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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

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

TOTAL PAGES IN ENTIRE CFA-4 REPORT

IS THIS AN AMENDMENT? Yes No

COMMITTEE INFORMATION

1. Full Name of Committee (as on Statement of Organization) <input type="checkbox"/> Check if this is a new name. SUPPORT CCS	
2. Acronym or Abbreviated Name (if any)	3. Committee Telephone Number (631) 680-4567
4. Mailing Address (Address where all campaign finance correspondence is received.) <input type="checkbox"/> Check if this is a new address. 610 N. RANGELINE ROAD	
5. City, State, ZIP Code CARMEL IN 46032	6. Party Affiliation (if applicable)

CANDIDATE INFORMATION (For Candidate's Committees Only)

7. Full Name of Candidate (Include any nickname.)	8. Party Affiliation or If Independent Candidate
9. Office Sought (Include district number, if any. Not required for exploratory committee.)	10. County of Residence

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
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12. Reporting Period (mm/dd/yy): From: 4/12/24 Through: 10/11/24	COLUMN A This Period	COLUMN B Year to Date
13. Cash on hand and investments at the beginning of this reporting period.	4129.54	
14. Cash on hand and investments January 1, current year.		3649.54

CONTRIBUTIONS AND RECEIPTS

<i>(Note: these amounts include in-kind contributions and loans, as well as cash contributions.)</i>		
15a. Itemized (Use Schedule A.)	44840.19	44840.19
15b. Unitemized	13801.61	14281.61
15c. Add lines 15a and 15b in both columns. SUBTOTAL	58641.80	59121.80
16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B. TOTAL	62771.34	62771.34

EXPENDITURES

<i>(Note: These amounts include in-kind expenditures and loan repayments.)</i>		
17a. Itemized (Use Schedule B.) (Public Question: use Schedule C.)	36912.61	36912.61
17b. Unitemized	585.60	595.70
17c. Add lines 17a and 17b in both columns. SUBTOTAL	37498.41	37508.31
18. Cash on hand and investments at close of this reporting period (Subtract 17c from 16 in both columns.) TOTAL	25272.93	25262.93
19. Debts OWED BY the committee (Use Schedule D.)	0	
20. Debts OWED TO the committee (Use Schedule E.)	0	

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 and that it is true, correct and complete.

Date (mm/dd/yy)

10/11/24

Signature of Candidate (if applicable)

Date (mm/dd/yy)

WARNING: Any information contained in this report may not be copied for sale or used for any commercial purpose. (IC 3-9-4-5) A person who knowingly files a fraudulent report commits a Level 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)

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**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 SCHEDULE B)
ITEMIZED EXPENDITURES**

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

FILE NUMBER

Page of

RECIPIENT'S NAME AND MAILING ADDRESS <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> ROTARY CLUB OF CARMEL PO Box 546 CARMEL IN 46032		<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	325 ⁰⁰	325 ⁰⁰	5/28/24
Code <u>A</u> AMAZON 40 TERRY AVE N SEATTLE WA 98109		<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 SUPPLIES	135 ³⁵	460 ³⁵	6/10/24
Code <u>A</u> AMAZON 40 TERRY AVE N SEATTLE WA 98109		<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 SUPPLIES	111 ²⁰	571 ⁵⁵	6/14/24
Code <u>A</u> AMAZON 40 TERRY AVE N. SEATTLE WA 98109		<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 SUPPLIES	106 ⁹⁸	678 ⁵³	6/17/24
Code <u>A</u> VISTAPRINT 95 HAYDEN AVE LEXINGTON MA 02424		<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 MATERIAL	366 ⁹⁸	1045 ⁵¹	6/16/24
Code <u>A</u> HAMILTON County 30 WEST MAIN SUITE 220 CARMEL IN 46032		<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: SPONSOR FEE	120 ⁰⁰	1165 ⁵¹	6/26/24
Code <u>A</u> US POST OFFICE 275 MEDICAL DR. CARMEL IN 46032		<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: POSTAGE	676 ⁰⁰	1841 ⁵¹	6/26/24
SUBTOTAL THIS PAGE OF SCHEDULE B			\$ 1841 ⁵¹		
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
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Indiana Election Division (IC 3-9-5-14)

