



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

5592

TOTAL PAGES IN ENTIRE CFA-4 REPORT

33

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)
VANDERBURGH COUNTY REPUBLICAN PARTY Check if this is a new name.

2. Acronym or Abbreviated Name (if any)
VCRP 812-425-8207

4. Mailing Address (Address where all campaign finance correspondence is received.)
100 N. MAIN STREET SUITE 103 Check if this is a new address.

5. City, State, ZIP Code
EVANSVILLE, INDIANA 47711

6. Party Affiliation (if applicable)
REPUBLICAN

CANDIDATE INFORMATION (For Candidate's Committees Only)

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

8. Party Affiliation or If Independent Candidate

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

10. County of Residence

TYPE OF REPORT

CONVENTION CANDIDATES ONLY

11. Check one:
 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

12. Reporting Period (mm/dd/yy):	COLUMN A This Period	COLUMN B Year to Date
From: 01/01/2025 Through: 12/31/2025		
13. Cash on hand and investments at the beginning of this reporting period.	3,488.19	
14. Cash on hand and investments January 1, current year.		3,488.19

CONTRIBUTIONS AND RECEIPTS

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

15a. Itemized (Use Schedule A.)	30,050.00	30,050.00
15b. Unitemized	13,790.58	13,790.58
15c. Add lines 15a and 15b in both columns. SUBTOTAL	43,840.58	43,840.58
16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B. TOTAL	47,328.77	47,328.77

EXPENDITURES

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

17a. Itemized (Use Schedule B.) (Public Question: use Schedule C.)	40,014.67	40,014.67
17b. Unitemized	2,765.60	2,765.60
17c. Add lines 17a and 17b in both columns. SUBTOTAL	42,780.27	42,780.27
18. Cash on hand and investments at close of this reporting period (Subtract 17c from 16 in both columns.) TOTAL	4,548.50	4,548.50
19. Debts OWED BY the committee (Use Schedule D.)	0.00	
20. Debts OWED TO the committee (Use Schedule E.)	0.00	

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 <i>Russell J. CPA</i>	Title TREASURER	Date (mm/dd/yy) 02/26/26
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)

VANDERBURGH CIRCUIT COURT
★ FILED ★
MAR 02 2026
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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	
5592	
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CONTRIBUTOR'S FULL NAME AND OCCUPATION FULL MAILING ADDRESS <i>(street, number, city, state, ZIP code)</i>	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED <i>(mm/dd/yy)</i>
				RECEIVED BY
1. WAYNE PARKE 5416 WINTHROP CT. EVANSVILLE, IN 47715 Contributor's Occupation (if required) <u>RETIRED</u>	Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify)	5000.00	5000.00	02/03/25 M. DUCKWORTH
2. CONNIE CARRIER 425 EISSLER ROAD EVANSVILLE, IN 47711 Contributor's Occupation (if required) <u>VOTER REGISTRATION MANAGER</u>	Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify)	500.00	500.00	05/02/25 R. LLOYD
3. GLEN J. KISSEL 3528 BRICKYARD CT. EVANSVILLE, IN 47720 Contributor's Occupation (if required) <u>PROFESSOR</u>	Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify)	50.00	50.00	05/02/25 R. LLOYD
4. DAVID W. SHELTON 10459 MCCRARY ROAD VINCENNES, IN 47591 Contributor's Occupation (if required) <u>COUNTY CLERK</u>	Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify)	50.00	50.00	05/02/25 R. LLOYD
5. CHRISTOPHER W. POPE STACY R. POPE 5000 E. 216TH STREET NOBLESVILLE, IN 46062-7543 Contributor's Occupation (if required) <u>EXECUTIVE</u>	Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify)	100.00	100.00	05/02/25 R. LLOYD
SUBTOTAL THIS PAGE OF SCHEDULE A		\$ 5,700.00		
TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY <i>(Enter total on ITEM 15a of the Summary Sheet.)</i>		\$		



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

State Form 4806 (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.

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5592
Page <u>3</u> of <u>33</u>

CONTRIBUTOR'S FULL NAME AND OCCUPATION FULL MAILING ADDRESS <i>(street, number, city, state, ZIP code)</i>	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED <i>(mm/dd/yy)</i>	RECEIVED BY
1. DAN J. CARWILE CYNTHIA K. CARWILE 4110 FAIRFAX CT. EVANSVILLE, IN 47710 Contributor's Occupation (if required) <u>BANKER</u>	Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) _____	250.00	250.00	05/03/25	
	Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify) _____				R. LLOYD
2. JOHN BASSEMIER 8210 BLESSING WAY EVANSVILLE, IN 47712 Contributor's Occupation (if required) <u>RETIRED</u>	Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) _____	100.00	100.00	05/03/25	
	Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify) _____				R. LLOYD
3. G. RICHARD EYEKAMP P.O. BOX 4915 EVANSVILLE, IN 47724 Contributor's Occupation (if required) <u>RETIRED</u>	Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) _____	5000.00	5000.00	05/14/25	
	Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify) _____				R. LLOYD
4. BRIAN GERTH 9415 SOUTHPORT DRIVE EVANSVILLE, IN 47711 Contributor's Occupation (if required) <u>COUNTY TREASURER</u>	Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) _____	50.00	50.00	05/05/25	
	Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify) _____				R. LLOYD
5. TONY RICKETTS HEATHER RICKETTS 209 DRIER BLVD. EVANSVILLE, IN 47712 Contributor's Occupation (if required) <u>EXECUTIVE</u>	Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) _____	100.00	100.00	05/05/25	
	Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify) _____				R. LLOYD
SUBTOTAL THIS PAGE OF SCHEDULE A		\$ 5,500.00			
TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY <i>(Enter total on ITEM 15a of the Summary Sheet.)</i>		\$			



**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.

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CONTRIBUTOR'S FULL NAME AND OCCUPATION FULL MAILING ADDRESS <i>(street, number, city, state, ZIP code)</i>	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED
				<i>(mm/dd/yy)</i> RECEIVED BY
1. G. MICHAEL SCHOPMEYER LAURIER SCHOPMEYER 862 S. LOMBARD AV. EVANSVILLE, IN 47714 Contributor's Occupation (if required) <u>ATTORNEY</u>	Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify)	500.00	500.00	05/11/25 R. LLOYD
2. WILLIAM J. FLUTY JR. 2920 BETSY CT. EVANSVILLE, IN 47720 Contributor's Occupation (if required) <u>COUNTY ASSESSOR</u>	Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify)	500.00	500.00	05/15/25 R. LLOYD
3. SUSAN KIRK 5020 SWEETSER AV. EVANSVILLE, IN 47715 Contributor's Occupation (if required) <u>RETIRED</u>	Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify)	100.00	100.00	05/15/25 R. LLOYD
4. DENNIS MORGAN ZONA MORGAN 2610 SENSMEIER DRIVE EVANSVILLE, IN 47725 Contributor's Occupation (if required) <u>CONTRACTOR</u>	Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify)	250.00	250.00	05/15/25 R. LLOYD
5. CHRIS POLITANO PEGGY POLITANO 4204 HUNTER'S TRACE EVANSVILLE, IN 47715 Contributor's Occupation (if required) <u>HEALTH CARE WORKER</u>	Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify)	100.00	100.00	05/05/25 R. LLOYD
SUBTOTAL THIS PAGE OF SCHEDULE A		\$ 1,450.00		
TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY <i>(Enter total on ITEM 15a of the Summary Sheet.)</i>		\$		



