TO-DATE	(mm/dd/yy)
SOLUTIONS		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:	250		11/1/20
Jauhren Ads	g.	Direct In-Kind Payment of Debt Returned Contribution Other Purpose:	225,00		12/8/20
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	*1	Direct In-Kind Payment of Debt Returned Contribution Other Purpose:			
Code	-	Direct In-Kind Payment of Debt Returned Contribution Other Purpose:			
	SUBTOTAL THIS PAG	E OF SCHEDULE B	\$ 0.00		
TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY (Enter total on ITEM 17a of the Summary Sheet.)			\$13,303.87		



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** 

FILE NUMBER				
Page	of			

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. SUDITA KORA 105 WITTAMON DE	Contributions: Direct In-Kind (describe)	100	TEAR TO DATE	8 3 20
Mich gan Gru, IN	Other Receipts:  Interest Loan  Miscellaneous (specify)			
Contributor's Occupation (if required)				
2 SATTLESH	Contributions: Direct In-Kind (describe)	100		8/14/20
KATHULA		100		
(ENTERVILLE, OH 454-CZ	Other Receipts:  Interest Loan  Miscellaneous (specify)			
Contributor's Occupation (if required)				
3 BIKASH AGADOWAL	Contributions:  Direct			211410
1574 SPYGLASS CIR	In-Kind (describe)	250		01/712
CHESTERTON, IN 46304	Other Receipts:  Interest Loan  Miscellaneous (specify)			
contributor's Occupation (if required) Mysue  4. SATEBSH KESARI	Service Color Cold			
1975 ANNESDALE DR	Contributions: Direct In-Kind (describe)			8/14/20
CINCINNATI, OHIO	Other Receipts:	100		
45243	☐ Interest ☐ Loan ☐ Miscellaneous (specify)			
Contributor's Occupation (if required) YMM UA	- Miscellaneous (specify)			
" DEEPAK AZAD	Contributions: Direct			8/14/20
3505 CHARLEVOIX COURT	☐ In-Kind (describe)	100		0111120
FLOYD KNOBS, IN 47119	Other Receipts:			
Present	Miscellaneous (specify)			
Contributor's Occupation (if required) WMM in i	-	650		
SUBTOTAL T TOTAL OF ALL PAGES OF SCHEDULE A	HIS PAGE OF SCHEDULE A	\$ 0.00		
(Enter total on ITEM	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

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	DATE RECEIVED (mm/dd/yy)
(street, number, city, state, ZIP code)		PERIOD	YEAR-TO-DATE	RECEIVED BY
1. JOSEPH ARVLANDU 668 VLASTA CT	Contributions: Direct In-Kind (describe)	500		8/14/20
VALBARAISO, IN 46385 Contributor's Occupation (if required) AYSIGMV	Other Receipts: Interest Loan Miscellaneous (specify)			
	Contributions:			,
1057 ROYAL DUBLIN LN	Direct In-Kind (describe)	1100		8/14/20
MYER, IN 46311	Other Receipts: Interest Loan Miscellaneous (specify)	100		
Contributor's Occupation (if required) VHYS1'C1'AN				
SENKAT MOTHKUR	Contributions:  Defrect In-Kind (describe)			8/14/20
CHICAGO, IL 60601	Other Receipts:	SM		
Contributor's Occupation (if required) PHYSI'U'MV	☐ Interest ☐ Loan ☐ Miscellaneous (specify)	l .		
* RAMESH UNNI	Contributions:			1 1
8812 WINDING TRAIL	☐ In-Kind (describe)	100		8/15/20
ST JOHN, IN 46373	Other Receipts:  Interest Loan  Miscellaneous (specify)			
Contributor's Occupation (if required) WHYSI CIAN	<del></del>			
5 MATURU RAU	Contributions:			
179 WINDRIDGE RD VALPARAISO, IN 46385	☐ In-Kind (describe)	50		8 16 20
VALPARAISO, IN 46385	Other Receipts:  Interest Loan			
Contributor's Occupation (if required) Mynuar	Miscellaneous (specify)	1250		
	HIS PAGE OF SCHEDULE A	\$ 0.00		
TOTAL OF ALL PAGES OF SCHEDULE A (Enter total on ITEM	ON THE LAST PAGE ONLY 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

