



**SUPPLEMENTAL "LARGE CONTRIBUTION" REPORT  
BY A CANDIDATE'S COMMITTEE  
(\$1,000 CONTRIBUTIONS OR MORE)**

**(CFA-11)**

State Form 48492 (R3/11-05)  
Indiana Election Commission (IC 3-9-5-20.1; 3-9-5-22)

FILE NUMBER
TOTAL PAGES IN ENTIRE CFA-11 REPORT
2

**INSTRUCTIONS:** Only candidates receiving a "large contribution" are required to file this report. 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.

**COMMITTEE INFORMATION**

1. Full Name of Candidate (include any nickname) <input type="checkbox"/> Check if this is a new name <b>COMMITTEE TO ELECT JIM BIGGS</b>		2. Committee Telephone Number ( 219 ) 331-9718	
3. Mailing Address (address where all campaign finance correspondence is received) <input type="checkbox"/> Check if this is a new address <b>750 S. 2ND STREET</b>			
4. City <b>CHESTERTON</b>	State <b>IN</b>	ZIP Code <b>46304</b>	5. Party Affiliation or If Independent Candidate <b>REPUBLICAN</b>
6. Office Sought (include district number, if any. Not required for exploratory committee.) <b>PORTER COUNTY COMMISSIONER- NORTH DIST.</b>		7. County of Residence <b>PORTER</b>	
8. Reporting Period: From: <b>6/22/2016</b> Through: <b>10/21/2016</b>			
For classification, enter INDV for individual; PAC for political action committee; CORP for corporation; LAB for labor organization; NONE for all entries which are not one of the above categories.			

CONTRIBUTOR'S FULL NAME AND OCCUPATION FULL MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT OF CONTRIBUTION	DATE RECEIVED  RECEIVED BY
<b>Classification 1.</b> <b>CORP</b>  <b>GARIUP CONSTRUCTION CO., INC.</b> <b>P.O. BOX 64879</b> <b>GARY, IN 46401</b>  Contributor's Occupation (if applicable) _____	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"/> Misc (specify) _____	<b>\$1,000</b>	<b>9/13/16</b>  <b>JB</b>
<b>Classification 2.</b> <b>CORP</b>  <b>A C IRON</b> <b>1938 177TH STREET</b> <b>LANSING, IL 60438</b>  Contributor's Occupation (if applicable) _____	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"/> Misc (specify) _____	<b>\$1,000</b>	<b>9/15/16</b>  <b>JB</b>
<b>Classification 3.</b> <b>CORP</b>  <b>IN TOUCH PHARMACEUTICALS, INC.</b> <b>1150 EASTPORTE CENTRE DR.</b> <b>VALPARAISO, IN 46383</b>  Contributor's Occupation (if applicable) _____	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"/> Misc (specify) _____	<b>\$3,000</b>	<b>8/23/16</b>  <b>JB</b>

**CERTIFICATION**

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

Signature of Treasurer <i>Sara Morales</i>	Title <b>TREASURER</b>	Date (MM-DD-YY) <b>10-20-16</b>
Signature of Candidate (if applicable) <i>[Signature]</i>		Date (MM-DD-YY) <b>10-21-16</b>

**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 Class D 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, and IC 3-9-4-18)

**FOR OFFICE USE ONLY**

FILED  
 2016 OCT 21 AM 11  
 PORTER COUNTY CLERK  
 JIM BARNHART

## INSTRUCTIONS FOR COMPLETING THIS FORM

This form is to be used by the treasurer of each candidate committee to report contributions under IC 3-9-5-20.1 or under IC 3-9-5-22, if a candidate for statewide office. This form consists of a single sheet to report "large contributions" that total at least \$1,000 received by a candidate's committee:

- (1) not more than twenty-five (25) days before a convention, primary, or election; and
- (2) no later than forty-eight (48) hours before the primary, election, or a convention.

