



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

TOTAL PAGES IN ENTIRE CFA-4 REPORT

1 OF 1

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) ☐ Check if this is a new name.

Committee to Elect Sherry for County Council

2. Acronym or Abbreviated Name (if any)

3. Committee Telephone Number

765-461-5110

4. Mailing Address (Address where all campaign finance correspondence is received.)

☐ Check if this is a new address.

5636 E 300 S

5. City, State, ZIP Code

Kokomo IN 46902

6. Party Affiliation (if applicable)

Democrat

CANDIDATE INFORMATION (For Candidate's Committees Only)

7. Full Name of Candidate (Include any nickname.)

Sherry Lynn Roe

8. Party Affiliation or If Independent Candidate

Democrat

9. Office Sought (Include district number, if any. Not required for exploratory committee.)

Howard County Council District One

10. County of Residence

Howard

TYPE OF REPORT

CONVENTION CANDIDATES ONLY

1. Check one:

☐ Pre-Primary ☒ Pre-Election ☐ Annual ☐ Nomination ☐ Other

☐ Final / Disbands Committee (Lines 18, 19, and 20 must be "0") ☐ Outgoing Treasurer (Within ten (10) days amend Statement of Organization.)

Check one:

☐ Pre-Convention

☐ Post-Convention

2. Reporting Period (mm/dd/yy):

From: April 11th 2026

Through: October 9th 2026

COLUMN A
This Period

COLUMN B
Year to Date

50.00

3. Cash on hand and investments at the beginning of this reporting period.

4. Cash on hand and investments January 1, current year.

CONTRIBUTIONS AND RECEIPTS

Note: these amounts include in-kind contributions and loans, as well as cash contributions.)

5a. Itemized (Use Schedule A.)

835.00

835.00

5b. Unitemized

0.00

0.00

5c. Add lines 15a and 15b in both columns.

SUBTOTAL

835.00

835.00

6. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B.

TOTAL

885.00

885.00

EXPENDITURES

Note: These amounts include in-kind expenditures and loan repayments.)

7a. Itemized (Use Schedule B.) (Public Question: use Schedule C.)

789.76

789.76

7b. Unitemized

0.00

0.00

7c. Add lines 17a and 17b in both columns.

SUBTOTAL

789.76

789.76

8. Cash on hand and investments at close of this reporting period (Subtract 17c from 16 in both columns.)

TOTAL

95.24

95.24

9. Debts OWED BY the committee (Use Schedule D.)

0.00

10. Debts OWED TO the committee (Use Schedule E.)

0.00

CERTIFICATION

CERTIFY THAT I HAVE EXAMINED THIS STATEMENT. TO THE BEST OF MY KNOWLEDGE AND BELIEF IT IS TRUE, CORRECT AND COMPLETE.

I, 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

Title

Date (mm/dd/yy)

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)

FOR OFFICE USE ONLY

FILED

OCT 16 2026

DEBBIE STEWART
Clerk Howard Cir. Cou



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

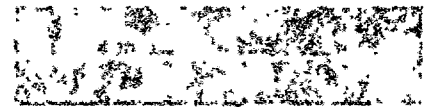
INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY INDIVIDUALS ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on 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

Page 2 of 11

CONTRIBUTOR'S FULL NAME AND OCCUPATION FULL MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED (mm/dd/yy) RECEIVED BY
1. Susan Bartrum 2926 Bridgestone Cir Kokomo, IN 46902 Contributor's Occupation (if required) _____	Contributions: ☒ Direct ☐ In-Kind (describe) _____ Other Receipts: ☐ Interest ☐ Loan ☐ Miscellaneous (specify) _____	100.00	100.00	06/22/26 Act Blue
2. Ed Faunce 1436 South Wabash Kokomo, IN 46902 Contributor's Occupation (if required) _____	Contributions: ☒ Direct ☐ In-Kind (describe) _____ Other Receipts: ☐ Interest ☐ Loan ☐ Miscellaneous (specify) _____	10.00		07/10/26 Act Blue
3. Aaron Pullen 6278-Lakewood Drive Greentown, IN 46936 Contributor's Occupation (if required) _____	Contributions: ☒ Direct ☐ In-Kind (describe) _____ Other Receipts: ☐ Interest ☐ Loan ☐ Miscellaneous (specify) _____	100.00	100.00	07/11/26 Act Blue
4. Mark Scott Box 805 Kokomo, IN 46903-0805 Contributor's Occupation (if required) _____	Contributions: ☒ Direct ☐ In-Kind (describe) _____ Other Receipts: ☐ Interest ☐ Loan ☐ Miscellaneous (specify) _____	250.00	250.00	07/11/26 Act Blue
5. Diana Bond 512 Somerset Drive Kokomo, IN 46902 Contributor's Occupation (if required) _____	Contributions: ☒ Direct ☐ In-Kind (describe) _____ Other Receipts: ☐ Interest ☐ Loan ☐ Miscellaneous (specify) _____	25.00	25.00	09/13/26 Act Blue
SUBTOTAL THIS PAGE OF SCHEDULE A		\$ 485.00		
TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY (Enter total on ITEM 15a of the Summary Sheet.)		\$		

