



REPORT OF RECEIPTS AND EXPENDITURES OF A POLITICAL COMMITTEE

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

(CFA-4) Summary Sheet

FILE NUMBER

TOTAL PAGES IN ENTIRE CFA-4 REPORT

6

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 <i>Statement of Organization</i>) FRIENDS OF DAWN LANG, LLC | | <input type="checkbox"/> Check if this is a new name. |
| 2. Acronym or Abbreviated Name (if any) FoDL | | 3. Committee Telephone Number (317) 752-6555 |
| 4. Mailing Address (Address where all campaign finance correspondence is received.) 11349 IDLEWOOD DRIVE | | <input type="checkbox"/> Check if this is a new address. |
| 5. City, State, ZIP Code FISHERS, IN 46037 | | 6. Party Affiliation (if applicable) Republican |

CANDIDATE INFORMATION (For Candidate's Committees Only)

| | |
|---|---|
| 7. Full Name of Candidate (Include any nickname.) DAWN LANG | 8. Party Affiliation or If Independent Candidate Republican |
| 9. Office Sought (Include district number, if any. <i>Not required for exploratory committees.</i>) HAMILTON SOUTHEASTERN SCHOOL BOARD OF TRUSTEES | 10. County of Residence HAMILTON |

TYPE OF REPORT

CONVENTION CANDIDATES ONLY

| | | | |
|---|--|---|--------------------------|
| 11. Check one: <input type="checkbox"/> Pre-Primary <input type="checkbox"/> Pre-Election <input checked="" 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: 10/15/22 Through: 12/31/22 | | COLUMN A This Period | COLUMN B Year to Date |
| 13. Cash on hand and investments at the beginning of this reporting period. | | 12,708.18 | |
| 14. Cash on hand and investments January 1, current year. | | | 0.00 |

CONTRIBUTIONS AND RECEIPTS

| | | |
|--|------------------|------------------|
| <i>(Note: these amounts include in-kind contributions and loans, as well as cash contributions.)</i> | | |
| 15a. Itemized (Use Schedule A.) | 3,915.82 | 24,213.22 |
| 15b. Unitemized | 280.00 | 3,195.00 |
| 15c. Add lines 15a and 15b in both columns. SUBTOTAL | 4,195.82 | 27,408.22 |
| 16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B. TOTAL | 16,904.00 | 27,408.22 |

EXPENDITURES

| | | |
|---|------------------|------------------|
| <i>(Note: These amounts include in-kind expenditures and loan repayments.)</i> | | |
| 17a. Itemized (Use Schedule B.) (Public Question: use Schedule C.) | 15,048.82 | 25,216.57 |
| 17b. Unitemized | 5.05 | 341.52 |
| 17c. Add lines 17a and 17b in both columns. SUBTOTAL | 15,053.87 | 25,558.09 |
| 18. Cash on hand and investments at close of this reporting period (Subtract 17c from 16 in both columns.) TOTAL | 1,850.13 | 1,850.13 |
| 19. Debts OWED BY the committee (Use Schedule D.) | 59.84 | |
| 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 to the best of my knowledge and belief it is true, correct and complete. | | |
| [Redacted Signature] | Title Treasurer | Date (mm/dd/yy) 01/17/23 |
| | | Date (mm/dd/yy) 01/17/23 |

This report may not be copied for sale or used for any commercial purpose. (IC 3-9-4-5) A person who knowingly falsifies information on this report is guilty of a Class B misdemeanor. (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)

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OF A POLITICAL COMMITTEE**

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

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

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY INDIVIDUALS ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts total 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>6</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. Troy Woodruff 11732 Sea Star Drive Indianapolis, IN 46256 Contributor's Occupation (if required) <u>business owner</u> | Contributions: <input type="checkbox"/> Direct <input checked="" type="checkbox"/> In-Kind (describe) <u>Marketing</u> Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify) _____ | \$1,215.82 | \$2,313.22 | 10/31/22 Dawn Lang |
| 2. N/A Contributor's Occupation (if required) _____ | Contributions: <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) _____ Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify) _____ | \$0.00 | \$0.00 | |
| 3. N/A Contributor's Occupation (if required) _____ | Contributions: <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) _____ Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify) _____ | \$0.00 | \$0.00 | |
| 4. N/A Contributor's Occupation (if required) _____ | Contributions: <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) _____ Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify) _____ | \$0.00 | \$0.00 | |
| 5. N/A Contributor's Occupation (if required) _____ | Contributions: <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) _____ Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify) _____ | \$0.00 | \$0.00 | |
| SUBTOTAL THIS PAGE OF SCHEDULE A | | \$ 1,215.82 | | |
| 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-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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| 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. Fadness For Fishers PO Box 287 Fishers, IN 46038 | 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> _____ | \$2,500.00 | \$3,500.00 | 10/31/22 |
| | | | | Dawn Lang |
| 2. Committee To Elect Garrison For Prosecutor 9745 Cumberland Rd Fishers, IN 46037-9660 | 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 | 10/31/22 |
| | | | | Dawn Lang |
| 3. N/A | 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> _____ | | | |
| | | | | |
| 4. N/A | 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. N/A | 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 | | \$ 2,700.00 | | |
| TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY <i>(Enter total on ITEM 15a of the Summary Sheet.)</i> | | \$ 3,915.82 | | |



