



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

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

**(CFA-4)
Summary Sheet**

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

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

IS THIS AN AMENDMENT? Yes No

COMMITTEE INFORMATION

| | |
|--|--|
| 1. Full Name of Committee (as on Statement of Organization) <input type="checkbox"/> Check if this is a new name. FRIENDS OF ROBIN CLARK | |
| 2. Acronym or Abbreviated Name (if any) | 3. Committee Telephone Number (317) 407-6398 |
| 4. Mailing Address (Address where all campaign finance correspondence is received.) <input type="checkbox"/> Check if this is a new address. 13975 PRIMO WAY | |
| 5. City, State, ZIP CARMEL, IN 46074 | 6. Party Affiliation (if applicable) |

CANDIDATE INFORMATION (For Candidate's Committees Only)

| | |
|---|---|
| 7. Full Name of Candidate (Include any nickname.) ROBIN CLARK | 8. Party Affiliation or If Independent Candidate NON-PARTISAN |
| 9. Office Sought (Include district number, if any. Not required for exploratory committee.) CARMEL CLAY SCHOOL BOARD – AT LARGE | 10. County of Residence HAMILTON |

TYPE OF REPORT **CONVENTION CANDIDATES ONLY**

| | |
|---|---|
| 11. Check one: <input type="checkbox"/> Pre-Primary <input checked="" type="checkbox"/> Pre-Election <input type="checkbox"/> Annual <input type="checkbox"/> Nomination <input type="checkbox"/> Other _____ <input type="checkbox"/> Final / Disbands Committee (Lines 18, 19, and 20 must be "0".) <input type="checkbox"/> Outgoing Treasurer (Within ten (10) days amend Statement of Organization.) | Check one: <input type="checkbox"/> Pre-Convention <input type="checkbox"/> Post-Convention |
|---|---|

| | | |
|--|---------------------------------|----------------------------------|
| 12. Reporting Period (mm/dd/yy): From: 04/13/2024 Through: 10/11/2024 | COLUMN A This Period | COLUMN B Year to Date |
| 13. Cash on hand and investments at the beginning of this reporting period. | 0.00 | |
| 14. Cash on hand and investments January 1, current year. | | 0.00 |

CONTRIBUTIONS AND RECEIPTS

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

| | | |
|---|-----------|-----------|
| 15a. Itemized (Use Schedule A.) | 20,439.61 | 20,439.61 |
| 15b. Unitemized | 2,131.19 | 2,131.19 |
| 15c. Add lines 15a and 15b in both columns. SUBTOTAL | 22,570.80 | 22,570.80 |
| 16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B. TOTAL | 22,570.80 | 22,570.80 |

EXPENDITURES

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

| | | |
|---|-----------|-----------|
| 17a. Itemized (Use Schedule B.) (Public Question: use Schedule C.) | 21,334.72 | 22,570.80 |
| 17b. Unitemized | 302.88 | 302.88 |
| 17c. Add lines 17a and 17b in both columns. SUBTOTAL | 21,637.60 | 21,637.60 |
| 18. Cash on hand and investments at close of this reporting period (Subtract 17c from 16 in both columns.) TOTAL | 933.20 | 933.20 |
| 19. Debts OWED BY the committee (Use Schedule D.) | 1,525.00 | |
| 20. Debts OWED TO the committee (Use Schedule E.) | 0.00 | |

CERTIFICATION **FOR OFFICE USE ONLY**

I, _____, certify that the information furnished on this report is true and correct and that I am a member of the committee.

WARNING: A person who knowingly files a fraudulent report commits a Level 6 felony. (IC 3-14-1-13) A person who fails to file a complete or accurate report as required by the Indiana Campaign Finance Law commits a Class B misdemeanor, (IC 3-14-1-14) and may be subject to civil penalties. (IC 3-9-4-16, IC 3-9-4-17, IC 3-9-4-18)

FAX HAM CO ELECTIONS
OCT 18 2024 AM 7:23



**REPORT OF RECEIPTS AND EXPENDITURES
OF A POLITICAL COMMITTEE**
State Form 4606 (R17 / 8-23)
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 <u>1</u> of <u>11</u> | |

| CONTRIBUTOR'S FULL NAME AND OCCUPATION FULL MAILING ADDRESS <i>(street, number, city, state, ZIP code)</i> | TYPE OF CONTRIBUTION OR OTHER RECEIPT | COLUMN A AMOUNT THIS PERIOD | COLUMN B CUMULATIVE YEAR-TO-DATE | DATE RECEIVED <i>(mm/dd/yy)</i> |
|---|---|-----------------------------------|--|------------------------------------|
| | | | | RECEIVED BY |
| 1. Robin Clark 13975 Primo Way Carmel, IN 46074 Contributor's Occupation (if required): Project Manager | Contributions: <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) _____ Other Receipts: <input type="checkbox"/> Interest <input checked="" type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify) _____ | 200.00 | 200.00 | 4/22/2024 |
| | | | | Robin Clark |
| 2. Stephanie Flittner 4976 Deer Ridge Drive N Carmel, IN 46033 Contributor's Occupation (if required): _____ | Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) _____ Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify) _____ | 125.00 | 125.00 | 5/3/2024 |
| | | | | Robin Clark |
| 3. Ken Schafer 9999 E 121 st St Fishers, IN 46037 Contributor's Occupation (if required): _____ | Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) _____ Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify) _____ | 100.00 | 100.00 | 5/3/2024 |
| | | | | Robin Clark |
| 4. Robert Bush 12826 Norfolk Circle Carmel, IN 46032 Contributor's Occupation (if required): Retired | Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) _____ Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify) _____ | 1,500.00 | 1,500.00 | 5/5/2024 |
| | | | | Robin Clark |
| 5. Christina & Gary Ripperger 2604 Alcott Street Carmel, IN 46032 Contributor's Occupation (if required): _____ | Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) _____ Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify) _____ | 150.00 | 150.00 | 5/15/2024 |
| | | | | Robin Clark |
| SUBTOTAL THIS PAGE OF SCHEDULE A | | \$ 2,075.00 | | |
| TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY <i>(Enter total on ITEM 15a of the Summary Sheet.)</i> | | \$ | | |



**REPORT OF RECEIPTS AND EXPENDITURES
OF A POLITICAL COMMITTEE**
State Form 4606 (R17 / 8-23)
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 <u>2</u> of <u>11</u> | |

| CONTRIBUTOR'S FULL NAME AND OCCUPATION FULL MAILING ADDRESS <i>(street, number, city, state, ZIP code)</i> | TYPE OF CONTRIBUTION OR OTHER RECEIPT | COLUMN A AMOUNT THIS PERIOD | COLUMN B CUMULATIVE YEAR-TO-DATE | DATE RECEIVED <i>(mm/dd/yy)</i> |
|--|---|-----------------------------------|--|------------------------------------|
| | | | | RECEIVED BY |
| 1. Robert Boehnlein 14182 Warbler Way N Carmel, IN 46033 Contributor's Occupation <i>(if required)</i> : Retired | Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <i>(describe)</i> _____ Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous <i>(specify)</i> _____ | 1,000.00 | 1,000.00 | 5/17/2024 |
| | | | | Robin Clark |
| 2. Jeff Rhoad 11892 Eden Estates Carmel, IN 46033 Contributor's Occupation <i>(if required)</i> : _____ | Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <i>(describe)</i> _____ Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous <i>(specify)</i> _____ | 104.48 | 104.48 | 5/21/2024 |
| | | | | Robin Clark |
| 3. Barbara Cooper PO Box 1692, #407 Bonita Springs, FL 34133 Contributor's Occupation <i>(if required)</i> : _____ | Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <i>(describe)</i> _____ Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous <i>(specify)</i> _____ | 52.40 | 52.40 | 6/7/2024 |
| | | | | Robin Clark |
| 4. John Hoover 5190 Warbler Way Carmel, IN 46033 Contributor's Occupation <i>(if required)</i> : _____ | Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <i>(describe)</i> _____ Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous <i>(specify)</i> _____ | 52.40 | 52.40 | 6/8/2024 |
| | | | | Robin Clark |
| 5. Robin Clark 13975 Primo Way Carmel, IN 46074 Contributor's Occupation <i>(if required)</i> : Project Manager | Contributions: <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind <i>(describe)</i> _____ Other Receipts: <input type="checkbox"/> Interest <input checked="" type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous <i>(specify)</i> _____ | 725.00 | 925.00 | 6/18/2024 |
| | | | | Robin Clark |
| SUBTOTAL THIS PAGE OF SCHEDULE A | | \$ 1,934.28 | | |
| TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY <i>(Enter total on ITEM 15a of the Summary Sheet.)</i> | | \$ | | |