FILE NUMBER			
Page	of		

CONTRIBUTOR'S FULL NAME AND OCCUPATION FULL MAILING ADDRESS	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A	COLUMN B	DATE RECEIVED (mm/dd/yy)
(street, number, city, state, ZIP code)	ON OTHER NEGET	PERIOD	YEAR-TO-DATE	RECEIVED BY
12576 CHURCHILL WAY	Contributions: Direct In-Kind (describe)	500		8/16/20
STOONUSVILLE, OH 44149	Other Receipts: Interest Loan Miscellaneous (specify)			
Contributor's Occupation (if required) PENT ST				
2 VIDYADHAR GANDEN,	Contributions:			1
490 Morningord on	Direct In-Kind (describe)	SM		8/17/20
CROWN POINT, IN 46307	Other Receipts:  Interest Loan  Miscellaneous (specify)			
Contributor's Occupation (if required)				
3. MOHAMMAN RANJBARI	Contributions:			_1 ,
1718 SOUTH ASHLAND	In-Kind (describe)	250		8/17/20
CM CAGO, FL 60608	Other Receipts:  Interest Loan  Miscellaneous (specify)			
Contributor's Occupation (if required)				
" HARISH SHAH	Contributions:	250		8/17/20
10411 VICTORIA COURT	In-Kind (describe)	250		01.1120
MUNSTER, IN 46321	Other Receipts:  Interest Loan  Miscellaneous (specify)			
Contributor's Occupation (if required) Twy Van				
5 ( HARLES TATTERSAU	Contributions:	250		8 18/20
261 PAUL REVERE DR	In-Kind (describe)			, ,
CHESTERTON, IN	Other Receipts:			
46304	Miscellaneous (specify)			
Contributor's Occupation (if required) Ywyn um.		1750		
	HIS PAGE OF SCHEDULE A	\$ 0.00		
TOTAL OF ALL PAGES OF SCHEDULE A (Enter total on ITEM	ON THE LAST PAGE ONLY 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

FILE NUMBER			
Page	of		

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 MATTHEW REARDON	Contributions:			
1336 FRAN W PARKWA		(-10)		8 19/20
MUNSTER, IN 46321	Other Receipts:  Interest Loan  Miscellaneous (specify)	>00		
Contributor's Occupation (if required)				
2 HARSH DALAL 31 CREST DR	Contributions; Direct In-Kind (describe)	SM		8/19/20
CHESTERTONI IN 46304	Other Receipts:  Interest Loan  Miscellaneous (specify)			
Contributor's Occupation (if required)				
3. ANNABELLE JUHASZ	Contributions: Direct			8/19/20
230 COMMERCE Square	In-Kind (describe)	SM		0 11 11 20
Milligan aty ITN 46360	Other Receipts:  Interest Loan  Miscellaneous (specify)			
Contributor's Occupation (if required) Mynua				
* RAVI BHAGWAT	Contributions:			8/10/20
1212 MuirtiELD DX	In-Kind (describe)	500		0119120
SCHERERVILLE, IN 46375-2960	Other Receipts: Interest Loan Miscellaneous (specify)			
Contributor's Occupation (if required) Wyn'UL,				
5 SHAILESH BHATT	Contributions:  Direct	. ~~		0/20/20
9814 IVY LANE	In-Kind (describe)	100		0120120
MUNSTER, IN 46321	Other Receipts:  Interest Loan  Miscellaneous (specify)			
Contributor's Occupation (if required) Wy yyan		2100		
SUBTOTAL TE	HIS PAGE OF SCHEDULE A	\$ 0.00		
TOTAL OF ALL PAGES OF SCHEDULE A (Enter total on ITEM)	ON THE LAST PAGE ONLY 15a of the Summary Sheet.)	\$		
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State Form 4606 (R15 / 5-19) Indiana Election Division (IC 3-9-5-14)

