



# REPORT OF RECEIPTS AND EXPENDITURES OF A POLITICAL COMMITTEE

State Form 4606 (R18 / 6-25)  
Indiana Election Division (IC 3-9-5-14)

(CFA-4)  
Summary Sheet

| FILE NUMBER                        |
|------------------------------------|
| Amended 2026-2                     |
| TOTAL PAGES IN ENTIRE CFA-4 REPORT |
| 13                                 |

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

IS THIS AN AMENDMENT?  Yes  No

### COMMITTEE INFORMATION

|   |   |
|---|---|
| 1. Full Name of Committee (as on Statement of Organization) <input type="checkbox"/> Check if this is a new name.<br><b>Adams County Republican Central Committee</b> |   |
| 2. Acronym or Abbreviated Name (if any)   | 3. Committee Telephone Number<br><b>(260) 701-8369</b>          |
| 4. Mailing Address (Address where all campaign finance correspondence is received.) <input type="checkbox"/> Check if this is a new address.<br><b>8340 N. 600 W.</b> |   |
| 5. City, State, ZIP Code<br><b>Decatur, IN 46733</b>  | 6. Party Affiliation (if applicable)<br><b>GOP / Republican</b> |

### CANDIDATE INFORMATION (For Candidate's Committees Only)

|  |  |
|--|--|
| <input checked="" type="checkbox"/> Full Name of Candidate (Include any nickname.)   | 8. Party Affiliation or If Independent Candidate |
| <input checked="" type="checkbox"/> 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:<br><input type="checkbox"/> Pre-Primary <input type="checkbox"/> Pre-Election <input checked="" type="checkbox"/> Annual <input type="checkbox"/> Nomination <input type="checkbox"/> Other _____<br><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:<br><input type="checkbox"/> Pre-Convention<br><input type="checkbox"/> Post-Convention |
|--|---|

|  |                         |                          |
|--|-------------------------|--------------------------|
| 12. Reporting Period (mm/dd/yy):<br>From: <b>01/01/25</b> Through: <b>12/31/25</b> | COLUMN A<br>This Period | COLUMN B<br>Year to Date |
| 13. Cash on hand and investments at the beginning of this reporting period.        | <b>10,223.13</b>        |                          |
| 14. Cash on hand and investments January 1, current year.                          |                         | <b>10,223.13</b>         |

### CONTRIBUTIONS AND RECEIPTS

|   |                  |                  |
|---|------------------|------------------|
| (Note: these amounts include in-kind contributions and loans, as well as cash contributions.) |                  |                  |
| 15a. Itemized (Use Schedule A.)   | <b>12,350.00</b> | <b>12,350.00</b> |
| 15b. Unitemized   | <b>5,489.30</b>  | <b>5,489.30</b>  |
| 15c. Add lines 15a and 15b in both columns. <b>SUBTOTAL</b>                                   | <b>17,839.30</b> | <b>17,839.30</b> |
| 16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B. <b>TOTAL</b>           | <b>28,062.43</b> | <b>28,062.43</b> |

### EXPENDITURES

|   |                  |                  |
|---|------------------|------------------|
| (Note: These amounts include in-kind expenditures and loan repayments.)   |                  |                  |
| 17a. Itemized (Use Schedule B.) (Public Question: use Schedule C.)  | <b>17,057.95</b> | <b>17,057.95</b> |
| 17b. Unitemized   | <b>4,102.42</b>  | <b>4,102.42</b>  |
| 17c. Add lines 17a and 17b in both columns. <b>SUBTOTAL</b>   | <b>21,160.37</b> | <b>21,160.37</b> |
| 18. Cash on hand and investments at close of this reporting period (Subtract 17c from 16 in both columns.) <b>TOTAL</b> | <b>6,902.06</b>  | <b>6,902.06</b>  |
| 19. Debts OWED BY the committee (Use Schedule D.)   | <b>0</b>         |                  |
| 20. Debts OWED TO the committee (Use Schedule E.)   | <b>0</b>         |                  |

### 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.

If a Treasurer of a PAC: I have not knowingly or willfully received, solicited, or accepted, either directly or indirectly, contributions or expenditures from a foreign national that exceeds \$50,000 within the four (4) years immediately preceding the date of the contribution.  (please check box)

|   |                           |                                    |
|---|---------------------------|------------------------------------|
| Signature of Treasurer<br><b>Darrel Fisher King</b> | Title<br><b>Treasurer</b> | Date (mm/dd/yy)<br><b>01/07/26</b> |
| 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)

ADAMS COUNTY ELECTION  
JAN 8 2026 AM 11:07



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

State Form 4606 (R18 / 6-25)  
Indiana Election Division (IC 3-9-5-14)

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

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

FILE NUMBER

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Page 1 of 5

| CONTRIBUTOR'S FULL NAME AND OCCUPATION<br>FULL MAILING ADDRESS<br><i>(street, number, city, state, ZIP code)</i>                       | TYPE OF CONTRIBUTION<br>OR OTHER RECEIPT  | COLUMN A<br>AMOUNT THIS<br>PERIOD | COLUMN B<br>CUMULATIVE<br>YEAR-TO-DATE | DATE RECEIVED<br><i>(mm/dd/yy)</i> |
|--|---|-----------------------------------|--|------------------------------------|
|  |   |                                   |  | RECEIVED BY                        |
| 1.<br>Jeffrey L. Brill<br>1375 E. 600 <sup>th</sup> .<br>Walcottville, IN<br>46795<br><br>Contributor's Occupation (if required) _____ | Contributions:<br><input checked="" type="checkbox"/> Direct<br><input type="checkbox"/> In-Kind (describe)<br>_____<br><br>Other Receipts:<br><input type="checkbox"/> Interest <input type="checkbox"/> Loan<br><input type="checkbox"/> Miscellaneous (specify)<br>_____ | 500. <sup>00</sup>                | 500. <sup>00</sup>                     | 03/17/25<br><br>Darel              |
| 2.<br>Grant R. Porter<br>1501 High St.<br>Decatur, IN<br>46733<br><br>Contributor's Occupation (if required) _____                     | Contributions:<br><input checked="" type="checkbox"/> Direct<br><input type="checkbox"/> In-Kind (describe)<br>_____<br><br>Other Receipts:<br><input type="checkbox"/> Interest <input type="checkbox"/> Loan<br><input type="checkbox"/> Miscellaneous (specify)<br>_____ | 500. <sup>00</sup>                | 500. <sup>00</sup>                     | 03/17/25<br><br>Darel              |
| 3.<br>Charles M. Todery<br>2201 E. 700 <sup>th</sup><br>Berne, IN. 46711<br><br>Contributor's Occupation (if required) _____           | Contributions:<br><input checked="" type="checkbox"/> Direct<br><input type="checkbox"/> In-Kind (describe)<br>_____<br><br>Other Receipts:<br><input type="checkbox"/> Interest <input type="checkbox"/> Loan<br><input type="checkbox"/> Miscellaneous (specify)<br>_____ | 250. <sup>00</sup>                | 250. <sup>00</sup>                     | 03/17/25<br><br>Darel              |
| 4.<br>Gregg A. Springer<br>1218 Clark St.<br>Berne, IN 46711<br><br>Contributor's Occupation (if required) _____                       | Contributions:<br><input checked="" type="checkbox"/> Direct<br><input type="checkbox"/> In-Kind (describe)<br>_____<br><br>Other Receipts:<br><input type="checkbox"/> Interest <input type="checkbox"/> Loan<br><input type="checkbox"/> Miscellaneous (specify)<br>_____ | 200. <sup>00</sup>                | 200. <sup>00</sup>                     | 03/17/25<br><br>Darel              |
| 5.<br>Fusan A. Miller<br>4480 N. 200 E.<br>Decatur, IN 46733<br><br>Contributor's Occupation (if required) _____                       | Contributions:<br><input checked="" type="checkbox"/> Direct<br><input type="checkbox"/> In-Kind (describe)<br>_____<br><br>Other Receipts:<br><input type="checkbox"/> Interest <input type="checkbox"/> Loan<br><input type="checkbox"/> Miscellaneous (specify)<br>_____ | 200. <sup>00</sup>                | 200. <sup>00</sup>                     | 03/17/25<br><br>Darel              |
| <b>SUBTOTAL THIS PAGE OF SCHEDULE A</b>  |   | \$ 1650. <sup>00</sup>            |  |                                    |
| <b>TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY</b><br><i>(Enter total on ITEM 15a of the Summary Sheet.)</i>                |   | \$                                |  |                                    |



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OF A POLITICAL COMMITTEE**

State Form 4606 (R18 / 6-25)  
Indiana Election Division (IC 3-9-5-14)

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

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FILE NUMBER

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Page 2 of 5

| CONTRIBUTOR'S FULL NAME AND OCCUPATION<br>FULL MAILING ADDRESS<br><i>(street, number, city, state, ZIP code)</i>        | TYPE OF CONTRIBUTION<br>OR OTHER RECEIPT  | COLUMN A<br>AMOUNT THIS<br>PERIOD | COLUMN B<br>CUMULATIVE<br>YEAR-TO-DATE | DATE RECEIVED<br><i>(mm/dd/yy)</i> |
|---|---|-----------------------------------|--|------------------------------------|
|   |   |                                   |  | RECEIVED BY                        |
| 1. Stan A. Stoppenhagen<br>9060 NW Winchester Rd<br>Decatur, IN 46733<br><br>Contributor's Occupation (if required)     | Contributions:<br><input checked="" type="checkbox"/> Direct<br><input type="checkbox"/> In-Kind (describe)<br><br>Other Receipts:<br><input type="checkbox"/> Interest <input type="checkbox"/> Loan<br><input type="checkbox"/> Miscellaneous (specify) | 300.00                            | 300.00                                 | 03/25/25<br><br>Danel              |
| 2. Audi Merkel<br>3893 E. 1100 St.<br>Geneva, IN 46740<br><br>Contributor's Occupation (if required)                    | Contributions:<br><input checked="" type="checkbox"/> Direct<br><input type="checkbox"/> In-Kind (describe)<br><br>Other Receipts:<br><input type="checkbox"/> Interest <input type="checkbox"/> Loan<br><input type="checkbox"/> Miscellaneous (specify) | 400.00                            | 400.00                                 | 03/25/25<br><br>Danel              |
| 3. Robert E. Rhoades<br>310 E. Shore Dr.<br>Geneva, IN 46740<br><br>Contributor's Occupation (if required)              | Contributions:<br><input checked="" type="checkbox"/> Direct<br><input type="checkbox"/> In-Kind (describe)<br><br>Other Receipts:<br><input type="checkbox"/> Interest <input type="checkbox"/> Loan<br><input type="checkbox"/> Miscellaneous (specify) | 300.00                            | 300.00                                 | 03/25/25<br><br>Danel              |
| 4. Chad E. Kukulhan<br>904 Woodland Ct.<br>Decatur, IN 46733<br><br>Contributor's Occupation (if required)              | Contributions:<br><input checked="" type="checkbox"/> Direct<br><input type="checkbox"/> In-Kind (describe)<br><br>Other Receipts:<br><input type="checkbox"/> Interest <input type="checkbox"/> Loan<br><input type="checkbox"/> Miscellaneous (specify) | 100.00                            | 100.00                                 | 03/25/25<br><br>Danel              |
| 5. Russell Flueckiger<br>305 Old Hickory Lane<br>Geneva, IN 46740<br><br>Contributor's Occupation (if required)         | Contributions:<br><input checked="" type="checkbox"/> Direct<br><input type="checkbox"/> In-Kind (describe)<br><br>Other Receipts:<br><input type="checkbox"/> Interest <input type="checkbox"/> Loan<br><input type="checkbox"/> Miscellaneous (specify) | 100.00                            | 100.00                                 | 03/25/25<br><br>Danel              |
| <b>SUBTOTAL THIS PAGE OF SCHEDULE A</b>   |   | \$ 1200.00                        |  |                                    |
| <b>TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY</b><br><i>(Enter total on ITEM 15a of the Summary Sheet.)</i> |   | \$                                |  |                                    |