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

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

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| FILE NUMBER |
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| Page <u> 3 </u> of <u> 11 </u> |

| CONTRIBUTOR'S FULL NAME AND OCCUPATION FULL MAILING ADDRESS <i>(street, number, city, state, ZIP code)</i> | TYPE OF CONTRIBUTION OR OTHER RECEIPT | COLUMN A AMOUNT THIS PERIOD | COLUMN B CUMULATIVE YEAR-TO-DATE | DATE RECEIVED <i>(mm/dd/yy)</i> |
|--|---|-----------------------------------|--|------------------------------------|
| | | | | RECEIVED BY |
| 1. Tonya Miller 14471 New Garden Ln Carmel, IN 46033 Contributor's Occupation <i>(if required)</i> _____ | Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <i>(describe)</i> _____ Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous <i>(specify)</i> _____ | 50.00 | 50.00 | 6/24/2024 |
| | | | | Robin Clark |
| 2. Mike & Maureen Morgan 5028 Kingswood Dr Carmel, IN 46033 Contributor's Occupation <i>(if required)</i> _____ | Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <i>(describe)</i> _____ Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous <i>(specify)</i> _____ | 500.00 | 500.00 | 6/24/2024 |
| | | | | Robin Clark |
| 3. Lisa Elmore 2544 Heathermoor Park Dr N Carmel, IN 46074 Contributor's Occupation <i>(if required)</i> _____ | Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <i>(describe)</i> _____ Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous <i>(specify)</i> _____ | 52.40 | 52.40 | 6/26/2024 |
| | | | | Robin Clark |
| 4. Mike & Maureen Morgan 5028 Kingswood Dr Carmel, IN 46033 Contributor's Occupation <i>(if required)</i> _____ | Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <i>(describe)</i> _____ Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous <i>(specify)</i> _____ | 17.76 | 517.76 | 7/4/2024 |
| | | | | Robin Clark |
| 5. Todd & Tawnya Hornsby 14321 Hawthorne Dr Carmel, IN 46033 Contributor's Occupation <i>(if required)</i> _____ | Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <i>(describe)</i> _____ Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous <i>(specify)</i> _____ | 104.48 | 104.48 | 7/8/2024 |
| | | | | Robin Clark |
| SUBTOTAL THIS PAGE OF SCHEDULE A | | \$ 724.64 | | |
| TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY <i>(Enter total on ITEM 15a of the Summary Sheet.)</i> | | \$ | | |



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| FILE NUMBER | |
|----------------------------|--|
| | |
| Page <u>4</u> of <u>11</u> | |

| CONTRIBUTOR'S FULL NAME AND OCCUPATION FULL MAILING ADDRESS <i>(street, number, city, state, ZIP code)</i> | TYPE OF CONTRIBUTION OR OTHER RECEIPT | COLUMN A AMOUNT THIS PERIOD | COLUMN B CUMULATIVE YEAR-TO-DATE | DATE RECEIVED <i>(mm/dd/yy)</i> |
|--|---|-----------------------------------|--|------------------------------------|
| | | | | RECEIVED BY |
| 1. Michelle Murphy 12260 King Richard Dr Carmel, IN 46032 Contributor's Occupation (if required): _____ | Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) _____ Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify) _____ | 200.00 | 200.00 | 7/12/2024 |
| | | | | Robin Clark |
| 2. Mary Ann Burke 140340 Matt St Carmel, IN 46033 Contributor's Occupation (if required) _____ | Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) _____ Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify) _____ | 104.48 | 104.48 | 7/14/2024 |
| | | | | Robin Clark |
| 3. Denise Konradt 5299 James Ct Carmel, IN 46033 Contributor's Occupation (if required) _____ | Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) _____ Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify) _____ | 500.00 | 500.00 | 7/19/2024 |
| | | | | Robin Clark |
| 4. Robin Clark 13975 Primo Way Carmel, IN 46074 Contributor's Occupation (if required) Project Manager | Contributions: <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) _____ Other Receipts: <input type="checkbox"/> Interest <input checked="" type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify) _____ | 500.00 | 1425.00 | 7/22/2024 |
| | | | | Robin Clark |
| 5. Angela Braly 4000 Royal Marco Way, Unit 824 Marco Island, FL 34145 Contributor's Occupation (if required) _____ | Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) _____ Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify) _____ | 104.48 | 104.48 | 7/25/2024 |
| | | | | Robin Clark |
| SUBTOTAL THIS PAGE OF SCHEDULE A | | \$ 1,408.96 | | |
| TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY <i>(Enter total on ITEM 15a of the Summary Sheet.)</i> | | \$ | | |



**REPORT OF RECEIPTS AND EXPENDITURES
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State Form 4606 (R17 / 8-23)
Indiana Election Division (IC 3-9-5-14)

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

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| FILE NUMBER |
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| |
| Page <u>5</u> of <u>11</u> |

| CONTRIBUTOR'S FULL NAME AND OCCUPATION FULL MAILING ADDRESS <i>(street, number, city, state, ZIP code)</i> | TYPE OF CONTRIBUTION OR OTHER RECEIPT | COLUMN A AMOUNT THIS PERIOD | COLUMN B CUMULATIVE YEAR-TO-DATE | DATE RECEIVED <i>(mm/dd/yy)</i> |
|--|---|-----------------------------------|--|------------------------------------|
| | | | | RECEIVED BY |
| 1. Roxanna Morgan 11250 N Gray Rd Carmel, IN 46033 Contributor's Occupation <i>(if required)</i> : Retired | Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <i>(describe)</i> Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous <i>(specify)</i> | 5,000.00 | 5,000.00 | 8/2/2024 |
| | | | | Robin Clark |
| 2. Patti Keene 12593 Branford St Carmel, IN 46032 Contributor's Occupation <i>(if required)</i> _____ | Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <i>(describe)</i> Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous <i>(specify)</i> | 104.48 | 104.48 | 8/9/2024 |
| | | | | Robin Clark |
| 3. Richard Taylor 14311 Gray Rd Carmel, IN 46033 Contributor's Occupation <i>(if required)</i> _____ | Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <i>(describe)</i> Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous <i>(specify)</i> | 104.48 | 104.48 | 8/10/2024 |
| | | | | Robin Clark |
| 4. Richard Taylor 14311 Gray Rd Carmel, IN 46033 Contributor's Occupation <i>(if required)</i> _____ | Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <i>(describe)</i> Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous <i>(specify)</i> | 52.40 | 156.88 | 8/20/2024 |
| | | | | Robin Clark |
| 5. Suzy Mills 2057 Barrel Racer Ln Carmel, IN 46032 Contributor's Occupation <i>(if required)</i> _____ | Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <i>(describe)</i> Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous <i>(specify)</i> | 104.48 | 104.48 | 8/21/2024 |
| | | | | Robin Clark |
| SUBTOTAL THIS PAGE OF SCHEDULE A | | \$ 5,365.84 | | |
| TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY <i>(Enter total on ITEM 15a of the Summary Sheet.)</i> | | \$ | | |



