



# REPORT OF RECEIPTS AND EXPENDITURES OF A POLITICAL COMMITTEE

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

(CFA-4)  
Summary Sheet

FILE NUMBER
TOTAL PAGES IN ENTIRE CFA-4 REPORT
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 Statement of Organization) Melcher City Council	<input type="checkbox"/> Check if this is a new name.
2. Acronym or Abbreviated Name (if any)	3. Committee Telephone Number ( 260 ) 223-0245
4. Mailing Address (Address where all campaign finance correspondence is received.) 928 Waynesboro Rd	<input type="checkbox"/> Check if this is a new address.
5. City, State, ZIP Code Decatur IN 46733	6. Party Affiliation (if applicable) Republican

CANDIDATE INFORMATION (For Candidate's Committees Only)	
7. Full Name of Candidate (Include any nickname.) Gina M Melcher	8. Party Affiliation or If Independent Candidate Republican
9. Office Sought (Include district number, if any. Not required for exploratory committee.) City Council District 1	10. County of Residence Adams

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

12. Reporting Period (mm/dd/yy):	COLUMN A	COLUMN B
From: 04/08/2023	This Period	Year to Date
Through: 10/13/2023	3,756.05	
13. Cash on hand and investments at the beginning of this reporting period.		
14. Cash on hand and investments January 1, current year.		0.00

CONTRIBUTIONS AND RECEIPTS		
(Note: these amounts include in-kind contributions and loans, as well as cash contributions.)		
15a. Itemized (Use Schedule A.)	500.00	6,000.00
15b. Unitemized		
15c. Add lines 15a and 15b in both columns. <b>SUBTOTAL</b>		
16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B. <b>TOTAL</b>	4,256.05	

EXPENDITURES		
(Note: These amounts include in-kind expenditures and loan repayments.)		
17a. Itemized (Use Schedule B.) (Public Question: use Schedule C.)	4,109.52	5,853.47
17b. Unitemized		
17c. Add lines 17a and 17b in both columns. <b>SUBTOTAL</b>	4,109.52	5,853.47
18. Cash on hand and investments at close of this reporting period (Subtract 17c from 16 in both columns.) <b>TOTAL</b>	146.53	3,902.58
19. Debts OWED BY the committee (Use Schedule D.)		
20. Debts OWED TO the committee (Use Schedule E.)		

CERTIFICATION			FOR OFFICE USE ONLY
I CERTIFY THAT I HAVE EXAMINED THIS STATEMENT. TO THE BEST OF MY KNOWLEDGE AND BELIEF IT IS TRUE, CORRECT AND COMPLETE.			
Signature of Treasurer <i>Gina M Melcher</i>	Title Treasurer	Date (mm/dd/yy) 10-20-23	2023 OCT 20 1:30 COUNTY CLERK ADAMS CI SHELLY M.
Signature of Candidate (if applicable) <i>Gina M Melcher</i>		Date (mm/dd/yy) 10-20-23	
<b>WARNING:</b> 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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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 2 of 6

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.          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) _____			
2.          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) _____			
3.          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) _____			
4.          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) _____			
5.          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) _____			
<b>SUBTOTAL THIS PAGE OF SCHEDULE A</b>		\$		
<b>TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY</b> <i>(Enter total on ITEM 15a of the Summary Sheet.)</i>		\$		



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

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

**(CFA-4 SCHEDULE A-2)  
CONTRIBUTIONS BY CORPORATIONS  
Itemized Contributions and Other Receipts**

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

FILE NUMBER
Page <u>3</u> of <u>6</u>

CONTRIBUTOR'S FULL NAME AND FULL MAILING ADDRESS <i>(street, number, city, state, ZIP code)</i>	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED <i>(mm.dd/yy)</i> RECEIVED BY
1. The Mirage Banquet Hall 1640 Winchester St Decatur IN 46733	Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <i>(describe)</i> _____ Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous <i>(specify)</i> _____	\$500.00	\$1,000.00	10/04/2023
2.	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> _____			
3.	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.	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.	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> _____			
<b>SUBTOTAL THIS PAGE OF SCHEDULE A</b>		<b>\$ 500.00</b>		
<b>TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY</b> <i>(Enter total on ITEM 15a of the Summary Sheet.)</i>		<b>\$ 500.00</b>		