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|---|---|-----------------------------------|--|------------------------------------|
|   |   |                                   |  | RECEIVED BY                        |
| 1. Roger Muselman<br>1575 Lakeview Trail<br>Berne, IN 46711<br><br>Contributor's Occupation (if required) _____         | Contributions:<br><input checked="" type="checkbox"/> Direct<br><input type="checkbox"/> In-Kind (describe)<br>_____<br>Other Receipts:<br><input type="checkbox"/> Interest <input type="checkbox"/> Loan<br><input type="checkbox"/> Miscellaneous (specify)<br>_____ | 1,000. <sup>00</sup>              | 1,000. <sup>00</sup>                   | 04/08/25<br><br>Daniel             |
| 2. Scott Porter<br>203 Stratton Way<br>Decatur, IN 46733<br><br>Contributor's Occupation (if required) _____            | Contributions:<br><input checked="" type="checkbox"/> Direct<br><input type="checkbox"/> In-Kind (describe)<br>_____<br>Other Receipts:<br><input type="checkbox"/> Interest <input type="checkbox"/> Loan<br><input type="checkbox"/> Miscellaneous (specify)<br>_____ | 500. <sup>00</sup>                | 500. <sup>00</sup>                     | 04/08/25<br><br>Daniel             |
| 3. Lynn Bury<br>420 Washington St.<br>Geneva, IN 46740<br><br>Contributor's Occupation (if required) _____              | Contributions:<br><input checked="" type="checkbox"/> Direct<br><input type="checkbox"/> In-Kind (describe)<br>_____<br>Other Receipts:<br><input type="checkbox"/> Interest <input type="checkbox"/> Loan<br><input type="checkbox"/> Miscellaneous (specify)<br>_____ | 400. <sup>00</sup>                | 400. <sup>00</sup>                     | 04/08/25<br><br>Daniel             |
| 4. Elise Niephalla<br>3125 S. 875 E.<br>Zionsville, IN<br>46077<br><br>Contributor's Occupation (if required) _____     | Contributions:<br><input checked="" type="checkbox"/> Direct<br><input type="checkbox"/> In-Kind (describe)<br>_____<br>Other Receipts:<br><input type="checkbox"/> Interest <input type="checkbox"/> Loan<br><input type="checkbox"/> Miscellaneous (specify)<br>_____ | 200. <sup>00</sup>                | 200. <sup>00</sup>                     | 04/08/25<br><br>Daniel             |
| 5. Sam Conrad<br>221 S. 3rd St.<br>Decatur, IN 46733<br><br>Contributor's Occupation (if required) _____                | Contributions:<br><input checked="" type="checkbox"/> Direct<br><input type="checkbox"/> In-Kind (describe)<br>_____<br>Other Receipts:<br><input type="checkbox"/> Interest <input type="checkbox"/> Loan<br><input type="checkbox"/> Miscellaneous (specify)<br>_____ | 200. <sup>00</sup>                | 200. <sup>00</sup>                     | 04/08/25<br><br>Daniel             |
| <b>SUBTOTAL THIS PAGE OF SCHEDULE A</b>   |   | <b>\$ 2,300.<sup>00</sup></b>     |  |                                    |
| <b>TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY</b><br><i>(Enter total on ITEM 15a of the Summary Sheet.)</i> |   | <b>\$</b>                         |  |                                    |



**REPORT OF RECEIPTS AND EXPENDITURES  
OF A POLITICAL COMMITTEE**  
State Form 4606 (R18 / 6-25)  
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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|---|---|-----------------------------------|--|------------------------------------|
|   |   |                                   |  | RECEIVED BY                        |
| 1. Steven R. Bailey<br>217 W. Jackson St.<br>Monroe, IN. 46772<br><br>Contributor's Occupation (if required) _____      | Contributions:<br><input checked="" type="checkbox"/> Direct<br><input type="checkbox"/> In-Kind (describe)<br>_____<br><br>Other Receipts:<br><input type="checkbox"/> Interest <input type="checkbox"/> Loan<br><input type="checkbox"/> Miscellaneous (specify)<br>_____ | 300. <sup>00</sup>                | 300. <sup>00</sup>                     | 04/14/25<br><br>Daniel             |
| 2. Gregg A. Springer<br>1218 Clark St.<br>Berne, IN 46711<br><br>Contributor's Occupation (if required) _____           | Contributions:<br><input checked="" type="checkbox"/> Direct<br><input type="checkbox"/> In-Kind (describe)<br>_____<br><br>Other Receipts:<br><input type="checkbox"/> Interest <input type="checkbox"/> Loan<br><input type="checkbox"/> Miscellaneous (specify)<br>_____ | 200. <sup>00</sup>                | 200. <sup>00</sup>                     | 11/04/25<br><br>Daniel             |
| 3. Lynn Barry<br>420 Washington St<br>Geneva, IN 46740<br><br>Contributor's Occupation (if required) _____              | Contributions:<br><input checked="" type="checkbox"/> Direct<br><input type="checkbox"/> In-Kind (describe)<br>_____<br><br>Other Receipts:<br><input type="checkbox"/> Interest <input type="checkbox"/> Loan<br><input type="checkbox"/> Miscellaneous (specify)<br>_____ | 100. <sup>00</sup>                | 100. <sup>00</sup>                     | 11/04/25<br><br>Daniel             |
| 4. Douglas Peterson<br>425 Meridian Ave<br>Monroe, IN 46772<br><br>Contributor's Occupation (if required) _____         | Contributions:<br><input checked="" type="checkbox"/> Direct<br><input type="checkbox"/> In-Kind (describe)<br>_____<br><br>Other Receipts:<br><input type="checkbox"/> Interest <input type="checkbox"/> Loan<br><input type="checkbox"/> Miscellaneous (specify)<br>_____ | 100. <sup>00</sup>                | 100. <sup>00</sup>                     | 11/04/25<br><br>Daniel             |
| 5. Constance J. Moser<br>1325 Eagle Glen Ct.<br>Decatur, IN 46733<br><br>Contributor's Occupation (if required) _____   | Contributions:<br><input checked="" type="checkbox"/> Direct<br><input type="checkbox"/> In-Kind (describe)<br>_____<br><br>Other Receipts:<br><input type="checkbox"/> Interest <input type="checkbox"/> Loan<br><input type="checkbox"/> Miscellaneous (specify)<br>_____ | 100. <sup>00</sup>                | 100. <sup>00</sup>                     | 11/04/25<br><br>Daniel             |
| <b>SUBTOTAL THIS PAGE OF SCHEDULE A</b>   |   | \$                                | 800. <sup>00</sup>                     |                                    |
| <b>TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY</b><br><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)  
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| CONTRIBUTOR'S FULL NAME AND OCCUPATION<br>FULL MAILING ADDRESS<br><i>(street, number, city, state, ZIP code)</i>            | TYPE OF CONTRIBUTION<br>OR OTHER RECEIPT  | COLUMN A<br>AMOUNT THIS<br>PERIOD | COLUMN B<br>CUMULATIVE<br>YEAR-TO-DATE | DATE RECEIVED<br><i>(mm/dd/yy)</i><br>RECEIVED BY |
|---|---|-----------------------------------|--|---|
| 1.<br>Steven R. Bailey<br>217 W. Jackson St.<br>Monroe, IN 46772<br><br>Contributor's Occupation <i>(if required)</i> _____ | Contributions:<br><input checked="" type="checkbox"/> Direct<br><input type="checkbox"/> In-Kind <i>(describe)</i> _____<br><br>Other Receipts:<br><input type="checkbox"/> Interest <input type="checkbox"/> Loan<br><input type="checkbox"/> Miscellaneous <i>(specify)</i> _____ | 100. <sup>00</sup>                | 100. <sup>00</sup>                     | 12/23/25<br><br>Daniel                            |
| 2.<br><br>Contributor's Occupation <i>(if required)</i> _____   | Contributions:<br><input type="checkbox"/> Direct<br><input type="checkbox"/> In-Kind <i>(describe)</i> _____<br><br>Other Receipts:<br><input type="checkbox"/> Interest <input type="checkbox"/> Loan<br><input type="checkbox"/> Miscellaneous <i>(specify)</i> _____            |                                   |  |   |
| 3.<br><br>Contributor's Occupation <i>(if required)</i> _____   | Contributions:<br><input type="checkbox"/> Direct<br><input type="checkbox"/> In-Kind <i>(describe)</i> _____<br><br>Other Receipts:<br><input type="checkbox"/> Interest <input type="checkbox"/> Loan<br><input type="checkbox"/> Miscellaneous <i>(specify)</i> _____            |                                   |  |   |
| 4.<br><br>Contributor's Occupation <i>(if required)</i> _____   | Contributions:<br><input type="checkbox"/> Direct<br><input type="checkbox"/> In-Kind <i>(describe)</i> _____<br><br>Other Receipts:<br><input type="checkbox"/> Interest <input type="checkbox"/> Loan<br><input type="checkbox"/> Miscellaneous <i>(specify)</i> _____            |                                   |  |   |
| 5.<br><br>Contributor's Occupation <i>(if required)</i> _____   | Contributions:<br><input type="checkbox"/> Direct<br><input type="checkbox"/> In-Kind <i>(describe)</i> _____<br><br>Other Receipts:<br><input type="checkbox"/> Interest <input type="checkbox"/> Loan<br><input type="checkbox"/> Miscellaneous <i>(specify)</i> _____            |                                   |  |   |
| <b>SUBTOTAL THIS PAGE OF SCHEDULE A</b>   |   | \$ 100. <sup>00</sup>             |  |   |
| <b>TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY</b><br><i>(Enter total on ITEM 15a of the Summary Sheet.)</i>     |   | \$                                |  |   |



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

State Form 4606 (R18 / 6-25)  
Indiana Election Division (IC 3-9-5-14)

**(CFA-4 SCHEDULE A-4)  
CONTRIBUTIONS BY  
POLITICAL ACTION COMMITTEES  
Itemized Contributions and Other Receipts**

**INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY POLITICAL ACTION COMMITTEES 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 political action committees **OVER \$100** per contributor, within a calendar year **MUST** be itemized on this schedule (over \$200, if regular party committee). All transfers-in and in-kind contributions regardless of amount from political action committees **MUST** be itemized on this schedule. All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) **OVER \$100** per contributor, within a calendar year, **MUST** be itemized on this schedule (over \$200 if regular party committee).