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CONTRIBUTOR'S FULL NAME AND OCCUPATION FULL MAILING ADDRESS <i>(street, number, city, state, ZIP code)</i>	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED
				<i>(mm/dd/yy)</i> RECEIVED BY
1. MAYTES RIVERA ALEXIS RIVERA 1101 LODGE AV. EVANSVILLE, IN 47714 Contributor's Occupation (if required) <u>BUSINESS OWNER</u>	Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify)	100.00	100.00	05/15/25 R. LLOYD
	2. DAVE WEDDING 1530 LONGMEADOW WAY EVANSVILLE, IN 47725 Contributor's Occupation (if required) <u>RETIRED</u>	Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify)	200.00	200.00
3. CHAD SULLIVAN HOLLI SULLIVAN 446 BERINGER DRIVE EVANSVILLE, IN 47711 Contributor's Occupation (if required) <u>ATTORNEY</u>	Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify)	250.00	250.00	05/20/25 R. LLOYD
	4. MARSHA ABELL BARNHART 4400 STRINGTOWN ROAD EVANSVILLE, IN 47711 Contributor's Occupation (if required) <u>RETIRED</u>	Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify)	100.00	100.00
5. ED BASSEMIER 1701 RIVERVIEW COURT EVANSVILLE, IN 47713 Contributor's Occupation (if required) <u>COUNTY COUNCIL</u>	Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify)	100.00	150.00	06/13/25 R. LLOYD
	SUBTOTAL THIS PAGE OF SCHEDULE A		\$ 750.00	
TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY <i>(Enter total on ITEM 15a of the Summary Sheet.)</i>		\$		



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

State Form 4606 (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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Page <u>6</u> of <u>33</u>	

CONTRIBUTOR'S FULL NAME AND OCCUPATION FULL MAILING ADDRESS <i>(street, number, city, state, ZIP code)</i>	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED
				<i>(mm/dd/yy)</i> RECEIVED BY
1. DAVID E. CLARK KIMBERLY CLARK 1 MULBERRY PLACE EVANSVILLE, IN 47713 Contributor's Occupation (if required) <u>BUSINESS OWNER</u>	Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify)	125.00	125.00	06/15/25 R. LLOYD
2. ALPHONSO VIDAL 9060 HALSTEAD CIR. NEWBURGH, IN 47630 Contributor's Occupation (if required) <u>MANAGER</u>	Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify)	125.00	125.00	06/13/25 R. LLOYD
3. DENNIS MORGAN ZONA MORGAN 2610 SENSMEIER ROAD EVANSVILLE, IN 47725 Contributor's Occupation (if required) <u>CONTRACTOR</u>	Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify)	500.00	750.00	06/13/25 R. LLOYD
4. MAYTES RIVERA ALEXIS RIVERA 1101 LODGE AV. EVANSVILLE, IN 47714 Contributor's Occupation (if required) <u>BUSINESS OWNER</u>	Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify)	100.00	200.00	10/17/25 R. LLOYD
5. CONNIE CARRIER 425 EISSLER ROAD EVANSVILLE, IN 47711 Contributor's Occupation (if required) <u>VOTE REGISTRATION MANAGER</u>	Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify)	100.00	600.00	08/13/25 R. LLOYD
SUBTOTAL THIS PAGE OF SCHEDULE A		\$ 950.00		
TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY <i>(Enter total on ITEM 15a of the Summary Sheet.)</i>		\$		



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				<i>(mm/dd/yy)</i>	
1. ED BASSEMIER 1701 RIVERVIEW COURT EVANSVILLE, IN 47713 Contributor's Occupation (if required) COUNTY COUNCIL	Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify)	100.00	250.00	10/15/25	
					R. LLOYD
2. DAVID BELL 701 COLLEGE HIGHWAY EVANSVILLE, IN 47714 Contributor's Occupation (if required) EXECUTIVE	Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify)	200.00	200.00	10/16/25	
					R. LLOYD
3. SUSAN KIRK 5020 SWEETSER AV. EVANSVILLE, IN 47715 Contributor's Occupation (if required) RETIRED	Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify)	100.00	200.00	10/16/25	
					R. LLOYD
4. GLEN J. KISSEL 3528 BRICKYARD CT. EVANSVILLE, IN 47720 Contributor's Occupation (if required) PROFESSOR	Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify)	50.00	100.00	10/16/25	
					R. LLOYD
5. DARBY TRIBLE 7001 SAND CHERRY LANE EVANSVILLE, IN 47715 Contributor's Occupation (if required) DEPUTY TREASURER	Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify)	100.00	100.00	10/16/25	
					R. LLOYD
SUBTOTAL THIS PAGE OF SCHEDULE A		\$	550.00		
TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY <i>(Enter total on ITEM 15a of the Summary Sheet.)</i>		\$			



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

State Form 4606 (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
5592
Page <u>8</u> of <u>33</u>

CONTRIBUTOR'S FULL NAME AND OCCUPATION FULL MAILING ADDRESS <i>(street, number, city, state, ZIP code)</i>	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED <i>(mm/dd/yy)</i>
				RECEIVED BY
1. ALPHONSO VIDAL 9060 HALSTON CIR. NEWBURGH, IN 47630 Contributor's Occupation (if required) <u>BUSINESS OWNER</u>	Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify)	50.00	175.00	10/16/25 R. LLOYD
2. WILLIAM J. FLUTY JR. 2920 BETSY CT. EVANSVILLE, IN 47720 Contributor's Occupation (if required) <u>COUNTY ASSESSOR</u>	Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify)	500.00	1000.00	10/16/25 R. LLOYD
3. ROBERT L. KOCH 4120 MULBERRY PLACE EVANSVILLE, IN 47714 Contributor's Occupation (if required) <u>EXECUTIVE</u>	Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify)	1000.00	1000.00	08/20/25 R. LLOYD
4. VIRGINIA A. GREIN 1411 TIMBERLAKE ROAD EVANSVILLE, IN 47710 Contributor's Occupation (if required) <u>RETIRED</u>	Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify)	50.00	100.00	11/14/25 R. LLOYD
5. G. MICHAEL SCHOPMEYER LAURIE SCHOPMEYER 862 S. LOMBARD AV. EVANSVILLE, IN 47714 Contributor's Occupation (if required) <u>ATTORNEY</u>	Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify)	400.00	900.00	11/14/25 R. LLOYD
SUBTOTAL THIS PAGE OF SCHEDULE A		\$ 2,000.00		
TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY <i>(Enter total on ITEM 15a of the Summary Sheet.)</i>		\$		



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

State Form 4606 (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).

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Page <u>4</u>	of <u>33</u>

1. 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
TORIAN INSURANCE INC. 3000 E. DIVISION ST. EVANSVILLE, IN 47711	Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <i>(describe)</i> _____ Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous <i>(specify)</i> _____	500.00	500.00	05/15/25
				R. LLOYD
TORIAN INSURANCE INC. 3000 E. DIVISION ST. EVANSVILLE, IN 47711	Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <i>(describe)</i> _____ Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous <i>(specify)</i> _____	500.00	1000.00	10/13/25
				R. LLOYD
BUSLER ENTERPRISES INC. 2601 N. ST. JOSEPH AV. EVANSVILLE, IN 47720	Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <i>(describe)</i> _____ Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous <i>(specify)</i> _____	250.00	250.00	08/10/25
				R. LLOYD
4.	Contributions: <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind <i>(describe)</i> _____ Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous <i>(specify)</i> _____			
5.	Contributions: <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind <i>(describe)</i> _____ Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous <i>(specify)</i> _____			
SUBTOTAL THIS PAGE OF SCHEDULE A		\$	1,250.00	
TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY <i>(Enter total on ITEM 15a of the Summary Sheet.)</i>		\$		



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

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

**(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).

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Page <u>10</u> of <u>33</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. NONE	Contributions: <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind <i>(describe)</i> _____ Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous <i>(specify)</i> _____			
2.	Contributions: <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind <i>(describe)</i> _____ Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous <i>(specify)</i> _____			
3.	Contributions: <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind <i>(describe)</i> _____ Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous <i>(specify)</i> _____			
4.	Contributions: <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind <i>(describe)</i> _____ Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous <i>(specify)</i> _____			
5.	Contributions: <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind <i>(describe)</i> _____ Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous <i>(specify)</i> _____			
SUBTOTAL THIS PAGE OF SCHEDULE A		\$		
TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY <i>(Enter total on ITEM 15a of the Summary Sheet.)</i>		\$		



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

State Form 4606 (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*).