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

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

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

FILE NUMBER

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RECIPIENT'S NAME AND MAILING ADDRESS <i>(street, number, city, state, ZIP code)</i>	RECIPIENT'S OCCUPATION	TYPE OF EXPENDITURE and PURPOSE <i>(be specific)</i>	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE OF EXPENDITURE <i>(mm/dd/yy)</i>
	OFFICE SOUGHT <i>(if applicable)</i>				
Code _____ Complete Printing Service 210 S 2nd St Decatur IN 46733		<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:	\$258.94	\$258.94	4/14/23
Code _____ WZBD 741 E Monroe St Decatur IN 46733		<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:	\$880.00	\$880.00	4/19/23
Code _____ Complete Printing Service 210 S 2nd St Decatur IN 46733		<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:	\$359.52	\$359.52	4/20/23
Code _____ Amazon Amazon.com		<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:	\$190.60	\$190.60	4/23/23
Code _____ Rural King 629 N 13th St Decatur IN 46733		<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:	\$34.18	\$34.18	4/24/23
Code _____ Rise N Roll 5129 Illinois Rd Ft Wayne IN 46804		<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:	\$74.28	\$74.28	5/16/23
Code _____ Fairway Deli 348 N 13th St Decatur IN 46733		<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:	\$18.28	\$18.28	5/16/23
<b>SUBTOTAL THIS PAGE OF SCHEDULE B</b>			\$ 18/5.80		
<b>TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY</b> <i>(Enter total on ITEM 17a of the Summary Sheet.)</i>			\$		



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

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

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

FILE NUMBER

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RECIPIENT'S NAME AND MAILING ADDRESS <i>(street, number, city, state, ZIP code)</i>	RECIPIENT'S OCCUPATION	TYPE OF EXPENDITURE and PURPOSE <i>(be specific)</i>	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE OF EXPENDITURE <i>(mm/dd/yy)</i>
	OFFICE SOUGHT <i>(if applicable)</i>				
Code _____ West End Restaurant 702 W Monroe St Decatur IN 46733		<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:	\$25.94	\$25.94	6/17/2023
Code _____ The Java Bean 151 N 2nd St Decatur IN 46733		<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:	\$25.00	\$25.00	06/15/2023
Code _____ LAMAR Companies PO Box 746966 Atlanta GA 30374-6966		<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:	\$710.70	\$710.70	08/09/2023
Code _____ Decatur Hardware 1480 Winchester Rd Decatur IN 46733		<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:	\$54.06	\$54.06	09/22/2023
Code _____ Vista Print 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:	\$384.84	\$384.84	09/25/2023
Code _____ Vista Print 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:	\$171.18	\$171.18	10/04/2023
Code _____ WZBD 741 E Monroe St Decatur IN 46733		<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:	\$792.00	\$792.00	10/4/2023
<b>SUBTOTAL THIS PAGE OF SCHEDULE B</b>			\$2163.22		
<b>TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY</b> <i>(Enter total on ITEM 17a of the Summary Sheet.)</i>			\$		



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

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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 _____ Cash Withdraw For Andy's & Friends Coneys Decatur IN 46733		<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:	\$130.00	\$130.00	09/25/2023
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:			
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:			
<b>SUBTOTAL THIS PAGE OF SCHEDULE B</b>			\$ 130.00		
<b>TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY</b> <i>(Enter total on ITEM 17a of the Summary Sheet.)</i>			\$ 4,109.52		



# COMPLETE PRINTING SERVICE

210 S. Second St. • P.O. Box 347

Decatur, IN 46733

Phone/FAX (260) 724-3722

SOLD TO: Gina Melcher

Date April 14, 2023

Our Order No. 67845

Your Order No.