**Only candidate's committees that receive a "large contribution" that totals at least \$1,000 during this time period are required to file this report not later than 48 hours after the large contribution is received. Exception: See statewide candidate instructions below.**

**SPECIAL INSTRUCTIONS FOR STATEWIDE CANDIDATES:** For statewide candidates, a "large contribution" **also** means a single contribution that is at least ten thousand dollars (\$10,000) that is received at any time. This contribution must be reported to the Election Division not later than noon seven (7) days after it is received by the statewide candidate's committee. (IC 3-9-5-22)

The spaces on this form have been numbered for your convenience and for easy reference to these instructions. The preparer should type or print legibly in BLACK INK all information required. The current version of this form must be used. (IC 3-5-4-8)

You must complete each applicable item on this form. If additional pages are needed, attach copies of this form to the first page. Candidate and committee general information is not necessary to repeat on any additional pages. **The contributions reported in this "supplemental" report must be included in the next CFA-4 report filed for this committee.**

**FILE NUMBER:** Enter the number previously assigned by the Election Division or County Election Board for this committee.

**ITEM 1:** Enter the full name of the candidate and include any nickname, particularly if the candidate's nickname may appear on the ballot.

**ITEM 2:** Enter the committee's telephone number, including area code. (*This will typically be the committee's daytime telephone number.*)

**ITEM 3:** Enter the mailing address of the committee. All correspondence with the committee relative to filings under the Campaign Finance Act will be mailed to this address, unless specified otherwise. Check if this is a new address.

**ITEM 4:** Enter the committee's city, state, and ZIP code. If known, include the ZIP plus four.

**ITEM 5:** If the candidate supports the philosophy and ideals of a particular political party, enter the political affiliation. If the candidate is not affiliated with a political party, enter "Independent." A committee to retain an incumbent (*such as a justice or judge*) should also enter "Independent." A write-in candidate should follow the same procedure, and enter either a political party or "Independent." **DO NOT** enter "Write-in."

**ITEM 6:** Enter the full name of the office being sought by the candidate (*include district number, if any*). For example: "Indiana State Senator, District \_\_\_\_\_", "\_\_\_\_\_ County Sheriff", or "\_\_\_\_\_ City Common Council, District \_\_\_\_\_."

**ITEM 7:** Enter the candidate's county of residence.

**ITEM 8:** This report supplements a report previously filed by the committee for the committee's most recent reporting period. Enter the period covered by the supplemental report. For example, From: April 10, 2002 Through: April 30, 2002.

### CONTRIBUTOR'S NAME, MAILING ADDRESS, AND OCCUPATION CLASSIFICATION

**Enter the full name and mailing address of the contributor. For classification, enter INDV for individual; PAC for political action committee; CORP for corporation; LAB for labor organization; NONE for all entries which are not one of the above categories.**

**IMPORTANT:** When entering the name of a contributor, it is imperative to list the full name of the entity. Since contributions by corporations and labor organizations are limited by state law (IC 3-9-2-4), this is particularly important to avoid confusion between a contribution from a corporation and from that corporation's political action committee. For example, if you receive a contribution for "ABC Corporation PAC," do not enter the name of the contributor as "ABC Corporation." The same is true for labor organizations and their PACs. You must state clearly whether a contribution came from the "United Thumbtack Workers Union" or its political action committee, "STICKPAC."

If the contributor is an individual, enter the specific occupation of that individual. Examples: "Attorney", "Banker", or "Cook", NOT "Consultant."

**TYPE OF CONTRIBUTION:** Check the appropriate box. For in-kind contributions, describe the general product or service provided (*such as yard signs, bumper stickers, or mailings, etc.*). For "miscellaneous," be as specific as possible.

**AMOUNT OF CONTRIBUTION:** Enter the amount of each "large contribution," including transfers-in, in-kind contributions, loans, or other receipts.

**CERTIFICATION:** The treasurer of the candidate's committee must sign this report. If a person other than the candidate serves as treasurer of a candidate's committee, both the candidate and the treasurer must sign this certification.