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| FILE NUMBER |
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| |
| Page <u> 6 </u> of <u> 11 </u> |

| CONTRIBUTOR'S FULL NAME AND OCCUPATION FULL MAILING ADDRESS <i>(street, number, city, state, ZIP code)</i> | TYPE OF CONTRIBUTION OR OTHER RECEIPT | COLUMN A AMOUNT THIS PERIOD | COLUMN B CUMULATIVE YEAR-TO-DATE | DATE RECEIVED <i>(mm/dd/yy)</i> |
|---|---|-----------------------------------|--|------------------------------------|
| | | | | RECEIVED BY |
| 1. Judith Friedman 12538 Pembroke Circle Carmel, IN 46032 Contributor's Occupation (if required): _____ | Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) _____ Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify) _____ | 200.00 | 200.00 | 8/23/2024 |
| | | | | Robin Clark |
| 2. James Bognanno 1774 Hourglass Dr Carmel, IN 46032 Contributor's Occupation (if required) _____ | Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) _____ Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify) _____ | 104.48 | 104.48 | 8/24/2024 |
| | | | | Robin Clark |
| 3. Adam Sharp 13072 Broad St Indianapolis, IN 46032 Contributor's Occupation (if required) Retired | Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) _____ Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify) _____ | 1,000.00 | 1,000.00 | 8/26/2024 |
| | | | | Robin Clark |
| 4. Randall & Amy Woock 686 Nottingham Ct Carmel, IN 46032 Contributor's Occupation (if required) _____ | Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) _____ Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify) _____ | 208.65 | 208.65 | 8/28/2024 |
| | | | | Robin Clark |
| 5. Judith Cycotte 5198 Warbler Way South Carmel, IN 46033 Contributor's Occupation (if required) _____ | Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) _____ Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify) _____ | 104.48 | 104.48 | 8/28/2024 |
| | | | | Robin Clark |
| SUBTOTAL THIS PAGE OF SCHEDULE A | | \$ 1,617.61 | | |
| TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY <i>(Enter total on ITEM 15a of the Summary Sheet.)</i> | | \$ | | |



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OF A POLITICAL COMMITTEE**

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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 |
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| |
| Page <u>7</u> of <u>11</u> |

| CONTRIBUTOR'S FULL NAME AND OCCUPATION FULL MAILING ADDRESS <i>(street, number, city, state, ZIP code)</i> | TYPE OF CONTRIBUTION OR OTHER RECEIPT | COLUMN A AMOUNT THIS PERIOD | COLUMN B CUMULATIVE YEAR-TO-DATE | DATE RECEIVED <i>(mm/dd/yy)</i> |
|---|---|-----------------------------------|--|------------------------------------|
| | | | | RECEIVED BY |
| 1. Frederick Kauffman 11690 Bradford Place Indianapolis, IN 46033 Contributor's Occupation <i>(if required)</i> : _____ | Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <i>(describe)</i> _____ Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous <i>(specify)</i> _____ | 104.48 | 104.48 | 8/29/2024 Robin Clark |
| 2. Kent & Kathy Helms 3251 Busy Bee Ln Indianapolis, IN 46227 Contributor's Occupation <i>(if required)</i> : _____ | Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <i>(describe)</i> _____ Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous <i>(specify)</i> _____ | 200.00 | 200.00 | 9/9/2024 Robin Clark |
| 3. Matthew Snyder 1903 E 126 th St Carmel, IN 46033 Contributor's Occupation <i>(if required)</i> : _____ | Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <i>(describe)</i> _____ Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous <i>(specify)</i> _____ | 500.00 | 500.00 | 9/12/2024 Robin Clark |
| 4. John Hoover 5190 Warbler Way Carmel, IN 46033 Contributor's Occupation <i>(if required)</i> : _____ | Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <i>(describe)</i> _____ Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous <i>(specify)</i> _____ | 52.40 | 104.80 | 9/14/2024 Robin Clark |
| 5. Nicole Ford 3448 Homestretch Dr Carmel, IN 46032 Contributor's Occupation <i>(if required)</i> : _____ | Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <i>(describe)</i> _____ Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous <i>(specify)</i> _____ | 104.48 | 104.48 | 9/15/2024 Robin Clark |
| SUBTOTAL THIS PAGE OF SCHEDULE A | | \$ 961.36 | | |
| TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY <i>(Enter total on ITEM 15a of the Summary Sheet.)</i> | | \$ | | |



**REPORT OF RECEIPTS AND EXPENDITURES
OF A POLITICAL COMMITTEE**
State Form 4606 (R17 / 8-23)
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 |
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| Page <u>8</u> of <u>11</u> |

| CONTRIBUTOR'S FULL NAME AND OCCUPATION FULL MAILING ADDRESS <i>(street, number, city, state, ZIP code)</i> | TYPE OF CONTRIBUTION OR OTHER RECEIPT | COLUMN A AMOUNT THIS PERIOD | COLUMN B CUMULATIVE YEAR-TO-DATE | DATE RECEIVED <i>(mm/dd/yy)</i> |
|---|---|-----------------------------------|--|------------------------------------|
| | | | | RECEIVED BY |
| 1. Pamela Renninger 12076 Bayhill Dr Carmel, IN 46033 Contributor's Occupation <i>(if required)</i> : _____ | Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <i>(describe)</i> _____ Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous <i>(specify)</i> _____ | 200.00 | 200.00 | 9/17/2024 |
| | | | | Robin Clark |
| 2. Tonya Miller 14471 New Garden Ln Carmel, IN 46033 Contributor's Occupation <i>(if required)</i> : _____ | Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <i>(describe)</i> _____ Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous <i>(specify)</i> _____ | 100.00 | 150.00 | 9/23/2024 |
| | | | | Robin Clark |
| 3. Stephen Wilson 9850 Towne Rd Carmel, IN 46032 Contributor's Occupation <i>(if required)</i> : _____ | Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <i>(describe)</i> _____ Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous <i>(specify)</i> _____ | 100.00 | 100.00 | 9/23/2024 |
| | | | | Robin Clark |
| 4. Mary Ann Burke 140340 Matt St Carmel, IN 46033 Contributor's Occupation <i>(if required)</i> : _____ | Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <i>(describe)</i> _____ Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous <i>(specify)</i> _____ | 52.40 | 156.88 | 9/26/2024 |
| | | | | Robin Clark |
| 5. Jim Westbrook 91 Ironwood Ct Carmel, IN 46033 Contributor's Occupation <i>(if required)</i> : _____ | Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <i>(describe)</i> _____ Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous <i>(specify)</i> _____ | 104.48 | 104.48 | 9/30/2024 |
| | | | | Robin Clark |
| SUBTOTAL THIS PAGE OF SCHEDULE A | | \$ 556.88 | | |
| TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY <i>(Enter total on ITEM 15a of the Summary Sheet.)</i> | | \$ | | |



**REPORT OF RECEIPTS AND EXPENDITURES
OF A POLITICAL COMMITTEE**
State Form 4606 (R17 / 8-23)
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 |
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| Page <u>9</u> of <u>11</u> |

| CONTRIBUTOR'S FULL NAME AND OCCUPATION FULL MAILING ADDRESS <i>(street, number, city, state, ZIP code)</i> | TYPE OF CONTRIBUTION OR OTHER RECEIPT | COLUMN A AMOUNT THIS PERIOD | COLUMN B CUMULATIVE YEAR-TO-DATE | DATE RECEIVED <i>(mm/dd/yy)</i> |
|---|---|-----------------------------------|--|------------------------------------|
| | | | | RECEIVED BY |
| 1. Jon DeBoer 2606 Congress St Carmel, IN 46032 Contributor's Occupation <i>(if required)</i> : _____ | Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <i>(describe)</i> _____ Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous <i>(specify)</i> _____ | 104.48 | 104.48 | 10/1/2024 |
| | | | | Robin Clark |
| 2. Doreen Eastes 11915 Rolling Springs Drive Carmel, IN 46033 Contributor's Occupation <i>(if required)</i> : _____ | Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <i>(describe)</i> _____ Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous <i>(specify)</i> _____ | 104.48 | 104.48 | 10/1/2024 |
| | | | | Robin Clark |
| 3. Barbara Cooper PO Box 1692, #407 Bonita Springs, FL 34133 Contributor's Occupation <i>(if required)</i> : _____ | Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <i>(describe)</i> _____ Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous <i>(specify)</i> _____ | 52.40 | 104.80 | 10/1/2024 |
| | | | | Robin Clark |
| 4. Michelle Murphy 12260 King Richard Dr Carmel, IN 46032 Contributor's Occupation <i>(if required)</i> : _____ | Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <i>(describe)</i> _____ Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous <i>(specify)</i> _____ | 208.65 | 408.65 | 10/1/2024 |
| | | | | Robin Clark |
| 5. Lisa Elmore 2544 Heathermoor Park Dr N Carmel, IN 46074 Contributor's Occupation <i>(if required)</i> : _____ | Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <i>(describe)</i> _____ Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous <i>(specify)</i> _____ | 104.48 | 156.88 | 10/2/2024 |
| | | | | Robin Clark |
| SUBTOTAL THIS PAGE OF SCHEDULE A | | \$ 579.49 | | |
| TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY <i>(Enter total on ITEM 15a of the Summary Sheet.)</i> | | \$ | | |