Terms: Due on Receipt

12 T-Shirts

222.23  
ship 19.77  
242.00  
tax 16.94  
\$258.94

.....  
Complete Printing Service  
210 S. 2nd Street  
Decatur, IN 46733  
260-724-3722

04/14/2023 12:35:25  
Merchant ID: \*\*\*\*\*2806  
Device ID: 0616  
Terminal ID: PPXI.

**Credit Sale:**

Transaction #: 2  
Card Type: Visa  
Account: \*\*\*\*\*4509  
Entry: Chip

Amount: \$258.94

STAN: 002  
Auth. Code: 410714  
Batch Number: 4  
Response: AUTH/TKI  
ACI Code: F  
TRANS ID: 463104636675925

Mode:  
ATD: Issuer  
TVR: 40000000031010  
LAD: 8080008000  
TST: 06010403600000  
ARC: 6800  
APPLAB: 00 VISA DEBIT

CUSTOMER COPY

WZBD-FM  
P.O. BOX 4050  
BERNE, IN 46711  
260-589-9300

GINA MELCHER  
928 WAYNESBORO ROAD  
DECATUR, IN 46733

# WZBD-FM Order Confirmation

**OrderID: 3149-001**

Sponsor: GINA MELCHER  
Product: GINA MELCHER  
Estimate/PO:  
AccountRep: AL CONVERSE  
BillingCycle: Calendar Month  
InvoiceType: Detail Notarized Affidavit  
Run Dates: 4/21/2023 - 5/2/2023  
Items Ordered: 80  
Gross Amount: 880.00  
Discounts: 0.00  
Agency Commission: 0.00  
Net Amount: 880.00

**Scheduled Station(s): WZBD-FM**  
**POLITICAL - DECATUR CITY COUNCIL, DISTRICT ONE**

Printed 4/21/2023 9:28:04 AM

Page 1

Run Dates	Run Weeks	Run Times	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Week Total	Length	Descriptio	Avail Type	Copy ID	Qty	Item Cost	Total Cost
01 4/21/2023 - 5/2/2023	All Weeks	06:00 AM - 10:00 AM	4	4	4	4	4	4		24	:60	Spot		7791	40	11.00	440.00
02 4/21/2023 - 5/2/2023	All Weeks	10:00 AM - 12:00 PM	2	2	2	2	2	4		14	:60	Spot		7791	24	11.00	264.00
03 4/21/2023 - 5/2/2023	All Weeks	02:00 PM - 05:00 PM	2	2	2	2	2			10	:60	Spot		7791	16	11.00	176.00

**Calendar Month Projected Billing:**

Apr-23	704.00	May-23	176.00	Jun-23	0.00	Q2-2023	880.00
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Confirmed Correct; Payment Guaranteed

*Lawrence Horn*  
Accepted for WZBD-FM

See Order for proposed schedule and charges. See Invoice for actual schedule and charges.

*Gina Melcher*, hereby request station time as follows:

IDENTIFY CANDIDATE TYPE  FEDERAL CANDIDATE  
 STATE OR LOCAL CANDIDATE

ALL QUESTIONS/BLOCKS MUST BE COMPLETED

Candidate name: *Gina Melcher*

Authorized committee: *The Committee to elect Gina Melcher*

Agency requesting time (and contact information):

N/A

Candidate's political party:

*Republican*

Office sought (no acronyms or abbreviations):

*Decatur City Council District 1*

Date of election:

*5-2-23*

General

Primary

Treasurer of candidate's authorized committee: *Gina Melcher*

The undersigned represents that:

(1) the payment for the broadcast time requested has been furnished by (check one box below):

the candidate listed above who is a legally qualified candidate, or

the authorized committee of the legally qualified candidate listed above;

(2) this station is authorized to announce the time as paid for by such person or entity; and

(3) this station has disclosed its political advertising policies, including applicable classes and rates, discount, promotion and other sales practices.