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TOTAL PAGES IN ENTIRE CFA-11  
REPORT

2

**COMMITTEE INFORMATION**

1. Full Name of Candidate (include any nickname) <input type="checkbox"/> Check if this is a new name <b>COMMITTEE TO ELECT JIM BIGGS</b>		2. Committee Telephone Number ( 219 ) 331-9718	
3. Mailing Address (address where all campaign finance correspondence is received) <input type="checkbox"/> Check if this is a new address <b>750 S. 2ND STREET</b>			
4. City <b>CHESTERTON</b>	State <b>IN</b>	ZIP Code <b>46304</b>	5. Party Affiliation or If Independent Candidate <b>REPUBLICAN</b>
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Classification 1. <b>INDV</b>  <b>JOHN H. MAGUREAN</b> <b>168 SMOKE ROAD</b> <b>VALPARAISO, IN 46383</b>  Contributor's Occupation (if applicable) <b>BUSINESS OWNER</b>	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"/> Misc (specify)	<b>\$1,000</b>	<b>8/23/16</b>
Classification 2. <b>INDV</b>  <b>RONALD A. STONE</b> <b>450 E. TORTOISE DR.</b> <b>VALPARAISO, IN 46383</b>  Contributor's Occupation (if applicable) <b>BUSINESS OWNER</b>	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"/> Misc (specify)	<b>\$1,000</b>	<b>9/15/16</b>
Classification 3.          Contributor's Occupation (if applicable)	Contributions: <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe)  Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc (specify)		

**CERTIFICATION**

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

Signature of Treasurer <i>Sara Morales</i>	Title <b>TREASURER.</b>	Date (MM-DD-YY) <b>10-20-16.</b>
Signature of Candidate (if applicable) <i>[Signature]</i>		Date (MM-DD-YY) <b>10-21-16</b>

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# REPORT OF RECEIPTS AND EXPENDITURES OF A POLITICAL COMMITTEE

State Form 4606 (R13/11-05)  
Indiana Election Commission (IC 3-9-5-14)

## (CFA-4) Summary Sheet

FILE NUMBER

TOTAL PAGES IN ENTIRE CFA-4 REPORT

14

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

IS THIS AN AMENDMENT?  Yes  No

### COMMITTEE INFORMATION

1. Full Name of Committee (as on Statement of Organization) <input type="checkbox"/> Check if this is a new name <b>COMMITTEE TO ELECT JIM BIGGS</b>	
2. Acronym or Abbreviated Name (if any)	3. Committee Telephone Number ( 219 ) 331-9718
4. Mailing Address (address where all campaign finance correspondence is received) <input type="checkbox"/> Check if this is a new address 750 S. 2 <sup>ND</sup> STREET	
5. City, State, ZIP Code CHESTERTON, IN 46304	6. Party Affiliation (if applicable) REPUBLICAN

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

7. Full Name of Candidate (include any nickname) JAMES 'JIM' BIGGS	8. Party Affiliation or If Independent Candidate REPUBLICAN
9. Office Sought (Include district number, if any. <b>Not required for exploratory committee.</b> ) PORTER COUNTY COMMISSIONER- NORTH DIST.	10. County of Residence PORTER

### TYPE OF REPORT

### CONVENTION CANDIDATES ONLY

11. Check one: <input type="checkbox"/> Pre-Primary <input checked="" type="checkbox"/> Pre-Election <input type="checkbox"/> Annual <input type="checkbox"/> Nomination <input type="checkbox"/> Other _____ <input type="checkbox"/> Final/Disbands Committee (lines 18, 19, and 20 must be '0') <input type="checkbox"/> Outgoing Treasurer (within 10 days amend Statement of Organization)	Check one: <input type="checkbox"/> Pre-Convention <input type="checkbox"/> Post-Convention
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12. Reporting Period: From: 4/9/16 Through: 10/21/16	COLUMN A This Period	COLUMN B Year to Date
13. Cash on hand and investments at the beginning of this reporting period.	\$234.27	
14. Cash on hand and investments January 1, current year.		\$0.00

### CONTRIBUTIONS AND RECEIPTS

<i>(Note: these amounts include in-kind contributions and loans, as well as cash contributions.)</i>		
15a. Itemized (use Schedule A)	\$16,550.00	\$19,430.94
15b. Unitemized	\$2,665.00	\$2,665.00
15c. Add lines 15a and 15b in both columns	<b>SUBTOTAL</b>	<b>\$22,095.94</b>
16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B	<b>TOTAL</b>	<b>\$19,449.27</b>