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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. NONE	Contributions: <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind <i>(describe)</i> _____ Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous <i>(specify)</i> _____			
2.	Contributions: <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind <i>(describe)</i> _____ Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous <i>(specify)</i> _____			
3.	Contributions: <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind <i>(describe)</i> _____ Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous <i>(specify)</i> _____			
4.	Contributions: <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind <i>(describe)</i> _____ Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous <i>(specify)</i> _____			
5.	Contributions: <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind <i>(describe)</i> _____ Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous <i>(specify)</i> _____			
SUBTOTAL THIS PAGE OF SCHEDULE A		\$		
TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY <i>(Enter total on ITEM 15a of the Summary Sheet.)</i>		\$		



**REPORT OF RECEIPTS AND EXPENDITURES
OF A POLITICAL COMMITTEE**
State Form 4606 (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).

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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. MESSMER FOR CONGRESS P.O. BOX 44003 INDIANAPOLIS, IN 46244	Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <i>(describe)</i> Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous <i>(specify)</i>	100.00	100.00	02/03/25 M. DUCKWORTH
2. CITIZENS FOR LLOYD P.O. BOX 15305 EVANSVILLE, IN 47716-0305	Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <i>(describe)</i> Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous <i>(specify)</i>	500.00	500.00	05/02/25 R. LLOYD
3. WENDY MCNAMARA FOR STATE REP 7200 EAGLE CREST BLVD. EVANSVILLE, IN 47715	Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <i>(describe)</i> Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous <i>(specify)</i>	500.00	500.00	05/02/25 R. LLOYD
4. CITIZENS FOR ANGELA 524 E. BUENA VISTA ROAD EVANSVILLE, IN 47711-2722	Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <i>(describe)</i> Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous <i>(specify)</i>	50.00	50.00	05/02/25 R. LLOYD
5. ELPERS FOR EVANSVILLE 6535 CENTURY LANE EVANSVILLE, IN 47725-7301	Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <i>(describe)</i> Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous <i>(specify)</i>	500.00	500.00	05/03/35 R. LLOYD
SUBTOTAL THIS PAGE OF SCHEDULE A		\$ 1,650.00		
TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY <i>(Enter total on ITEM 15a of the Summary Sheet.)</i>		\$		



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

State Form 4606 (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).

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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. FRIENDS OF MUSGRAVE 1216 S.E. FIRST ST. EVANSVILLE, IN 47713	Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <i>(describe)</i> Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous <i>(specify)</i>	250.00	250.00	05/15/25
				R. LLOYD
2. FRIENDS OF TODD YOUNG, INC. P.O. BOX 3743 CARMEL, IN 46082	Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <i>(describe)</i> Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous <i>(specify)</i>	1000.00	1000.00	05/15/25
				R. LLOYD
3. FRIENDS OF AMY CANTERBURY 805 LEMAY DRIVE EVANSVILLE, IN 47712	Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <i>(describe)</i> Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous <i>(specify)</i>	500.00	500.00	06/13/25
				R. LLOYD
4. CHINNO MENS HAIRDRESSIING LLC 707 STATE STREET NEWBURGH, IN 47630	Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <i>(describe)</i> Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous <i>(specify)</i>	250.00	250.00	06/13/25
				R. LLOYD
5. CITIZENS FOR LLOYD P.O. BOX 15305 EVANSVILLE, IN 47716-0305	Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <i>(describe)</i> Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous <i>(specify)</i>	500.00	1000.00	06/13/35
				R. LLOYD
SUBTOTAL THIS PAGE OF SCHEDULE A		\$ 2,500.00		
TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY <i>(Enter total on ITEM 15a of the Summary Sheet.)</i>		\$		



**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	
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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. INDIANA REPUBLICAN STATE COMMITTEE 101 W. OHIO ST. SUITE 2200 INDIANAPOLIS, IN 46204-4207	Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <i>(describe)</i> _____ Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous <i>(specify)</i> _____	1500.00	1500.00	10/10/25	
					R. LLOYD
2. DIEGO FOR INDIANA 5725 ROXBURY COURT INDIANAPOLIS, IN 46226	Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <i>(describe)</i> _____ Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous <i>(specify)</i> _____	1000.00	2000.00	10/16/25	
					R. LLOYD
3. FRIENDS OF AMY CANTERBURY 805 LEMAY DRIVE EVANSVILLE, IN 47712	Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <i>(describe)</i> _____ Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous <i>(specify)</i> _____	500.00	1000.00	10/16/25	
					R. LLOYD
4. FRIENDS OF TIM O'BRIEN 6501 E. OAK STREET EVANSVILLE, IN 47715-3531	Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <i>(describe)</i> _____ Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous <i>(specify)</i> _____	2500.00	2500.00	08/10/25	
					R. LLOYD
5. CITIZENS FOR LLOYD P.O. BOX 15305 EVANSVILLE, IN 47716-0305	Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <i>(describe)</i> _____ Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous <i>(specify)</i> _____	500.00	1500.00	10/16/35	
					R. LLOYD
SUBTOTAL THIS PAGE OF SCHEDULE A		\$ 6,000.00			
TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY <i>(Enter total on ITEM 15a of the Summary Sheet.)</i>		\$			



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

State Form 4606 (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).

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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. MESSMER FOR CONGRESS P.O. BOX 44003 INDIANAPOLIS, IN 46244	Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <i>(describe)</i> _____ Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous <i>(specify)</i> _____	2000.00	3100.00	08/10/25 R. LLOYD
2. WENDY MCNAMARA FOR STATE REP 7200 EAGLE CREST BLVD. EVANSVILLE, IN 47715	Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <i>(describe)</i> _____ Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous <i>(specify)</i> _____	1000.00	1500.00	08/10/25 R. LLOYD
3. FRIENDS OF TODD YOUNG INC. 502 MONROE STREET NEWPORT, KY 41071	Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <i>(describe)</i> _____ Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous <i>(specify)</i> _____	2000.00	3000.00	08/20/25 R. LLOYD
4. COMMITTEE TO ELECT DIANA FOR PROSECUTOR P.O. BOX 2041 EVANSVILLE, IN 47714	Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <i>(describe)</i> _____ Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous <i>(specify)</i> _____	500.00	500.00	06/16/25 R. LLOYD
5.	Contributions: Direct <input type="checkbox"/> In-Kind <i>(describe)</i> _____ Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous <i>(specify)</i> _____	0.00	0.00	
SUBTOTAL THIS PAGE OF SCHEDULE A		\$ 5,500.00		
TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY <i>(Enter total on ITEM 15a of the Summary Sheet.)</i>		\$ 30,050.00		