THIS STATION DOES NOT DISCRIMINATE OR PERMIT DISCRIMINATION ON THE BASIS OF RACE OR ETHNICITY IN THE PLACEMENT OF ADVERTISING.

Candidate/Committee/Agency	Station Representative
Signature: <i>Gina M Melcher</i>	Signature: <i>Robert A Wenner</i>
Name: <i>Gina M Melcher</i>	Name: <i>ROBERT A WENNER</i>
Date of Request to Purchase Ad Time: <i>4/19/2023</i>	Date of Station Agreement to Sell Time: <i>4/19/2023</i>

**Federal Candidate Certification:**

The undersigned hereby certifies that the broadcast matter to be aired pursuant to this disclosure either (1) does not refer to an opposing candidate or, if it does, (2) contains a clearly identifiable photograph or similar image of the candidate for a duration of at least four seconds and a simultaneously displayed printed statement identifying the candidate, that the candidate approved the broadcast and that the candidate and/or the candidate's authorized committee paid for the broadcast or if radio programming, contains a personal audio statement by the candidate that identifies the candidate, the office being sought and that the candidate has approved the broadcast.

**Candidate/Authorized Committee/Agency**

Signature:

Name: N/A

Date:

**TO BE COMPLETED BY STATION ONLY**

Ad submitted to Station?  Yes  No

Date ad received: 4/19/2023

Federal candidate certification signed (above):  Yes  No  N/A

Disposition:

- Accepted
- Accepted IN PART (e.g., ad copy not yet received to determine sponsor ID)\*
- Rejected – provide reason (optional):

\*Upload partially accepted form, then promptly upload updated final form when complete.

Date and nature of follow-ups, if any (e.g., insufficient sponsor ID tag):

Contract #:	Station Call Letters: WZBD FM	Date Received/Requested: 4/19/2023
Est. #:	Station Location: BERNE, IN	Run Start and End Dates: 4/21 - 5/2/2023

Upload order, this form and invoice (or traffic system print-out) or other documents reflecting this transaction to the OPIF or use this space to document schedule of time purchased, when spots actually aired, the rates charged and the classes of time purchased or attach separately. If station will not upload the actual times spots aired until an invoice is generated, the name of a contact person who can provide that information immediately should be placed in the "Terms and Disclosures" folder in the OPIF.

SEE ATTACHED SCHEDULE



# COMPLETE PRINTING SERVICE

210 S. Second St. • P.O. Box 347

Decatur, IN 46733

Phone/FAX (260) 724-3722

SOLD TO: Gina Melcher

Date April 20, 2023

Our Order No. 67856-A

Your Order No.

Terms: Due on Receipt

2 4x6' Banners

336.00  
 tax 23.52  
**\$359.52**

Complete Printing Service  
 210 S. 2nd Street  
 Decatur, IN 46733  
 260-724-3722

04/21/2023 12:50:50  
 Merchant ID: \*\*\*\*\*2806  
 Device ID: 0616  
 Terminal ID: PPX1.

**Credit Sale:**

Transaction #: 2  
 Card Type: Visa  
 Account: \*\*\*\*\*4509  
 Entry: Chip

Amount: **\$359.52**

STAN: 002  
 Auth. Code: 563432  
 Batch Num.: 8  
 Response: AUTN/TKT  
 ACI Code: E  
 TRANS ID: 303111645943932

Mode: Issuer  
 ATD: 40000000031010  
 TYP: 8080008000  
 TAU: 06010403602000  
 TSI: 6800  
 ARC: 00  
 APPL: VISA DEBIT

CUSTOMER COPY

## Final Details for Order #111-2030979-7825866

[Print this page for your records.](#)

**Order Placed:** April 23, 2023  
**Amazon.com order number:** 111-2030979-7825866  
**Order Total:** \$190.60

### Shipped on April 23, 2023

Items Ordered	Price
1 of: <i>M&amp;M'S Fun Size Chocolate Candy Variety Mix, Bulk Candy For Easter Eggs, 85.23-Ounce 150-Piece Bag</i>	\$35.63
Sold by: Amazon.com Services LLC Supplied by: Other	