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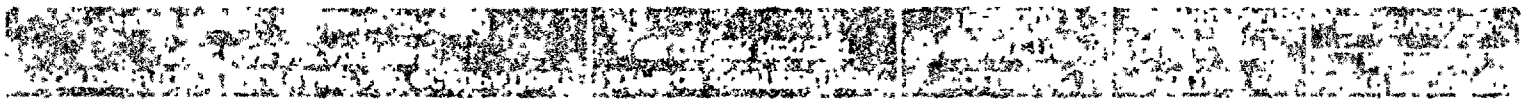
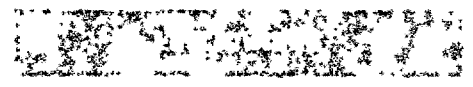
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**REPORT OF RECEIPTS AND EXPENDITURES
OF A POLITICAL COMMITTEE**

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

Page 3 of 11

CONTRIBUTOR'S FULL NAME AND OCCUPATION FULL MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED (mm/dd/yy) RECEIVED BY
1. Tammy Mohr 2307 South Wabash Avenue Kokomo, IN 46902 Contributor's Occupation (if required) _____	Contributions: ☒ Direct ☐ In-Kind (describe) _____ Other Receipts: ☐ Interest ☐ Loan ☐ Miscellaneous (specify) _____	100.00	100.00	09/13/26 Act Blue
2. Robin Hainlen 520 Elliott Court Greentown, IN 46936 Contributor's Occupation (if required) _____	Contributions: ☒ Direct ☐ In-Kind (describe) _____ Other Receipts: ☐ Interest ☐ Loan ☐ Miscellaneous (specify) _____	100.00	100.00	07/14/26 Act Blue
3. Kim Pennycuff 5619 Roxbury Terrace Indianapolis, IN 46226 Contributor's Occupation (if required) _____	Contributions: ☒ Direct ☐ In-Kind (describe) _____ Other Receipts: ☐ Interest ☐ Loan ☐ Miscellaneous (specify) _____	50.00	50.00	09/23/26 Act Blue
4. George Rosemond 8441 Gulf Freeway Houston, TX 77017 Contributor's Occupation (if required) _____	Contributions: ☒ Direct ☐ In-Kind (describe) _____ Other Receipts: ☐ Interest ☐ Loan ☐ Miscellaneous (specify) _____	100.00	100.00	10/06/26 Act Blue
5. Contributor's Occupation (if required) _____	Contributions: ☐ Direct ☐ In-Kind (describe) _____ Other Receipts: ☐ Interest ☐ Loan ☐ Miscellaneous (specify) _____			
SUBTOTAL THIS PAGE OF SCHEDULE A		\$ 350.00		
TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY (Enter total on ITEM 15a of the Summary Sheet.)		\$ 850.00		

1. The first group of people who are not in the labor force are those who are not in the labor force for any reason. This group is the largest and is made up of people who are not in the labor force for any reason. This group is the largest and is made up of people who are not in the labor force for any reason.