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

FILE NUMBER			
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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. ADVIL CHAWLA 1600 SARAZEN DR CHESTERTONI IN 46304 PHYSIUM contributor's Occupation (if required)	Contributions: Direct In-Kind (describe) Other Receipts: Interest Loan Miscellaneous (specify)	250		8/20/20
2. ZHIJUN GUD 1653 SNEAD AVE CHESTERSON, IN 46304  Contributor's Occupation (if required) PHYSI 4'AN	Contributions: Direct In-Kind (describe) Other Receipts: Interest Loan Miscellaneous (specify)	160		8/22/20
3. SPINIVAS VODANALA 13923 DRYCREEK RANCH ROAT CYPRESS, TX 77429 Contributor's Occupation (if required) PHYSICH AN		1000		8/23/20
4. HITENDER PATEL 2640 HOLLISTER DR CHESTERTON, FN 46304 Contributor's Occupation (if required) PHYSICIAN	Contributions:  Direct In-Kind (describe) Other Receipts: Interest Loan Miscellaneous (specify)	250		8/24/20
5. JAGJEEVAN GANDRA 1835 BRAMBLE TRACE (HESTERTON, IN 46304  Contributor's Occupation (if required)	wiscellaneous (specify)	250		8/24/20
	HIS PAGE OF SCHEDULE A	\$ 0.00		
TOTAL OF ALL PAGES OF SCHEDULE A	ON THE LAST PAGE ONLY 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

FILE NUMBER			
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CONTRIBUTED OF THE CONTRIBUTE O				
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. CALVIN BELLAMY	Contributions:		- III IO DATE	,
1634 CHERRY BURGAN	In-Kind (describe)	250		8/26/20
MUNSTER, IN 46321	Other Receipts:  Interest Loan  Miscellaneous (specify)			
Contributor's Occupation (if required) ATTOKNE Y	2000 Sec. 20			
2 KBINH BEALL	Contributions:  Direct			
320 N MERIDIAN ST	In-Kind (describe)	50	19	8/26/20
Suite 1100	Other Receipts:			
Indianapolis, IN 46204	☐ Interest ☐ Loan ☐ Miscellaneous (specify)			
Contributor's Occupation (if required)				
3. T. J. KANCZUZEWSKI	Contributions:			
19890 STATE LINE RO	In-Kind (describe)	500		8/26/20
SOUTH BENDAW 46637	Other Receipts:  Interest Loan  Miscellaneous (specify)			
Contributor's Occupation (if required)				
2431 HIDEAWAY POINT	Contributions:  Direct In-Kind (describe)	100		8/26/20
LONG BEACH, IN 46360	Other Receipts:  Interest Loan  Miscellaneous (specify)			
Contributor's Occupation (if required) + HYSIGIM				
1501 CONTINENTAL DR	Contributions:  Direct In-Kind (describe)	500		8/26/20
ZIONS VILLE, IN 46077	Other Receipts:  Interest Loan  Miscellaneous (specify)			
Contributor's Occupation (if required)		1400		
	HIS PAGE OF SCHEDULE A	\$ 0.00		
TOTAL OF ALL PAGES OF SCHEDULE A (Enter total on ITEM	ON THE LAST PAGE ONLY 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