Condition: New

**Shipping Address:**  
Gina Melcher  
928 WAYNESBORO RD  
DECATUR, IN 46733-2624  
United States

**Shipping Speed:**  
FREE Prime Delivery

### Shipped on April 23, 2023

Items Ordered	Price
4 of: <i>M&amp;M'S Fun Size Chocolate Candy Variety Mix, Bulk Candy For Easter Eggs, 85.23-Ounce 150-Piece Bag</i>	\$35.63
Sold by: Amazon.com Services LLC Supplied by: Other	

Condition: New

**Shipping Address:**  
Gina Melcher  
928 WAYNESBORO RD  
DECATUR, IN 46733-2624  
United States

**Shipping Speed:**  
FREE Prime Delivery

### Payment information

**Payment Method:**  
Visa ending in 4509

**Billing address**  
Gina Melcher  
928 WAYNESBORO RD  
DECATUR, IN 46733-2624

Item(s) Subtotal:	\$178.15
Shipping & Handling:	\$0.00
-----	
Total before tax:	\$178.15
Estimated tax to be collected:	\$12.45
-----	

United States

**Grand Total:\$190.60**

**Credit Card transactions**

Visa ending in 4509: April 23, 2023:\$190.60

To view the status of your order, return to [Order Summary](#).

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06/15/2023 10:55 AM  
251380752

West End Restaurant  
702 W Monroe St  
Decatur, IN 46733  
(260) 724-2938



BAKERY

Rise'n Roll  
5129 Illinois

Full Wayline, IN 46004

#	Item	Price
	Subtotal	0.00
	Tax	0.00
	<b>Total</b>	<b>\$ 0.00</b>
	Payment	Amount
	Gift Card Loaded	-25.00
	Credit Card	25.00
	Total paid	0.00
	Tax total:	Net 0.00 Tax 0.00 Gross 0.00

BRIC: 07GKK0RUYL235JY1MPR  
Batch #: 0145 Item 0014  
06/17/23 08:48:43  
APPR CODE: 231498  
Visa EMV  
\*\*\*\*\*4509

Amount \$25.94

Tip \_\_\_\_\_

Total \_\_\_\_\_

**APPROVED**

VISA DEBIT  
AID: A0000000031010  
TVR: 8080008000  
TSI: 6800

CUSTOMER COPY

	Net	Tax	Gross
Tax total:	0.00	0.00	0.00

Card information  
Card holder: MELCHER/GINA M  
Card number: \*\*\*\*\*4509  
Card type: visa  
Result: APPROVED  
AuthCode: 001843  
Transaction nr.: 5074219371  
AID: A0000000031010  
Application label: VISA DEBIT  
Cryptogram type: TC  
Cryptogram: 539EDBC62575B232

Amount: 25.00

**Thank you!**

The Java Bean Cafe  
N. 2nd St. 151  
46733 Decatur  
2607284000



www.thejavabeancafe.net

601 Cashier

Chk 178 May16'23 02:50P Gst

2 Mixed 12	36.32
2 Reg Donut-6	17.98
1 Cks Frs S [12 c	9.99
1 Cks Frs S [12 c	9.99

3AEBEYZ15  
074KHF3V3F  
\*\*\*\*\*4509  
APPROVAL 187569  
203

CC Auth 0.00

Subtotal 74.28  
Payment 74.28

-----601 Check Closed-----  
-----May16'23 02:51PM-----



# INVOICE

QUESTIONS? CONTACT 574-233-2101  
OR (225) 926-1000

147

CUSTOMER: COMMITTEE TO ELECT GINA MELCHER FOR CITY COUNCIL  
ADVERTISER: COMMITTEE TO ELECT GINA MELCHER FOR CITY COUNCIL  
CUSTOMER LAMAR CUSTOMER NO: 834112  
CONTRACT NO: LAMAR CONTRACT NO: 4264122