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AMERICAN ARMY
OFFICE OF THE ADJUTANT GENERAL
WASHINGTON, D. C. 20315

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COLLECTION OF PARTICLES

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REPORT OF RECEIPTS AND EXPENDITURES OF A POLITICAL COMMITTEE

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

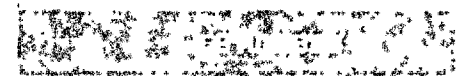
(CFA-4 SCHEDULE A-2) CONTRIBUTIONS BY CORPORATIONS Itemized Contributions and Other Receipts

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 4 of 11

CONTRIBUTOR'S FULL NAME AND FULL MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED (mm/dd/yy)
				RECEIVED BY
1.	Contributions: ☐ Direct ☐ In-Kind (describe) Other Receipts: ☐ Interest ☐ Loan ☐ Miscellaneous (specify) 			
2.	Contributions: ☐ Direct ☐ In-Kind (describe) Other Receipts: ☐ Interest ☐ Loan ☐ Miscellaneous (specify) 			
3.	Contributions: ☐ Direct ☐ In-Kind (describe) Other Receipts: ☐ Interest ☐ Loan ☐ Miscellaneous (specify) 			
4.	Contributions: ☐ Direct ☐ In-Kind (describe) Other Receipts: ☐ Interest ☐ Loan ☐ Miscellaneous (specify) 			
5.	Contributions: ☐ Direct ☐ In-Kind (describe) Other Receipts: ☐ Interest ☐ Loan ☐ Miscellaneous (specify) 			
SUBTOTAL THIS PAGE OF SCHEDULE A		\$ 0.00		
TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY (Enter total on ITEM 15a of the Summary Sheet.)		\$ 0.00		



UNITED STATES DEPARTMENT OF THE TREASURY
BUREAU OF INTERNAL REVENUE
WASHINGTON, D. C. 20548
CONTRIBUTION TO CHARITABLE ORGANIZATION
(SEE SCHEDULE A-1)

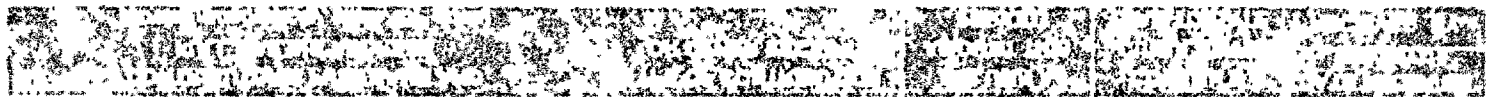
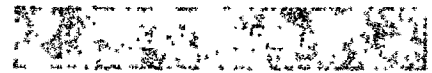
RECEIVED BY THE DONOR
THIS CONTRIBUTION IS NOT A CHARITABLE CONTRIBUTION

**(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>5</u> of <u>11</u>	

CONTRIBUTOR'S FULL NAME AND FULL MAILING ADDRESS <i>(street, number, city, state, ZIP code)</i>	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED <i>(mm/dd/yy)</i>
				RECEIVED BY
1.	Contributions: ☐ Direct ☐ In-Kind <i>(describe)</i> _____ Other Receipts: ☐ Interest ☐ Loan ☐ Miscellaneous <i>(specify)</i> _____			
2.	Contributions: ☐ Direct ☐ In-Kind <i>(describe)</i> _____ Other Receipts: ☐ Interest ☐ Loan ☐ Miscellaneous <i>(specify)</i> _____			
3.	Contributions: ☐ Direct ☐ In-Kind <i>(describe)</i> _____ Other Receipts: ☐ Interest ☐ Loan ☐ Miscellaneous <i>(specify)</i> _____			
4.	Contributions: ☐ Direct ☐ In-Kind <i>(describe)</i> _____ Other Receipts: ☐ Interest ☐ Loan ☐ Miscellaneous <i>(specify)</i> _____			
5.	Contributions: ☐ Direct ☐ In-Kind <i>(describe)</i> _____ Other Receipts: ☐ Interest ☐ Loan ☐ Miscellaneous <i>(specify)</i> _____			
SUBTOTAL THIS PAGE OF SCHEDULE A		\$ 0.00		
TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY <i>(Enter total on ITEM 15a of the Summary Sheet.)</i>		\$ 0.00		



UNITED STATES OF AMERICA
 DEPARTMENT OF COMMERCE
 COMMISSIONER OF CUSTOMS
 (OFFICE OF THE COMMISSIONER)

NEW YORK, N.Y.
 RECEIVED



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-5) CONTRIBUTIONS BY OTHER ORGANIZATIONS