**REPORT OF RECEIPTS AND EXPENDITURES
OF A POLITICAL COMMITTEE**
State Form 4606 (R17 / 8-23)
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 | |
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| Page <u>10</u> of <u>11</u> | |

| CONTRIBUTOR'S FULL NAME AND OCCUPATION FULL MAILING ADDRESS <i>(street, number, city, state, ZIP code)</i> | TYPE OF CONTRIBUTION OR OTHER RECEIPT | COLUMN A AMOUNT THIS PERIOD | COLUMN B CUMULATIVE YEAR-TO-DATE | DATE RECEIVED <i>(mm/dd/yy)</i> |
|---|---|-----------------------------------|--|------------------------------------|
| | | | | RECEIVED BY |
| 1. Eleanor Timberman 408 Shoemaker Dr Carmel, IN 46032 Contributor's Occupation (if required): _____ | Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) _____ Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify) _____ | 104.48 | 104.48 | 10/2/2024 |
| | | | | Robin Clark |
| 2. Jeff Rhoad 11892 Eden Estates Carmel, IN 46033 Contributor's Occupation (if required): _____ | Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) _____ Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify) _____ | 78.44 | 182.92 | 10/4/2024 |
| | | | | Robin Clark |
| 3. Chris McComb 12727 Devon Lane Carmel, IN 46032 Contributor's Occupation (if required): _____ | Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) _____ Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify) _____ | 104.48 | 104.48 | 10/7/2024 |
| | | | | Robin Clark |
| 4. Patti Keene 12593 Branford St Carmel, IN 46032 Contributor's Occupation (if required): _____ | Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) _____ Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify) _____ | 26.35 | 130.83 | 10/9/2024 |
| | | | | Robin Clark |
| 5. Robin Clark 13975 Primo Way Carmel, IN 46074 Contributor's Occupation (if required) Project Manager | Contributions: <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) _____ Other Receipts: <input type="checkbox"/> Interest <input checked="" type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify) _____ | 100.00 | 1,525.00 | 10/9/2024 |
| | | | | Robin Clark |
| SUBTOTAL THIS PAGE OF SCHEDULE A | | \$ 413.75 | | |
| TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY <i>(Enter total on ITEM 15a of the Summary Sheet.)</i> | | \$ | | |



**REPORT OF RECEIPTS AND EXPENDITURES
OF A POLITICAL COMMITTEE**
State Form 4606 (R17 / 8-23)
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 | |
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| Page <u>11</u> of <u>11</u> | |

| CONTRIBUTOR'S FULL NAME AND OCCUPATION FULL MAILING ADDRESS <i>(street, number, city, state, ZIP code)</i> | TYPE OF CONTRIBUTION OR OTHER RECEIPT | COLUMN A AMOUNT THIS PERIOD | COLUMN B CUMULATIVE YEAR-TO-DATE | DATE RECEIVED <i>(mm/dd/yy)</i> |
|---|---|-----------------------------------|--|------------------------------------|
| | | | | RECEIVED BY |
| 1. Donna Schaibley 11492 Saint Andrews Ln Carmel, IN 46032 Contributor's Occupation <i>(if required)</i> : _____ | Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <i>(describe)</i> _____ Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous <i>(specify)</i> _____ | 104.48 | 104.48 | 10/10/2024 Robin Clark |
| 2. Stephen Wilson 9850 Towne Rd Carmel, IN 46032 Contributor's Occupation <i>(if required)</i> : _____ | Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <i>(describe)</i> _____ Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous <i>(specify)</i> _____ | 100.00 | 200.00 | 10/10/2024 Robin Clark |
| 3. Mark Heirbrandt 16121 Chancellor's Ridge Way Westfield, IN 46062 Contributor's Occupation <i>(if required)</i> : _____ | Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <i>(describe)</i> _____ Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous <i>(specify)</i> _____ | 500.00 | 500.00 | 10/11/2024 Robin Clark |
| 4. Contributor's Occupation <i>(if required)</i> : _____ | Contributions: <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind <i>(describe)</i> _____ Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous <i>(specify)</i> _____ | | | |
| 5. Contributor's Occupation <i>(if required)</i> : _____ | Contributions: <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind <i>(describe)</i> _____ Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous <i>(specify)</i> _____ | | | |
| SUBTOTAL THIS PAGE OF SCHEDULE A | | \$ 704.48 | | |
| TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY <i>(Enter total on ITEM 15a of the Summary Sheet.)</i> | | \$ 16,337.29 | | |



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

State Form 4606 (R17 / 8-23)
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 contributor, within a calendar year **MUST** be itemized on this schedule (*over \$200, if regular party committee*). All transfers-in and in-kind contributions **regardless of amount** from candidate's, legislative caucus, and regular party committees **MUST** be itemized on this schedule. All cumulative receipts, (*such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income*) **OVER \$100** per contributor, within a calendar year, **MUST** be itemized on this schedule (*over \$200 if regular party committee*).

| FILE NUMBER | |
|-----------------------------------|--|
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| Page <u> 1 </u> of <u> 4 </u> | |

| CONTRIBUTOR'S FULL NAME AND FULL MAILING ADDRESS <i>(street, number, city, state, ZIP code)</i> | TYPE OF CONTRIBUTION OR OTHER RECEIPT | COLUMN A AMOUNT THIS PERIOD | COLUMN B CUMULATIVE YEAR-TO-DATE | DATE RECEIVED <i>(mm/dd/yy)</i> |
|---|--|--------------------------------|-------------------------------------|------------------------------------|
| | | | | RECEIVED BY |
| 1. Friends of Dina Ferchmin 14023 Triple Crown Dr. Carmel, IN 46032 | Contributions: <input type="checkbox"/> Direct <input checked="" type="checkbox"/> In-Kind <i>(describe)</i> <u>Printed Materials</u> Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous <i>(specify)</i> _____ | 33.44 | 33.44 | 5/6/2024 |
| | | | | Robin Clark |
| 2. Friends of Dina Ferchmin 14023 Triple Crown Dr. Carmel, IN 46032 | Contributions: <input type="checkbox"/> Direct <input checked="" type="checkbox"/> In-Kind <i>(describe)</i> <u>Photography</u> Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous <i>(specify)</i> _____ | 37.50 | 70.94 | 5/16/2024 |
| | | | | Robin Clark |
| 3. Friends of Dina Ferchmin 14023 Triple Crown Dr. Carmel, IN 46032 | Contributions: <input type="checkbox"/> Direct <input checked="" type="checkbox"/> In-Kind <i>(describe)</i> <u>Printed Materials</u> Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous <i>(specify)</i> _____ | 32.96 | 103.90 | 5/17/2024 |
| | | | | Robin Clark |
| 4. Friends of Dina Ferchmin 14023 Triple Crown Dr. Carmel, IN 46032 | Contributions: <input type="checkbox"/> Direct <input checked="" type="checkbox"/> In-Kind <i>(describe)</i> <u>Signage</u> Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous <i>(specify)</i> _____ | 91.48 | 195.38 | 6/27/2024 |
| | | | | Robin Clark |
| 5. Friends of Dina Ferchmin 14023 Triple Crown Dr. Carmel, IN 46032 | Contributions: <input type="checkbox"/> Direct <input checked="" type="checkbox"/> In-Kind <i>(describe)</i> <u>Signage</u> Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous <i>(specify)</i> _____ | 22.46 | 217.84 | 6/28/2024 |
| | | | | Robin Clark |
| SUBTOTAL THIS PAGE OF SCHEDULE A | | \$ 217.84 | | |
| TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY <i>(Enter total on ITEM 15a of the Summary Sheet.)</i> | | \$ | | |