FILE NUMBER

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Page 1 of 2

| CONTRIBUTOR'S FULL NAME AND FULL MAILING ADDRESS<br><i>(street, number, city, state, ZIP code)</i>                      | TYPE OF CONTRIBUTION OR OTHER RECEIPT   | COLUMN A<br>AMOUNT THIS PERIOD | COLUMN B<br>CUMULATIVE YEAR-TO-DATE | DATE RECEIVED<br><i>(mm/dd/yy)</i> |
|---|---|--------------------------------|-------------------------------------|------------------------------------|
|   |   |                                |                                     | RECEIVED BY                        |
| 1. Todd Rokita Election Committee<br>Indianapolis, IN 46220   | Contributions:<br><input checked="" type="checkbox"/> Direct<br><input type="checkbox"/> In-Kind (describe)<br><br>Other Receipts:<br><input type="checkbox"/> Interest <input type="checkbox"/> Loan<br><input type="checkbox"/> Miscellaneous (specify) | 500.00                         | 500.00                              | 02/14/25                           |
|   |   |                                |                                     | Daniel                             |
| 2. Matthew S. Lehman for State Representative<br>Beech, IN 46711  | Contributions:<br><input checked="" type="checkbox"/> Direct<br><input type="checkbox"/> In-Kind (describe)<br><br>Other Receipts:<br><input type="checkbox"/> Interest <input type="checkbox"/> Loan<br><input type="checkbox"/> Miscellaneous (specify) | 500.00                         | 500.00                              | 03/17/25                           |
|   |   |                                |                                     | Daniel                             |
| 3. Hoosiers for Holdman<br>2467 W. 1000 N. - 90<br>Markle, IN. 46770  | Contributions:<br><input checked="" type="checkbox"/> Direct<br><input type="checkbox"/> In-Kind (describe)<br><br>Other Receipts:<br><input type="checkbox"/> Interest <input type="checkbox"/> Loan<br><input type="checkbox"/> Miscellaneous (specify) | 1,000.00                       | 1,000.00                            | 04/01/25                           |
|   |   |                                |                                     | Daniel                             |
| 4. Friends of Todd Young<br>P.O. Box 3743<br>Carmel, IN 46082   | Contributions:<br><input checked="" type="checkbox"/> Direct<br><input type="checkbox"/> In-Kind (describe)<br><br>Other Receipts:<br><input type="checkbox"/> Interest <input type="checkbox"/> Loan<br><input type="checkbox"/> Miscellaneous (specify) | 400.00                         | 400.00                              | 04/08/25                           |
|   |   |                                |                                     | Daniel                             |
| 5. Stutzman for Congress<br>P.O. Box 339<br>Howe, IN 46746  | Contributions:<br><input checked="" type="checkbox"/> Direct<br><input type="checkbox"/> In-Kind (describe)<br><br>Other Receipts:<br><input type="checkbox"/> Interest <input type="checkbox"/> Loan<br><input type="checkbox"/> Miscellaneous (specify) | 500.00                         | 500.00                              | 05/19/25                           |
|   |   |                                |                                     | Daniel                             |
| <b>SUBTOTAL THIS PAGE OF SCHEDULE A</b>   |   | <b>\$ 2900.00</b>              |                                     |                                    |
| <b>TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY</b><br><i>(Enter total on ITEM 15a of the Summary Sheet.)</i> |   | <b>\$</b>                      |                                     |                                    |



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

State Form 4606 (R18 / 6-25)  
Indiana Election Division (IC 3-9-5-14)

**(CFA-4 SCHEDULE A-4)  
CONTRIBUTIONS BY  
POLITICAL ACTION COMMITTEES  
Itemized Contributions and Other Receipts**

**INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY POLITICAL ACTION COMMITTEES 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 political action committees **OVER \$100** per contributor, within a calendar year **MUST** be itemized on this schedule (over \$200, if regular party committee). All transfers-in and in-kind contributions regardless of amount from political action committees **MUST** be itemized on this schedule. All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) **OVER \$100** per contributor, within a calendar year, **MUST** be itemized on this schedule (over \$200 if regular party committee).

FILE NUMBER

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Page 2 of 2

| CONTRIBUTOR'S FULL NAME AND FULL MAILING ADDRESS<br><i>(street, number, city, state, ZIP code)</i>                      | TYPE OF CONTRIBUTION OR OTHER RECEIPT   | COLUMN A<br>AMOUNT THIS PERIOD | COLUMN B<br>CUMULATIVE YEAR-TO-DATE | DATE RECEIVED<br><i>(mm/dd/yy)</i><br>RECEIVED BY |
|---|---|--------------------------------|-------------------------------------|---|
| 1. Hoosiers for Holdman<br>2467 W. 1000 N - 90<br>Marble, IN. 46770   | Contributions:<br><input checked="" type="checkbox"/> Direct<br><input type="checkbox"/> In-Kind (describe)<br>_____<br>Other Receipts:<br><input type="checkbox"/> Interest <input type="checkbox"/> Loan<br><input type="checkbox"/> Miscellaneous (specify)<br>_____ | 500. <sup>00</sup>             | 500. <sup>00</sup>                  | 11/04/25<br><br>Daniel                            |
| 2. Matthew S. Lehman<br>for State Representative<br>Berne, IN. 46711  | Contributions:<br><input checked="" type="checkbox"/> Direct<br><input type="checkbox"/> In-Kind (describe)<br>_____<br>Other Receipts:<br><input type="checkbox"/> Interest <input type="checkbox"/> Loan<br><input type="checkbox"/> Miscellaneous (specify)<br>_____ | 500. <sup>00</sup>             | 500. <sup>00</sup>                  | 11/04/25<br><br>Daniel                            |
| 3.  | Contributions:<br><input type="checkbox"/> Direct<br><input type="checkbox"/> In-Kind (describe)<br>_____<br>Other Receipts:<br><input type="checkbox"/> Interest <input type="checkbox"/> Loan<br><input type="checkbox"/> Miscellaneous (specify)<br>_____            |                                |                                     |   |
| 4.  | Contributions:<br><input type="checkbox"/> Direct<br><input type="checkbox"/> In-Kind (describe)<br>_____<br>Other Receipts:<br><input type="checkbox"/> Interest <input type="checkbox"/> Loan<br><input type="checkbox"/> Miscellaneous (specify)<br>_____            |                                |                                     |   |
| 5.  | Contributions:<br><input type="checkbox"/> Direct<br><input type="checkbox"/> In-Kind (describe)<br>_____<br>Other Receipts:<br><input type="checkbox"/> Interest <input type="checkbox"/> Loan<br><input type="checkbox"/> Miscellaneous (specify)<br>_____            |                                |                                     |   |
| <b>SUBTOTAL THIS PAGE OF SCHEDULE A</b>   |   | \$ 1000 -                      |                                     |   |
| <b>TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY</b><br><i>(Enter total on ITEM 15a of the Summary Sheet.)</i> |   | \$                             |                                     |   |



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

State Form 4606 (R18 / 6-25)  
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      /      of      /     

| CONTRIBUTOR'S FULL NAME AND FULL MAILING ADDRESS<br><i>(street, number, city, state, ZIP code)</i>                      | TYPE OF CONTRIBUTION OR OTHER RECEIPT   | COLUMN A<br>AMOUNT THIS PERIOD | COLUMN B<br>CUMULATIVE YEAR-TO-DATE | DATE RECEIVED<br><i>(mm/dd/yy)</i><br>RECEIVED BY |
|---|---|--------------------------------|-------------------------------------|---|
| 1. <i>Amstutz Construction &amp; Supplies, Inc.<br/>518 E. Main St.<br/>Borne, IN. 46711</i>                            | Contributions:<br><input checked="" type="checkbox"/> Direct<br><input type="checkbox"/> In-Kind <i>(describe)</i><br>_____<br>Other Receipts:<br><input type="checkbox"/> Interest <input type="checkbox"/> Loan<br><input type="checkbox"/> Miscellaneous <i>(specify)</i><br>_____ | 500. <sup>00</sup>             | 500. <sup>00</sup>                  | 03/25/25<br>Daniel                                |
| 2. <i>Springer &amp; Springer<br/>265 West Water St.<br/>Borne, IN. 46711</i>   | Contributions:<br><input checked="" type="checkbox"/> Direct<br><input type="checkbox"/> In-Kind <i>(describe)</i><br>_____<br>Other Receipts:<br><input type="checkbox"/> Interest <input type="checkbox"/> Loan<br><input type="checkbox"/> Miscellaneous <i>(specify)</i><br>_____ | 500. <sup>00</sup>             | 500. <sup>00</sup>                  | 03/25/25<br>Daniel                                |
| 3. <i>Collier Ins. Agency<br/>PO. Box 417<br/>Decatur, IN 46733</i>   | Contributions:<br><input checked="" type="checkbox"/> Direct<br><input type="checkbox"/> In-Kind <i>(describe)</i><br>_____<br>Other Receipts:<br><input type="checkbox"/> Interest <input type="checkbox"/> Loan<br><input type="checkbox"/> Miscellaneous <i>(specify)</i><br>_____ | 400. <sup>00</sup>             | 400. <sup>00</sup>                  | 03/25/25<br>Daniel                                |
| 4. <i>Indiana Realtors<br/>143 W. Market St, Ste 100<br/>Indianapolis, IN. 46204</i>                                    | Contributions:<br><input checked="" type="checkbox"/> Direct<br><input type="checkbox"/> In-Kind <i>(describe)</i><br>_____<br>Other Receipts:<br><input type="checkbox"/> Interest <input type="checkbox"/> Loan<br><input type="checkbox"/> Miscellaneous <i>(specify)</i><br>_____ | 1,000. <sup>00</sup>           | 1,000. <sup>00</sup>                | 06/06/25<br>Daniel                                |
| 5.  | Contributions:<br><input type="checkbox"/> Direct<br><input type="checkbox"/> In-Kind <i>(describe)</i><br>_____<br>Other Receipts:<br><input type="checkbox"/> Interest <input type="checkbox"/> Loan<br><input type="checkbox"/> Miscellaneous <i>(specify)</i><br>_____            |                                |                                     |   |
| <b>SUBTOTAL THIS PAGE OF SCHEDULE A</b>   |   | \$ 2,400.-                     |                                     |   |
| <b>TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY</b><br><i>(Enter total on ITEM 15a of the Summary Sheet.)</i> |   | \$ 12,350.-                    |                                     |   |



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

State Form 4606 (R18 / 6-25)  
Indiana Election Division (IC 3-9-5-14)

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

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

FILE NUMBER

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Page 1 of 4

| RECIPIENT'S NAME AND MAILING ADDRESS<br><i>(street, number, city, state, ZIP code)</i>                                  | RECIPIENT'S OCCUPATION               | TYPE OF EXPENDITURE<br>and<br>PURPOSE <i>(be specific)</i>  | COLUMN A<br>AMOUNT THIS<br>PERIOD | COLUMN B<br>CUMULATIVE<br>YEAR-TO-DATE | DATE OF<br>EXPENDITURE<br><i>(mm/dd/yy)</i> |
|---|--------------------------------------|---|-----------------------------------|--|---|
|   | OFFICE SOUGHT <i>(if applicable)</i> |   |                                   |  |   |
| Code _____<br>Decatur Chamber of Commerce<br>125 E. Monroe St.<br>Decatur, IN 46733                                     | MEMBERSHIP/<br>SPONSOR               | <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind<br><input type="checkbox"/> Payment of Debt<br><input type="checkbox"/> Returned Contribution<br><input type="checkbox"/> Other _____<br>Purpose: | 460. <sup>00</sup>                | 460. <sup>00</sup>                     | 01/06 -<br>10/20/25                         |
| Code _____<br>USPS<br>Decatur, IN 46733   | Postage<br>mailings                  | <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind<br><input type="checkbox"/> Payment of Debt<br><input type="checkbox"/> Returned Contribution<br><input type="checkbox"/> Other _____<br>Purpose: | 1,277.25                          | 1,277.25                               | 01/06 -<br>12/05/25                         |
| Code _____<br>BERNE Dining<br>418 Parkway St.<br>Berne, IN 46711  | meetings                             | <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind<br><input type="checkbox"/> Payment of Debt<br><input type="checkbox"/> Returned Contribution<br><input type="checkbox"/> Other _____<br>Purpose: | 77.27                             | 77.27                                  | 01/17 -<br>3/14/25                          |
| Code _____<br>Amazon Mktpl.   | supplies                             | <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind<br><input type="checkbox"/> Payment of Debt<br><input type="checkbox"/> Returned Contribution<br><input type="checkbox"/> Other _____<br>Purpose: | 377.97                            | 377.97                                 | 01/23 -<br>7/30/25                          |
| Code _____<br>APLS<br>128 S. 3rd. St.<br>Decatur, IN 46733  | copies                               | <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind<br><input type="checkbox"/> Payment of Debt<br><input type="checkbox"/> Returned Contribution<br><input type="checkbox"/> Other _____<br>Purpose:            | 60.50                             | 60.50                                  | 01/23 -<br>07/21/25                         |
| Code _____<br>Richards Restaurant<br>1045 S. 13th. St.<br>Decatur, IN. 46733  | meetings<br>event                    | <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind<br><input type="checkbox"/> Payment of Debt<br><input type="checkbox"/> Returned Contribution<br><input type="checkbox"/> Other _____<br>Purpose: | 1,043. <sup>18</sup>              | 1,043. <sup>18</sup>                   | 01/24 -<br>10/03/25                         |
| Code _____<br>Berne Chamber of Commerce<br>205 E. Main St.<br>Berne, IN. 46711  | Membership/<br>Sponsor               | <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind<br><input type="checkbox"/> Payment of Debt<br><input type="checkbox"/> Returned Contribution<br><input type="checkbox"/> Other _____<br>Purpose: | 210.30                            | 210.30                                 | 01/28 -<br>02/28/25                         |
| <b>SUBTOTAL THIS PAGE OF SCHEDULE B</b>   |                                      |   | \$ 3506. <sup>47</sup>            |  |   |
| <b>TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY</b><br><i>(Enter total on ITEM 17a of the Summary Sheet.)</i> |                                      |   | \$                                |  |   |