INVOICE NO: 115069573  
INVOICE DATE: 08/09/2023  
DUE DATE: Due upon receipt

MARKET / MEDIA TYPE / DESIGN / LOCATION	CONTRACT SERVICE DATES	PANEL NUMBER	PANEL TAB ID	ILLUM	AMOUNT
1 - ADAMS, IN 454-Lamar Advertising of Northeast Indiana Media Type: Posters Campaign: Committee to Elect Gina Melche r 1033 North 13th Street WS	10/2/23-10/29/23	5560	603610	Yes <b>Total Panels:1</b>	540.00
Media Type: PosterPaper Campaign: Committee to Elect Gina Melche r Poster Print	9/11/23			1	150.00
Political					
<b>STATE TAX</b>	<b>COUNTY or PARISH TAX</b>	<b>CITY TAX</b>			<b>AMOUNT</b>
0.00	0.00	0.00			690.00

REMITTANCE STUB - Please send this with payment.

834112/Advance/\_/\_/Cust

Thank you for doing business with Lamar. Your prompt payment of this invoice is greatly appreciated.

TO PAY ONLINE, PLEASE VISIT <http://payments.lamar.com>

000834112115069573000000690000

**CUSTOMER**

COMMITTEE TO ELECT GINA MELCHER FOR CITY COUNCIL  
928 WAYNESBORO ROAD  
DECATUR, IN 46733

**DUE UPON RECEIPT**

**THIS AMOUNT DUE**  
690.00  
**US DOLLARS**

Lamar Office Use Only  
**115069573**  
**834112-0**  
pr:08/09/2023 sc:09/15/2023  
ContractPlantAdvertiser

**MAIL PAYMENT TO**

LAMAR COMPANIES  
P.O. BOX 746966  
ATLANTA, GA 30374-6966

[Back to history](#)

# Order Details

ginam@melcher@gmail.com

Order Date: September 25th 2023

Order #: VP\_36GV8M47

Status: Completed

Shipping Method	Shipping Address	Billing Address	Payment Method
Standard Estimated Arrival Oct 5th	Gina Melcher 928 Waynesboro Rd Decatur, Indiana 46733-2624 United States of America 2802230245	Gina Melcher 928 Waynesboro Rd Decatur, Indiana 46733-2624 United States of America 2802230245	Visa **** 4509 \$384.84

## Items



### Custom Yard Signs

Shipped

Track

[178714F038926933](#)

Expected Delivery Oct 5th

Quantity: 20



Selected Options



Item Total

~~\$376.83~~ \$263.36



### Wire Yard Sign Stand

Shipped

Track

[178F8710307255106](#)

Expected Delivery Oct 5th

Quantity: 30



Selected Options



Item Total

\$96.30

## Order Summary

Product Total	\$356.66
Shipping	\$0.00
Tax	\$26.18
<b>Total paid</b>	<b>\$384.84</b>

FF

[Back to history](#)

## Order Details

ginammelcher@gmail.com

Order Date: October 4th 2023

Order #: VP\_FDW49XJ8

Status: Completed

### Shipping Method

Standard  
Estimated Arrival Oct 17th

### Shipping Address

Gina Melcher  
928 Waynesboro Rd  
Decatur, Indiana 46733-2624  
United States of America  
2602230245

### Billing Address

Gina Melcher  
928 Waynesboro Rd  
Decatur, Indiana 46733-2624  
United States of America  
2602230245

### Payment Method

 Visa  
\*\*\*\* 4509

\$171.18

## Items



Flyers

Shipped

Track

[174E1732YW096507](#)

Expected Delivery Oct 17th

Quantity: 500



Selected Options



Item Total

\$118.99



Flyers

Shipped

Track

[174E1732YW096508](#)

Expected Delivery Oct 17th

Quantity: 50



Selected Options



Item Total

\$40.99

## Order Summary

Product Total

\$159.88

Shipping

\$0.00

Tax

\$11.20

Total paid

\$171.18

FF

EST'D 1960  
**RURAL KING**  
 AMERICA'S FARM & HOME STORE

Decatur  
 Rural King, Decatur 6<sup>th</sup> N 13th St  
 Decatur, IN 46733  
 United States  
 260-724-6990