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

State Form 4606 (R17 / 8-23)
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 contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All transfers-in and in-kind contributions regardless of amount from candidate's, legislative caucus, and regular party committees MUST be itemized on this schedule. All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee).

| FILE NUMBER | |
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| Page <u>2</u> of <u>4</u> | |

| CONTRIBUTOR'S FULL NAME AND FULL MAILING ADDRESS <i>(street, number, city, state, ZIP code)</i> | TYPE OF CONTRIBUTION OR OTHER RECEIPT | COLUMN A AMOUNT THIS PERIOD | COLUMN B CUMULATIVE YEAR-TO-DATE | DATE RECEIVED <i>(mm/dd/yy)</i> |
|---|--|--------------------------------|-------------------------------------|------------------------------------|
| | | | | RECEIVED BY |
| 1. Friends of Dina Ferchmin 14023 Triple Crown Dr. Carmel, IN 46032 | Contributions: <input type="checkbox"/> Direct <input checked="" type="checkbox"/> In-Kind <i>(describe)</i> Signage _____ Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous <i>(specify)</i> _____ | 61.68 | 279.52 | 7/3/2024 |
| | | | | Robin Clark |
| 2. Friends of Dina Ferchmin 14023 Triple Crown Dr. Carmel, IN 46032 | Contributions: <input type="checkbox"/> Direct <input checked="" type="checkbox"/> In-Kind <i>(describe)</i> Shirts – Rock Kandy Kreations Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous <i>(specify)</i> _____ | 60.00 | 339.52 | 8/16/2024 |
| | | | | Robin Clark |
| 3. Friends of Dina Ferchmin 14023 Triple Crown Dr. Carmel, IN 46032 | Contributions: <input type="checkbox"/> Direct <input checked="" type="checkbox"/> In-Kind <i>(describe)</i> Marketing Materials – Rock Kandy Kreations Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous <i>(specify)</i> _____ | 75.00 | 414.52 | 8/16/2024 |
| | | | | Robin Clark |
| 4. Torr for State Representative 11944 Estes Way Carmel, IN 46033 | Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <i>(describe)</i> _____ Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous <i>(specify)</i> _____ | 50.00 | 50.00 | 8/26/2024 |
| | | | | Robin Clark |
| 5. Friends of Dina Ferchmin 14023 Triple Crown Dr. Carmel, IN 46032 | Contributions: <input type="checkbox"/> Direct <input checked="" type="checkbox"/> In-Kind <i>(describe)</i> Food for Event - Costco Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous <i>(specify)</i> _____ | 12.98 | 427.50 | 9/5/2024 |
| | | | | Robin Clark |
| SUBTOTAL THIS PAGE OF SCHEDULE A | | \$ 259.66 | | |
| TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY <i>(Enter total on ITEM 15a of the Summary Sheet.)</i> | | \$ | | |



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

State Form 4606 (R17 / 8-23)
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 contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All transfers-in and in-kind contributions regardless of amount from candidate's, legislative caucus, and regular party committees MUST be itemized on this schedule. All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee).

| FILE NUMBER | |
|---------------------------|--|
| | |
| Page <u>3</u> of <u>4</u> | |

| CONTRIBUTOR'S FULL NAME AND FULL MAILING ADDRESS <i>(street, number, city, state, ZIP code)</i> | TYPE OF CONTRIBUTION OR OTHER RECEIPT | COLUMN A AMOUNT THIS PERIOD | COLUMN B CUMULATIVE YEAR-TO-DATE | DATE RECEIVED <i>(mm/dd/yy)</i> |
|---|---|--------------------------------|-------------------------------------|------------------------------------|
| | | | | RECEIVED BY |
| 1. Friends of Dina Ferchmin 14023 Triple Crown Dr. Carmel, IN 46032 | Contributions: <input type="checkbox"/> Direct <input checked="" type="checkbox"/> In-Kind <i>(describe)</i> Food for Event - Bazbeaux Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous <i>(specify)</i> _____ | 69.95 | 497.45 | 9/9/2024 Robin Clark |
| 2. Torr for State Representative 11944 Estes Way Carmel, IN 46033 | Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <i>(describe)</i> _____ Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous <i>(specify)</i> _____ | 450.00 | 500.00 | 9/12/2024 Robin Clark |
| 3. Todd Rokita Election Committee 5868 E 71 st Street, Suite E-372 Indianapolis, IN 46220 | Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <i>(describe)</i> _____ Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous <i>(specify)</i> _____ | 500.00 | 500.00 | 9/17/2024 Robin Clark |
| 4. Friends of Dina Ferchmin 14023 Triple Crown Dr. Carmel, IN 46032 | Contributions: <input type="checkbox"/> Direct <input checked="" type="checkbox"/> In-Kind <i>(describe)</i> Postage _____ Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous <i>(specify)</i> _____ | 1,404.78 | 1,902.23 | 9/23/2024 Robin Clark |
| 5. Victoria Spartz for Congress PO Box 505 Noblesville, IN 46061 | Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <i>(describe)</i> Food for Event - Costco Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous <i>(specify)</i> _____ | 500.00 | 500.00 | 9/26/2024 Robin Clark |
| SUBTOTAL THIS PAGE OF SCHEDULE A | | \$ 2,924.73 | | |
| TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY <i>(Enter total on ITEM 15a of the Summary Sheet.)</i> | | \$ | | |



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

State Form 4606 (R17 / 8-23)
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 contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All transfers-in and in-kind contributions regardless of amount from candidate's, legislative caucus, and regular party committees MUST be itemized on this schedule. All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee).

| FILE NUMBER | |
|---------------------------|--|
| | |
| Page <u>4</u> of <u>4</u> | |

| CONTRIBUTOR'S FULL NAME AND FULL MAILING ADDRESS <i>(street, number, city, state, ZIP code)</i> | TYPE OF CONTRIBUTION OR OTHER RECEIPT | COLUMN A AMOUNT THIS PERIOD | COLUMN B CUMULATIVE YEAR-TO-DATE | DATE RECEIVED <i>(mm/dd/yy)</i> |
|---|---|--------------------------------|-------------------------------------|------------------------------------|
| | | | | RECEIVED BY |
| 1. Friends of Dina Ferchmin 14023 Triple Crown Dr. Carmel, IN 46032 | Contributions: <input type="checkbox"/> Direct <input checked="" type="checkbox"/> In-Kind <i>(describe)</i> Signage Supplies – Menard's Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous <i>(specify)</i> _____ | 147.03 | 2,049.26 | 10/7/2024 |
| | | | | Robin Clark |
| 2. Friends of Dina Ferchmin 14023 Triple Crown Dr. Carmel, IN 46032 | Contributions: <input type="checkbox"/> Direct <input checked="" type="checkbox"/> In-Kind <i>(describe)</i> Signage Supplies – Menard's Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous <i>(specify)</i> _____ | 165.94 | 2,215.20 | 10/9/2024 |
| | | | | Robin Clark |
| 3. Friends of Dina Ferchmin 14023 Triple Crown Dr. Carmel, IN 46032 | Contributions: <input type="checkbox"/> Direct <input checked="" type="checkbox"/> In-Kind <i>(describe)</i> Signage Supplies – Menard's Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous <i>(specify)</i> _____ | 7.16 | 2,222.36 | 10/9/2024 |
| | | | | Robin Clark |
| 4. Friends of Dina Ferchmin 14023 Triple Crown Dr. Carmel, IN 46032 | Contributions: <input type="checkbox"/> Direct <input checked="" type="checkbox"/> In-Kind <i>(describe)</i> Postage Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous <i>(specify)</i> _____ | 379.96 | 2,602.32 | 10/9/2024 |
| | | | | Robin Clark |
| 5. | Contributions: <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind <i>(describe)</i> _____ Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous <i>(specify)</i> _____ | | | |
| | | | | |
| SUBTOTAL THIS PAGE OF SCHEDULE A | | \$ 700.09 | | |
| TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY <i>(Enter total on ITEM 15a of the Summary Sheet.)</i> | | \$ 4,102.32 | | |



