

REPORT OF RECEIPTS AND EXPENDITURES OF A POLITICAL COMMITTEE

(CFA-4)

State Form 4606 (R15 / 5-19) Indiana Election Division (IC 3-9-5-14)

AM IT: 2022 OCT 21

Summary Sheet FILE NUMBER

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.

2-17-002 **TOTAL PAGES IN ENTIRE CFA-4 REPORT**

IS THIS AN AMENDMENT? Yes No	1000	7					
COMMITTEE INFORMATION		The second					
1. Full Name of Committee (as an Statement of Organization) Check if this is a new natura Herzog For Recorder	ime,						
2. Acronym or Abbreviated Name (ff any)	3. Committee Telephone Number (317) 440 - 3520						
4. Mailing Address (Address where all campaign finance correspondence is received.)							
North Salem IN 46165	6. Party Affiliation (if applicable)						
CANDIDATE INFORMATION (For Candidate's Committees Only)							
7. Full Name of Candidate (Include any nickname.)	B. 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				
1. Check one: Check Pre-Primary Pre-Election Annual Nomination Other Pre-							
Final / Disbands Committee (Lines 18, 19, and 20 must be "0".) Utgoing Treasurer (Within ten (10) days amend Statem	nent of Organization.)	Post-Conv	rention				
12. Reporting Period (mm/dd/yy): From: 04-09-2027 Through: 10-14-2022		LUMN A s Period	COLUMN B Year to Date				
13. Cash on hand and investments at the beginning of this reporting period.	-	500,00					
14. Cash on hand and investments January 1, current year.			1179.97				
CONTRIBUTIONS AND RECEIPTS							
(Note: these amounts include in-kind contributions and loans, as well as cash contributions.)		2					
15a. Itemized (Use Schedule A.)	1	3.00	1579,91				
15b, Unitemized		0	1 = 2 2 2 2 2				
15c. Add lines 15a and 15b in both columns.	1	3,00	1579,97				
TO, YOU MICO TO SHE JOSHI THE	DTAL	13.00	1579,97				
EXPENDITURES							
(Note: These amounts include in-kind expenditures and loan repayments.)	TO S	اسسب					
17a. Itemized (Use Schedule B.) (Public Question: use Schedule C.)		0	106691				
17b, Unitemized			1066.97.				
17c. Add lines 17a and 17b in both columns.		0					
to, oddir or trialic dria integrations of second monoperation	TOTAL 518	5100	513,00				
19. Debts OWED BY the committee (Use Schedule D.)	3)					
20. Debts OWED TO the committee (Use Schedule E.)	21	13.00					
CERTIFICATION		FO	OR OFFICE USE ONLY				
I CERTIFY THAT I HAVE EXAMINED THIS STATEMENT. TO THE BEST OF MY KNOWLEDGE AND BELIEF IT IS TRU							
Signature of Treasurer Werzolf Title Treasurer	-	3-3022					
Signature of Candidate (if applicable)	Date (mm/o	(d/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 3-14-1-18) A person who fails to file a complete or accurate report as required by the Indiana Campaign Finance Law commits a Class B misdemeanor, (IC 3-14-1-14) and may be subject to civil penalties. (IC 3-9-4-16, IC 3-9-4-17, IC 3-9-4-18)

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(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 rebutes, 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				
32-17-002				
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CONTRIBUTOR'S FULL NAME AND OCCUPATION FULL MAILING ADDRESS	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS	COLUMN B CUMULATIVE	DATÉ RECEIVED (mm/dd/yy)
(street, number, city, state, ZIP code)	OK OTHER RESERVE	PERIOD	YEAR-TO-DATE	RECEIVED BY
	Contributions: Direct In-Kind (describe)	13.00	1 Jay 8	le-4-22
Laura Herzog Chief Deputy Recorder 8412 Hughes Rd North Stulem, IN 46165	Other Receipts: Loan Miscellayloous (specify)		1579.97	llh
Contributor's Occupation (if required)				
2.	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest Loan Miscellaneous (specify)			
Contributor's Occupation (if required)				
3.	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest Loan Miscellaneous (spacify)			
Contributor's Occupation (if required)				
4.	Contributions: Direct In-Kind (describe)			•
	Other Receipts: Interest Loan Miscellaneous (specify)			
Contributor's Occupation (if required)				
5.	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest Loan Miscellaneous (specify)			
Contributor's Occupation (if required)				
	THIS PAGE OF SCHEDULE A	\$ 13,00		
TOTAL OF ALL PAGES OF SCHEDULE	A ON THE LAST PAGE ONLY	\$ 12.00		