Store: 38 Register: 5  
 Date: 4/24/23 Time: 7:38 PM  
 Ticket: 108831  
 Cashier: 93666

Save even more with the Harvest Card!  
[RuralKing.com/harvest](http://RuralKing.com/harvest)

Item	Qty	Price	Amount
CABLE TIE 14.6IN 100PK BLACK STD 29200015	1 ea	6.99	6.99
GRONMET KIT 175270196	1 ea	6.99	6.99
(0) 5 T-POST 1.25lb/ft 7020012	4 ea	4.49	17.96
		Subtotal	31.94
		Tax	2.24
		<b>Total</b>	<b>34.18</b>

Dual Use Credit Card 34.18  
 \*\*\*\*\*4509  
 Auth #: 002449  
 Transaction Type: Sale  
 Auth Time: 7:39 PM  
 Entry Method: Chip Read  
 Trace Number: 103308  
 AID: A0000000980840  
 TVR: 8000048000  
 TSI: 6800

Change 0.00

THANK YOU FOR SHOPPING AT  
 DECATUR HARDWARE & RENTAL  
 (260) 724-9543

09/22/23 9:41AM SM 571 SALE

729693	2 EA	\$2.79 EA	
WIRE H-BRKT SIGN STAKE			\$5.58
731033	2 EA	\$6.49 EA	
3/16X3' ZP SMOOTH ROD			\$12.98
720919	4 EA	\$7.99 EA	
1/4X4' CR RND STEEL ROD			\$31.96
SUB-TOTAL:\$	50.52	TAX: \$	3.54
		TOTAL: \$	54.06
	DB AMT: \$		54.06
		DEBIT/ATM: \$	54.06
DEBIT/ATM: XXXXXXXXXXXX4509			
MID:*****5889	TID:***6723		
AUTH: 002666	AMT: \$		54.06
Debit network id:122			
Host reference #:928794	Pat#		
Trace#	461825		

Authorizing Network: ACCEL

Chip Read  
 CARD TYPE:DEBIT EXPR: XXXX  
 AID : A0000000980840  
 TVR : 8080048000  
 IAD : 06010A0360A000  
 TSI : 6800  
 ARC : 00  
 MODE : Issuer  
 CVM : Verified by PIN  
 Name : US DEBIT  
 ATC :0013  
 AC : A06874A48783699D

==>> JRNL# J28794  
 CUST NO:\*2

THANK YOU GINA M MELCHER  
 FOR YOUR PATRONAGE

Customer Copy

LIKE US ON FACEBOOK

10  
11

# BROADCAST ORDER CONTRACT



WZBD FM does not discriminate in the sale of advertising time, and will not accept advertising which is placed with the intent to discriminate on the basis of race or ethnicity. Any provision in any order or agreement for advertising that purports to discriminate, or has the effect of discriminating, on the basis of race or ethnicity, is hereby declared null and void.

ADAMS COUNTY RADIO

ADVERTISER *X GINA MELCHER*

DATE *11/01/03*

AGENCY *928 Waynesboro RP  
Decorative IN*

START \_\_\_\_\_ END \_\_\_\_\_

PRODUCT/CO-OP

NO. WKS. \_\_\_\_\_ TIMES PER WK. \_\_\_\_\_ TOTAL \_\_\_\_\_

*260-223-0295*

LENGTH \_\_\_\_\_ P.O. # \_\_\_\_\_

PROMOTION

CLIENT CONTACT

ACCOUNT EXECUTIVE

SPECIAL INSTRUCTIONS

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
	<i>17</i>		<i>15</i>			
<i>53</i>		<i>20</i>		<i>27</i>		
<i>30</i>	<i>31</i>		<i>2</i>			

*10 7:30*

*13 DAY*

*PD V # 2168*

RATE CARD #

No.	Length	Rate	
AGAINST BALK			COST PER WEEK \$
WEEKLY FREQUENCY			
			TOTAL \$ <i>792</i>

TO BE SUBMITTED FOR APPROVAL

ADVERTISER *X Gina Melcher*

BY \_\_\_\_\_

AGENCY \_\_\_\_\_

ACCEPTED \_\_\_\_\_

PER \_\_\_\_\_

PER \_\_\_\_\_

PHONE \_\_\_\_\_

# CANDIDATE ADVERTISEMENT AGREEMENT FORM

See Order for proposed schedule and charges. See Invoice for actual schedule and charges.