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

State Form 4606 (R17 / 8-23)
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 <u> 1 </u> of <u> 9 </u> |

| RECIPIENT'S NAME AND MAILING ADDRESS <i>(street, number, city, state, ZIP code)</i> | RECIPIENT'S OCCUPATION | TYPE OF EXPENDITURE and PURPOSE <i>(be specific)</i> | COLUMN A AMOUNT THIS PERIOD | COLUMN B CUMULATIVE YEAR-TO-DATE | DATE OF EXPENDITURE <i>(mm/dd/yy)</i> |
|---|--|--|-----------------------------------|--|---|
| | OFFICE SOUGHT <i>(if applicable)</i> | | | | |
| Code C Friends of Dina Ferchmin 14023 Triple Crown Dr. Carmel, IN 46032 | Management Consultant | <input type="checkbox"/> Direct <input checked="" type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: Printed Materials | 33.44 | 33.44 | 5/6/2024 |
| | Carmel Clay School Board – At Large | | | | |
| Code A Michelle Tiek Photography 1656 Gotland Dr. Carmel, IN 46032 | Photographer | <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: Photography | 150.00 | 150.00 | 5/10/2024 |
| | | | | | |
| Code A Qrfy Avinguda de Cerdanyola, 75, 1° 08172 Sant Cugat del Valles Barcelona, Espana | Digital Platform | <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: Digital Code | 179.94 | 179.94 | 5/14/2024 |
| | | | | | |
| Code C Friends of Dina Ferchmin 14023 Triple Crown Dr. Carmel, IN 46032 | Management Consultant | <input type="checkbox"/> Direct <input checked="" type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: Photography | 37.50 | 70.94 | 5/16/2024 |
| | Carmel Clay School Board – At Large | | | | |
| Code C Friends of Dina Ferchmin 14023 Triple Crown Dr. Carmel, IN 46032 | Management Consultant | <input type="checkbox"/> Direct <input checked="" type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: Printed Materials | 32.96 | 103.90 | 5/17/2024 |
| | Carmel Clay School Board – At Large | | | | |
| Code O Right Strategies 616 17 th Street SE Altoona, IA 50009 | Campaign Consulting | <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: Consulting | 1,500.00 | 1,500.00 | 5/20/2024 |
| | | | | | |
| Code A Wix.com Yunitsman 5 Tel Aviv Israel | Software | <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: Website | 204.00 | 204.00 | 5/20/2024 |
| | | | | | |
| SUBTOTAL THIS PAGE OF SCHEDULE B | | | \$ 2,137.84 | | |
| TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY <i>(Enter total on ITEM 17a of the Summary Sheet.)</i> | | | \$ | | |



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

State Form 4606 (R17 / 8-23)
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 <u>2</u> of <u>9</u> |

| RECIPIENT'S NAME AND MAILING ADDRESS <i>(street, number, city, state, ZIP code)</i> | RECIPIENT'S OCCUPATION | TYPE OF EXPENDITURE and PURPOSE <i>(be specific)</i> | COLUMN A AMOUNT THIS PERIOD | COLUMN B CUMULATIVE YEAR-TO-DATE | DATE OF EXPENDITURE <i>(mm/dd/yy)</i> |
|---|--|--|-----------------------------------|--|---|
| | OFFICE SOUGHT <i>(if applicable)</i> | | | | |
| Code A AlphaGraphics 1051 3 rd Ave SW Carmel, IN 46032 | Graphic Printing | <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: Printed Materials | 372.23 | 372.23 | 5/22/2024 |
| | | | | | |
| Code C Hamilton County Republican Party 209 E 175 th St Westfield, IN 46074 | Political Party | <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: Event Fee | 39.19 | 39.19 | 6/6/2024 |
| | | | | | |
| Code O Right Strategies 616 17 th Street SE Altoona, IA 50009 | Campaign Consulting | <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: Consulting | 1,500.00 | 1,500.00 | 6/20/2024 |
| | | | | | |
| Code A Right Strategies 616 17 th Street SE Altoona, IA 50009 | Campaign Consulting | <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: Printed Materials | 54.78 | 54.78 | 6/27/2024 |
| | | | | | |
| Code C Friends of Dina Ferchmin 14023 Triple Crown Dr. Carmel, IN 46032 | Management Consultant | <input type="checkbox"/> Direct <input checked="" type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: Signage | 91.48 | 195.38 | 6/27/2024 |
| | Carmel Clay School Board - At Large | | | | |
| Code C Friends of Dina Ferchmin 14023 Triple Crown Dr. Carmel, IN 46032 | Management Consultant | <input type="checkbox"/> Direct <input checked="" type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: Signage | 22.46 | 217.84 | 6/28/2024 |
| | Carmel Clay School Board - At Large | | | | |
| Code O Costco 9010 Michigan Rd Indianapolis, IN 46268 | Warehouse Club | <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: Food for Event | 55.61 | 55.61 | 7/1/2024 |
| | | | | | |
| SUBTOTAL THIS PAGE OF SCHEDULE B | | | \$ 2,135.75 | | |
| TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY <i>(Enter total on ITEM 17a of the Summary Sheet.)</i> | | | \$ | | |



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

State Form 4606 (R17 / 8-23)
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 |
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| |
| Page <u>3</u> of <u>9</u> |

| RECIPIENT'S NAME AND MAILING ADDRESS <i>(street, number, city, state, ZIP code)</i> | RECIPIENT'S OCCUPATION | TYPE OF EXPENDITURE and PURPOSE <i>(be specific)</i> | COLUMN A AMOUNT THIS PERIOD | COLUMN B CUMULATIVE YEAR-TO-DATE | DATE OF EXPENDITURE <i>(mm/dd/yy)</i> |
|---|---|--|-----------------------------------|--|---|
| | OFFICE SOUGHT <i>(if applicable)</i> | | | | |
| <u>Code C</u> Hamilton County Republican Party 209 E 175 th St Westfield, IN 46074 | Political Party | <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: Event Fee | 39.19 | 78.38 | 7/2/2024 |
| <u>Code A</u> Logo USA Corporation 320 Parkway Circle Westfield, IN 46074 | Screen Printer | <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: Shirts | 198.88 | 198.88 | 7/3/2024 |
| <u>Code C</u> Friends of Dina Ferchmin 14023 Triple Crown Dr. Carmel, IN 46032 | Management Consultant Carmel Clay School Board - At Large | <input type="checkbox"/> Direct <input checked="" type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: Signage | 61.68 | 279.52 | 7/3/2024 |
| <u>Code A</u> Right Strategies 616 17 th Street SE Altoona, IA 50009 | Campaign Consulting | <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: Digital Marketing | 302.40 | 3,357.18 | 7/10/2024 |
| <u>Code O</u> Costco 9010 Michigan Rd Indianapolis, IN 46268 | Warehouse Club | <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: Office Supplies | 13.90 | 55.61 | 7/10/2024 |
| <u>Code C</u> Hamilton County Republican Party 209 E 175 th St Westfield, IN 46074 | Political Party | <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: Event Fee | 39.19 | 117.57 | 7/16/2024 |
| <u>Code O</u> Right Strategies 616 17 th Street SE Altoona, IA 50009 | Campaign Consulting | <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: Consulting | 1,500.00 | 4,857.18 | 7/24/2024 |
| SUBTOTAL THIS PAGE OF SCHEDULE B | | | \$ 2,155.24 | | |
| TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY <i>(Enter total on ITEM 17a of the Summary Sheet.)</i> | | | \$ | | |