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

State Form 4606 (R18 / 6-25)  
Indiana Election Division (IC 3-9-5-14)

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

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

FILE NUMBER

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Page 2 of 4

| RECIPIENT'S NAME AND MAILING ADDRESS<br><i>(street, number, city, state, ZIP code)</i>                                  | RECIPIENT'S OCCUPATION               | TYPE OF EXPENDITURE<br>and<br>PURPOSE <i>(be specific)</i>  | COLUMN A<br>AMOUNT THIS<br>PERIOD | COLUMN B<br>CUMULATIVE<br>YEAR-TO-DATE | DATE OF<br>EXPENDITURE<br><i>(mm/dd/yy)</i> |
|---|--------------------------------------|---|-----------------------------------|--|---|
|   | OFFICE SOUGHT <i>(if applicable)</i> |   |                                   |  |   |
| Code _____<br>Walmart<br>1700 & 13th. St.<br>Decatur, IN 46733  | Supplies                             | <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind<br><input type="checkbox"/> Payment of Debt<br><input type="checkbox"/> Returned Contribution<br><input type="checkbox"/> Other _____<br>Purpose: | 1,102. <sup>32</sup>              | 1,102. <sup>32</sup>                   | 01/30-<br>12/01/25                          |
| Code _____<br>Geneva Chamber<br>411 E. Line St<br>Geneva, IN 46740  | member                               | <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind<br><input type="checkbox"/> Payment of Debt<br><input type="checkbox"/> Returned Contribution<br><input type="checkbox"/> Other _____<br>Purpose:            | 100. <sup>00</sup>                | 100. <sup>00</sup>                     | 02/12/25                                    |
| Code _____<br>Vista Print<br>St. Wayne, IN  | Signs                                | <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind<br><input type="checkbox"/> Payment of Debt<br><input type="checkbox"/> Returned Contribution<br><input type="checkbox"/> Other _____<br>Purpose: | 192. <sup>59</sup>                | 192. <sup>59</sup>                     | 02/12/25                                    |
| Code _____<br>Right to Life NE<br>3106 Lake Ave.<br>St. Wayne, IN 46805   | MEMBER/<br>support                   | <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind<br><input type="checkbox"/> Payment of Debt<br><input type="checkbox"/> Returned Contribution<br><input type="checkbox"/> Other _____<br>Purpose:            | 827. <sup>06</sup>                | 827. <sup>06</sup>                     | 02/17-<br>07/28/25                          |
| Code _____<br>Monroe Trophy<br>230 E. Monroe St.<br>Decatur, IN 46733   | Signs/<br>tags                       | <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind<br><input type="checkbox"/> Payment of Debt<br><input type="checkbox"/> Returned Contribution<br><input type="checkbox"/> Other _____<br>Purpose:            | 152. <sup>10</sup>                | 152. <sup>10</sup>                     | 02/19-<br>10/20/25                          |
| Code _____<br>Mirage, LLC<br>1640 Winchester St.<br>Decatur, IN 46733   | EVENTS                               | <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind<br><input type="checkbox"/> Payment of Debt<br><input type="checkbox"/> Returned Contribution<br><input type="checkbox"/> Other _____<br>Purpose: | 6,679. <sup>00</sup>              | 6,679. <sup>00</sup>                   | 02/20<br>4/07/25                            |
| Code _____<br>Java Bean Cafe<br>151 N. 2nd. St.<br>Decatur, IN 46733  | meetings                             | <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind<br><input type="checkbox"/> Payment of Debt<br><input type="checkbox"/> Returned Contribution<br><input type="checkbox"/> Other _____<br>Purpose: | 522. <sup>67</sup>                | 522. <sup>67</sup>                     | 02/19-<br>12/05/25                          |
| <b>SUBTOTAL THIS PAGE OF SCHEDULE B</b>   |                                      |   | \$ 9575. <sup>74</sup>            |  |   |
| <b>TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY</b><br><i>(Enter total on ITEM 17a of the Summary Sheet.)</i> |                                      |   | \$                                |  |   |



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

State Form 4606 (R18 / 6-25)  
Indiana Election Division (IC 3-9-5-14)

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

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

FILE NUMBER

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Page 3 of 4

| RECIPIENT'S NAME AND MAILING ADDRESS<br><i>(street, number, city, state, ZIP code)</i>                                  | RECIPIENT'S OCCUPATION               | TYPE OF EXPENDITURE<br>and<br>PURPOSE <i>(be specific)</i>  | COLUMN A<br>AMOUNT THIS<br>PERIOD | COLUMN B<br>CUMULATIVE<br>YEAR-TO-DATE | DATE OF<br>EXPENDITURE<br><i>(mm/dd/yy)</i> |
|---|--------------------------------------|---|-----------------------------------|--|---|
|   | OFFICE SOUGHT <i>(if applicable)</i> |   |                                   |  |   |
| Code _____<br>Office Depo<br>10027 Zuma Rd.<br>St. Wayne, IN 46818  | supplies/<br>copies                  | <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind<br><input type="checkbox"/> Payment of Debt<br><input type="checkbox"/> Returned Contribution<br><input type="checkbox"/> Other _____<br>Purpose: | 542.43                            | 542.43                                 | 03/10 -<br>10/31/25                         |
| Code _____<br>Fast Signs<br>3014 N. Clinton St.<br>St. Wayne, IN 46805  | signs                                | <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind<br><input type="checkbox"/> Payment of Debt<br><input type="checkbox"/> Returned Contribution<br><input type="checkbox"/> Other _____<br>Purpose: | 248.59                            | 248.59                                 | 03/02 -<br>10/31/25                         |
| Code _____<br>All Am. Classics Auction<br>265 Cedar Mountain Cir.<br>Hot Springs Village, AR<br>71910                   | Fund Raiser<br>Items                 | <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind<br><input type="checkbox"/> Payment of Debt<br><input type="checkbox"/> Returned Contribution<br><input type="checkbox"/> Other _____<br>Purpose: | 505.00                            | 505.00                                 | 04/12/25                                    |
| Code _____<br>Jay County GOP<br>Portland, IN  | LDD Meeting                          | <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind<br><input type="checkbox"/> Payment of Debt<br><input type="checkbox"/> Returned Contribution<br><input type="checkbox"/> Other _____<br>Purpose:            | 200.00                            | 200.00                                 | 05/03/25                                    |
| Code _____<br>Adams County 4-H<br>Decatur, IN 46733   | 4-H Youth<br>Support                 | <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind<br><input type="checkbox"/> Payment of Debt<br><input type="checkbox"/> Returned Contribution<br><input type="checkbox"/> Other _____<br>Purpose: | 182.00                            | 182.00                                 | 05/13/25                                    |
| Code _____<br>WZBD-FM<br>Berne, IN 46711  | Ads/<br>Support                      | <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind<br><input type="checkbox"/> Payment of Debt<br><input type="checkbox"/> Returned Contribution<br><input type="checkbox"/> Other _____<br>Purpose: | 385.00                            | 385.00                                 | 07/01/25                                    |
| Code _____<br>Troys Market<br>891 W. 3008-1<br>Berne, IN 46711  | Supplies                             | <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind<br><input type="checkbox"/> Payment of Debt<br><input type="checkbox"/> Returned Contribution<br><input type="checkbox"/> Other _____<br>Purpose: | 623.79                            | 623.79                                 | 07/21 -<br>10/27/25                         |
| <b>SUBTOTAL THIS PAGE OF SCHEDULE B</b>   |                                      |   | \$ 2,686.81                       |  |   |
| <b>TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY</b><br><i>(Enter total on ITEM 17a of the Summary Sheet.)</i> |                                      |   | \$                                |  |   |



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

State Form 4606 (R18 / 6-25)  
Indiana Election Division (IC 3-9-5-14)

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

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

FILE NUMBER \_\_\_\_\_

Page 4 of 4

| RECIPIENT'S NAME AND MAILING ADDRESS<br><i>(street, number, city, state, ZIP code)</i>                                  | RECIPIENT'S OCCUPATION               | TYPE OF EXPENDITURE<br>and<br>PURPOSE <i>(be specific)</i>  | COLUMN A<br>AMOUNT THIS<br>PERIOD | COLUMN B<br>CUMULATIVE<br>YEAR-TO-DATE | DATE OF<br>EXPENDITURE<br><i>(mm/dd/yy)</i> |
|---|--------------------------------------|---|-----------------------------------|--|---|
|   | OFFICE SOUGHT <i>(if applicable)</i> |   |                                   |  |   |
| Code _____<br>Wells County GOP<br>125 S Johnson St.<br>Bluffton, IN 46714   | Reagan Meeting                       | <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind<br><input type="checkbox"/> Payment of Debt<br><input type="checkbox"/> Returned Contribution<br><input type="checkbox"/> Other _____<br>Purpose: | 169.69                            | 169.69                                 | 08/04/25                                    |
| Code _____<br>Progressive Office<br>120 N. Meridian St.<br>Portland, IN 46371   | copies/supplies                      | <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind<br><input type="checkbox"/> Payment of Debt<br><input type="checkbox"/> Returned Contribution<br><input type="checkbox"/> Other _____<br>Purpose:            | 769.24                            | 769.24                                 | 04/02-<br>10/10/25                          |
| Code _____<br>Hope Clinic<br>910 S. 11th. St.<br>Decatur, IN 46733  | support                              | <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind<br><input type="checkbox"/> Payment of Debt<br><input type="checkbox"/> Returned Contribution<br><input type="checkbox"/> Other _____<br>Purpose: | 350.00                            | 350.00                                 | 05/01-<br>08/22/25                          |
| Code _____  |                                      | <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind<br><input type="checkbox"/> Payment of Debt<br><input type="checkbox"/> Returned Contribution<br><input type="checkbox"/> Other _____<br>Purpose:            |                                   |  |   |
| Code _____  |                                      | <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind<br><input type="checkbox"/> Payment of Debt<br><input type="checkbox"/> Returned Contribution<br><input type="checkbox"/> Other _____<br>Purpose:            |                                   |  |   |
| Code _____  |                                      | <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind<br><input type="checkbox"/> Payment of Debt<br><input type="checkbox"/> Returned Contribution<br><input type="checkbox"/> Other _____<br>Purpose:            |                                   |  |   |
| Code _____  |                                      | <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind<br><input type="checkbox"/> Payment of Debt<br><input type="checkbox"/> Returned Contribution<br><input type="checkbox"/> Other _____<br>Purpose:            |                                   |  |   |
| <b>SUBTOTAL THIS PAGE OF SCHEDULE B</b>   |                                      |   | <b>\$ 1,288.93</b>                |  |   |
| <b>TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY</b><br><i>(Enter total on ITEM 17a of the Summary Sheet.)</i> |                                      |   | <b>\$ 1,705.95</b>                |  |   |



# 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                        |
|------------------------------------|
| 2026-2                             |
| TOTAL PAGES IN ENTIRE CFA-4 REPORT |
| 13                                 |