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

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	OFFICE SOUGHT <i>(if applicable)</i>				
Code <u>A</u> NOTHING BUT BUNDT 8505 KEYSTONE CROSSING INDIANAPOLIS IN 46240		<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: FUNDRAISER SUPPLIES	695 ⁰⁰	2576 ⁵¹	8/8/24
Code <u>A</u> PIP PRINTING 11311 N. PENNSYLVANIA SUITE 107 CARMEL IN 46032		<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	4345 ⁹⁸	6862 ⁴⁹	8/29/24
Code <u>A</u> MENARDS 2150 E. GREYHOUND PASS CARMEL IN 46033		<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	499 ⁸⁹	7362 ³⁸	8/30/24
Code <u>A</u> VISTAPRINT 95 HAYDEN AVE LEXINGTON MA 02421		<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	1756 ¹⁶	9118 ⁵⁴	8/30/24
Code <u>A</u> BROWN PROGRESSIVE STRATEGIES 11827 ROSSMORE DR. INDIANAPOLIS IN 46235		<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 MEDIA	5000 ⁰⁰	14118 ⁵⁴	9/13/24
Code <u>A</u> PRINT PPS 9004 WASHINGTON ST NE ALBUQUERQUE NM 87111		<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	723 ³²	14841 ⁸⁴	9/10/24
Code <u>A</u> VISTAPRINT 95 HAYDEN AVE LEXINGTON MA 02421		<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	4965 ⁸⁹	19807 ⁷¹	9/10/24
SUBTOTAL THIS PAGE OF SCHEDULE B			\$17966 ²⁴		
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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	OFFICE SOUGHT <i>(if applicable)</i>				
Code <u>A</u> US POST OFFICE 275 MEDICAL DR. CARMEL IN 46032		<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: <u>POSTAGE</u>	3650 ⁰⁰	23457 ⁷¹	9/17/24
Code <u>A</u> VISTAPRINT 95 HAYDEN AVE LEXINGTON MA 02421		<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: <u>MARKETING MATERIAL</u>	574 ³⁴	24032 ⁰⁵	9/17/24
Code <u>A</u> VICTORY COMPANIES 5200 SW 30TH ST DAVENPORT IA 52802		<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: <u>MARKETING MATERIALS</u>	623 ⁶⁸	24655 ⁷³	9/18/24
Code <u>A</u> PSP PRINTING 11711 N. PENNSYLVANIA SUITE 107 CARMEL IN 46032		<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: <u>MARKETING MATERIALS</u>	1143 ⁹⁹	25799 ⁷²	9/20/24
Code <u>A</u> VISTAPRINT 95 HAYDEN AVE LEXINGTON MA 02421		<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: <u>MARKETING MATERIALS</u>	638 ¹¹	26437 ⁸³	9/27/24
Code <u>A</u> BROWN PROGRESSIVE STRATEGIES 11827 ROSSMOLE DR INDIANAPOLIS IN 46235		<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: <u>DIGITAL MEDIA</u>	2000 ⁰⁰	28437 ⁸³	9/28/24
Code <u>A</u> VISTAPRINT 95 HAYDEN AVE LEXINGTON MA 02421		<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: <u>MARKETING MATERIALS</u>	1453 ⁴⁰	29891 ²³	10/1/24
SUBTOTAL THIS PAGE OF SCHEDULE B			\$10083 ⁵²		
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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	OFFICE SOUGHT <i>(if applicable)</i>				
Code <u>A</u> GOOGLE 1600 AMPHITHEATRE PKWY MOUNTAIN VIEW CA 94043		<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: <u>DIGITAL MEDIA</u>	281 ⁵⁴	30172 ⁷⁷	10/2/24
Code _____ INNOVATIVE 719 VIRGINIA AVE SUITE 101 INDIANAPOLIS IN 46203		<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: <u>VIDEO PRODUCTION</u>	6000 ⁰⁰	36172 ⁷⁷	10/3/24
Code <u>A</u> US POST OFFICE 275 MEDICAL DR. CARMEL IN 46032		<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: <u>POSTAGE</u>	740 ⁰⁰	36912 ⁷⁷	10/11/24
Code _____		<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 _____		<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 _____		<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 _____		<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			\$ 7021 ⁵⁴		
TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY <i>(Enter total on ITEM 17a of the Summary Sheet.)</i>			\$ 36912 ⁸¹		



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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 totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from individuals OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee). A contributor's occupation is required if an individual makes at least \$1,000 in contributions during the calendar year. Otherwise, this is optional.