**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.

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RECIPIENT'S NAME AND MAILING ADDRESS <i>(street, number, city, state, ZIP code)</i>	RECIPIENT'S OCCUPATION	TYPE OF EXPENDITURE and PURPOSE <i>(be specific)</i>	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE OF EXPENDITURE <i>(mm/dd/yy)</i>
	OFFICE SOUGHT <i>(if applicable)</i>				
Code <u> A </u> CONSTANT CONTACT 890 WINTER ST. WALTHAM, MA 02451	INTERNET MARKETING	X Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: WEB CONTACTS	82.00	82.00	01/03/25
Code <u> O </u> INTUIT QUICKBOOKS 2700 COAST AVE. MOUNTAIN VIEW, CA 94043	COMPUTER SOFTWARE	X Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: ACCOUNTING SYSTEM	103.00	103.00	01/03/25
Code <u> A </u> MY DOMAIN WEB SERVICES 10 CORPORATE DRIVE BURLINGTON, MA 01803	COMPUTER SOFTWARE	X Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: WEBSITE NAME	20.00	20.00	01/06/25
Code <u> O </u> ASTOUND RCN BROADBAND P.O. BOX 830714 PHILADELPHIA, PA 19182	CABLE INTERNET	X Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: COMPUTER INTERNET	55.41	55.41	01/07/25
Code <u> A </u> MY DOMAIN WEB SERVICES 10 CORPORATE DRIVE BURLINGTON, MA 01803	COMPUTER SOFTWARE	X Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: WEBSITE NAME	12.99	32.99	01/21/25
Code <u> O </u> INTUIT QUICKBOOKS 2700 COAST AVE. MOUNTAIN VIEW, CA 94043	COMPUTER SOFTWARE	<input type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: ACCOUNTING SYSTEM	34.71	137.71	01/28/25
Code <u> O </u> BENTON SIMPSON 5702 WOODBURN WAY LIBERTY, OH 45044	STUDENT	X Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: PART TIME EMPLOYEE	148.00	148.00	01/28/25
SUBTOTAL THIS PAGE OF SCHEDULE B			\$ 456.11		
TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY <i>(Enter total on ITEM 17a of the Summary Sheet)</i>			\$		



**REPORT OF RECEIPTS AND EXPENDITURES
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.

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Page <u>17</u> of <u>33</u>	

RECIPIENT'S NAME AND MAILING ADDRESS <i>(street, number, city, state, ZIP code)</i>	RECIPIENT'S OCCUPATION	TYPE OF EXPENDITURE and PURPOSE <i>(be specific)</i>	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE OF EXPENDITURE <i>(mm/dd/yy)</i>
	OFFICE SOUGHT <i>(if applicable)</i>				
Code <u> </u> <u> </u> <u> </u> CINCINNATI INSURANCE CO. P.O. BOX 145596 CINCINNATI, OH 45250	INSURANCE COMPANY	X Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: LIABILITY INSURANCE	1547.00	1547.00	01/10/25
Code <u> </u> <u> </u> <u> </u> CINCINNATI INSURANCE CO. P.O. BOX 145596 CINCINNATI, OH 45250	INSURANCE COMPANY	X Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: WORKERS COMP INSURANCE	263.00	263.00	01/10/25
Code <u> </u> <u> </u> <u> </u> QUICKBOOKS INDIANA DEPT. OF REVENUE 100 N. SENATE AV. INDIANAPOLIS, IN 46204	PAYROLL TAXES	X Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: QTR STATE WITHHOLDING	264.58	264.58	01/28/25
Code <u> </u> <u> </u> <u> </u> U.S. TREASURY INTERNAL REVENUE P.O. BOX 145999 CINCINNATI, OH 45999	PAYROLL TAXES	X Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: FEDERAL TAX WITHHOLDING	36.88	36.88	01/30/25
Code <u> </u> <u> </u> <u> </u> QUICKBOOKS INDIANA DEPT. OF REVENUE 100 N. SENATE AV. INDIANAPOLIS, IN 46204	PAYROLL TAXES	X Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: STATE PAYROLL TAXES	274.52	539.10	01/31/25
Code <u> </u> <u> </u> <u> </u> INTUIT QUICKBOOKS 2700 COAST AVE. MOUNTAIN VIEW, CA 94043	COMPUTER SOFTWARE	<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: ACCOUNTING SYSTEM	103.00	240.71	02/03/25
Code <u> </u> <u> </u> <u> </u> CONSTANT CONTACT 890 WINTER ST. WALTHAM, MA 02451	INTERNET MARKETING	X Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: WEB CONTACTS	82.00	164.00	02/03/25
SUBTOTAL THIS PAGE OF SCHEDULE B			\$ 2,570.98		
TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY <i>(Enter total on ITEM 17a of the Summary Sheet.)</i>			\$		



**REPORT OF RECEIPTS AND EXPENDITURES
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 <u>18</u> of <u>33</u>

RECIPIENT'S NAME AND MAILING ADDRESS <i>(street, number, city, state, ZIP code)</i>	RECIPIENT'S OCCUPATION	TYPE OF EXPENDITURE and PURPOSE <i>(be specific)</i>	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE OF EXPENDITURE <i>(mm/dd/yy)</i>
	OFFICE SOUGHT <i>(if applicable)</i>				
Code <u> </u> <u> </u> THE FOUNDRY 100 N. MAIN STREET EVANSVILLE, IN 47710	BUILDING OWNER	X Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: RENT	395.00	395.00	02/03/25
Code <u> </u> <u> </u> QUICKBOOKS INDIANA DEPT. OF REVENUE 100 N. SENATE AV. INDIANAPOLIS, IN 46204	PAYROLL TAXES	X Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: STATE WITHHOLDING	28.91	568.01	02/10/25
Code <u> </u> <u> </u> MY DOMAIN WEB SERVICES 10 CORPORATE DRIVE BURLINGTON, MA 01803	COMPUTER SOFTWARE	X Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: WEBSITE NAME	20.00	40.00	02/06/25
Code <u> </u> <u> </u> ASTOUND RCN BROADBAND P.O. BOX 830714 PHILADELPHIA, PA 19182	CABLE INTERNET	X Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: COMPUTER INTERNET	55.41	110.82	02/05/25
Code <u> </u> <u> </u> U.S.POST OFFICE 800 S. GREEN RIVER RD. EVANSVILLE, IN 47715	POST OFFICE	X Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: POSTAGE & STAMPS	146.00	146.00	02/10/25
Code <u> </u> <u> </u> U.S. TREASURY INTERNAL REVENUE P.O. BOX 145999 CINCINNATI, OH 45999	PAYROLL TAXES	<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: QTR FEDERAL PAYROLL TAXES	414.51	451.39	02/12/25
Code <u> </u> <u> </u> BENTON SIMPSON 5702 WOODBURN WAY LIBERTY, OH 45044	STUDENT	X Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: PART TIME EMPLOYEE	123.34	271.34	02/10/25
SUBTOTAL THIS PAGE OF SCHEDULE B			\$ 1,183.17		
TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY <i>(Enter total on ITEM 17a of the Summary Sheet.)</i>			\$		



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

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

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

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FILE NUMBER	
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Page <u>19</u> of <u>33</u>	