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

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

FILE NUMBER

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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 <u>A</u> Right Strategies, LLC PO Box 231 Altoona, IA 50009 | Campaign messaging | <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: | \$1,136.52 | \$2,003.52 | 11/14/22 |
| Code <u>O</u> Dawn Lang 11349 Idlewood Drive Fishers, IN 46037 | Campaign Event Exp & Signs | <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: | \$1,793.41 | \$2,833.23 | Various |
| Code <u>C</u> Tiffany Pascoe for Hoosiers 12481 Cricket Song Lane Noblesville, IN 46060 | Campaign contribution HSE School Board Trustee | <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: | \$750.00 | \$1,250.00 | 10/19/22 |
| Code <u>C</u> Friends of Ben Orr 12608 Largo Drive Fishers, IN 46037 | Campaign contribution HSE School Board Trustee | <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: | \$500.00 | \$1,000.00 | 10/15/22 |
| Code <u>C</u> Friends of Juanita Albright 7670 E 126th St Fishers, IN 46038 | Campaign contribution HSE School Board Trustee | <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: | \$500.00 | \$1,000.00 | 10/15/22 |
| Code <u>A</u> Hamilton County Republican Party 209 E 175th St Westfield, IN 46074 | Campaign event | <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: | \$150.00 | \$259.34 | 11/30/22 |
| Code <u>A</u> Wilson Print & Graphics 25441 North Shore Drive Elkhart, IN 46514 | Campaign materials | <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: | \$588.50 | \$2,257.19 | 11/22/22 |
| SUBTOTAL THIS PAGE OF SCHEDULE B | | | \$ 5,418.43 | | |
| 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**

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 <u>A</u> Troy Woodruff 11732 Sea Star Drive Indianapolis, IN 46256 | Campaign marketing | <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: | \$1,215.82 | \$2,313.22 | 10/31/22 |
| Code <u>C</u> Friends of Cecilia Coble 10386 Treeline Ct Fishers, IN 46037 | Campaign contribution Fishers City Council | <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: | \$250.00 | \$250.00 | 11/28/22 |
| Code <u>A</u> New Haven Print Inc 7531 US 930 E Ft. Wayne, IN 46803 | Campaign materials | <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: | \$7,587.58 | \$7,587.58 | 11/22/22 |
| Code <u>A</u> Robbins Apparel, Inc. 15204 Cumberland Rd Noblesville, IN 46060 | Campaign materials | <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: | \$293.18 | \$293.18 | 11/03/22 |
| Code <u>O</u> Small Business Resource Grp, LLC 11349 Idlewood Drive Fishers, IN 46037 | Accounting | <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: | \$283.81 | \$283.81 | 10/26/22 |
| Code _____ N/A | | <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: | | | |
| Code _____ N/A | | <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 | | | \$ 9,630.39 | | |
| TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY <i>(Enter total on ITEM 17a of the Summary Sheet.)</i> | | | \$ 15,048.82 | | |



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**(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.

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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 | | | |
| Dawn Lang 11349 Idlewood Drive Fishers, IN 46037 LENDER'S OCCUPATION Business Owner | | \$59.84 | 10/28/22 | \$2,833.23 | \$59.84 |
| | | Open Account | | | |
| LENDER'S OCCUPATION | | | | | |
| LENDER'S OCCUPATION | | | | | |
| LENDER'S OCCUPATION | | | | | |
| LENDER'S OCCUPATION | | | | | |
| LENDER'S OCCUPATION | | | | | |
| LENDER'S OCCUPATION | | | | | |
| SUBTOTAL THIS PAGE OF SCHEDULE D | | | | | \$ 59.84 |
| TOTAL OF ALL PAGES OF SCHEDULE D ON THE LAST PAGE ONLY <i>(Enter total on ITEM 19 of the Summary Sheet.)</i> | | | | | \$ 59.84 |