Itemized Contributions and Other Receipts

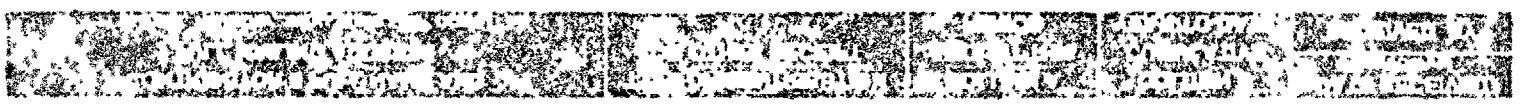
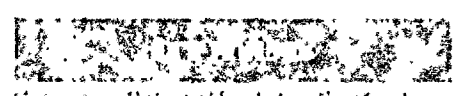
INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY ORGANIZATIONS OTHER THAN CORPORATIONS, LABOR ORGANIZATIONS, POLITICAL ACTION COMMITTEES AND INDIVIDUALS ON THIS SCHEDULE. Please type or print legibly **IN BLACK INK** all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from other entities **OVER \$100** per contributor, within a calendar year **MUST** be itemized on this schedule (over \$200, if regular party committee). All transfers-in and in-kind contributions regardless of amount from candidate's, legislative caucus, and regular party committees **MUST** be itemized on this schedule. All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) **OVER \$100** per contributor, within a calendar year, **MUST** be itemized on this schedule (over \$200 if regular party committee).

FILE NUMBER

Page 6 of 11

CONTRIBUTOR'S FULL NAME AND FULL MAILING ADDRESS <i>(street, number, city, state, ZIP code)</i>	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED <i>(mm/dd/yy)</i>
				RECEIVED BY
1.	Contributions: ☐ Direct ☐ In-Kind <i>(describe)</i> _____ Other Receipts: ☐ Interest ☐ Loan ☐ Miscellaneous <i>(specify)</i> _____			
2.	Contributions: ☐ Direct ☐ In-Kind <i>(describe)</i> _____ Other Receipts: ☐ Interest ☐ Loan ☐ Miscellaneous <i>(specify)</i> _____			
3.	Contributions: ☐ Direct ☐ In-Kind <i>(describe)</i> _____ Other Receipts: ☐ Interest ☐ Loan ☐ Miscellaneous <i>(specify)</i> _____			
4.	Contributions: ☐ Direct ☐ In-Kind <i>(describe)</i> _____ Other Receipts: ☐ Interest ☐ Loan ☐ Miscellaneous <i>(specify)</i> _____			
5.	Contributions: ☐ Direct ☐ In-Kind <i>(describe)</i> _____ Other Receipts: ☐ Interest ☐ Loan ☐ Miscellaneous <i>(specify)</i> _____			
SUBTOTAL THIS PAGE OF SCHEDULE A		\$ 0.00		
TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY <i>(Enter total on ITEM 15a of the Summary Sheet.)</i>		\$ 0.00		

1. NAME (Last, first, middle initial)
2. DATE OF BIRTH (Month, day, year)
3. PLACE OF BIRTH (City, state, country)



4. OCCUPATION (If any)

5. OTHER OCCUPATIONS

6. COMBINED USE BY

(CLASS SCHEDULE A-2)

7. VENDOR/ISSUING OFFICE
8. FROM/TO RECORD - (VENDOR/ISSUING OFFICE)

**(CFA-4 SCHEDULE A-3)
CONTRIBUTIONS BY
LABOR ORGANIZATIONS**

Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY LABOR ORGANIZATIONS 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 labor organizations **OVER \$100** per contributor, within a calendar year **MUST** be itemized on this schedule (over \$200, if regular party committee). All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) **OVER \$100** per contributor, within a calendar year, **MUST** be itemized on this schedule (over \$200 if regular party committee).