FILE NUMBER		
Page	of	

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
SUDHISH CHANDRA 7335 PERSHING ROAD SCHERERVICLE, IN 46375	Contributions: Direct In-Kind (describe) Other Receipts:	200		8/26/20
Contributor's Occupation (if required) PHYSI GAN	Miscellaneous (specify)			
2 SHAHABUL ARTEEN 223 GLENCOE DR	Contributions: Direct In-Kind (describe)	SM		8/26/20
VALPARAISO, IN 46385	Other Receipts:  Interest Loan  Miscellaneous (specify)			
Contributor's Occupation (if required) PHYSI U'AN	-			
3 SHRIRAM JAKATE 244 E. GRANTLEY AVE	Contributions: Direct In-Kind (describe)	250		9/7/20.
ELMHURST, IL 60126	Other Receipts:  Interest Loan  Miscellaneous (specify)			
	-			
879 MEMORIES LANE	Contributions: Direct In-Kind (describe)	2 577		9/19/20
WESTERVILLE, OH 43081 Contributor's Occupation (if required) PHYSI LIAN	Other Receipts:  Interest Loan  Miscellaneous (specify)			
5 AJ. PAMPALONE 1723 AMEN CORNER CT	Contributions: Direct In-Kind (describe)	SM		9/24/20
CHESTERTON, IN 46304-3466	Other Receipts:  Interest Loan  Miscellaneous (specify)			
Contributor's Occupation (if required) (Wyn'ua.		1700		
	HIS PAGE OF SCHEDULE A	\$ 0.00		
TOTAL OF ALL PAGES OF SCHEDULE A (Enter total on ITEM	ON THE LAST PAGE ONLY 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

FILE NUMBER				
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Sec. 1997 (1997)				
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
1411 S. WOODLAND AND SUITED	Contributions: Direct In-Kind (describe)	250	TEAK TO DATE	8/25/20
MICHIUMN (1TY I IN 4636 E Contributor's Occupation (if required) ATT MANY	Other Receipts: Interest Loan Miscellaneous (specify)			
S90 ROBERT COURT UKEEN TIELD I IN	Contributions:  Direct In-Kind (describe)  Other Receipts:	500		8/28/20
ontributor's Occupation (if required)	☐ Interest ☐ Loan ☐ Miscellaneous (specify)			
298 E. TRAILWOODER TERRE HAUTE, IN	Contributions:  Direct In-Kind (describe) Other Receipts:	500		8/19/20
Contributor's Occupation (if required) RMM Van	☐ Interest ☐ Loan ☐ Miscellaneous (specify)			-
318 GARRETSON AVE MICHIGAM CHY, IN 46360	Contributions: Direct In-Kind (describe) Other Receipts:	100		8/17/20
Contributor's Occupation (if required)	Interest Loan Miscellaneous (specify)			
WOLFGANG MUELLER 5796 W. JOHNSONRO	Contributions: Direct In-Kind (describe)	250		8/22/20
LA PORTE, IN 46350  contributor's Occupation (if required)	Other Receipts:  Interest Loan  Miscellaneous (specify)	1600		
SUBTOTAL T	HIS PAGE OF SCHEDULE A	\$ 0.00		
TOTAL OF ALL PAGES OF SCHEDULE A		\$		





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

FILE NUMBER			
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individual makes at least \$1,000 in contributions during the calendar ye	ear. Otherwise, this is optional.		age	JI
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
200 AUTUMN TRAIL	Contributions: Direct In-Kind (describe)	250		8/17/20
MICH appl aty, DW 46360  Contributor's Occupation (if required)	Other Receipts: Interest Loan Miscellaneous (specify)			
9902 SHAHAN (MET	Contributions:  Direct In-Kind (describe)	500		8/18/20
Indianalous, IN 46256	Other Receipts: Interest Loan Miscellaneous (specify)			
Contributor's Occupation (if required)				
2930 FLANGUM ST Michigan City, IN	Contributions: Direct In-Kind (describe) Other Receipts:	5M		911120.
Contributor's Occupation (if required)	☐ Interest ☐ Loan ☐ Miscellaneous (specify)			
1132 ROYAL DUBLIN	Contributions: Di Direct In-Kind (describe)	250		8/25/20
DYER, IN 46311  Contributor's Occupation (if required)	Other Receipts:  Interest Loan  Miscellaneous (specify)			
5 JOSEPH COAR 3768 N 525 W	Contributions: Direct In-Kind (describe)	200		8/31/20
LA PORTE, IN 46350 -8537	Other Receipts:  Interest Loan  Miscellaneous (specify)			
Contributor's Occupation (if required)		1700		
	HIS PAGE OF SCHEDULE A	\$ 0.00		
TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY (Enter total on ITEM 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