FILE NUMBER

Page _____ of _____

CONTRIBUTOR'S FULL NAME AND OCCUPATION FULL MAILING ADDRESS <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. ABBY ACHTERBERG 14130 WILLIAMSBERG 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> _____	134.97	134.97	8/1/24 CJBA
2. ANDREA ACKERMAN 4893 DEER RIDGE DR. S 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> _____	250 ⁰⁰	250 ⁰⁰	8/25/24 CJBA
3. MARY ALANGO 1843 ARROWHEAD 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> _____	116 ⁶²	116 ⁶²	8/5/24 CJBA
4. JENNIFER ARNOLD 442 1 ST AVE SE 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> _____	146 ⁶⁸	146 ⁶⁸	8/12/24 CJBA
5. STEPHANIE BALES 4466 PANTHERA LEO DR. CARMEL IN 46074 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> _____	193 ²⁴	193 ²⁴	8/10/24 CJBA
SUBTOTAL THIS PAGE OF SCHEDULE A		\$ 841 ⁵¹		
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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**(CFA-4 SCHEDULE A-1)
CONTRIBUTIONS BY INDIVIDUALS
Itemized Contributions and Other Receipts**

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1. MICHAEL BERESFORD 105 CHIPPENHAM LANE FISHERS IN 46038 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) _____	193 ⁷³ ₋	193 ⁷³ ₋	8/11/24 JEB
2. RACHEL BLACKER 122 IRONWOOD 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) _____	290 ³⁵ ₋	290 ³⁵ ₋	8/10/24 JEB
3. ANN BOLDT 13987 SPRINGHILL PONDS CIR 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) _____	193 ⁷³ ₋	193 ⁷³ ₋	5/24/24 JEB
4. STACY BRAKE 12523 SANDSTONE RUN 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) _____	144 ⁶⁸ ₋	144 ⁶⁸ ₋	8/12/24 JEB
5. ANDREW BROUGH 11006 TIMBER 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) _____	231 ⁵⁹ ₋	231 ⁵⁹ ₋	9/15/24 JEB
SUBTOTAL THIS PAGE OF SCHEDULE A		\$ 1054 ⁰⁸		
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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Page ____ of ____

CONTRIBUTOR'S FULL NAME AND OCCUPATION FULL MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED (mm/dd/yy) RECEIVED BY
1. JEFFREY BROWNING 5086 TC STEELE LANE 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) _____	485 ⁰⁶	485 ⁰⁶	7/30/24 JBLA
2. MARANDA BRUCKNER 13061 ABERDEEN BEND 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) _____	145 ¹⁷	145 ¹⁷	7/22/24 JBLA
3. PREPPY BRACELET 22 LAKESEBOLL CT CARMEL IN 46033 Contributor's Occupation (if required) <u>Small Business Owner</u>	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) _____	2042 ⁷⁰	2042 ⁷⁰	7/27/24 JBLA
4. SARAH CALLAHAN 499 LEEDS CIR 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) _____	144 ⁶⁸	144 ⁶⁸	8/20/24 JBLA
5. MARCIA CARMICHAL 1371 NEWCASTLE 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) _____	144 ¹⁹	144 ¹⁹	9/15/24 JBLA
SUBTOTAL THIS PAGE OF SCHEDULE A		\$ 2961 ⁸⁰		
TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY (Enter total on ITEM 15a of the Summary Sheet.)		\$		



**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 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.

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CONTRIBUTOR'S FULL NAME AND OCCUPATION FULL MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED (mm/dd/yy)
				RECEIVED BY
1. JENNIFER CASHIN 617 HAMPSHIRE 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) _____	922 ⁵¹	922 ⁵¹	8/11/24 JEB
2. CHRISTOPHER CASSIDY 10512 WILLIAMSON PKWY 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) _____	290 ³⁵	290 ³⁵	8/5/24 JEB
3. JENNIFER CLEVELAND 10512 WILLIAMSON PKWY 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) _____	290 ⁸⁴	290 ⁸⁴	8/11/24 JEB
4. ASHLEY COCHRANE 1363 SUMAC 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) _____	125 ²⁶	125 ²⁶	8/12/24 JEB
5. MEGAN COFFIN 3614 BRUMLEY WAY 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) _____	193 ²⁴	193 ²⁴	8/11/24 JEB
SUBTOTAL THIS PAGE OF SCHEDULE A		\$ 1822 ²⁰		
TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY (Enter total on ITEM 15a of the Summary Sheet.)		\$		