I, Gina Melcher, hereby request station time as follows:

IDENTIFY CANDIDATE TYPE

FEDERAL CANDIDATE

STATE OR LOCAL CANDIDATE

**ALL QUESTIONS/BLOCKS MUST BE COMPLETED**

Candidate name: Gina Melcher

Authorized committee: Republican committee to elect Gina Melcher City Council District 1

Agency requesting time (and contact information):

N/A

Candidate's political party: Republican

Office sought (include city, town or abbreviations): City Council District 1 Decatur, IN

Date of election:

Nov. 7, 2023

General

Primary

Treasurer of candidate's authorized committee: Gina Melcher

The undersigned represents that:

(1) the payment for the broadcast time requested has been furnished by (check one box below):

the candidate listed above who is a legally qualified candidate, or

the authorized committee of the legally qualified candidate listed above;

(2) this station is authorized to announce the time as paid for by such person or entity; and

(3) this station has disclosed its political advertising policies, including applicable classes and rates, discount, promotion and other sales practices.

THIS STATION DOES NOT DISCRIMINATE OR PERMIT DISCRIMINATION ON THE BASIS OF RACE OR ETHNICITY IN THE PLACEMENT OF ADVERTISING.

Candidate/Committee/Agency	Station Representative
Signature: <u>Gina M Melcher</u>	Signature: <u>Robert A Weaver</u>
Name: <u>Gina M Melcher</u>	Name: <u>Robert A Weaver</u>
Date of Request to Purchase Ad Time: <u>10/11/2023</u>	Date of Station Agreement to Sell Time: <u>10/11/2023</u>

**Federal Candidate Certification:**

The undersigned hereby certifies that the broadcast matter to be aired pursuant to this disclosure either (1) does not refer to an opposing candidate or, if it does, (2) contains a clearly identifiable photograph or similar image of the candidate for a duration of at least four seconds and a simultaneously displayed printed statement identifying the candidate, that the candidate approved the broadcast and that the candidate and/or the candidate's authorized committee paid for the broadcast or if radio programming, contains a personal audio statement by the candidate that identifies the candidate, the office being sought and that the candidate has approved the broadcast.

**Candidate/Authorized Committee/Agency**

Signature:

Name:

N/A

Date:

**TO BE COMPLETED BY STATION ONLY**

Ad submitted to Station?  Yes  No

Date ad received: 10/11/2023

Federal candidate certification signed (above):  Yes  No  N/A

Disposition:

Accepted

Accepted IN PART (e.g., ad copy not yet received to determine sponsor ID)\*

Rejected – provide reason (optional):

\*Upload partially accepted form, then promptly upload updated final form when complete.

Date and nature of follow-ups, if any (e.g., insufficient sponsor ID tag):

Contract #:

Station Call Letters:

WZBD-FM

Date Received/Requested:

10/11/2023

Est. #:

Station Location:

Berne, IN

Run Start and End Dates:

10/17 - 11/7/2023

Upload order, this form and invoice (or traffic system print-out) or other documents reflecting this transaction to the OPIF or use this space to document schedule of time purchased, when spots actually aired, the rates charged and the classes of time purchased or attach separately. If station will not upload the actual times spots aired until an invoice is generated, the name of a contact person who can provide that information immediately should be placed in the "Terms and Disclosures" folder in the OPIF.

60 sec

72 x 11 = \$792.00

10/17 - 11/7/2023