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

State Form 4606 (R17 / 8-23)
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 4 of 9

| RECIPIENT'S NAME AND MAILING ADDRESS <i>(street, number, city, state, ZIP code)</i> | RECIPIENT'S OCCUPATION | TYPE OF EXPENDITURE and PURPOSE <i>(be specific)</i> | COLUMN A AMOUNT THIS PERIOD | COLUMN B CUMULATIVE YEAR-TO-DATE | DATE OF EXPENDITURE <i>(mm/dd/yy)</i> |
|---|--------------------------------------|--|-----------------------------------|--|---|
| | OFFICE SOUGHT <i>(if applicable)</i> | | | | |
| Code A Right Strategies 616 17 th Street SE Altoona, IA 50009 | Campaign Consulting | <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: Mail Services | 22.50 | 4,879.68 | 7/24/2024 |
| | | | | | |
| Code A Right Strategies 616 17 th Street SE Altoona, IA 50009 | Campaign Consulting | <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: Printed Materials | 76.96 | 4,956.64 | 7/29/2024 |
| | | | | | |
| Code A Right Strategies 616 17 th Street SE Altoona, IA 50009 | Campaign Consulting | <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: Printed Materials | 285.69 | 5,242.33 | 8/1/2024 |
| | | | | | |
| Code A Right Strategies 616 17 th Street SE Altoona, IA 50009 | Campaign Consulting | <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: Digital Marketing | 246.85 | 5,489.18 | 8/16/2024 |
| | | | | | |
| Code A Right Strategies 616 17 th Street SE Altoona, IA 50009 | Campaign Consulting | <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: Printed Materials | 29.21 | 5,518.39 | 8/16/2024 |
| | | | | | |
| Code A Rock Kandy Kreations 6521 Stearns Hill Dr Indianapolis, IN 46237 | Creative Gifts | <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: Shirts | 120.00 | 120.00 | 8/16/2024 |
| | | | | | |
| Code A Rock Kandy Kreations 6521 Stearns Hill Dr Indianapolis, IN 46237 | Creative Gifts | <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: Marketing Materials | 150.00 | 270.00 | 8/16/2024 |
| | | | | | |
| SUBTOTAL THIS PAGE OF SCHEDULE B | | | \$ 931.21 | | |
| TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY <i>(Enter total on ITEM 17a of the Summary Sheet.)</i> | | | \$ | | |



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

State Form 4606 (R17 / 8-23)
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 <u>5</u> of <u>9</u> |

| RECIPIENT'S NAME AND MAILING ADDRESS <i>(street, number, city, state, ZIP code)</i> | RECIPIENT'S OCCUPATION | TYPE OF EXPENDITURE and PURPOSE <i>(be specific)</i> | COLUMN A AMOUNT THIS PERIOD | COLUMN B CUMULATIVE YEAR-TO-DATE | DATE OF EXPENDITURE <i>(mm/dd/yy)</i> |
|---|--|--|-----------------------------------|--|---|
| | OFFICE SOUGHT <i>(if applicable)</i> | | | | |
| Code C Friends of Dina Ferchmin 14023 Triple Crown Dr. Carmel, IN 46032 | Management Consultant | <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: Shirts - Rock Kandy Kreations | 60.00 | 163.90 | 8/16/2024 |
| | Carmel Clay School Board - At Large | | | | |
| Code C Friends of Dina Ferchmin 14023 Triple Crown Dr. Carmel, IN 46032 | Management Consultant | <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: Marketing Materials - Rock Kandy Kreations | 75.00 | 238.90 | 8/16/2024 |
| | Carmel Clay School Board - At Large | | | | |
| Code C Friends of Fishers PAC PO Box 978 Fishers, IN 46038 | Political Action Committee | <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: Event Fee | 50.00 | 50.00 | 8/20/2024 |
| | | | | | |
| Code O Right Strategies 616 17 th Street SE Altoona, IA 50009 | Campaign Consulting | <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: Consulting | 1,500.00 | 7,018.39 | 8/20/2024 |
| | | | | | |
| Code A Right Strategies 616 17 th Street SE Altoona, IA 50009 | Campaign Consulting | <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: Printed Materials | 273.90 | 7,292.29 | 8/20/2024 |
| | | | | | |
| Code A Right Strategies 616 17 th Street SE Altoona, IA 50009 | Campaign Consulting | <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: Mail Services | 22.50 | 7,314.79 | 8/23/2024 |
| | | | | | |
| Code A Rock Kandy Kreations 6521 Stearns Hill Dr Indianapolis, IN 46237 | Creative Gifts | <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: Shirts | 40.00 | 310.00 | 8/26/2024 |
| | | | | | |
| SUBTOTAL THIS PAGE OF SCHEDULE B | | | \$ 2,021.40 | | |
| TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY <i>(Enter total on ITEM 17a of the Summary Sheet.)</i> | | | \$ | | |



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

State Form 4606 (R17 / 8-23)
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

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| RECIPIENT'S NAME AND MAILING ADDRESS <i>(street, number, city, state, ZIP code)</i> | RECIPIENT'S OCCUPATION | TYPE OF EXPENDITURE and PURPOSE <i>(be specific)</i> | COLUMN A AMOUNT THIS PERIOD | COLUMN B CUMULATIVE YEAR-TO-DATE | DATE OF EXPENDITURE <i>(mm/dd/yy)</i> |
|---|--|--|-----------------------------------|--|---|
| | OFFICE SOUGHT <i>(if applicable)</i> | | | | |
| Code A Right Strategies 616 17 th Street SE Altoona, IA 50009 | Campaign Consulting | <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: Signage | 38.78 | 7,353.57 | 9/4/2024 |
| | | | | | |
| Code O Costco 9010 Michigan Rd Indianapolis, IN 46268 | Warehouse Club | <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: Food for Event | 25.97 | 81.58 | 9/5/2024 |
| | | | | | |
| Code O Bazbeaux Pizza 111 W Main St Carmel, IN 46032 | Restaurant | <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: Food for Event | 139.90 | 139.90 | 9/9/2024 |
| | | | | | |
| Code C Friends of Dina Ferchmin 14023 Triple Crown Dr. Carmel, IN 46032 | Management Consultant | <input type="checkbox"/> Direct <input checked="" type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: Food for Event- Bazbeaux | 12.98 | 251.88 | 9/9/2024 |
| | Carmel Clay School Board - At Large | | | | |
| Code C Friends of Dina Ferchmin 14023 Triple Crown Dr. Carmel, IN 46032 | Management Consultant | <input type="checkbox"/> Direct <input checked="" type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: Food for Event- Bazbeaux | 69.95 | 321.83 | 9/9/2024 |
| | Carmel Clay School Board - At Large | | | | |
| Code A Right Strategies 616 17 th Street SE Altoona, IA 50009 | Campaign Consulting | <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: Signage | 2,185.61 | 9,539.18 | 9/10/2024 |
| | | | | | |
| Code A Logo USA Corporation 320 Parkway Circle Westfield, IN 46074 | Screen Printer | <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: Shirts | 1,396.98 | 1,595.86 | 9/11/2024 |
| | | | | | |
| SUBTOTAL THIS PAGE OF SCHEDULE B | | | \$ 3,870.17 | | |
| TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY <i>(Enter total on ITEM 17a of the Summary Sheet.)</i> | | | \$ | | |



