



**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**

CLERK OF
ADAMS COUNTY

2024 JAN 16 A 10:00

SHELLY M. BRITTON

FILE NUMBER
TOTAL PAGES IN ENTIRE CFA-4 REPORT
4

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

IS THIS AN AMENDMENT? Yes No

COMMITTEE INFORMATION

1. Full Name of Committee (as on <i>Statement of Organization</i>) 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 (<i>Address where all campaign finance correspondence is received.</i>) 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 (<i>Include any nickname.</i>) Gina M Melcher	8. Party Affiliation or If Independent Candidate Republican
9. Office Sought (<i>Include district number, if any. Not required for exploratory committee.</i>) City Council District 1	10. County of Residence Adams

TYPE OF REPORT

CONVENTION CANDIDATES ONLY

11. Check one: <input type="checkbox"/> Pre-Primary <input type="checkbox"/> Pre-Election <input checked="" type="checkbox"/> Annual <input type="checkbox"/> Nomination <input checked="" type="checkbox"/> Other <u>Non-Elected Candidate</u> <input type="checkbox"/> Final / Disbands Committee (<i>Lines 18, 19, and 20 must be "0".</i>) <input type="checkbox"/> Outgoing Treasurer (<i>Within ten (10) days amend Statement of Organization.</i>)	Check one: <input type="checkbox"/> Pre-Convention <input type="checkbox"/> Post-Convention
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12. Reporting Period (mm/dd/yy): From: 10-14-2023 Through: 12-31-2023	COLUMN A This Period	COLUMN B Year to Date
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13. Cash on hand and investments at the beginning of this reporting period.	1,080.85	
14. Cash on hand and investments January 1, current year.		0.00

CONTRIBUTIONS AND RECEIPTS

<i>(Note: these amounts include in-kind contributions and loans, as well as cash contributions.)</i>		
15a. Itemized (Use Schedule A.)	2,200.00	8,200.00
15b. Unitemized		
15c. Add lines 15a and 15b in both columns. SUBTOTAL		
16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B. TOTAL	3,280.85	

EXPENDITURES

<i>(Note: These amounts include in-kind expenditures and loan repayments.)</i>		
17a. Itemized (Use Schedule B.) (Public Question: use Schedule C.)	2,813.69	8,667.16
17b. Unitemized		
17c. Add lines 17a and 17b in both columns. SUBTOTAL	2,813.69	8,667.16
18. Cash on hand and investments at close of this reporting period (<i>Subtract 17c from 16 in both columns.</i>) TOTAL	467.16	467.16
19. Debts OWED BY the committee (Use Schedule D.)		
20. Debts OWED TO the committee (Use Schedule E.)		

CERTIFICATION

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 <i>Treasurer</i>	Date (mm/dd/yy) <i>01-16-24</i>
Signature of Candidate (if applicable) <i>Gina M. Melcher</i>		Date (mm/dd/yy) <i>01-16-24</i>

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)

FOR OFFICE USE ONLY



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

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

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

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

CONTRIBUTOR'S FULL NAME AND OCCUPATION FULL MAILING ADDRESS <i>(street, number, city, state, ZIP code)</i>	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED <i>(mm/dd/yy)</i> RECEIVED BY
1. John & Nanette Nidlinger 8822 N 300 E Decatur IN 46733 Contributor's Occupation <i>(if required)</i> _____	Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <i>(describe)</i> _____ Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous <i>(specify)</i> _____	\$200.00		10/15/2023
2. Ted & Emily Porter 1286 W 550 N Decatur IN 46733 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> _____	\$1,000.00		10/27/2023
3. Scott & Shelley Porter PO Box 444 Decatur IN 46733 Contributor's Occupation <i>(if required)</i> _____	Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <i>(describe)</i> _____ Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous <i>(specify)</i> _____	\$500.00		11/02/2023
4. Contributor's Occupation <i>(if required)</i> _____	Contributions: <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind <i>(describe)</i> _____ Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous <i>(specify)</i> _____			
5. Contributor's Occupation <i>(if required)</i> _____	Contributions: <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind <i>(describe)</i> _____ Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous <i>(specify)</i> _____			
SUBTOTAL THIS PAGE OF SCHEDULE A		\$ 1,700.00		
TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY <i>(Enter total on ITEM 15a of the Summary Sheet.)</i>		\$		



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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 3 of 4

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. MGM Drywall 928 Waynesboro Rd 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		10/19/2023
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> _____			
SUBTOTAL THIS PAGE OF SCHEDULE A		\$ 500.00		
TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY <i>(Enter total on ITEM 15a of the Summary Sheet.)</i>		\$ <u>2200.00</u>		



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

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

FILE NUMBER

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RECIPIENT'S NAME AND MAILING ADDRESS <i>(street, number, city, state, ZIP code)</i>	RECIPIENT'S OCCUPATION	TYPE OF EXPENDITURE and PURPOSE <i>(be specific)</i>	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE OF EXPENDITURE <i>(mm/dd/yy)</i>
	OFFICE SOUGHT <i>(if applicable)</i>				
Code _____ 8th Annual Ad		<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:	\$131.73		10/19/2023
Code _____ USPS 213 Court 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:	\$13.86		10/19/2023
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:	\$154.06		10/19/2023
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:	\$46.02		10/24/2023
Code _____ Monroe Trophy 230 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:	\$83.00		10/25/2023
Code _____ Walmart Supercenter 1700 S 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:	\$47.02		10/29/23
Code _____ Rumple Up rumpleup.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:	\$138.00		11/06/2023
SUBTOTAL THIS PAGE OF SCHEDULE B			\$ 613.69		
TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY <i>(Enter total on ITEM 17a of the Summary Sheet.)</i>			\$ 2,813.69		

Invoice



Invoice number 900A3B33-0004
Date of issue January 16, 2024
Date due January 17, 2024

RumbleUp, LLC
2001 K St NW
Washington, District of Columbia 20006
United States
helpdesk@rumbleup.com

Bill to
The Mirage
ginammelcher@gmail.com

\$100.00 USD due January 17, 2024

[Pay online](#)

Wire transfer is our preferred method of payment, or ACH bank transfer. Please include the invoice number in the payment memo line.