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

IS THIS AN AMENDMENT?  Yes  No

### COMMITTEE INFORMATION

|   |   |
|---|---|
| 1. Full Name of Committee (as on Statement of Organization) <input type="checkbox"/> Check if this is a new name.<br><b>ADAMS COUNTY REPUBLICAN CENTRAL COMMITTEE</b> |   |
| 2. Acronym or Abbreviated Name (if any)   | 3. Committee Telephone Number<br><b>(260) 701-8369</b>          |
| 4. Mailing Address (Address where all campaign finance correspondence is received.) <input type="checkbox"/> Check if this is a new address.<br><b>8340 N. 600 W.</b> |   |
| 5. City, State, ZIP Code<br><b>DECATUR IN 46733</b>   | 6. Party Affiliation (if applicable)<br><b>GOP / REPUBLICAN</b> |

### CANDIDATE INFORMATION (For Candidate's Committees Only)

|  |  |
|--|--|
| <input checked="" type="checkbox"/> Full Name of Candidate (Include any nickname.)   | 8. Party Affiliation or If Independent Candidate |
| <input checked="" type="checkbox"/> Office Sought (Include district number, if any. Not required for exploratory committee.) | 10. County of Residence                          |

### TYPE OF REPORT

|  |   |
|--|---|
| 11. Check one:<br><input type="checkbox"/> Pre-Primary <input type="checkbox"/> Pre-Election <input checked="" type="checkbox"/> Annual <input type="checkbox"/> Nomination <input type="checkbox"/> Other<br><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.) | CONVENTION CANDIDATES ONLY<br>Check one:<br><input type="checkbox"/> Pre-Convention<br><input type="checkbox"/> Post-Convention |
|--|---|

| 12. Reporting Period (mm/dd/yy):<br>From: <b>01/01/2025</b> Through: <b>12/31/2025</b> | COLUMN A<br>This Period | COLUMN B<br>Year to Date |
|--|-------------------------|--------------------------|
| 13. Cash on hand and investments at the beginning of this reporting period.            | <b>10,223.13</b>        |                          |
| 14. Cash on hand and investments January 1, current year.                              |                         | <b>10,223.13</b>         |

### CONTRIBUTIONS AND RECEIPTS

| (Note: these amounts include in-kind contributions and loans, as well as cash contributions.) |                  |                  |
|---|------------------|------------------|
| 15a. Itemized (Use Schedule A.)   | <b>12,350.00</b> | <b>12,350.00</b> |
| 15b. Unitemized   | <b>5,489.30</b>  | <b>5,489.30</b>  |
| 15c. Add lines 15a and 15b in both columns. <b>SUBTOTAL</b>                                   | <b>17,839.30</b> | <b>17,839.30</b> |
| 16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B. <b>TOTAL</b>           | <b>28,062.43</b> | <b>28,062.43</b> |

### EXPENDITURES

| (Note: These amounts include in-kind expenditures and loan repayments.)   |                  |                  |
|---|------------------|------------------|
| 17a. Itemized (Use Schedule B.) (Public Question: use Schedule C.)  | <b>17,057.95</b> | <b>17,057.95</b> |
| 17b. Unitemized   | <b>4,102.42</b>  | <b>4,102.42</b>  |
| 17c. Add lines 17a and 17b in both columns. <b>SUBTOTAL</b>   | <b>21,160.37</b> | <b>21,160.37</b> |
| 18. Cash on hand and investments at close of this reporting period (Subtract 17c from 16 in both columns.) <b>TOTAL</b> | <b>6,902.06</b>  | <b>6,902.06</b>  |
| 19. Debts OWED BY the committee (Use Schedule D.)   | <b>0</b>         |                  |
| 20. Debts OWED TO the committee (Use Schedule E.)   | <b>0</b>         |                  |

### 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<br><b>Harrel Baker</b> | Title<br><b>Treasurer</b> | Date (mm/dd/yy)<br><b>12/31/25</b> |
| Signature of Candidate (if applicable)        |                           | Date (mm/dd/yy)                    |

FOR OFFICIAL USE ONLY

**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)

ADAMS COUNTY ELECTION  
JAN 6 2026 @ 10:42



**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 1 of 5

| CONTRIBUTOR'S FULL NAME AND OCCUPATION<br>FULL MAILING ADDRESS<br><i>(street, number, city, state, ZIP code)</i>            | TYPE OF CONTRIBUTION<br>OR OTHER RECEIPT  | COLUMN A<br>AMOUNT THIS<br>PERIOD | COLUMN B<br>CUMULATIVE<br>YEAR-TO-DATE | DATE RECEIVED<br><i>(mm/dd/yy)</i><br>RECEIVED BY |
|---|---|-----------------------------------|--|---|
| 1. JEFFREY L. BRILL<br>1375 E. 600 S.<br>WOLCOTTVILLE, IN. 46795<br><br>Contributor's Occupation <i>(if required)</i> _____ | Contributions:<br><input checked="" type="checkbox"/> Direct<br><input type="checkbox"/> In-Kind <i>(describe)</i> _____<br><br>Other Receipts:<br><input type="checkbox"/> Interest <input type="checkbox"/> Loan<br><input type="checkbox"/> Miscellaneous <i>(specify)</i> _____ | 500.00                            | 500.00                                 | 3/19/25 /<br>Darrel                               |
| 2. GRANT R. PORTER<br>1501 HIGH ST.<br>DECATUR, IN 46733<br><br>Contributor's Occupation <i>(if required)</i> _____         | Contributions:<br><input checked="" type="checkbox"/> Direct<br><input type="checkbox"/> In-Kind <i>(describe)</i> _____<br><br>Other Receipts:<br><input type="checkbox"/> Interest <input type="checkbox"/> Loan<br><input type="checkbox"/> Miscellaneous <i>(specify)</i> _____ | 500.00                            | 500.00                                 | 3/17/25 /<br>Darrel                               |
| 3. CHARLES M. TOOLEY<br>2201 E. 700 S.<br>BERNE, IN. 46711<br><br>Contributor's Occupation <i>(if required)</i> _____       | Contributions:<br><input checked="" type="checkbox"/> Direct<br><input type="checkbox"/> In-Kind <i>(describe)</i> _____<br><br>Other Receipts:<br><input type="checkbox"/> Interest <input type="checkbox"/> Loan<br><input type="checkbox"/> Miscellaneous <i>(specify)</i> _____ | 250.00                            | 250.00                                 | 3/17/25 /<br>Darrel                               |
| 4. GREGG A. SPRUNGER<br>1218 CLARK ST.<br>BERNE, IN. 46711<br><br>Contributor's Occupation <i>(if required)</i> _____       | Contributions:<br><input checked="" type="checkbox"/> Direct<br><input type="checkbox"/> In-Kind <i>(describe)</i> _____<br><br>Other Receipts:<br><input type="checkbox"/> Interest <input type="checkbox"/> Loan<br><input type="checkbox"/> Miscellaneous <i>(specify)</i> _____ | 200.00                            | 200.00                                 | 3/17/25 /<br>Darrel                               |
| 5. SUSAN A. MILLER<br>4480 N. 200 E.<br>DECATUR, IN 46733<br><br>Contributor's Occupation <i>(if required)</i> _____        | Contributions:<br><input checked="" type="checkbox"/> Direct<br><input type="checkbox"/> In-Kind <i>(describe)</i> _____<br><br>Other Receipts:<br><input type="checkbox"/> Interest <input type="checkbox"/> Loan<br><input type="checkbox"/> Miscellaneous <i>(specify)</i> _____ | 200.00                            | 200.00                                 | 3/17/25 /<br>Darrel                               |
| <b>SUBTOTAL THIS PAGE OF SCHEDULE A</b>   |   | \$ 1650.00                        |  |   |
| <b>TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY</b><br><i>(Enter total on ITEM 15a of the Summary Sheet.)</i>     |   | \$                                |  |   |



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

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

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

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

|                           |
|---------------------------|
| FILE NUMBER               |
|                           |
| Page <u>2</u> of <u>5</u> |

| CONTRIBUTOR'S FULL NAME AND OCCUPATION<br>FULL MAILING ADDRESS<br><i>(street, number, city, state, ZIP code)</i>        | TYPE OF CONTRIBUTION<br>OR OTHER RECEIPT  | COLUMN A<br>AMOUNT THIS<br>PERIOD | COLUMN B<br>CUMULATIVE<br>YEAR-TO-DATE | DATE RECEIVED<br><i>(mm/dd/yy)</i> |
|---|---|-----------------------------------|--|------------------------------------|
|   |   |                                   |  | RECEIVED BY                        |
| 1. STAN A. STOPPENHAGEN<br>9060 NW WINCHESTER RD<br>DECATUR, IN. 46733  | Contributions:<br><input checked="" type="checkbox"/> Direct<br><input type="checkbox"/> In-Kind <i>(describe)</i><br><br>Other Receipts:<br><input type="checkbox"/> Interest <input type="checkbox"/> Loan<br><input type="checkbox"/> Miscellaneous <i>(specify)</i> | 300. <sup>00</sup>                | 300. <sup>00</sup>                     | 3/25/25<br>Daniel                  |
| Contributor's Occupation <i>(if required)</i>   |   |                                   |  |                                    |
| 2. Judi MERKEL<br>3893 E. 1100 <sup>th</sup> .<br>GENEVA, IN. 46740   | Contributions:<br><input checked="" type="checkbox"/> Direct<br><input type="checkbox"/> In-Kind <i>(describe)</i><br><br>Other Receipts:<br><input type="checkbox"/> Interest <input type="checkbox"/> Loan<br><input type="checkbox"/> Miscellaneous <i>(specify)</i> | 400. <sup>00</sup>                | 400. <sup>00</sup>                     | 3/25/25<br>Daniel                  |
| Contributor's Occupation <i>(if required)</i>   |   |                                   |  |                                    |
| 3. ROBERT E. RHOADES<br>310 E. SHORE DR<br>GENEVA, IN 46740   | Contributions:<br><input checked="" type="checkbox"/> Direct<br><input type="checkbox"/> In-Kind <i>(describe)</i><br><br>Other Receipts:<br><input type="checkbox"/> Interest <input type="checkbox"/> Loan<br><input type="checkbox"/> Miscellaneous <i>(specify)</i> | 300. <sup>00</sup>                | 300. <sup>00</sup>                     | 3/25/25<br>Daniel                  |
| Contributor's Occupation <i>(if required)</i>   |   |                                   |  |                                    |
| 4. CHAD E. KUKELHAN<br>904 WOODLAND CT<br>DECATUR, IN 46733   | Contributions:<br><input checked="" type="checkbox"/> Direct<br><input type="checkbox"/> In-Kind <i>(describe)</i><br><br>Other Receipts:<br><input type="checkbox"/> Interest <input type="checkbox"/> Loan<br><input type="checkbox"/> Miscellaneous <i>(specify)</i> | 100. <sup>00</sup>                | 100. <sup>00</sup>                     | 3/25/25<br>Daniel                  |
| Contributor's Occupation <i>(if required)</i>   |   |                                   |  |                                    |
| 5. RUSSELL W. FLUECKIGER<br>305 OLD HICKORY LANE<br>GENEVA, IN 46740  | Contributions:<br><input checked="" type="checkbox"/> Direct<br><input type="checkbox"/> In-Kind <i>(describe)</i><br><br>Other Receipts:<br><input type="checkbox"/> Interest <input type="checkbox"/> Loan<br><input type="checkbox"/> Miscellaneous <i>(specify)</i> | 100. <sup>00</sup>                | 100. <sup>00</sup>                     | 3/25/25<br>Daniel                  |
| Contributor's Occupation <i>(if required)</i>   |   |                                   |  |                                    |
| <b>SUBTOTAL THIS PAGE OF SCHEDULE A</b>   |   | \$ 1200. <sup>00</sup>            |  |                                    |
| <b>TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY</b><br><i>(Enter total on ITEM 15a of the Summary Sheet.)</i> |   | \$                                |  |                                    |