**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 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.

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CONTRIBUTOR'S FULL NAME AND OCCUPATION FULL MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED (mm/dd/yy) RECEIVED BY
1. SARAH COOK 11720 WINDPOINTE PASS 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 ²⁶	125 ²⁶	9/10/24 C/BLA
2. ANGELA CORLEY 14031 PLATE DR. 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) _____	250 ⁰⁰	250 ⁰⁰	9/16/24 C/BLA
3. COURTNEY CULVER 730 1 ST AVE NE 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) _____	123 ²⁹	123 ²⁹	8/23/24 C/BLA
4. LEAH DOWNER 12925 HARRISON DR. 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) _____	193 ²⁴	193 ²⁴	7/14/24 C/BLA
5. ROBERT DRAPER 1559 W. MAIN 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) _____	196 ⁶²	196 ⁶²	7/8/24 C/BLA
SUBTOTAL THIS PAGE OF SCHEDULE A		\$ 888 ⁴¹		
TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY (Enter total on ITEM 15a of the Summary Sheet.)		\$		



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

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CONTRIBUTOR'S FULL NAME AND OCCUPATION FULL MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED (mm/dd/yy) RECEIVED BY
1. CHRISTOPHER DUCKWORTH 13272 AQUAMARINE DR. 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) _____	242 ²⁸	242 ²⁸	9/10/24 JEA
2. SARA EDWARDS 11627 FOREST DR. 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) _____	193 ⁷³	193 ⁷³	3/9/24 JEA
3. TODD FENOGLIO 325 EDISON WAY 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) _____	125²⁶ 149 ⁰⁵	125²⁶ 149 ⁰⁵	8/12/24 JEA
4. LIZA FRICKEY 2045 RUTTSBURY 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) _____	154 ³⁹	154 ³⁹	9/14/24 JEA
5. LISA GRAY 1012 PINE HILL WAY 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) _____	500 ⁰⁰	500 ⁰⁰	8/12/24 JEA
SUBTOTAL THIS PAGE OF SCHEDULE A		\$ 1239 ⁴⁵		
TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY (Enter total on ITEM 15a of the Summary Sheet.)		\$		



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

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				(mm/dd/yy) RECEIVED BY
1. DAVE HAIST 810 S. SHORE DR. CULVER IN 46511 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) _____	485 ⁰⁰	485 ⁰⁰	7/14/24 JELTA
2. DANNE HANNAH 11230 ARMON DR. CARMEL IN 46033 Contributor's Occupation (if required) PROFESSOR	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) _____	3943 ⁹¹	3943 ⁹¹	8/2/24 JELTA
3. ALUADIN HASSABEIN 255 1 ST ST. SW 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) _____	145 ¹⁷	145 ¹⁷	8/27/24 JELTA
4. ERIKA HORAN 14007 SPRINGMILL RD SCIE 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) _____	134 ⁹⁷	134 ⁹⁷	8/12/24 JELTA
5. LAURA HUNTER 13061 ANDOVER DR. 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 ²⁶	125 ²⁶	8/17/24 JELTA
SUBTOTAL THIS PAGE OF SCHEDULE A		\$ 4834 ³⁷		
TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY (Enter total on ITEM 15a of the Summary Sheet.)		\$		



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

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CONTRIBUTOR'S FULL NAME AND OCCUPATION FULL MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED (mm/dd/yy) RECEIVED BY
1. CHERYL INGRAM 14027 PONDVIEW 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) _____	543 ⁷³	543 ⁷³	9/14/24 C/ [Signature]
2. SARNA JOSHI 10574 ELIZABETH 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) _____	242 ²⁸	242 ²⁸	7/11/24 C/ [Signature]
3. CASSANDRA JUSTICE 11214 GREEN 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) _____	125 ²⁶	125 ²⁶	9/14/24 C/ [Signature]
4. BROOKE KANNER 1823 HONEYGLASS 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) _____	209 ²⁸	209 ²⁸	9/13/24 C/ [Signature]
5. MOLLY KISSINGER 8 SONGBIRD 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) _____	193 ²⁴	193 ²⁴	9/10/24 C/ [Signature]
SUBTOTAL THIS PAGE OF SCHEDULE A		\$ 1313 ⁷⁹		
TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY (Enter total on ITEM 15a of the Summary Sheet.)		\$		