	FILE NUMBER	
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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
105 Woodsholl DR	Contributions:  Direct In-Kind (describe)	10,000		7/2/20
Michigan (14, ±w 46360	Other Receipts:  Interest Loan  Miscellaneous (specify)			
2. VID YA KORA 105 WOODAM DI	Contributions: Direct In-Kind (describe)	10,000	30,000	9/29/20
Michigan City IIN 46360	Other Receipts:  Interest Loan  Miscellaneous (specify)			
ontributor's Occupation (if required)	Contributions: Direct In-Kind (describe)			
Contributor's Occupation (if required)	Other Receipts:  Interest Loan  Miscellaneous (specify)			
4.	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest Loan Miscellaneous (specify)			
Contributor's Occupation (if required)  5.	Contributions:  Direct In-Kind (describe)			
Contributor's Occupation (if required)	Other Receipts:  Interest Loan  Miscellaneous (specify)	20,000		
	HIS PAGE OF SCHEDULE A			
TOTAL OF ALL PAGES OF SCHEDULE A		\$ 0.00 \$		





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

## (CFA-4 SCHEDULE A-2) CONTRIBUTIONS BY CORPORATIONS

Itemized Contributions and Other Receipts

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

FILE NUMBER		
		_
Page	of	

			Page	_ 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	DATE RECEIVED (mm/dd/yy) RECEIVED BY
158 60 DIXIEHWY	Contributions:  Direct In-Kind (describe)	500		8/21/20
MARKHAM, IL 60428	Other Receipts:  Interest Loan  Miscellaneous (specify)			
11. SOUTH MERIDIENST	Contributions:  Direct In-Kind (describe) Other Receipts:	5m		8/19/20
Indianpolis, IN 46204	Interest Loan Miscellaneous (specify)			
TOS LINCOCNWAY,	Contributions:  Direct  In-Kind (describe)  Other Receipts:	1000		8/24/20
IN 46350	☐ Interest ☐ Loan ☐ Miscellaneous (specify)			
NEUROLOGICAL C SPINAL SURGERY	Contributions:  Direct In-Kind (describe)	100		9/4/20
MERRICULLE, IN 4640	Other Receipts:  Interest Loan  Miscellaneous (specify)			
8320 CRANG ST NEFF	Contributions:  Direct In-Kind (describe)	500		9/1/20
Indiana 1045, IN 462505	Other Receipts: Interest Loan Miscellaneous (specify)	2600		
	HIS PAGE OF SCHEDULE A	\$ 0.00		
TOTAL OF ALL PAGES OF SCHEDULE A (Enter total on ITEM 1)	ON THE LAST PAGE ONLY 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

FILE NUMBER		
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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. SHAWN VIRK WERED 1706 Smead Ave Chesterron, IN 46304	Contributions:  Direct In-Kind (describe)  Other Receipts: Interest Loan Miscellaneous (specify)	500	TEAR TO BATE	10/6/20
Contributor's Occupation (if required)				
2.	Contributions:  Direct In-Kind (describe)  Other Receipts: Interest Loan Miscellaneous (specify)			
Contributor's Occupation (if required)				
3.	Contributions: Direct In-Kind (describe)			
Contributor's Occupation (if required)	Other Receipts:  Interest Loan  Miscellaneous (specify)			-
4.	Contributions:  Direct In-Kind (describe)			
Contributor's Occupation (if required)	Other Receipts:  Interest Loan  Miscellaneous (specify)			
5.	Contributions:  Direct In-Kind (describe)			8
Contributor's Occupation (if required)	Other Receipts:  Interest Loan  Miscellaneous (specify)	500		
SUBTOTAL T	HIS PAGE OF SCHEDULE A	\$ 0.00		
TOTAL OF ALL PAGES OF SCHEDULE A		\$		