FILE NUMBER	
Page <u>7</u> of <u>11</u>	

CONTRIBUTOR'S FULL NAME AND FULL MAILING ADDRESS <i>(street, number, city, state, ZIP code)</i>	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PÉRIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED
				<i>(mm/dd/yy)</i> RECEIVED .BY
	Contributions: ☐ Direct ☐ In-Kind <i>(describe)</i> _____ Other Receipts: ☐ Interest ☐ Loan ☐ Miscellaneous <i>(specify)</i> _____			
	Contributions: ☐ Direct ☐ In-Kind <i>(describe)</i> _____ Other Receipts: ☐ Interest ☐ Loan ☐ Miscellaneous <i>(specify)</i> _____			
	Contributions: ☐ Direct ☐ In-Kind <i>(describe)</i> _____ Other Receipts: ☐ Interest ☐ Loan ☐ Miscellaneous <i>(specify)</i> _____			
	Contributions: ☐ Direct ☐ In-Kind <i>(describe)</i> _____ Other Receipts: ☐ Interest ☐ Loan ☐ Miscellaneous <i>(specify)</i> _____			
	Contributions: ☐ Direct ☐ In-Kind <i>(describe)</i> _____ Other Receipts: ☐ Interest ☐ Loan ☐ Miscellaneous <i>(specify)</i> _____			
SUBTOTAL THIS PAGE OF SCHEDULE A		\$ 0.00		
TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY <i>(Enter total on ITEM 15a of the Summary Sheet.)</i>		\$ 0.00		

THE SECRETARY OF THE ARMY
WASHINGTON, D. C. 20315

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RECEIVED BY THE SECRETARY OF THE ARMY

FOR THE SECRETARY OF THE ARMY

COMMISSIONER OF THE ARMY

RECEIVED BY THE SECRETARY OF THE ARMY

OFFICE OF THE SECRETARY OF THE ARMY
WASHINGTON, D. C. 20315



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 8 of 11

RECIPIENT'S NAME AND MAILING ADDRESS (street, number, city, state, ZIP code)	RECIPIENT'S OCCUPATION OFFICE SOUGHT (if applicable)	TYPE OF EXPENDITURE and PURPOSE (be specific)	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE OF EXPENDITURE (mm/dd/yy)
Code <u>E</u> Serendipity Barn 5022 E 300 S Kokomo In 46902	Venue County Council	☒ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other _____ Purpose:	150.00	150.00	07/08/26
Code <u>A</u> Harcourt Outlines 7765 S 175 W Milroy Indiana 46156	Advertising County Council	☒ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other _____ Purpose:	514.30	514.30	07/16/26
Code <u>F</u> Fresh Fix Cafe 700 Firmin St. Kokomo In 46901	Cafe County Council	☒ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other _____ Purpose:	92.49	92.49	07/22/26
Code <u>C</u> Act Blue PO Box 962017 Boston, Maine 02196	Contribution Fees County Council	☒ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other _____ Purpose:	32.97	32.97	10/09/26
Code _____		☐ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other _____ Purpose:			
Code _____		☐ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other _____ Purpose:			
Code _____		☐ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other _____ Purpose:			
SUBTOTAL THIS PAGE OF SCHEDULE B			\$789.76		
TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY (Enter total on ITEM 17a of the Summary Sheet.)			\$789.76		

1987-10

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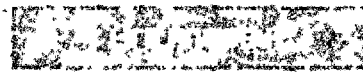
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**REPORT OF RECEIPTS AND EXPENDITURES
OF A POLITICAL COMMITTEE**

State Form 4606 (R18 / 6-25)

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

**(CFA-4 SCHEDULE C)
ITEMIZED EXPENDITURES
For Public Questions**

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. All cumulative expenses or transfers-out, regardless of amount paid to political committees supporting or opposing a public question, **MUST** be itemized on this schedule.

FILE NUMBER

Page 9 of 11**PUBLIC QUESTION INFORMATION**

Enter Text of Public Question.

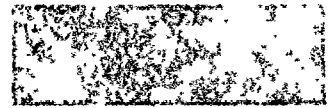
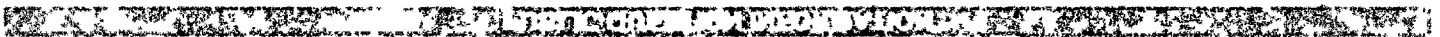
Type of Question: ☐ Statewide ☐ LocalPosition: ☐ Supported ☐ Opposed