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

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| FILE NUMBER |
|---------------------------|
| |
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| RECIPIENT'S NAME AND MAILING ADDRESS <i>(street, number, city, state, ZIP code)</i> | RECIPIENT'S OCCUPATION | TYPE OF EXPENDITURE and PURPOSE <i>(be specific)</i> | COLUMN A AMOUNT THIS PERIOD | COLUMN B CUMULATIVE YEAR-TO-DATE | DATE OF EXPENDITURE <i>(mm/dd/yy)</i> |
|---|--|--|-----------------------------------|--|---|
| | OFFICE SOUGHT <i>(if applicable)</i> | | | | |
| Code A Right Strategies 616 17 th Street SE Altoona, IA 50009 | Campaign Consulting | <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: Printed Materials | 528.71 | 10,067.89 | 9/13/2024 |
| | | | | | |
| Code A Right Strategies 616 17 th Street SE Altoona, IA 50009 | Campaign Consulting | <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: Digital Marketing | 228.00 | 10,295.89 | 9/16/2024 |
| | | | | | |
| Code O Right Strategies 616 17 th Street SE Altoona, IA 50009 | Campaign Consulting | <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: Consulting | 1,500.00 | 11,795.89 | 9/17/2024 |
| | | | | | |
| Code A Right Strategies 616 17 th Street SE Altoona, IA 50009 | Campaign Consulting | <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: Printed Materials | 400.00 | 12,195.89 | 9/19/2024 |
| | | | | | |
| Code C Friends of Dina Ferchmin 14023 Triple Crown Dr. Carmel, IN 46032 | Management Consultant | <input type="checkbox"/> Direct <input checked="" type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: Postage | 1,404.78 | 1,726.61 | 9/23/2024 |
| | Carmel Clay School Board - At Large | | | | |
| Code A Right Strategies 616 17 th Street SE Altoona, IA 50009 | Campaign Consulting | <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: Mail Services | 22.50 | 12,218.39 | 9/24/2024 |
| | | | | | |
| Code A Right Strategies 616 17 th Street SE Altoona, IA 50009 | Campaign Consulting | <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: Printed Materials | 558.30 | 12,776.69 | 9/26/2024 |
| | | | | | |
| SUBTOTAL THIS PAGE OF SCHEDULE B | | | \$ 4,642.29 | | |
| TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY <i>(Enter total on ITEM 17a of the Summary Sheet.)</i> | | | \$ | | |



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

State Form 4606 (R17 / 8-23)
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 8 of 9

| RECIPIENT'S NAME AND MAILING ADDRESS <i>(street, number, city, state, ZIP code)</i> | RECIPIENT'S OCCUPATION | TYPE OF EXPENDITURE and PURPOSE <i>(be specific)</i> | COLUMN A AMOUNT THIS PERIOD | COLUMN B CUMULATIVE YEAR-TO-DATE | DATE OF EXPENDITURE <i>(mm/dd/yy)</i> |
|---|--|--|-----------------------------------|--|---|
| | OFFICE SOUGHT <i>(if applicable)</i> | | | | |
| Code A Menard's 2150 E Greyhound Pass Carmel, IN 46033 | Hardware Store | <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: Signage Supplies | 294.06 | 294.06 | 10/7/2024 |
| | | | | | |
| Code A Right Strategies 616 17 th Street SE Altoona, IA 50009 | Campaign Consulting | <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: Printed Materials | 983.61 | 13,760.30 | 10/7/2024 |
| | | | | | |
| Code A Menard's 2150 E Greyhound Pass Carmel, IN 46033 | Hardware Store | <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: Signage Supplies | 331.87 | 625.93 | 10/9/2024 |
| | | | | | |
| Code A Menard's 2150 E Greyhound Pass Carmel, IN 46033 | Hardware Store | <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: Signage Supplies | 14.32 | 640.25 | 10/9/2024 |
| | | | | | |
| Code C Friends of Dina Ferchmin 14023 Triple Crown Dr. Carmel, IN 46032 | Management Consultant | <input type="checkbox"/> Direct <input checked="" type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: Signage Supplies -- Menard's | 147.03 | 1,873.64 | 10/9/2024 |
| | Carmel Clay School Board - At Large | | | | |
| Code C Friends of Dina Ferchmin 14023 Triple Crown Dr. Carmel, IN 46032 | Management Consultant | <input type="checkbox"/> Direct <input checked="" type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: Signage Supplies -- Menard's | 165.94 | 2,039.58 | 10/9/2024 |
| | Carmel Clay School Board - At Large | | | | |
| Code C Friends of Dina Ferchmin 14023 Triple Crown Dr. Carmel, IN 46032 | Management Consultant | <input type="checkbox"/> Direct <input checked="" type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: Signage Supplies -- Menard's | 7.16 | 2,046.74 | 10/9/2024 |
| | Carmel Clay School Board - At Large | | | | |
| SUBTOTAL THIS PAGE OF SCHEDULE B | | | \$ 1,943.99 | | |
| TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY <i>(Enter total on ITEM 17a of the Summary Sheet.)</i> | | | \$ | | |



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

State Form 4606 (R17 / 8-23)
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 |
|---------------------------|
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| Page <u>9</u> of <u>9</u> |

| RECIPIENT'S NAME AND MAILING ADDRESS <i>(street, number, city, state, ZIP code)</i> | RECIPIENT'S OCCUPATION | TYPE OF EXPENDITURE and PURPOSE <i>(be specific)</i> | COLUMN A AMOUNT THIS PERIOD | COLUMN B CUMULATIVE YEAR-TO- DATE | DATE OF EXPENDITURE <i>(mm/dd/yy)</i> |
|---|---|---|-----------------------------------|--|---|
| | OFFICE SOUGHT <i>(if applicable)</i> | | | | |
| <u>Code C</u> Friends of Dina Ferchmin 14023 Triple Crown Dr. Carmel, IN 46032 | Management Consultant Carmel Clay School Board - At Large | <input type="checkbox"/> Direct <input checked="" type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: Postage | 379.96 | 2,426.70 | 10/9/2024 |
| <u>Code A</u> Logo USA Corporation 320 Parkway Circle Westfield, IN 46074 | Screen Printer | <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: Shirts | 391.79 | 1,987.65 | 10/9/2024 |
| <u>Code A</u> Right Strategies 616 17 th Street SE Altoona, IA 50009 | Campaign Consulting | <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: Printed Materials | 80.35 | 13,840.6 5 | 10/10/2024 |
| <u>Code A</u> Right Strategies 616 17 th Street SE Altoona, IA 50009 | Campaign Consulting | <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: Digital Marketing | 215.15 | 14,055.8 0 | 10/10/2024 |
| <u>Code F</u> Anedot 1340 Poydras Street, Suite 1770 New Orleans, LA 70112 | Donation Platform | <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: Payment Processing Fees | 429.58 | 429.58 | 10/11/2024 |
| <u>Code</u> | | <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: | | | |
| <u>Code</u> | | <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: | | | |
| SUBTOTAL THIS PAGE OF SCHEDULE B | | | \$ 1,496.83 | | |
| TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY <i>(Enter total on ITEM 17a of the Summary Sheet.)</i> | | | \$ 21,334.72 | | |



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

**(CFA-4 SCHEDULE D)
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

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| CREDITOR'S OR LENDER'S NAME AND MAILING ADDRESS <i>(street, number, city, state, ZIP code)</i> | ENDORSER'S OR VENDOR'S NAME AND MAILING ADDRESS <i>(if any)</i> <i>(street, number, city, state, ZIP code)</i> | AMOUNT | DATE DEBT INCURRED <i>(mm/dd/yy)</i> | CUMULATIVE PAID YEAR-TO-DATE | OUTSTANDING BALANCE THIS PERIOD |
|--|--|----------------|--|------------------------------------|---------------------------------------|
| | | NATURE OF DEBT | | | |
| Robin Clark 13975 Primo Way Carmel, IN 46074 LENDER'S OCCUPATION: Project Manager | | 200.00 | 4/22/2024 | 0.00 | 200.00 |
| | | Open account | | | |
| Robin Clark 13975 Primo Way Carmel, IN 46074 LENDER'S OCCUPATION: Project Manager | | 725.00 | 6/18/2024 | 0.00 | 725.00 |
| | | loan | | | |
| Robin Clark 13975 Primo Way Carmel, IN 46074 LENDER'S OCCUPATION: Project Manager | | 500.00 | 7/22/2024 | 0.00 | 500.00 |
| | | loan | | | |
| Robin Clark 13975 Primo Way Carmel, IN 46074 LENDER'S OCCUPATION: Project Manager | | 100.00 | 10/9/2024 | 0.00 | 100.00 |
| | | loan | | | |
| LENDER'S OCCUPATION: | | | | | |
| | | | | | |
| LENDER'S OCCUPATION: | | | | | |
| | | | | | |
| LENDER'S OCCUPATION: | | | | | |
| | | | | | |
| SUBTOTAL THIS PAGE OF SCHEDULE D | | | | | \$ 1,525.00 |
| TOTAL OF ALL PAGES OF SCHEDULE D ON THE LAST PAGE ONLY <i>(Enter total on ITEM 19 of the Summary Sheet.)</i> | | | | | \$ 1,525.00 |