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 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.	MREGG FOR INDIANA 115 W WASHINGTON ST SUITE 1165 Indianaphi, IN 46204	Contributions: Direct In-Kind (describe) Other Receipts: Interest Loan Miscellaneous (specify)	200	TEAR-10-DATE	8/25/20
2.	LA PORTE DEMOCRATIC CIVIC CLUB	Contributions:  Direct In-Kind (describe)  Other Receipts: Interest Loan Miscellaneous (specify)	1000		8/15/20
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)	1200		
	SUBTOTAL T	HIS PAGE OF SCHEDULE A	\$ 0.00		
	TOTAL OF ALL PAGES OF SCHEDULE A (Enter total on ITEM	ON THE LAST PAGE ONLY 15a of the Summary Sheet.)	\$38,300		



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.

IS THIS AN AMENDMENT? Yes No

(CFA-4) Summary Sheet

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)	mmittee Telephone Number					
4. Mailing Address (Address where all campaign finance correspondence is received.)  Check if this is a new address.						
5. City, State, ZIP Code 1 CM gan (14, FW 46360 6. Party Affiliation (if applicable)						
CANDIDATE INFORMATION (For Candidate's Co	ommitt	ees Only)				
7. Full Name of Candidate (Include any nickname.)	Affiliation or If Independent Candidate					
9. Office Sought (Include district number, if any. Not required for exploratory committee.)	unty of Residence					
TYPE OF REPORT			ON CANDIDATES ONLY			
11. Check one:		Check one:	HEROENISH A TOTAL DE L'ONS E			
Pre-Primary Pre-Election Annual Nomination Other		Pre-Con	vention			
Final / Disbands Committee (Lines 18, 19, and 20 must be *0".) Utgoing Treasurer (Within ten (10) days amend State	ment of Or	ganization.) Dost-Co	nvention			
?. Reporting Period (mm/dd/yy):		COLUMN A	COLUMN B			
From: $ 0 9 20$ Through: $ 2 31/20$		This Period	Year to Date			
13. Cash on hand and investments at the beginning of this reporting period.						
14. Cash on hand and investments January 1, current year.			4385.70			
CONTRIBUTIONS AND RECEIPTS						
(Note: these amounts include in-kind contributions and loans, as well as cash contributions.)  15a. Itemized (Use Schedule A.)						
15b. Unitemized	6/50	25,050				
15c. Add lines 15a and 15b in both columns.	OTAL	675n 0.00	55,300 0.00			
40.1100 42.1121.21.11	16,334,000	7700				
EXPENDITURES	OTAL	(6) 234 0.00	39,685,700.00			
(Note: These amounts include in-kind expenditures and loan repayments.)						
17a. Itemized (Use Schedule B.) (Public Question: use Schedule C.)		13,303.87	56,655-37			
17b. Unitemized		15,50-01	0			
17c. Add lines 17a and 17b in both columns.	OTAL	13,303.87 0.00	56,655-37 0.00			
12 12 0 0 0 00	TOTAL	3030-330.00	3030 +33 0.00			
19. Debts OWED BY the committee (Use Schedule D.)		0				
20. Debts OWED TO the committee (Use Schedule E.)	0					
	AND RESERVE					
CERTIFICATION  I CERTIFY THAT I HAVE EXAMINED THIS STATEMENT. TO THE BEST OF MY KNOWLEDGE AND BELIEF IT IS TRUE, CORRECT AND COMPLETE. IN CLERKS OFFICE						
Signature of Treasurer  Title TREASURER		Date (mm/dd/yy)				
gnature of Candidate (ikapplicable)		Date (mm/du/yy)  (0) 19 2	N 2 0 2021			
WARNING: Any information contained in this report may not be copied for sale of 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 PORTE SUPERIOR COURT						