RECIPIENT'S NAME AND MAILING ADDRESS <i>(street, number, city, state, ZIP code)</i>	RECIPIENT'S OCCUPATION	TYPE OF EXPENDITURE and PURPOSE <i>(be specific)</i>	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE OF EXPENDITURE <i>(mm/dd/yy)</i>
	OFFICE SOUGHT <i>(if applicable)</i>				
Code <u> </u> <u> </u> BENTON SIMPSON 5702 WOODBURN WAY LIBERTY, OH 45044	STUDENT	X Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: REIMBURSE POSTAGE	41.83	41.83	02/11/25
Code <u> </u> <u> </u> BENTON SIMPSON 5702 WOODBURN WAY LIBERTY, OH 45044	PART TIME EMPLOYEE	X Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: PART TIME EMPLOYEE	431.69	703.03	02/18/25
Code <u> </u> <u> </u> U.S. TREASURY INTERNAL REVENUE P.O. BOX 145999 CINCINNATI, OH 45999	PAYROLL TAXES	X Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: FEDERAL P/R TAXES	101.18	552.57	02/18/25
Code <u> </u> <u> </u> ASTOUND RCN BROADBAND P.O. BOX 830714 PHILADELPHIA, PA 19182	CABLE INTERNET	X Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: COMPUTER INTERNET	55.41	110.82	02/05/25
Code <u> </u> <u> </u> THE FOUNDRY 100 N. MAIN STREET EVANSVILLE, IN 47710	OFFICE BUILDING	X Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: RENT	800.00	1195.00	02/28/25
Code <u> </u> <u> </u> TRAVIS COCHREN 3500 HARLAN AVE. EVANSVILLE, IN 47711	DEPUTY SHERIFF	X Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: EVENT SECURITY	280.00	280.00	02/28/25
Code <u> </u> <u> </u> ADAM LAHANIS 3500 HARLAN AVE. EVANSVILLE, IN 47711	DEPUTY SHERIFF	X Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: EVENT SECURITY	280.00	280.00	02/28/25
SUBTOTAL THIS PAGE OF SCHEDULE B			\$ 1,190.11		
TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY <i>(Enter total on ITEM 17a of the Summary Sheet.)</i>			\$		



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

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

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

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FILE NUMBER
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RECIPIENT'S NAME AND MAILING ADDRESS <i>(street, number, city, state, ZIP code)</i>	RECIPIENT'S OCCUPATION	TYPE OF EXPENDITURE and PURPOSE <i>(be specific)</i>	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE OF EXPENDITURE <i>(mm/dd/yy)</i>
	OFFICE SOUGHT <i>(if applicable)</i>				
Code <u> O </u> FAITHWAY BAPTIST CHURCH 3635 POLLACK AVE. EVANSVILLE, IN 47715	CHURCH SPACE	X Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: RENT	150.00	150.00	02/28/25
Code <u> O </u> INTUIT QUICKBOOKS 2700 COAST AVE. MOUNTAIN VIEW, CA 94043	COMPUTER SOFTWARE	<input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: ACCOUNTING SOFTWARE	210.00	450.71	03/03/25 04/21/25
Code <u> A </u> CONSTANT CONTACT 890 WINTER ST. WALTHAM, MA 02451	INTERNET MARKETING	X Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: WEB MARKETING	164.00	328.00	03/03/25 04/11/25
Code <u> O </u> ASTOUND RCN BROADBAND P.O. BOX 830714 PHILADELPHIA, PA 19182	CABLE INTERNET	X Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: COMPUTER INTERNET	110.82	221.64	03/10/25 04/07/25
Code <u> O </u> THE FOUNDRY 100 N. MAIN STREET EVANSVILLE, IN 47710	OFFICE BUILDING	X Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: RENT	800.00	1995.00	04/04/25
Code <u> O </u> BENTION SIMPSON 5702 WOODBURN WAY. LIBERTY, OH 45044	STUDENT	X Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: PART TIME EMPLOYEE	98.67	801.70	04/01/25
Code <u> O </u> QUICKBOOKS INDIANA DEPT. OF REVENUE 100 N. SENATE AV. INDIANAPOLIS, IN 46204	STATE PAYROLL TAXES	X Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: STATE PAYROLL TAX	23.13	591.14	04/01/25
SUBTOTAL THIS PAGE OF SCHEDULE B			\$ 1,556.62		
TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY <i>(Enter total on ITEM 17a of the Summary Sheet.)</i>			\$		



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

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

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

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FILE NUMBER	
5592	
Page <u>21</u> of <u>33</u>	

RECIPIENT'S NAME AND MAILING ADDRESS <i>(street, number, city, state, ZIP code)</i>	RECIPIENT'S OCCUPATION	TYPE OF EXPENDITURE and PURPOSE <i>(be specific)</i>	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE OF EXPENDITURE <i>(mm/dd/yy)</i>
	OFFICE SOUGHT <i>(if applicable)</i>				
Code <u> </u> <u> </u> BENTON SIMPSON 5702 WOODBURN WAY LIBERTY, OH 45044	STUDENT	X Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: REIMBURSE POSTAGE	148.01	949.71	04/22/25
Code <u> </u> <u> </u> QUICKBOOKS INDIANA DEPT. OF REVENUE 100 N. SENATE AV. INDIANAPOLIS, IN 46204	STATE PAYROLL TAXES	X Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: INDIANA PAYROLL TAXES	34.69	625.83	04/22/25
Code <u> </u> <u> </u> INTUIT QUICKBOOKS 2700 COAST AVE. MOUNTAIN VIEW, CA 94043	COMPUTER SOFTWARE	X Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: ACCOUNTING SOFTWARE	206.00	656.71	05/06/25 06/03/25
Code <u> </u> <u> </u> ASTOUND RCN BROADBAND P.O. BOX 830714 PHILADELPHIA, PA 19182	CABLE INTERNET	X Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: COMPUTER INTERNET	110.36	221.18	05/07/25 06/06/25
Code <u> </u> <u> </u> THE FOUNDRY 100 N. MAIN STREET EVANSVILLE, IN 47710	OFFICE BUILDING	X Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: RENT	800.00	2795.00	05/13/25
Code <u> </u> <u> </u> CONSTANT CONTACT 890 WINTER ST. WALTHAM, MA 02451	INTERNET MARKETING	X Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: WEB MARKETING	173.00	501.00	05/05/25 06/03/25
Code <u> </u> <u> </u> BENTON SIMPSON 5702 WOODBURN WAY LIBERTY, OH 45044	STUDENT	X Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: PART TIME EMPLOYEE	86.34	1036.05	05/06/25
SUBTOTAL THIS PAGE OF SCHEDULE B			\$ 1,558.40		
TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY <i>(Enter total on ITEM 17a of the Summary Sheet.)</i>			\$		



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

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

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

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FILE NUMBER	
5592	
Page <u>22</u> of <u>33</u>	

RECIPIENT'S NAME AND MAILING ADDRESS <i>(street, number, city, state, ZIP code)</i>	RECIPIENT'S OCCUPATION	TYPE OF EXPENDITURE and PURPOSE <i>(be specific)</i>	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE OF EXPENDITURE <i>(mm/dd/yy)</i>
	OFFICE SOUGHT <i>(if applicable)</i>				
Code <u> </u> <u> </u> <u> </u> QUICKBOOKS INDIANA DEPT. OF REVENUE 100 N. SENATE AV. INDIANAPOLIS, IN 46204	STATE PAYROLL TAXES	X Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: INDIANA WITHHOLDING	31.78	657.61	05/06/25 05/22/25
Code <u> </u> <u> </u> <u> </u> BAUERHAUS CATERING 13605 DARMSTADT RD. EVANSVILLE, IN 47725	EVENT CATERER	X Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: LINCOLN DAY DINNER	6168.89	6168.89	05/15/25
Code <u> </u> <u> </u> <u> </u> BURDETTE PARK 5301 NURRENBERN RD. EVANSVILLE, IN 47712	EVENT VENUE DISCOVERY LODGE	X Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: RENT SITE	1045.00	1045.00	05/15/25
Code <u> </u> <u> </u> <u> </u> COCA COLA CONSOLIDATED INC. P.O. BOX 602937 CHARLOTTE, NC 28260	BEVERAGES FOR EVENT	X Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: OLD BILL 2024 ELECTION	359.52	359.52	05/20/25
Code <u> </u> <u> </u> <u> </u> ANCS - ADVANCED NETWORK COMPUTER 255 S. GARVIN STREET EVANSVILLE, IN 47713	COMPUTER SERVICE EVENT	X Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: STREAM 2024 ELECTION	1141.13	1141.13	05/20/25
Code <u> </u> <u> </u> <u> </u> THE CINCINNATI INSURANCE CO. P.O. BOX 145596. CINCINNATI, OH 45250	INSURANCE COMPANY	X Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: LIABILITY INSURANCE	100.00	1910.00	05/20/25
Code <u> </u> <u> </u> <u> </u> BENTON SIMPSON 5702 WOODBURN WAY LIBERTY, OH 45044	STUDENT	X Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: PART TIME EMPLOYEE	49.34	1085.39	05/22/25
SUBTOTAL THIS PAGE OF SCHEDULE B			\$ 8,895.66		
TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY <i>(Enter total on ITEM 17a of the Summary Sheet.)</i>			\$		