Thank you!

Description	Qty	Unit price	Amount
Manual Invoice	1	\$100.00	\$100.00

Subtotal	\$100.00
Total	\$100.00
Amount due	\$100.00 USD

*\$19 x 2 = \$38
monthly subscription
Oct + Nov 2023*

[Back to history](#)

Order Details

ginammelcher@gmail.com

Order Date: October 19th 2023

Order #: VP_FLMCJ53C

Status: Completed

Shipping Method	Shipping Address	Billing Address	Payment Method	
Priority Estimated Arrival Oct 27th	Gina Melcher 928 Waynesboro Rd Decatur, Indiana 46733-2624 United States of America 2602230245	Gina Melcher 928 Waynesboro Rd Decatur, Indiana 46733-2624 United States of America 2602230245	 Visa **** 4509	\$154.06

Items



Flyers

Shipped

Track: [1Z4E37320302848926](#)
Expected Delivery: Oct 27th
Quantity: 500



Selected Options



Item Total

\$119.99

Order Summary

Product Total	\$119.99
Shipping	\$23.99
Tax	\$10.08
Total paid	\$154.06

Final Details for Order #111-1338676-3160234

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

Order Placed: October 23, 2023

Amazon.com order number: 111-1338676-3160234

Order Total: \$46.02

Shipped on October 23, 2023

Items Ordered

2 of: *Simpli-Magic Canvas Tote Bags, 13" x 15", Pack of 15, Natural, SIMPLI-MAGIC* **Price** \$23.89

Sold by: Amazon.com Services, Inc

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
United States

Item(s) Subtotal: \$47.78
Shipping & Handling: \$0.00
Your Coupon Savings: -\$4.78

Total before tax: \$43.00
Estimated tax to be collected: \$3.02

Grand Total: \$46.02

Credit Card transactions

Visa ending in 4509: October 23, 2023: \$46.02

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

Monroe Trophy & Engraving

230 E Monroe St
P.O. Box 223
Decatur, IN 46733

Invoice

Date	Invoice #
10/25/2023	4417

PAID
10/27/2023

Bill To
Committee to Elect Gina Melcher

P.O. No.	Terms	Project
	Net 15	

Quantity	Description	Rate	Amount
	*****Campaign T-Shirts*****	0.00	0.00
3	Youth Small Gildan Gold 50/50 Short Sleeve T-Shirt w/1 Sided - 1 Color Green Print	12.00	36.00
1	Youth Medium Gildan Gold 50/50 Short Sleeve T-Shirt w/1 Sided - 1 Color Green Print	12.00	12.00
2	Youth Large Gildan Gold 50/50 Short Sleeve T-Shirt w/1 Sided - 1 Color Green Print	12.00	24.00
1	3T P&C Yellow Core Cotton Short Sleeve T-Shirt w/1 Sided - 1 Color Green Print	11.00	11.00
Total			\$83.00



DECATUR
213 COURT ST
DECATUR, IN 46733-9998
(800)275-8777

10:59 AM

Product	Qty	Unit Price	Price
US Flag Bklt/20	1	\$13.20	\$13.20
Purple Heart Medal	1	\$0.66	\$0.66

Grand Total: \$13.86

Credit Card Remit

Card Name: VISA
Account #: XXXXXXXXXXXXX4509
Approval #: 010279
Transaction #: 600
AID: A0000000980840 Chip
AL: US DEBIT
PIN: Not Required

Preview your Mail!
Track your Packages
Sign up for FREE @
<https://informedelivery.usps.com>

All sales final on stamps and postage.
Refunds for guaranteed services only.
Thank you for your business.

Tell us about your experience.
Go to: <https://postalexperience.com/Pos>
or scan this code with your mobile device.



or call 1-800-410-7420.

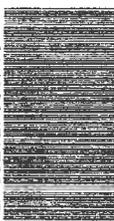
UFN: 172123-0033
Receipt #: 840-54600248-2-6576393-1
Mark. 02

Give us feedback @ survey.walmart.com
Thank you! ID #: 7SKYTRKVV0JG



HM Supercenter
260-724-9990 Mgr: GREG
1700 S 13TH ST
DECATUR IN 46733
ST# 01647 OP# 009031 TE# 31 TR# 04933

ITEMS SOLD 2
TC# 5384 3502 5956 5891 1198



MIXED 034000452500 F 29.98 T
MIXED 034000452500 F 29.98 T

SUBTOTAL 59.96
TAX1 7.0000 % 4.20
TOTAL 64.16
DEBIT TEND 64.16
CHANGE DUE 0.00

EFT DEBIT PAY FROM PRIMARY
64.16 TOTAL PURCHASE
US DEBIT - 4509 I 0 REF # 330200700154
NETWORK ID. 000L APPR. CODE 204785
AID A0000000980840
TC 084DB0E333388BCF
TERMINAL # 27076692
*No Signature Required
10/29/23 14:28:22



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