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

FILE NUMBER				
Page	of			

		1		
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)		PERIOD	YEAR-TO-DATE	RECEIVED BY
1. AMRESH KURA	Contributions:			1
3005 POVE CREEK LN	☐ In-Kind (describe)	260		10/12/20
and the second s		250		
RICHARDSON, TX	Other Receipts:			
75082	Miscellaneous (specify)			
Contributor's Occupation (if required)				
2 EUGENE SIMMONS	Contributions:			1
1709 JOHNRUE AVE	In-Kind (describe)	100		10/29/20
Michigan aim, IN		100		
46360	Other Receipts:			,
	☐ Interest ☐ Loan ☐ Miscellaneous (specify)			
Contributor's Occupation (if required)				
3. VIDYA SAGAOR	Contributions:			1
MULKANIOR	☐ In-Kind (describe)			9/13/20
SATO MEALLA RD		200		,
WESTERVICLE, OH	Other Receipts:			
43081	☐ Interest ☐ Loan ☐ Miscellaneous (specify)			
Contributor's Occupation (if required)				
4.	Contributions:			1 1
VIDYA KORA	☐ Direct☐ In-Kind (describe)	CAD3		10/12/20
105 Wood now on		2000		
103 00000000000000000000000000000000000	Other Receipts:			
Mich gan aty IN	☐ Interest ☐ Loan ☐ Miscellaneous (specify)			
1662117				
Contributor's Occupation (if required)	Contributions:			
	Direct			
	In-Kind (describe)		1	
	Other Receipts:			
	☐ Interest ☐ Loan ☐ Miscellaneous (specify)			
	I wiscenarieous (specify)			
Contributor's Occupation (if required)	THIS DACE OF SCHEDULE A	* 0.00		
TOTAL OF ALL PAGES OF SCHEDULE A	THIS PAGE OF SCHEDULE A	\$ 0.00		
	15a of the Summary Sheet.)	\$ 5550		



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

## (CFA-4 SCHEDULE A-2) CONTRIBUTIONS BY CORPORATIONS

**Itemized Contributions and Other Receipts** 

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

FILE NUMBER				
Page	of			

	CONTRIBUTOR'S FULL NAME AND FULL MAILING ADDRESS (ctreat number city state 7/8 ccds)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS	COLUMN B CUMULATIVE	DATE RECEIVED (mm/dd/yy) RECEIVED BY
1.	HORIZON BANK SIS FLANMIN'ST MILLIGAN CITY I FW 46360	Contributions:  Direct  In-Kind (describe)  Other Receipts: Interest Loan  Miscellaneous (specify)	PERIOD  200	YEAR-TO-DATE	10/27/20
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 TOTAL OF ALL PAGES OF SCHEDULE	THIS PAGE OF SCHEDULE A A ON THE LAST PAGE ONLY	\$ 0.00 \$ 2-00		
(Enter total on ITEM 15a of the Summary Sheet.)			\$ 200		



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 FULL MAILING ADDRESS	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS	COLUMN B	DATE RECEIVED (mm/dd/yy)
(street, number, city, state, ZIP code)		PERIOD	YEAR-TO-DATE	RECEIVED BY
9025 RIVER ROAM	Contributions:  Direct In-Kind (describe)	ממזו		10/6/20
9025 RIVER ROAM SUITE 200 Indianapolis, IN 46240	Other Receipts:  Interest Loan  Miscellaneous (specify)	1000		
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)			
ž.	Other Receipts:  Interest Loan  Miscellaneous (specify)			
SUBTOTAL 1	THIS PAGE OF SCHEDULE A	\$ 0.00		
TOTAL OF ALL PAGES OF SCHEDULE A (Enter total on ITEM	ON THE LAST PAGE ONLY 15a of the Summary Sheet.)	\$ 1000		