RECIPIENT'S NAME AND MAILING ADDRESS (street, number, city, state, ZIP code)	RECIPIENT'S OCCUPATION	TYPE OF EXPENDITURE and PURPOSE (be specific)	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE OF EXPENDITURE (mm/dd/yy)
Code _____		☐ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other _____ Purpose:			
Code _____		☐ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other _____ Purpose:			
Code _____		☐ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other _____ Purpose:			
Code _____		☐ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other _____ Purpose:			
Code _____		☐ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other _____ Purpose:			
Code _____		☐ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other _____ Purpose:			
SUBTOTAL THIS PAGE OF SCHEDULE C			\$ 0.00		
TOTAL OF ALL PAGES OF SCHEDULE C ON THE LAST PAGE ONLY (Enter total on ITEM 17a of the Summary Sheet.)			\$ 0.00		

U.S. DEPARTMENT OF THE ARMY
HEADQUARTERS, ARMY
WASHINGTON, D.C. 20315

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DEPARTMENT OF THE ARMY
HEADQUARTERS, ARMY
WASHINGTON, D.C. 20315

LOGISTIC SUPPORT
NEW-SED EXPENDITURES
REVENUE & CHARGE C)



**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 D)
DEBTS OWED BY THIS COMMITTEE**

INSTRUCTIONS: Please type or print legibly **IN BLACK INK** all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. List all debts and loans, regardless of the amount, **OWED BY** the committee during the reporting period. Include all amounts owed for or to lend institutions, individuals, credit purchases, committee credit card accounts, etc. List each vendor paid by credit card issued in the name of the committee in the ENDORSER'S column. A lender's occupation is required if an individual makes loans of at least \$1,000 during the calendar year. Otherwise, this is optional.

FILE NUMBER

Page 10 of 11

CREDITOR'S OR LENDER'S NAME AND MAILING ADDRESS (street, number, city, state, ZIP code)	ENDORSER'S OR VENDOR'S NAME AND MAILING ADDRESS (if any) (street, number, city, state, ZIP code)	AMOUNT	DATE DEBT INCURRED (mm/dd/yy)	CUMULATIVE PAID YEAR-TO-DATE	OUTSTANDING BALANCE THIS PERIOD
		NATURE OF DEBT			
LENDER'S OCCUPATION:					
LENDER'S OCCUPATION:					
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LENDER'S OCCUPATION:					
LENDER'S OCCUPATION:					
LENDER'S OCCUPATION:					
SUBTOTAL THIS PAGE OF SCHEDULE D					\$ 0.00
TOTAL OF ALL PAGES OF SCHEDULE D ON THE LAST PAGE ONLY (Enter total on ITEM 19 of the Summary Sheet.)					\$ 0.00

THE UNITED STATES OF AMERICA
DEPARTMENT OF THE TREASURY



OFFICE OF THE COMPTROLLER OF THE CURRENCY
WASHINGTON, D.C. 20551

DEBTS OWED BY THE GOVERNMENT OF THE UNITED STATES
TO THE PUBLIC



(CFA-4 SCHEDULE E)
DEBTS OWED TO THIS COMMITTEE

INSTRUCTIONS: Please type or print legibly **IN BLACK INK** all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. List all debts and loans, regardless of the amount, **OWED TO** the committee during the reporting period. Include all amounts the committee has loaned to others.

Page 11 of 11

BORROWER'S NAME AND MAILING ADDRESS <i>(street, number, city, state, ZIP code)</i>	CO-SIGNER'S NAME AND MAILING ADDRESS <i>(if any)</i> <i>(street, number, city, state, ZIP code)</i>	ORIGINAL AMOUNT	DATE DEBT INCURRED <i>(mm/dd/yy)</i>	CUMULATIVE PAID YEAR-TO-DATE	OUTSTANDING BALANCE THIS PERIOD
		NATURE OF DEBT			
SUBTOTAL THIS PAGE OF SCHEDULE E					\$ 0.00
TOTAL OF ALL PAGES OF SCHEDULE E ON THE LAST PAGE ONLY <i>(Enter total on ITEM 20 of the Summary Sheet.)</i>					\$ 0.00

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[illegible]

1. *Journal of the American Medical Association*, 1997; 277: 1033-1038.

CLAYSON, MICHAEL DONALD
BORN 11-10-1951, BIRMINGHAM, ALABAMA

DEB12 OMED 13 JH12 COMWILLSE
(CLV 72 SCHEDULE 5 E)