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

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CONTRIBUTOR'S FULL NAME AND OCCUPATION FULL MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED (mm/dd/yy) RECEIVED BY
1. KIRSTEN KOWALEWSKI 166 HARROWGATE DR. 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) _____	138 ³⁵	138 ³⁵	9/22/24 9/22/24 JEB
2. REBECCA LIME 1545 ORCHARD PARK DR N INDIANAPOLIS IN 46280 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) _____	119 ⁴²	119 ⁴²	8/18/24 JEB
3. JILL LOMBARDO 425 PORTSMOUTH 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) _____	241 ⁷⁹	241 ⁷⁹	8/28/24 JEB
4. KATHERINE MALARSKY 14453 PEMBERTON LAKE CARMEL IN 46034 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) _____	242 ²⁸	242 ²⁸	8/10/24 JEB
5. TARA MAROUN 14296 NEW GARDEN LAKE CARMEL IN 46033 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) _____	120 ⁴¹	120 ⁴¹	7/8/24 JEB
SUBTOTAL THIS PAGE OF SCHEDULE A		\$ 862 ²⁵		
TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY (Enter total on ITEM 15a of the Summary Sheet.)		\$		



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

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1. SCOT MARSH 12511 BROOKSHIRE PKWY 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) _____	120 ⁴¹	120 ⁴¹	7/8/24 [Signature]
2. ANGELA MARX 14530 ALLEN PASS 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) _____	125 ²⁶	125 ²⁶	8/17/24 [Signature]
3. JAMES MAY 12190 RIVER RD 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) _____	338 ⁹⁰	338 ⁹⁰	8/11/24 [Signature]
4. CHRISTOPHER McPHERY 14068 LARSON DR. 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 ²⁶	125 ²⁶	8/12/24 [Signature]
5. MARGARET MCCLEARY 12101 SHELBORNE RD. 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) _____	387 ⁴⁵	387 ⁴⁵	8/12/24 [Signature]
SUBTOTAL THIS PAGE OF SCHEDULE A		\$1097 ²⁸		
TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY (Enter total on ITEM 15a of the Summary Sheet.)		\$		



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

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FILE NUMBER

Page _____ of _____

CONTRIBUTOR'S FULL NAME AND OCCUPATION FULL MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED (mm/dd/yy)
				RECEIVED BY
1. SHANNON McGUIRE 10431 BRECKENRIDGE DR 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) _____	485 ⁰⁰	485 ⁰⁰	8/10/24 JBLA
2. PERI McMICHAEL 4730 WELLSWOOD BEND 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) _____	681 ⁶⁸	681 ⁶⁸	9/18/24 JBLA
3. MATTHEW McNALLY 303 FOX 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) _____	193 ²⁴	193 ²⁴	7/9/24 JBLA
4. HILARY McNUTT 4949 LIMBERLOST TRACE 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) _____	136 ⁶²	136 ⁶²	9/11/24 JBLA
5. LAURA MILLER 11819 EDEN GLEN DR. CARMEL IN 46033 Contributor's Occupation (if required) <u>HOME MAKER</u>	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) _____	5588 ⁹⁰	5588 ⁹⁰	9/13/24 JBLA
SUBTOTAL THIS PAGE OF SCHEDULE A		\$ 7085 ⁵⁰		
TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY (Enter total on ITEM 15a of the Summary Sheet.)		\$		



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 SCHEDULE A-1)
CONTRIBUTIONS BY INDIVIDUALS
Itemized Contributions and Other Receipts

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

FILE NUMBER _____

Page _____ of _____

CONTRIBUTOR'S FULL NAME AND OCCUPATION FULL MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED (mm/dd/yy) RECEIVED BY
1. ANNE MILLER GLENN MOEHLING 14361 QUAIL POINTE 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) _____	120 ⁴⁰	120 ⁴⁰	7/9/24 J. [Signature]
2. KRISTIN NALBONE 308 THORNBERY 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) _____	138 ³⁵	138 ³⁵	8/13/24 J. [Signature]
3. JENNIFER NELSON- WILLIAMS 1849 BLORE HEATH 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) _____	678 ⁷⁹ 143⁷³	678 ⁷⁹ 143⁷³	9/14/24 J. [Signature]
4. KATIE N. FONG 1810 BRAEBURN 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) _____	140 ⁰⁰	140 ⁰⁰	9/18/24 J. [Signature]
5. ALICIA NONEMAN 2728 MATT 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) _____	189 ⁸³	189 ⁸³	9/11/24 J. [Signature]
SUBTOTAL THIS PAGE OF SCHEDULE A		\$ 1267 ³⁷		
TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY (Enter total on ITEM 15a of the Summary Sheet.)		\$		