**REPORT OF RECEIPTS AND EXPENDITURES
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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RECIPIENT'S NAME AND MAILING ADDRESS <i>(street, number, city, state, ZIP code)</i>	RECIPIENT'S OCCUPATION	TYPE OF EXPENDITURE and PURPOSE <i>(be specific)</i>	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE OF EXPENDITURE <i>(mm/dd/yy)</i>
	OFFICE SOUGHT <i>(if applicable)</i>				
Code <u> O </u> THE FOUNDRY 100 N. MAIN STREET EVANSVILLE, IN 47710	OFFICE BUILDING	X Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: RENT	800.00	3595.00	06/06/25
Code <u> F </u> GOLF PLUS STORE 5601 E. VIRGINIA ST. EVANSVILLE, IN 47715	GOLF RETAIL STORE	X Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: GOLF OUTING PRIZES	394.83	394.83	06/10/25
Code <u> F </u> HELFRICH HILLS GOLF COURSE 1550 MESKER PARK DRIVE. EVANSVILLE, IN 47720	MUNICIPAL PUBLIC GOLF COURSE	X Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: GOLF OUTING EXPENSES	320.53	320.53	06/13/25
Code <u> F </u> CHILI WILLIE'S RESTAURANT. 1550 MESKER PARK DRIVE EVANSVILLE, IN 47720	RESTAURANT AT GOLF COURSE	X Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: GOLF OUTING LUNCH	642.00	642.00	06/13/25
Code <u> O </u> BEST BUY STORES 6300 E. LLOYD EXPWY. EVANSVILLE, IN 47715	COMPUTER RETAIL STORE	X Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: COMPUTER MONITOR	205.95	205.95	06/25/25
Code <u> O </u> QUICKBOOKS INDIANA DEPT. OF REVENUE 100 N. SENATE AV. INDIANAPOLIS, IN 46204	INDIANA PAYROLL TAXES	X Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: STATE PAYROLL TAXES	28.32	685.93	06/30/25
Code <u> O </u> WILLIAM GUZMAN 3344 AVONDALE DRIVE NEWBURGH, IN 47630	STUDENT	X Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: PART TIME EMPLOYEE	173.81	173.81	06/30/25
SUBTOTAL THIS PAGE OF SCHEDULE B			\$ 1,183.17		
TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY <i>(Enter total on ITEM 17a of the Summary Sheet.)</i>			\$		



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

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

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

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RECIPIENT'S NAME AND MAILING ADDRESS <i>(street, number, city, state, ZIP code)</i>	RECIPIENT'S OCCUPATION	TYPE OF EXPENDITURE and PURPOSE <i>(be specific)</i>	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE OF EXPENDITURE <i>(mm/dd/yy)</i>
	OFFICE SOUGHT <i>(if applicable)</i>				
Code <u> </u> <u> </u> <u> </u> INTUIT QUICKBOOKS 2700 COAST AVE. MOUNTAIN VIEW, CA 94043	COMPUTER SOFTWARE	X Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: ACCOUNTING SOFTWARE	182.00	838.71	07/03/25 08/04/25
Code <u> </u> <u> </u> <u> </u> CONSTANT CONTACT 890 WINTER ST. WALTHAM, MA 02451	INTERNET MARKETING	X Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: IWEB MARKETING	182.00	683.00	07/03/25 08/04/25
Code <u> </u> <u> </u> <u> </u> ROTARY CLUB OF EVANSVILLE 402 COURT STREET. EVANSVILLE, IN 47708	SERVICE ORGANIZATION	X Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: DUES - KYHLE MOERS	850.00	850.00	06/23/25
Code <u> </u> <u> </u> <u> </u> ASTOUND RCN BROADBAND P.O. BOX 830714 PHILADELPHIA, PA 19182	CABLE INTERNET	X Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: COMPUTER INTERNET	110.36	331.54	07/08/25 08/06/25
Code <u> </u> <u> </u> <u> </u> THE FOUNDRY 100 N. MAIN STREET EVANSVILLE, IN 47710	OFFICE BUILDING	X Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: RENT	800.00	2795.00	07/07/25
Code <u> </u> <u> </u> <u> </u> EIG WEB MY DOMAINE 5335 GATE PARKWAY. JACKSONVILLE, FL 32256	INTERNET COMPANY	X Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: WEB DOMAIN	607.55	607.55	07/10/25
Code <u> </u> <u> </u> <u> </u> WILLIAM GUZMAN 3344 AVONDALE DRIVE NEWBURGH, IN 47630	STUDENT	X Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: PART TIME EMPLOYEE	236.77	410.58	07/22/25
SUBTOTAL THIS PAGE OF SCHEDULE B			\$ 2,968.68		
TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY <i>(Enter total on ITEM 17a of the Summary Sheet.)</i>			\$		



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

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

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ITEMIZED EXPENDITURES**

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FILE NUMBER

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RECIPIENT'S NAME AND MAILING ADDRESS <i>(street, number, city, state, ZIP code)</i>	RECIPIENT'S OCCUPATION	TYPE OF EXPENDITURE and PURPOSE <i>(be specific)</i>	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE OF EXPENDITURE <i>(mm/dd/yy)</i>
	OFFICE SOUGHT <i>(if applicable)</i>				
Code <u> </u> <u> </u> <u> </u> QUICKBOOKS INDIANA DEPT. OF REVENUE 100 N. SENATE AV. INDIANAPOLIS, IN 46204	STATE PAYROLL TAXES	X Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: INDIANA WITHHOLDING	52.78	738.71	07/22/25
Code <u> </u> <u> </u> <u> </u> RIGHT TO LIFE OF SOUTHWEST INDIANA 20 N.W. THIRD ST. EVANSVILLE, IN 47708	ADVOCACY ORGANIZATION	X Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: BANQUET TABLE	750.00	750.00	07/27/25
Code <u> </u> <u> </u> <u> </u> QUICKBOOKS INDIANA DEPT. OF REVENUE 100 N. SENATE AV.. INDIANAPOLIS, IN 47708	INDIANA PAYROLL TAXES	X Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: STATE WITHHOLDING TAX	21.39	760.10	08/12/25
Code <u> </u> <u> </u> <u> </u> WAL MART STORES 335 S. RED BANK RD. EVANSVILLE, IN 47712	RETAIL STORE	X Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: PICNIC SUPPLIES	203.93	203.93	08/18/25
Code <u> </u> <u> </u> <u> </u> FOP PAL CAMP FRATERNAL ORDER OF POLICE 5417 N. HAPPE RD. EVANSVILLE, IN 47720	OUTDOOR EVENT VENUE	X Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: RENT FOR PICNIC	260.00	260.00	08/18/25
Code <u> </u> <u> </u> <u> </u> EIG WEB MY DOMAINE 5335 GATE PARKWAY JACKSONVILLE, FL 32256	INTERNET COMPANY	X Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: WEB DOMAIN	59.88	667.43	08/19/25
Code <u> </u> <u> </u> <u> </u> WILLIAM GUZMAN 3344 AVONDALE DRIVE NEWBURGH, IN 47630	STUDENT	X Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: PART TIME EMPLOYEE	290.84	701.42	08/26/25
TOTAL THIS PAGE OF SCHEDULE B			\$ 1,638.82		
TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY <i>(Enter total on ITEM 17a of the Summary Sheet.)</i>			\$		