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

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

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

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

FILE NUMBER

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Page 3 of 5

| CONTRIBUTOR'S FULL NAME AND OCCUPATION<br>FULL MAILING ADDRESS<br><i>(street, number, city, state, ZIP code)</i>                       | TYPE OF CONTRIBUTION<br>OR OTHER RECEIPT  | COLUMN A<br>AMOUNT THIS<br>PERIOD | COLUMN B<br>CUMULATIVE<br>YEAR-TO-DATE | DATE RECEIVED<br><i>(mm/dd/yy)</i><br>RECEIVED BY |
|--|---|-----------------------------------|--|---|
| 1. <b>ROGER MUSELMAN</b><br><b>1575 LAKEVIEW TRAIL</b><br><b>BERNE, IN 46711</b><br><br>Contributor's Occupation <i>(if required)</i>  | Contributions:<br><input checked="" type="checkbox"/> Direct<br><input type="checkbox"/> In-Kind <i>(describe)</i><br><br>Other Receipts:<br><input type="checkbox"/> Interest <input type="checkbox"/> Loan<br><input type="checkbox"/> Miscellaneous <i>(specify)</i> | 1,000. <sup>00</sup>              | 1,000. <sup>00</sup>                   | 4/8/25 ✓<br><br>Daniel                            |
| 2. <b>SCOTT PORTER</b><br><b>203 STRATTON WAY</b><br><b>DECATUR, IN 46733</b><br><br>Contributor's Occupation <i>(if required)</i>     | Contributions:<br><input checked="" type="checkbox"/> Direct<br><input type="checkbox"/> In-Kind <i>(describe)</i><br><br>Other Receipts:<br><input type="checkbox"/> Interest <input type="checkbox"/> Loan<br><input type="checkbox"/> Miscellaneous <i>(specify)</i> | 500. <sup>00</sup>                | 500. <sup>00</sup>                     | 4/8/25 ✓<br><br>Daniel                            |
| 3. <b>LYNN BERRY</b><br><b>420 WASHINGTON ST.</b><br><b>GENEVA, IN 46740</b><br><br>Contributor's Occupation <i>(if required)</i>      | Contributions:<br><input checked="" type="checkbox"/> Direct<br><input type="checkbox"/> In-Kind <i>(describe)</i><br><br>Other Receipts:<br><input type="checkbox"/> Interest <input type="checkbox"/> Loan<br><input type="checkbox"/> Miscellaneous <i>(specify)</i> | 400. <sup>00</sup>                | 400. <sup>00</sup>                     | 4/8/25 ✓<br><br>Daniel                            |
| 4. <b>ELISE NIESHALLA</b><br><b>3125 S. 875 E.</b><br><b>ZIONSVILLE, IN 46077</b><br><br>Contributor's Occupation <i>(if required)</i> | Contributions:<br><input checked="" type="checkbox"/> Direct<br><input type="checkbox"/> In-Kind <i>(describe)</i><br><br>Other Receipts:<br><input type="checkbox"/> Interest <input type="checkbox"/> Loan<br><input type="checkbox"/> Miscellaneous <i>(specify)</i> | 200. <sup>00</sup>                | 200. <sup>00</sup>                     | 4/8/25 ✓<br><br>Daniel                            |
| 5. <b>SAM CONRAD</b><br><b>221 S. 3RD ST.</b><br><b>DECATUR, IN 46733</b><br><br>Contributor's Occupation <i>(if required)</i>         | Contributions:<br><input checked="" type="checkbox"/> Direct<br><input type="checkbox"/> In-Kind <i>(describe)</i><br><br>Other Receipts:<br><input type="checkbox"/> Interest <input type="checkbox"/> Loan<br><input type="checkbox"/> Miscellaneous <i>(specify)</i> | 200. <sup>00</sup>                | 200. <sup>00</sup>                     | 4/8/25 ✓<br><br>Daniel                            |
| <b>SUBTOTAL THIS PAGE OF SCHEDULE A</b>  |   | \$ 2300.-                         |  |   |
| <b>TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY</b><br><i>(Enter total on ITEM 15a of the Summary Sheet.)</i>                |   | \$                                |  |   |



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

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

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

FILE NUMBER \_\_\_\_\_

Page 4 of 8

| CONTRIBUTOR'S FULL NAME AND OCCUPATION<br>FULL MAILING ADDRESS<br><i>(street, number, city, state, ZIP code)</i>                                  | TYPE OF CONTRIBUTION<br>OR OTHER RECEIPT  | COLUMN A<br>AMOUNT THIS<br>PERIOD | COLUMN B<br>CUMULATIVE<br>YEAR-TO-DATE | DATE RECEIVED<br><i>(mm/dd/yy)</i><br>RECEIVED BY |
|---|---|-----------------------------------|--|---|
| 1. <u>STEVEN R. BAILEY</u><br><u>217 W. JACKSON ST.</u><br><u>MONROE, IN 46772</u><br><br>Contributor's Occupation <i>(if required)</i> _____     | Contributions:<br><input checked="" type="checkbox"/> Direct<br><input type="checkbox"/> In-Kind <i>(describe)</i><br><br>Other Receipts:<br><input type="checkbox"/> Interest <input type="checkbox"/> Loan<br><input type="checkbox"/> Miscellaneous <i>(specify)</i> | 300.-                             | 300.-                                  | 4/14/25<br>Danel                                  |
| 2. <u>GREGG A. SPRUNGER</u><br><u>1218 CLARK ST.</u><br><u>BERNE, IN. 46711</u><br><br>Contributor's Occupation <i>(if required)</i> _____        | Contributions:<br><input checked="" type="checkbox"/> Direct<br><input type="checkbox"/> In-Kind <i>(describe)</i><br><br>Other Receipts:<br><input type="checkbox"/> Interest <input type="checkbox"/> Loan<br><input type="checkbox"/> Miscellaneous <i>(specify)</i> | 200.00                            | 200.00                                 | 11/4/25<br>Danel                                  |
| 3. <u>LYNN BURRY</u><br><u>420 WASHINGTON ST.</u><br><u>GENEVA, IN 46740</u><br><br>Contributor's Occupation <i>(if required)</i> _____           | Contributions:<br><input checked="" type="checkbox"/> Direct<br><input type="checkbox"/> In-Kind <i>(describe)</i><br><br>Other Receipts:<br><input type="checkbox"/> Interest <input type="checkbox"/> Loan<br><input type="checkbox"/> Miscellaneous <i>(specify)</i> | 100.00                            | 100.00                                 | 11/4/25<br>Danel                                  |
| 4. <u>DOUGLAS PETERSON</u><br><u>425 MERIDIAN AVE</u><br><u>MONROE, IN 46772</u><br><br>Contributor's Occupation <i>(if required)</i> _____       | Contributions:<br><input checked="" type="checkbox"/> Direct<br><input type="checkbox"/> In-Kind <i>(describe)</i><br><br>Other Receipts:<br><input type="checkbox"/> Interest <input type="checkbox"/> Loan<br><input type="checkbox"/> Miscellaneous <i>(specify)</i> | 100.00                            | 100.00                                 | 11/4/25<br>Danel                                  |
| 5. <u>CONSTANCE J. MOSER</u><br><u>1325 EAGLE GLEN CT.</u><br><u>DECATUR, IN 46733</u><br><br>Contributor's Occupation <i>(if required)</i> _____ | Contributions:<br><input checked="" type="checkbox"/> Direct<br><input type="checkbox"/> In-Kind <i>(describe)</i><br><br>Other Receipts:<br><input type="checkbox"/> Interest <input type="checkbox"/> Loan<br><input type="checkbox"/> Miscellaneous <i>(specify)</i> | 100.00                            | 100.00                                 | 11/4/25<br>Danel                                  |
| <b>SUBTOTAL THIS PAGE OF SCHEDULE A</b>   |   | \$ 800.00                         |  |   |
| <b>TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY</b><br><i>(Enter total on ITEM 15a of the Summary Sheet.)</i>                           |   | \$                                |  |   |



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

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

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

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

| FILE NUMBER |        |
|-------------|--------|
|             |        |
| Page        | 5 of 5 |

| CONTRIBUTOR'S FULL NAME AND OCCUPATION<br>FULL MAILING ADDRESS<br><i>(street, number, city, state, ZIP code)</i>          | TYPE OF CONTRIBUTION<br>OR OTHER RECEIPT  | COLUMN A<br>AMOUNT THIS<br>PERIOD | COLUMN B<br>CUMULATIVE<br>YEAR-TO-DATE | DATE RECEIVED<br><i>(mm/dd/yy)</i> |
|---|---|-----------------------------------|--|------------------------------------|
|   |   |                                   |  | RECEIVED BY                        |
| 1. STEVEN R. BAILEY<br>217 W. JACKSON ST.<br>MONROE, IN. 46772<br><br>Contributor's Occupation <i>(if required)</i> _____ | Contributions:<br><input checked="" type="checkbox"/> Direct<br><input type="checkbox"/> In-Kind <i>(describe)</i> _____<br><br>Other Receipts:<br><input type="checkbox"/> Interest <input type="checkbox"/> Loan<br><input type="checkbox"/> Miscellaneous <i>(specify)</i> _____ | 100.-                             | 100.-                                  | 12/23/25<br><br>Daniel             |
| 2.<br><br>Contributor's Occupation <i>(if required)</i> _____   | Contributions:<br><input type="checkbox"/> Direct<br><input type="checkbox"/> In-Kind <i>(describe)</i> _____<br><br>Other Receipts:<br><input type="checkbox"/> Interest <input type="checkbox"/> Loan<br><input type="checkbox"/> Miscellaneous <i>(specify)</i> _____            |                                   |  |                                    |
| 3.<br><br>Contributor's Occupation <i>(if required)</i> _____   | Contributions:<br><input type="checkbox"/> Direct<br><input type="checkbox"/> In-Kind <i>(describe)</i> _____<br><br>Other Receipts:<br><input type="checkbox"/> Interest <input type="checkbox"/> Loan<br><input type="checkbox"/> Miscellaneous <i>(specify)</i> _____            |                                   |  |                                    |
| 4.<br><br>Contributor's Occupation <i>(if required)</i> _____   | Contributions:<br><input type="checkbox"/> Direct<br><input type="checkbox"/> In-Kind <i>(describe)</i> _____<br><br>Other Receipts:<br><input type="checkbox"/> Interest <input type="checkbox"/> Loan<br><input type="checkbox"/> Miscellaneous <i>(specify)</i> _____            |                                   |  |                                    |
| 5.<br><br>Contributor's Occupation <i>(if required)</i> _____   | Contributions:<br><input type="checkbox"/> Direct<br><input type="checkbox"/> In-Kind <i>(describe)</i> _____<br><br>Other Receipts:<br><input type="checkbox"/> Interest <input type="checkbox"/> Loan<br><input type="checkbox"/> Miscellaneous <i>(specify)</i> _____            |                                   |  |                                    |
| <b>SUBTOTAL THIS PAGE OF SCHEDULE A</b>   |   | \$ 100.-                          |  |                                    |
| <b>TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY</b><br><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-4)  
CONTRIBUTIONS BY  
POLITICAL ACTION COMMITTEES  
Itemized Contributions and Other Receipts**

**INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY POLITICAL ACTION COMMITTEES 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 political action committees **OVER \$100** per contributor, within a calendar year **MUST** be itemized on this schedule (over \$200, if regular party committee). All transfers-in and in-kind contributions **regardless of amount** from political action committees **MUST** be itemized on this schedule. All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) **OVER \$100** per contributor, within a calendar year, **MUST** be itemized on this schedule (over \$200 if regular party committee).