**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 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.

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CONTRIBUTOR'S FULL NAME AND OCCUPATION FULL MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED (mm/dd/yy) RECEIVED BY
1. LINDSAY OLMER 13614 STONE HAVEN DR. 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) _____	141 ⁷⁰	141 ⁷⁰	8/12/24 J. Olson
2. JEFFREY OLSON 1861 BRAEBURN 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) _____	513 ⁷⁰	513 ⁷⁰	8/13/24 J. Olson
3. VALERIE PEDERSEN 865 GRACE 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) _____	120 ⁴¹	120 ⁴¹	8/10/24 J. Olson
4. EMMALINE PERRIN 564 OAK 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) _____	120 ⁴¹	120 ⁴¹	7/16/24 J. Olson
5. KATHY PETERSON 11514 DONA DR. CARMEL IN 46033 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) _____	221 ⁷⁵	221 ⁷⁵	9/16/24 J. Olson
SUBTOTAL THIS PAGE OF SCHEDULE A		\$ 1117 ⁹⁷		
TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY (Enter total on ITEM 15a of the Summary Sheet.)		\$		



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 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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CONTRIBUTOR'S FULL NAME AND OCCUPATION FULL MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED (mm/dd/yy) RECEIVED BY
1. MELISSA PUTTS 3625 HAWTHORNE DR. 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) _____	136 ⁶² —	136 ⁶² —	8/10/24 J. [Signature]
2. VIRGINIA RANLY 1201 E 106 TH ST. INDIANAPOLIS IN 46280 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) _____	146 ⁶⁸ —	146 ⁶⁸ —	8/14/24 J. [Signature]
3. LAURA ROY 10650 JORDAN RD. 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) _____	193 ⁷³ —	193 ⁷³ —	8/19/24 J. [Signature]
4. SCOTT REDMOND 3757 SHAFER 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) _____	144 ⁶⁸ —	144 ⁶⁸ —	9/15/24 J. [Signature]
5. ERIN RETIEF 12961 HARRISON DR. 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) _____	175 ²⁶ —	175 ²⁶ —	8/17/24 J. [Signature]
SUBTOTAL THIS PAGE OF SCHEDULE A		\$ 796 ⁹⁷		
TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY (Enter total on ITEM 15a of the Summary Sheet.)		\$		



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 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.

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CONTRIBUTOR'S FULL NAME AND OCCUPATION FULL MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED (mm/dd/yy) RECEIVED BY
1. SANDRA RICHARDSON 47 GRANITE 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) _____	567.63 130.99 336.64	567.63 538.99 228.66	10/4/24 9/19/24 JDA
2. STEPHEN RING 353 2ND AVE NE 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) _____	193 ²⁴	193 ²⁴	8/24/24 JDA
3. JONATHAN SHARRO 345 TERRENTS 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) _____	140 ⁰⁰	140 ⁰⁰	8/5/24 JDA
4. JULIE SHELDON 10555 GREENTREE 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) _____	144 ⁶⁸	144 ⁶⁸	9/14/24 JDA
5. GINA SHOCKLEY 13431 KINGSBURY 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) _____	244 ¹⁸ 196¹²	244 ¹⁸ 196¹²	10/7/24 9/10/24 JDA
SUBTOTAL THIS PAGE OF SCHEDULE A		\$ 1289 ⁷³		
TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY (Enter total on ITEM 15a of the Summary Sheet.)		\$		



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 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.

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CONTRIBUTOR'S FULL NAME AND OCCUPATION FULL MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED (mm/dd/yy) RECEIVED BY
1. STEPHEN SIMPSON 5774 KILDEER PL. 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) _____	144 ⁶⁸	144 ⁶⁸	7/16/24 J [Signature]
2. MATTHEW SINEX 662 MATEFAIR 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) _____	120 ⁴¹	120 ⁴¹	8/11/24 J [Signature]
3. ANDREA SMITH 4035 TEAGUE ST. CARMEL IN 46074 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) _____	125²⁴ 221 ⁸⁸	125²⁴ 221 ⁸⁸	9/21/24 8/17/24 J [Signature]
4. CARMELLA SPARROW 12599 SCOTTISH BEND 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) _____	193 ⁷³	193 ⁷³	8/14/24 J [Signature]
5. BOYD STEERE 13054 SOUTHAMPTON 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) _____	173 ³² 144⁶⁸	173 ³² 144⁶⁸	7/17/24 10/11/24 J [Signature]
SUBTOTAL THIS PAGE OF SCHEDULE A		\$ 854 ⁰²		
TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY (Enter total on ITEM 15a of the Summary Sheet.)		\$		



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 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.