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

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

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

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FILE NUMBER
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Page <u>26</u> of <u>33</u>

RECIPIENT'S NAME AND MAILING ADDRESS <i>(street, number, city, state, ZIP code)</i>	RECIPIENT'S OCCUPATION	TYPE OF EXPENDITURE and PURPOSE <i>(be specific)</i>	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE OF EXPENDITURE <i>(mm/dd/yy)</i>
	OFFICE SOUGHT <i>(if applicable)</i>				
Code <u> O </u> QUICKBOOKS INDIANA DEPT. OF REVENUE 100 N. SENATE AV. INDIANAPOLIS, IN 46204	STATE PAYROLL TAXES	X Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: INDIANA WITHHOLDING	65.27	825.37	08/26/25
Code <u> F </u> DOTTIE THOMAS 3120 N. RED BANK RD. EVANSVILLE, IN 47720	PARTY VICE CHAIR	X Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: REIMBURSE SUPPLIES	297.03	297.03	08/27/25
Code <u> C </u> FAITH MUSIC RADIO P.O. BOX 2428. EVANSVILLE, IN 47728	RADIO STATION CHAMNNEL	X Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: DONATION	100.00	100.00	08/30/25
Code <u> O </u> INTUIT QUICKBOOKS 2700 COAST AVE. MOUNTAIN VIEW, CA 94043	COMPUTER SOFTWARE	X Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: ACCOUNTING SOFTWARE	204.00	1042.71	09/03/25 10/03/25
Code <u> A </u> CONSTANT CONTACT 890 WINTER ST. WALTHAM, MA 02451	COMPUTER INTERNET MARKETING	X Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: WEB MARKETING	182.00	865.00	09/03/25 10/03/25
Code <u> O </u> ASTOUND RCN BROADBAND P.O. BOX 830714 PHILADELPHIA, PA 19182	CABLE INTERNET CO.	X Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: COMPUTER INTERNET	110.36	441.90	09/06/25 10/07/25
Code <u> O </u> THE FOUNDRY 100 N. MAIN STREET EVANSVILLE, IN 47710	OFFICE BUILDING	X Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: RENT	800.00	4395.00	08/07/25
TOTAL THIS PAGE OF SCHEDULE B			\$ 1,758.66		
TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY <i>(Enter total on ITEM 17a of the Summary Sheet.)</i>			\$		



**REPORT OF RECEIPTS AND EXPENDITURES
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RECIPIENT'S NAME AND MAILING ADDRESS <i>(street, number, city, state, ZIP code)</i>	RECIPIENT'S OCCUPATION	TYPE OF EXPENDITURE and PURPOSE <i>(be specific)</i>	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE OF EXPENDITURE <i>(mm/dd/yy)</i>
	OFFICE SOUGHT <i>(if applicable)</i>				
Code <u> </u> <u> </u> THE CINCINNATI INSURANCE CO. P.O. BOX 145596. CINCINNATI, OH 45250	INSURANCE COMPANY	X Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: BINDER FOR TRAILER	175.00	1910.00	09/07/25
Code <u> </u> <u> </u> HOLIDAY INN EXPRESS 13625 TEGLER DRIVE NOBLESVILLE, IN 46060	LODGING CHAIRMAN	X Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: CONFERENCE - K. MOERS	171.35	171.35	09/15/25
Code <u> </u> <u> </u> THE FOUNDRY 100 N. MAIN STREET EVANSVILLE, IN 47710	OFFICE BUILDING	X Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: OFFICE RENT	850.00	5245.00	09/06/25
Code <u> </u> <u> </u> SPANKEY'S UNA PIZZA 4400 W. LLOYD EXPWY. EVANSVILLE, IN 47712	PIZZA RESTAURANT	X Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: YOUNG REP. MEETING	352.35	352.35	09/22/25
Code <u> </u> <u> </u> QUICKBOOKS INDIANA DEPT. OF REVENUE 100 N. SENATE AV. INDIANAPOLIS, IN 46204	STATE PAYROLL TAXES	X Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: INDIANA WITHHOLDING	84.23	909.60	09/24/25
Code <u> </u> <u> </u> ZACHARY KREMER 1526 HERITAGE MANOR CT. ST. PETER'S MO 63303	STUDENT.	X Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: PART TIME EMPLOYEE	331.75	331.75	09/26/25
Code <u> </u> <u> </u> THE FOUNDRY 100 N. MAIN STREET EVANSVILLE, IN 47710	OFFICE BUILDING	X Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: RENT	800.00	6045.00	10/07/25
TOTAL THIS PAGE OF SCHEDULE B			\$ 2,764.68		
TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY <i>(Enter total on ITEM 17a of the Summary Sheet.)</i>			\$		



**REPORT OF RECEIPTS AND EXPENDITURES
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RECIPIENT'S NAME AND MAILING ADDRESS <i>(street, number, city, state, ZIP code)</i>	RECIPIENT'S OCCUPATION	TYPE OF EXPENDITURE and PURPOSE <i>(be specific)</i>	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE OF EXPENDITURE <i>(mm/dd/yy)</i>
	OFFICE SOUGHT <i>(if applicable)</i>				
Code <u> O </u> QUICKBOOKS INDIANA DEPT. OF REVENUE 100 N. SENATE AV. INDIANAPOLIS, IN 46204	STATE PAYROLL TAXES	X Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: INDIANA WITHHOLDING	50.96	960.56	10/07/25
Code <u> O </u> ZACHARY KREMER 1526 HERITAGE MANOR CT. ST. PETERS, MO 63303	STUDENT	X Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: PART TIME EMPLOYEE	234.53	566.28	10/07/25
Code <u> A </u> OVATION COMMUNICATIONS INC. 1326 N. WEINBACH AV.. EVANSVILLE, IN 47711	MARKETING & GRAPHICS	X Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: BANNER FALL FESTIVAL	134.70	134.70	10/14/25
Code <u> A </u> AWARD WORLD TROPHIES 700 N. WEINBACH AV.. EVANSVILLE, IN 47711	TROPHIES ANS AWARDS	X Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: DINNER AWARDS	107.00	107.00	10/17/25
Code <u> F </u> WEST SIDE NUT CLUB ELEVENTH & FRANKLIN STS. . EVANSVILLE, IN 47712	SERVICE ORGANIZATION	X Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: BOOTH RENTAL ANNUAL	860.00	860.00	10/17/25
Code <u> O </u> QUICKBOOKS INDIANA DEPT. OF REVENUE 100 N. SENATE AV. INDIANAPOLIS, IN 46204	INDIANA PAYROLL TAX	X Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: STATE WITHHOLDING TAX	50.90	1011.46	10/17/25
Code <u> O </u> ZACHARY KREMER 1526 HERITAGE MANOR CT. ST. PETERS, MO 63303	STUDENT	X Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: PART TIME EMPLOYEE	234.55	800.83	10/17/25
TOTAL THIS PAGE OF SCHEDULE B			\$ 1,672.64		
TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY <i>(Enter total on ITEM 17a of the Summary Sheet.)</i>			\$		



**REPORT OF RECEIPTS AND EXPENDITURES
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Indiana Election Division (IC 3-9-5-14)