| FILE NUMBER   |             |
|---------------|-------------|
|               |             |
| Page <u>1</u> | of <u>2</u> |

| CONTRIBUTOR'S FULL NAME AND FULL MAILING ADDRESS<br><i>(street, number, city, state, ZIP code)</i>                      | TYPE OF CONTRIBUTION OR OTHER RECEIPT   | COLUMN A<br>AMOUNT THIS PERIOD | COLUMN B<br>CUMULATIVE YEAR-TO-DATE | DATE RECEIVED<br><i>(mm/dd/yy)</i> |
|---|---|--------------------------------|-------------------------------------|------------------------------------|
|   |   |                                |                                     | RECEIVED BY                        |
| 1. Todd Rokita ELECTION COMMITTEE<br>INDIANAPOLIS, IN 46220   | Contributions:<br><input checked="" type="checkbox"/> Direct<br><input type="checkbox"/> In-Kind (describe)<br><br>Other Receipts:<br><input type="checkbox"/> Interest <input type="checkbox"/> Loan<br><input type="checkbox"/> Miscellaneous (specify) | 500.00                         | 500.00                              | 2/14/25 ✓                          |
| 2. MATTHEW S LEHMAN FOR STATE REPRESENTATIVE<br>BERNE, IN. 46711  | Contributions:<br><input checked="" type="checkbox"/> Direct<br><input type="checkbox"/> In-Kind (describe)<br><br>Other Receipts:<br><input type="checkbox"/> Interest <input type="checkbox"/> Loan<br><input type="checkbox"/> Miscellaneous (specify) | 500.00                         | 500.00                              | 3/17/25 ✓<br>Daniel                |
| 3. HOOSIERS FOR HOLDMAN<br>2467 W. 1000 N-90<br>MARKLE, IN 46770  | Contributions:<br><input checked="" type="checkbox"/> Direct<br><input type="checkbox"/> In-Kind (describe)<br><br>Other Receipts:<br><input type="checkbox"/> Interest <input type="checkbox"/> Loan<br><input type="checkbox"/> Miscellaneous (specify) | 1,000.00                       | 1,000.00                            | 4/01/25 ✓<br>Daniel                |
| 4. FRIENDS of Todd YOUNG<br>PO. Box 3743<br>CARMEL, IN. 46082   | Contributions:<br><input checked="" type="checkbox"/> Direct<br><input type="checkbox"/> In-Kind (describe)<br><br>Other Receipts:<br><input type="checkbox"/> Interest <input type="checkbox"/> Loan<br><input type="checkbox"/> Miscellaneous (specify) | 400.00                         | 400.00                              | 4/8/25 ✓<br>Daniel                 |
| 5. STUTZMAN FOR CONGRESS<br>PO. Box 339<br>HOWE, IN. 46746  | Contributions:<br><input checked="" type="checkbox"/> Direct<br><input type="checkbox"/> In-Kind (describe)<br><br>Other Receipts:<br><input type="checkbox"/> Interest <input type="checkbox"/> Loan<br><input type="checkbox"/> Miscellaneous (specify) | 500.00                         | 500.00                              | 5/19/25 ✓<br>Daniel                |
| <b>SUBTOTAL THIS PAGE OF SCHEDULE A</b>   |   | \$ 7900                        |                                     |                                    |
| <b>TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY</b><br><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-4)  
CONTRIBUTIONS BY  
POLITICAL ACTION COMMITTEES**  
Itemized Contributions and Other Receipts

**INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY POLITICAL ACTION COMMITTEES 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 political action committees **OVER \$100** per contributor, within a calendar year **MUST** be itemized on this schedule (over \$200, if regular party committee). All transfers-in and in-kind contributions regardless of amount from political action committees **MUST** be itemized on this schedule. All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) **OVER \$100** per contributor, within a calendar year, **MUST** be itemized on this schedule (over \$200 if regular party committee).

FILE NUMBER

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Page 2 of 2

| CONTRIBUTOR'S FULL NAME AND FULL MAILING ADDRESS<br><i>(street, number, city, state, ZIP code)</i>                      | TYPE OF CONTRIBUTION OR OTHER RECEIPT   | COLUMN A<br>AMOUNT THIS PERIOD | COLUMN B<br>CUMULATIVE YEAR-TO-DATE | DATE RECEIVED<br><i>(mm/dd/yy)</i> |
|---|---|--------------------------------|-------------------------------------|------------------------------------|
|   |   |                                |                                     | RECEIVED BY                        |
| 1. HOOSIERS FOR HOLDMAN<br>2467 W. 1000 N-90<br>MARKLE, IN 46770  | Contributions:<br><input checked="" type="checkbox"/> Direct<br><input type="checkbox"/> In-Kind (describe)<br><br>Other Receipts:<br><input type="checkbox"/> Interest <input type="checkbox"/> Loan<br><input type="checkbox"/> Miscellaneous (specify) | 500. <sup>00</sup>             | 500. <sup>00</sup>                  | 11/4/25<br><br>Paul                |
| 2. MATTHEW S. LEHMAN<br>FOR STATE REPRESENTATIVE<br>BERNE, IN. 46711  | Contributions:<br><input checked="" type="checkbox"/> Direct<br><input type="checkbox"/> In-Kind (describe)<br><br>Other Receipts:<br><input type="checkbox"/> Interest <input type="checkbox"/> Loan<br><input type="checkbox"/> Miscellaneous (specify) | 500. <sup>00</sup>             | 500. <sup>00</sup>                  | 11/4/25<br><br>Paul                |
| 3.  | Contributions:<br><input type="checkbox"/> Direct<br><input type="checkbox"/> In-Kind (describe)<br><br>Other Receipts:<br><input type="checkbox"/> Interest <input type="checkbox"/> Loan<br><input type="checkbox"/> Miscellaneous (specify)            | 20. <sup>00</sup>              | 40. <sup>00</sup>                   |                                    |
| 4.  | Contributions:<br><input type="checkbox"/> Direct<br><input type="checkbox"/> In-Kind (describe)<br><br>Other Receipts:<br><input type="checkbox"/> Interest <input type="checkbox"/> Loan<br><input type="checkbox"/> Miscellaneous (specify)            |                                |                                     |                                    |
| 5.  | Contributions:<br><input type="checkbox"/> Direct<br><input type="checkbox"/> In-Kind (describe)<br><br>Other Receipts:<br><input type="checkbox"/> Interest <input type="checkbox"/> Loan<br><input type="checkbox"/> Miscellaneous (specify)            |                                |                                     |                                    |
| <b>SUBTOTAL THIS PAGE OF SCHEDULE A</b>   |   | \$ /000 —                      |                                     |                                    |
| <b>TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY</b><br><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**

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Page 1 of 1

| CONTRIBUTOR'S FULL NAME AND FULL MAILING ADDRESS<br><i>(street, number, city, state, ZIP code)</i>                      | TYPE OF CONTRIBUTION OR OTHER RECEIPT   | COLUMN A<br>AMOUNT THIS PERIOD | COLUMN B<br>CUMULATIVE YEAR-TO-DATE | DATE RECEIVED<br><i>(mm/dd/yy)</i> |
|---|---|--------------------------------|-------------------------------------|------------------------------------|
|   |   |                                |                                     | RECEIVED BY                        |
| 1. AMSTUTZ CONSTRUCTION & SUPPLIES, INC.<br>518 E. MAIN ST.<br>BERNE, IN. 46711   | Contributions:<br><input checked="" type="checkbox"/> Direct<br><input type="checkbox"/> In-Kind <i>(describe)</i><br><br>Other Receipts:<br><input type="checkbox"/> Interest <input type="checkbox"/> Loan<br><input type="checkbox"/> Miscellaneous <i>(specify)</i> | 500.00                         | 500.00                              | 3/25/25<br>Daniel                  |
| 2. SPRUNGER & SPRUNGER<br>265 WEST WATER STREET<br>BERNE, IN. 46711   | Contributions:<br><input checked="" type="checkbox"/> Direct<br><input type="checkbox"/> In-Kind <i>(describe)</i><br><br>Other Receipts:<br><input type="checkbox"/> Interest <input type="checkbox"/> Loan<br><input type="checkbox"/> Miscellaneous <i>(specify)</i> | 500.00                         | 500.00                              | 3/25/25<br>Daniel                  |
| 3. COLLIER INS. AGENCY<br>PO. BOX 417<br>DECATUR, IN 46733  | Contributions:<br><input checked="" type="checkbox"/> Direct<br><input type="checkbox"/> In-Kind <i>(describe)</i><br><br>Other Receipts:<br><input type="checkbox"/> Interest <input type="checkbox"/> Loan<br><input type="checkbox"/> Miscellaneous <i>(specify)</i> | 400.00                         | 400.00                              | 3/25/25<br>Daniel                  |
| 4. INDIANA REALTORS<br>143 W. MARKET ST., STE 100<br>INDIANAPOLIS, IN 46204   | Contributions:<br><input checked="" type="checkbox"/> Direct<br><input type="checkbox"/> In-Kind <i>(describe)</i><br><br>Other Receipts:<br><input type="checkbox"/> Interest <input type="checkbox"/> Loan<br><input type="checkbox"/> Miscellaneous <i>(specify)</i> | 1,000.00                       | 1,000.00                            | 6/6/25<br>Daniel                   |
| 5.  | Contributions:<br><input type="checkbox"/> Direct<br><input type="checkbox"/> In-Kind <i>(describe)</i><br><br>Other Receipts:<br><input type="checkbox"/> Interest <input type="checkbox"/> Loan<br><input type="checkbox"/> Miscellaneous <i>(specify)</i>            |                                |                                     |                                    |
| <b>SUBTOTAL THIS PAGE OF SCHEDULE A</b>   |   | \$ 2400.00                     |                                     |                                    |
| <b>TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY</b><br><i>(Enter total on ITEM 15a of the Summary Sheet.)</i> |   | \$ 12,350.00                   |                                     |                                    |

12350



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

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

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

FILE NUMBER

Page 1 of 4

| RECIPIENT'S NAME AND MAILING ADDRESS<br><i>(street, number, city, state, ZIP code)</i>                                  | RECIPIENT'S OCCUPATION               | TYPE OF EXPENDITURE<br>and<br>PURPOSE <i>(be specific)</i>  | COLUMN A<br>AMOUNT THIS<br>PERIOD | COLUMN B<br>CUMULATIVE<br>YEAR-TO-DATE | DATE OF<br>EXPENDITURE<br><i>(mm/dd/yy)</i> |
|---|--------------------------------------|---|-----------------------------------|--|---|
|   | OFFICE SOUGHT <i>(if applicable)</i> |   |                                   |  |   |
| Code _____<br>Chamber<br>Decatur of Commerce<br>125 E. Monroe St.<br>Decatur, IN. 46733                                 | MEMBERSHIP/<br>SPONSORS              | <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind<br><input type="checkbox"/> Payment of Debt<br><input type="checkbox"/> Returned Contribution<br><input type="checkbox"/> Other _____<br>Purpose: | 460.00                            | 460.00                                 | 1/6 -<br>10/20/25                           |
| Code _____<br>USPS<br>Decatur, IN 46733   | POSTAGE/<br>MAILING                  | <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind<br><input type="checkbox"/> Payment of Debt<br><input type="checkbox"/> Returned Contribution<br><input type="checkbox"/> Other _____<br>Purpose: | 1,277.25                          | 1,277.25                               | 1/6 -<br>12/05/25                           |
| Code _____<br>Berne Dining<br>418 Parkway St.<br>Berne, IN. 46711   | Meetings                             | <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind<br><input type="checkbox"/> Payment of Debt<br><input type="checkbox"/> Returned Contribution<br><input type="checkbox"/> Other _____<br>Purpose: | 77.27                             | 77.27                                  | 1/17 -<br>3/14/25                           |
| Code _____<br>Amazon Mrkpl.<br>(online)   | supplies                             | <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind<br><input type="checkbox"/> Payment of Debt<br><input type="checkbox"/> Returned Contribution<br><input type="checkbox"/> Other _____<br>Purpose: | 377.97                            | 377.97                                 | 1/23 -<br>7/30/25                           |
| Code _____<br>APL<br>128 S. 3rd. St.<br>Decatur, Ind. 46733   | copies                               | <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind<br><input type="checkbox"/> Payment of Debt<br><input type="checkbox"/> Returned Contribution<br><input type="checkbox"/> Other _____<br>Purpose: | 60.50                             | 60.50                                  | 1/23 -<br>7/21/25                           |
| Code _____<br>Richards Restaurant<br>1045 S. 13th. St.<br>Decatur, IN. 46733  | Meetings                             | <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind<br><input type="checkbox"/> Payment of Debt<br><input type="checkbox"/> Returned Contribution<br><input type="checkbox"/> Other _____<br>Purpose: | 1,043.18                          | 1,043.18                               | 1/24 -<br>10/03/25                          |
| Code _____<br>Berne Chamber of Commerce<br>205 E. Main St.<br>Berne, IN. 46711  | Membership<br>Sponsor                | <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind<br><input type="checkbox"/> Payment of Debt<br><input type="checkbox"/> Returned Contribution<br><input type="checkbox"/> Other _____<br>Purpose: | 210.30                            | 210.30                                 | 1/28 -<br>2/28/25                           |
| <b>SUBTOTAL THIS PAGE OF SCHEDULE B</b>   |                                      |   | \$ 3506.47                        |  |   |
| <b>TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY</b><br><i>(Enter total on ITEM 17a of the Summary Sheet.)</i> |                                      |   | \$                                |  |   |