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CONTRIBUTOR'S FULL NAME AND OCCUPATION FULL MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED (month/day) RECEIVED BY
1. ANDREW STEINER 13736 ROYAL SADDLE 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) _____	128 ⁶⁴	128 ⁶⁴	8/16/24 JEL
2. ELIZABETH STIPPLER 11875 TARRYNOT LANE 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) _____	279 ⁷⁰ 221 ³⁸	279 ⁷⁰ 221 ³⁸	9/30/24 9/9/24 JEL
3. JENNIFER STRUTZ 12702 DOUBLE EAGLE DR. 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) _____	225 ²⁶	225 ²⁶	9/2/24 JEL
4. KATIE SURFLEET 11826 SOMERSET WAY E 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) _____	210 ⁷⁰	210 ⁷⁰	8/3/24 JEL
5. ROCHELLE SWENSSON 230 3RD AVE NE 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) _____	241 ⁸⁸	241 ⁸⁸	7/29/24 JEL
SUBTOTAL THIS PAGE OF SCHEDULE A		\$ 1086 ¹⁸		
TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY (Enter total on ITEM 15a of the Summary Sheet.)		\$		



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 SCHEDULE A-1)
CONTRIBUTIONS BY INDIVIDUALS
Itemized Contributions and Other Receipts

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CONTRIBUTOR'S FULL NAME AND OCCUPATION FULL MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED (mm/dd/yy) RECEIVED BY
1. BHAVANA JHAPAR 1024 PINE HILL WAY 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	8/23/24 [Signature]
2. AMY TIBESAR 5377 WOODFIELD DR. 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) _____	193 ⁷³	193 ⁷³	8/10/24 [Signature]
3. MARGARET TOMASKA 3925 BEAR CREEK WAY CARMEL IN 46074 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) _____	755 ⁵²	755 ⁵²	7/30/24 [Signature]
4. LISA WAGNES 13240 BIRKENHEAD 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) _____	144 ⁶⁸	144 ⁶⁸	9/10/24 [Signature]
5. TIFFANY WALLACE 1680 MILFORD 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) _____	108 ⁶⁴	108 ⁶⁴	8/12/24 [Signature]
SUBTOTAL THIS PAGE OF SCHEDULE A		\$ 1352 ⁵⁷		
TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY (Enter total on ITEM 15a of the Summary Sheet.)		\$		



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 SCHEDULE A-1)
CONTRIBUTIONS BY INDIVIDUALS
Itemized Contributions and Other Receipts

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FILE NUMBER _____

Page _____ of _____

CONTRIBUTOR'S FULL NAME AND OCCUPATION FULL MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR TO DATE	DATE RECEIVED (mm/dd/yy) RECEIVED BY
1. ELIZABETH WEGNER 5805 SEDLEGRASS CROSSING 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 ²⁶	125 ²⁶	8/20/24 of [Signature]
2. JENNIFER WILLIAMS 11411 N. MICHIGAN ROAD CARMEL IN 46077 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) _____	775 ⁹⁰	775 ⁹⁰	7/8/24 of [Signature]
3. MICHELLE WISE 12027 EDEN GLEN DR. CARMEL IN 46033 Contributor's Occupation (if required) DESIGNER	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) _____	1088 ⁰⁶	1088 ⁰⁶	7/29/24 of [Signature]
4. JEREMY WITTENBORN 1891 WINESAP WAY 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) _____	970 ⁶¹	970 ⁶¹	8/10/24 of [Signature]
5. ERIN ZOCH 4999 WESTWOOD DR. 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) _____	153 ⁹⁰ 125²⁶	153 ⁹⁰ 125²⁶	9/23/24 8/10/24 of [Signature]
SUBTOTAL THIS PAGE OF SCHEDULE A		\$ 3113 ⁷³		
TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY (Enter total on ITEM 15a of the Summary Sheet.)		\$		