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RECIPIENT'S NAME AND MAILING ADDRESS <i>(street, number, city, state, ZIP code)</i>	RECIPIENT'S OCCUPATION	TYPE OF EXPENDITURE and PURPOSE <i>(be specific)</i>	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE OF EXPENDITURE <i>(mm/dd/yy)</i>
	OFFICE SOUGHT <i>(if applicable)</i>				
Code <u>F</u> THE BAUERHAUS CATERING 13605 DARMSTADT RD. EVANSVILLE, IN 47725	RESTAURANT CATERING	X Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: REAGAN DAY DINNER	5368.93	11537.82	10/24/25
Code <u>O</u> INTUIT QUICKBOOKS 2700 COAST AVE. MOUNTAIN VIEW, CA 94043	COMPUTER SOFTWARE	X Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: ACCOUNTING SOFTWARE	226.00	1268.71	11/03/25 12/03/25
Code <u>A</u> CONSTANT CONTACT 890 WINTER ST. WALTHAM, MA 02451	COMPUTER INTERNET	X Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: WEB MARKETING	182.00	1047.00	11/03/25 12/03/25
Code <u>O</u> SPANKEY'S UNA PIZZA 4400 W. LLOYD EXPWY. EVANSVILLE, IN 47712	PIZZA RESTAURANT	X Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: YOUNG REP. MEETING	154.84	507.19	11/10/25
Code <u>O</u> QUICKBOOKS INDIANA DEPT. OF REVENUE 100 N. SENATE AV. INDIANAPOLIS, IN 46204	STATE PAYROLL TAXES	X Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: INDIANA WITHHOLDING	37.83	947.43	11/04/25
Code <u>O</u> ZACHARY KREMER 1526 HERITAGE MANOR CT. ST. PETER'S MO 63303	STUDENT.	X Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: PART TIME EMPLOYEE	174.23	975.06	11/04/25
Code <u>O</u> THE FOUNDRY 100 N. MAIN STREET EVANSVILLE, IN 47710	OFFICE BUILDING	X Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: RENT	800.00	6845.00	11/07/25
TOTAL THIS PAGE OF SCHEDULE B			\$ 6,943.83		
TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY <i>(Enter total on ITEM 17a of the Summary Sheet.)</i>			\$		



**REPORT OF RECEIPTS AND EXPENDITURES
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.

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RECIPIENT'S NAME AND MAILING ADDRESS <i>(street, number, city, state, ZIP code)</i>	RECIPIENT'S OCCUPATION	TYPE OF EXPENDITURE and PURPOSE <i>(be specific)</i>	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE OF EXPENDITURE <i>(mm/dd/yy)</i>
	OFFICE SOUGHT <i>(if applicable)</i>				
Code <u> </u> O <u> </u> ASTOUND RCN BROADBAND P.O. BOX 830714 PHILADELPHIA, PA 19182	CABLE INTERNET CO.	X Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: COMPUTER INTERNET	110.36	552.26	11/06/25 12/08/25
Code <u> </u> O <u> </u> INTERNAL REVENUE SERVICE U.S.TREASURY OGDEN, UT 84201	INTERNAL REVENUE TAX	X Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: OLD 2021 TAX DISOUTE	1269.65	1822.22	11/10/25
Code <u> </u> O <u> </u> THE DONUT BANK 2128 N. FIRST AV.. EVANSVILLE, IN 47711	PASTRY RESTAURANT	X Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: DONUTS FOR MEETING	179.16	179.16	11/17/25
Code <u> </u> O <u> </u> SPANKEY'S UNA PIZZA 4400 W. LLOYD EXPWY. EVANSVILLE, IN 47712	PIZZA RESTAURANT	X Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: YOUNG REP. MEETING	266.52	773.71	12/08/25
Code <u> </u> O <u> </u> QUICKBOOKS INDIANA DEPT. OF REVENUE 100 N. SENATE AV. INDIANAPOLIS, IN 46204	STATE PAYROLL TAXES	X Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: INDIANA WITHHOLDING	49.46	996.89	11/18/25
Code <u> </u> O <u> </u> ZACHARY KREMER 1526 HERITAGE MANOR CT. ST. PETER'S MO 63303	STUDENT	X Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: PART TIME EMPLOYEE	227.85	1202.91	11/18/25
Code <u> </u> O <u> </u> THE FOUNDRY 100 N. MAIN STREET EVANSVILLE, IN 47710	OFFICE BUILDING	X Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: RENT	800.00	7645.00	12/08/25
TOTAL THIS PAGE OF SCHEDULE B			\$ 2,903.00		
TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY <i>(Enter total on ITEM 17a of the Summary Sheet.)</i>			\$		



**REPORT OF RECEIPTS AND EXPENDITURES
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.

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RECIPIENT'S NAME AND MAILING ADDRESS <i>(street, number, city, state, ZIP code)</i>	RECIPIENT'S OCCUPATION	TYPE OF EXPENDITURE and PURPOSE <i>(be specific)</i>	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE OF EXPENDITURE <i>(mm/dd/yy)</i>
	OFFICE SOUGHT <i>(if applicable)</i>				
Code <u> O </u> QUICKBOOKS INDIANA DEPT. OF REVENUE 100 N. SENATE AV. INDIANAPOLIS, IN 46204	STATE PAYROLL TAXES.	X Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: INDIANA WITHHOLDING	23.28	1020.17	12/04/25
Code <u> O </u> ZACHARY KREMER 1526 HERITAGE MANOR CT. ST. PETER'S MO 63303	STUDENT	X Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: PART TIME EMPLOYEE	107.22	1310.13	12/04/25
Code <u> O </u> INDIANA REPUBLICAN STATE COMMITTEE 101 S. OHIO ST. INDIANAPOLIS, IN 46204	STATE ORGANIZATION PARTY	X Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: REGISTER CONGRESS OF COUNTIES	800.00	800.00	12/10/25
Code <u> O </u> 8 TH DISTRICT REPUBLICAN COMMITTEE 809 EASTWOOD DR. ROCKVILLE, IN 47872	8 TH DIST. PARTY ORG.	X Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: ANNUAL FEE	100.00	100.00	12/22/25
Code <u> O </u> QUICKBOOKS INDIANA DEPT. OF REVENUE 100 N. SENATE AV. INDIANAPOLIS, IN 46204	STATE PAYROLL TAXES	X Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: INDIANA WITHHOLDING	34.92	1055.09	12/16/25
Code <u> O </u> ZACHARY KREMER 1526 HERITAGE MANOR CT. ST. PETER'S MO 63303	STUDENT.	X Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: PART TIME EMPLOYEE	160.83	1470.96	12/16/25
THIS PAGE OF SCHEDULE B			\$ 1,226.25		
TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY <i>(Enter total on ITEM 17a of the Summary Sheet.)</i>			\$ 40,014.47		



**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.

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CREDITOR'S OR LENDER'S NAME AND MAILING ADDRESS <i>(street, number, city, state, ZIP code)</i>	ENDORSER'S OR VENDOR'S NAME AND MAILING ADDRESS <i>(if any)</i> <i>(street, number, city, state, ZIP code)</i>	AMOUNT	DATE DEBT INCURRED <i>(mm/dd/yy)</i>	CUMULATIVE PAID YEAR-TO-DATE	OUTSTANDING BALANCE THIS PERIOD
		NATURE OF DEBT			
NONE					
LENDER'S OCCUPATION:					
LENDER'S OCCUPATION:					
LENDER'S OCCUPATION:					
LENDER'S OCCUPATION:					
LENDER'S OCCUPATION:					
LENDER'S OCCUPATION:					
SUBTOTAL THIS PAGE OF SCHEDULE D					\$
TOTAL OF ALL PAGES OF SCHEDULE D ON THE LAST PAGE ONLY <i>(Enter total on ITEM 19 of the Summary Sheet.)</i>					\$



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

State Form 4806 (R18 / 6-25)
Indiana Election Division (IC 3-9-5-14)

**(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.

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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			
NONE					
SUBTOTAL THIS PAGE OF SCHEDULE E					\$
TOTAL OF ALL PAGES OF SCHEDULE E ON THE LAST PAGE ONLY <i>(Enter total on ITEM 20 of the Summary Sheet.)</i>					\$