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

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

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

FILE NUMBER

Page 2 of 4

| RECIPIENT'S NAME AND MAILING ADDRESS<br><i>(street, number, city, state, ZIP code)</i>                                  | RECIPIENT'S OCCUPATION               | TYPE OF EXPENDITURE<br>and<br>PURPOSE <i>(be specific)</i>  | COLUMN A<br>AMOUNT THIS<br>PERIOD | COLUMN B<br>CUMULATIVE<br>YEAR-TO-DATE | DATE OF<br>EXPENDITURE<br><i>(mm/dd/yy)</i> |
|---|--------------------------------------|---|-----------------------------------|--|---|
|   | OFFICE SOUGHT <i>(if applicable)</i> |   |                                   |  |   |
| Code _____<br>Walmart<br>1700 S. 13th St.<br>Decatur, IN. 46733   | Supplies                             | <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind<br><input type="checkbox"/> Payment of Debt<br><input type="checkbox"/> Returned Contribution<br><input type="checkbox"/> Other _____<br>Purpose: | 1,102. <sup>32</sup>              | 1,102. <sup>32</sup>                   | 1/30 -<br>12/01/25                          |
| Code _____<br>Geneva Chamber<br>411 E. Line St.<br>Geneva, IN. 46740  | MEMBER                               | <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind<br><input type="checkbox"/> Payment of Debt<br><input type="checkbox"/> Returned Contribution<br><input type="checkbox"/> Other _____<br>Purpose: | 100. <sup>00</sup>                | 100. <sup>00</sup>                     | 2/12/25                                     |
| Code _____<br>Vista Print<br>Fort Wayne, IN   | signs                                | <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind<br><input type="checkbox"/> Payment of Debt<br><input type="checkbox"/> Returned Contribution<br><input type="checkbox"/> Other _____<br>Purpose: | 192. <sup>59</sup>                | 192. <sup>59</sup>                     | 2/12/25                                     |
| Code _____<br>Right to Life NE<br>3106 Lake Ave<br>Ft. Wayne, IN 46805  | MEMBER/<br>support                   | <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind<br><input type="checkbox"/> Payment of Debt<br><input type="checkbox"/> Returned Contribution<br><input type="checkbox"/> Other _____<br>Purpose: | 827. <sup>06</sup>                | 827. <sup>06</sup>                     | 2/17 -<br>7/28/25                           |
| Code _____<br>MONROE Trophy<br>230 E. Monroe St.<br>Decatur, IN 46733   | signs/<br>name tags                  | <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind<br><input type="checkbox"/> Payment of Debt<br><input type="checkbox"/> Returned Contribution<br><input type="checkbox"/> Other _____<br>Purpose: | 152. <sup>10</sup>                | 152. <sup>10</sup>                     | 2/19 -<br>10/20/25                          |
| Code _____<br>Mirage, LLC<br>1640 Winchester St.<br>Decatur, IN. 46733  | MAJOR EVENTS                         | <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind<br><input type="checkbox"/> Payment of Debt<br><input type="checkbox"/> Returned Contribution<br><input type="checkbox"/> Other _____<br>Purpose: | 6,679. <sup>00</sup>              | 6,679. <sup>00</sup>                   | 3/20 -<br>4/07/25                           |
| Code _____<br>JAVA BEAN Cafe<br>151 N. 2nd St.<br>Decatur, IN. 46733  | MEETING                              | <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind<br><input type="checkbox"/> Payment of Debt<br><input type="checkbox"/> Returned Contribution<br><input type="checkbox"/> Other _____<br>Purpose: | 522. <sup>67</sup>                | 522. <sup>67</sup>                     | 2/19 -<br>12/05/25                          |
| <b>SUBTOTAL THIS PAGE OF SCHEDULE B</b>   |                                      |   | \$ 9,575. <sup>74</sup>           |  |   |
| <b>TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY</b><br><i>(Enter total on ITEM 17a of the Summary Sheet.)</i> |                                      |   | \$                                |  |   |



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

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

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

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

FILE NUMBER

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| RECIPIENT'S NAME AND MAILING ADDRESS<br><i>(street, number, city, state, ZIP code)</i>                                  | RECIPIENT'S OCCUPATION               | TYPE OF EXPENDITURE<br>and<br>PURPOSE <i>(be specific)</i>  | COLUMN A<br>AMOUNT THIS<br>PERIOD | COLUMN B<br>CUMULATIVE<br>YEAR-TO-DATE | DATE OF<br>EXPENDITURE<br><i>(mm/dd/yy)</i> |
|---|--------------------------------------|---|-----------------------------------|--|---|
|   | OFFICE SOUGHT <i>(if applicable)</i> |   |                                   |  |   |
| Code _____<br>Office Depo<br>10027 Lima Rd<br>Ft. Wayne, IN 46818   | supplies/copies                      | <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind<br><input type="checkbox"/> Payment of Debt<br><input type="checkbox"/> Returned Contribution<br><input type="checkbox"/> Other _____<br>Purpose: | 542.43                            | 542.43                                 | 3/10-<br>10/31/25                           |
| Code _____<br>Fast Signs<br>3014 N. Clinton St.<br>Ft. Wayne, IN 46805  | Signs                                | <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind<br><input type="checkbox"/> Payment of Debt<br><input type="checkbox"/> Returned Contribution<br><input type="checkbox"/> Other _____<br>Purpose:            | 248.59                            | 248.59                                 | 3/02-<br>10/31/25                           |
| Code _____<br>All Am. Classics Auction<br>265 Cedar Mountain Cir.<br>Hot Springs Village, AR.<br>71910                  | Fund Raiser<br>Auction Items         | <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind<br><input type="checkbox"/> Payment of Debt<br><input type="checkbox"/> Returned Contribution<br><input type="checkbox"/> Other _____<br>Purpose:            | 505.00                            | 505.00                                 | 4/12/25                                     |
| Code _____<br>Jay County GOP<br>Portland, IN.   | LDD Meeting                          | <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind<br><input type="checkbox"/> Payment of Debt<br><input type="checkbox"/> Returned Contribution<br><input type="checkbox"/> Other _____<br>Purpose:            | 200.00                            | 200.00                                 | 5/3/25                                      |
| Code _____<br>Adams County 4-H<br>Decatur, IN   | 4-H Youth<br>Support                 | <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind<br><input type="checkbox"/> Payment of Debt<br><input type="checkbox"/> Returned Contribution<br><input type="checkbox"/> Other _____<br>Purpose:            | 182.00                            | 182.00                                 | 5/13/25                                     |
| Code _____<br>WZBD-FM<br>BERNE, IN 46711  | Ads/<br>support                      | <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind<br><input type="checkbox"/> Payment of Debt<br><input type="checkbox"/> Returned Contribution<br><input type="checkbox"/> Other _____<br>Purpose: | 385.00                            | 385.00                                 | 7/01/25                                     |
| Code _____<br>Troyers Market<br>891 W. 300 S - 1<br>BERNE, IN. 46711  | supplies                             | <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind<br><input type="checkbox"/> Payment of Debt<br><input type="checkbox"/> Returned Contribution<br><input type="checkbox"/> Other _____<br>Purpose: | 623.79                            | 623.79                                 | 7/21 -<br>10/27/25                          |
| <b>SUBTOTAL THIS PAGE OF SCHEDULE B</b>   |                                      |   | \$2,686.81                        |  |   |
| <b>TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY</b><br><i>(Enter total on ITEM 17a of the Summary Sheet.)</i> |                                      |   | \$                                |  |   |



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

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

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

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

FILE NUMBER

Page 4 of 4

| RECIPIENT'S NAME AND MAILING ADDRESS<br><i>(street, number, city, state, ZIP code)</i>                                  | RECIPIENT'S OCCUPATION               | TYPE OF EXPENDITURE<br>and<br>PURPOSE <i>(be specific)</i>  | COLUMN A<br>AMOUNT THIS<br>PERIOD | COLUMN B<br>CUMULATIVE<br>YEAR-TO-DATE | DATE OF<br>EXPENDITURE<br><i>(mm dd yy)</i> |
|---|--------------------------------------|---|-----------------------------------|--|---|
|   | OFFICE SOUGHT <i>(if applicable)</i> |   |                                   |  |   |
| Code _____<br>Wells County GOP<br>125 E. Johnson St.<br>Bluffton, IN 46714  | REASON NEET                          | <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind<br><input type="checkbox"/> Payment of Debt<br><input type="checkbox"/> Returned Contribution<br><input type="checkbox"/> Other _____<br>Purpose: | 169. <sup>69</sup>                | 169. <sup>69</sup>                     | 8/06/25                                     |
| Code _____<br>Progressive Office<br>120 N. Meridian St.<br>Portland, IN. 47311  | copies/supplies                      | <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind<br><input type="checkbox"/> Payment of Debt<br><input type="checkbox"/> Returned Contribution<br><input type="checkbox"/> Other _____<br>Purpose: | 769. <sup>24</sup>                | 769. <sup>24</sup>                     | 4/2 -<br>10/10/25                           |
| Code _____<br>Hope Clinic<br>970 E. 11th St.<br>Decatur, IN. 46733  | Support                              | <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind<br><input type="checkbox"/> Payment of Debt<br><input type="checkbox"/> Returned Contribution<br><input type="checkbox"/> Other _____<br>Purpose: | 350. <sup>00</sup>                | 350. <sup>00</sup>                     | 5/1 -<br>8/22/25                            |
| Code _____  |                                      | <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind<br><input type="checkbox"/> Payment of Debt<br><input type="checkbox"/> Returned Contribution<br><input type="checkbox"/> Other _____<br>Purpose:            |                                   |  |   |
| Code _____  |                                      | <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind<br><input type="checkbox"/> Payment of Debt<br><input type="checkbox"/> Returned Contribution<br><input type="checkbox"/> Other _____<br>Purpose:            |                                   |  |   |
| Code _____  |                                      | <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind<br><input type="checkbox"/> Payment of Debt<br><input type="checkbox"/> Returned Contribution<br><input type="checkbox"/> Other _____<br>Purpose:            |                                   |  |   |
| Code _____  |                                      | <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind<br><input type="checkbox"/> Payment of Debt<br><input type="checkbox"/> Returned Contribution<br><input type="checkbox"/> Other _____<br>Purpose:            |                                   |  |   |
| <b>SUBTOTAL THIS PAGE OF SCHEDULE B</b>   |                                      |   | \$ 1,288. <sup>93</sup>           |  |   |
| <b>TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY</b><br><i>(Enter total on ITEM 17a of the Summary Sheet.)</i> |                                      |   | \$ 17,057. <sup>95</sup>          |  |   |