**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 _____ of _____	

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. HANNAH BARBATO 12434 PASTURE VIEWS 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> _____	128.64	128.64	9/21/24 JEB
2. ERIC MAHONEY INNOVATIVE 719 VIRGINIA AVE, SUITE 101 INDIANAPOLIS IN 46203 Contributor's Occupation <i>(if required)</i> _____	Contributions: <input type="checkbox"/> Direct <input checked="" type="checkbox"/> In-Kind <i>(describe)</i> _____ Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous <i>(specify)</i> _____	6000 ⁰⁰	6000 ⁰⁰	10/3/24 JEB
3. MARY BURNS 5806 AQUAMARINE 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> _____	145 ¹⁷	145 ¹⁷	10/10/24 JEB
4. AMBER DAVIS 3375 EDEN WAY PL. 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> _____	125 ²⁶	125 ²⁶	8/14/24 JEB
5. SARAH DOTY 11780 PEBBLEPOINT PASS 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> _____	196 ⁶²	196 ⁶²	7/8/24 JEB
SUBTOTAL THIS PAGE OF SCHEDULE A		\$6595 ⁶⁹		
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 (R15 / 5-19)
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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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. MARIA HULT 707 HIGH 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>	193 ⁷³	193 ⁷³	9/22/24 J. Helt
2. ADAM JOHNSON 13974 BIGELOW CT. 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>	145 ¹⁷	145 ¹⁷	9/21/24 J. Helt
3. RAJAN KHERADIYA 10494 HYDE PARK 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>	193 ⁷³	193 ⁷³	10/7/24 J. Helt
4. KRISTIN KOHN 434 MASSACHUSETTS AVE INDIANAPOLIS IN 46204 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>	243 ⁵⁰	243 ⁵⁰	9/27/24 J. Helt
5. KATE LUSTIG 160 CARMELVIEW DR. CARMEL IN 46032 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>	192 ⁷⁴	192 ⁷⁴	9/14/24 J. Helt
SUBTOTAL THIS PAGE OF SCHEDULE A		\$ 968 ⁸⁷		
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 (R15 / 5-19)
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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CONTRIBUTOR'S FULL NAME AND OCCUPATION FULL MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED (mm/dd/yy)
				RECEIVED BY
1. SANDRA MANACEK 4566 SAFARI CIR CARMEL IN 46074 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)	168 ²⁴	168 ⁷⁴	9/25/24 J. J. [Signature]
2. LAUREL McNALLY 4429 SERENGETI CIR CARMEL IN 46074 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)	146 ⁶²	146 ⁶²	9/22/24 J. J. [Signature]
3. CHRISTIN MICKLASH 13337 BERWICK 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)	125 ⁷⁵	125 ⁷⁵	8/17/24 J. J. [Signature]
4. JEFFREY NACE 9810 DEERFIELD CIR 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)	196 ⁶²	196 ⁶²	8/12/24 J. J. [Signature]
5. HANNAH OWEN 13826 WEST RD. CARMEL IN 46074 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 ²⁶	125 ²⁶	9/24/24 J. J. [Signature]
SUBTOTAL THIS PAGE OF SCHEDULE A		\$ 762 ⁹⁹		
TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY (Enter total on ITEM 15a of the Summary Sheet.)		\$		



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

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1. CODY RAMBY 12972 DEERSTYNE GREEN 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> _____	125 ²⁶	125 ²⁶	10/11/24 [Signature]
2. MARY STRINKA 11218 GREEN 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> _____	193 ²⁴	193 ²⁴	10/6/24 [Signature]
3. ERIN THOMAS 1407 CAREY CT 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> _____	125 ²⁶	125 ²⁶	8/12/24 [Signature]
4. KYLE TOTTEN 4900 ESSEX 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> _____	144 ²²	144 ²²	9/20/24 [Signature]
5. LESLIE WARNER 10915 BEECHWOOD DR E INDIANAPOLIS IN 46280 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> _____	144 ⁶⁸	144 ⁶⁸	8/30/24 [Signature]
SUBTOTAL THIS PAGE OF SCHEDULE A		\$ 732 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 (R15 / 5-19)
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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1. JENNY WILLIAMS 1849 BLORE HEATH 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) _____	485 ⁰⁶	485 ⁰⁶	9/14/24 [Signature]
2. SARRA YODER EIGHTEEN 91 DESIGNS 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) _____	148 ⁰⁶	148 ⁰⁶	8/11/24 [Signature]
3. ELIZABETH MAIER 116 15 TH ST. NW 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) _____	146 ⁰⁶	146 ⁰⁶	9/24/24 [Signature]
4. ROBERT LYONS. 10379 POWER DR. 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) _____	120 ⁹⁰	120 ⁹⁰	10/4/24 [Signature]
5. [Signature] 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) _____			
SUBTOTAL THIS PAGE OF SCHEDULE A		\$ 900 ⁸⁰		
TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY (Enter total on ITEM 15a of the Summary Sheet.)		\$ 44840 ¹⁹		