### EXPENDITURES

<i>(Note: These amounts include in-kind expenditures and loan repayments.)</i>		
17a. Itemized (use Schedule B) (Public Question: use Schedule C)	\$7,383.66	\$10,062.35
17b. Unitemized	\$442.02	\$442.02
17c. Add lines 17a and 17b in both columns	<b>SUBTOTAL</b>	<b>\$10,494.37</b>
18. Cash on hand and investments at close of this reporting period (subtract 17c from 16 in both columns)	<b>TOTAL</b>	<b>\$11,601.57</b>
19. Debts OWED BY the committee (use Schedule D)	\$2,505.94	
20. Debts OWED TO the committee (use Schedule E)		

### 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.

Signature of Treasurer <i>Sara P. Morales</i>	Title TREASURER	Date 10-20-16
Signature of Candidate (if applicable) <i>[Signature]</i>		Date 10-21-16



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

State Form 4606 (R13/11-05)  
Indiana Election Commission (IC 3-9-5-14)

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

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

FILE NUMBER
Page 2 of 14

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 RECEIVED BY
1. <b>LONNIE AILES, M.D.</b> 1551 STURDY RD. VALPARAISO, IN 46383  <i>Contributor's Occupation (if required)</i> DOCTOR	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"/> Misc. (specify)	<b>\$500</b>	<b>\$500</b>	4/14/16  JIM BIGGS
2. <b>ANNETTE BUSH</b> 1021 N. ST RD. 149 VALPARAISO, IN 46385  <i>Contributor's Occupation (if required)</i>	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"/> Misc. (specify)	<b>\$250</b>	<b>\$250</b>	4/14/16  JIM BIGGS
3. <b>CAROL L. PARKS</b> 2201 CHEROKEE CIRCLE VALPARAISO, IN 46383  <i>Contributor's Occupation (if required)</i>	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"/> Misc. (specify)	<b>\$250</b>	<b>\$250</b>	4/14/16  JIM BIGGS
4. <b>VIRGIL GASSOWAY</b> 605 S. CALUMET AVE. CHESTERTON, IN 46304  <i>Contributor's Occupation (if required)</i> DENTIST	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"/> Misc. (specify)	<b>\$250</b>	<b>\$250</b>	4/14/16  JIM BIGGS
5. <b>JANET M. BOHLING</b> 222 SOUTH 300 EAST VALPARAISO, IN 46383  <i>Contributor's Occupation (if required)</i>	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"/> Misc. (specify)	<b>\$100</b>	<b>\$100</b>	4/14/16  JIM BIGGS
<b>SUBTOTAL THIS PAGE OF SCHEDULE A</b>		<b>\$1,350</b>		
<b>TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY</b> <i>(Enter total on ITEM 15a of the Summary Sheet)</i>		<b>\$</b>		



**REPORT OF RECEIPTS AND EXPENDITURES  
OF A POLITICAL COMMITTEE  
State Form 4606 (R13/11-05)  
Indiana Election Commission (IC 3-9-5-14)**

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

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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 RECEIVED BY
1. <b>MICHAEL D. SIMPSON</b> 4902 WATERS EDGE DR. VALPARAISO, IN 46383  Contributor's Occupation (if required) BUSINESS OWNER	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"/> Misc. (specify)	<b>\$300</b>	<b>\$300</b>	7/7/16  JIM BIGGS
2. <b>LISA D. OZBOLT</b> 2225 STORMY ST. PORTAGE, IN 46368  Contributor's Occupation (if required)	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"/> Misc. (specify)	<b>\$100</b>	<b>\$100</b>	7/4/16  JIM BIGGS
3. <b>THOMAS E. BUSH</b> 165 WASHINGTON AVE. CHESTERTON, IN 46304  Contributor's Occupation (if required)	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"/> Misc. (specify)	<b>\$100</b>	<b>\$100</b>	7/22/16  JIM BIGGS
4. <b>LLOYD E. KITTREDGE, JR.</b> 806 SHANNON DR. CHESTERTON, IN 46304  Contributor's Occupation (if required) DENTIST	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"/> Misc. (specify)	<b>\$200</b>	<b>\$200</b>	7/22/16  JIM BIGGS
5. <b>PAMELA K. WHELOCK</b> 790 GRAHAM ROAD CHESTERTON, IN 46304  Contributor's Occupation (if required)	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"/> Misc. (specify)	<b>\$100</b>	<b>\$100</b>	4/15/16  JIM BIGGS
<b>SUBTOTAL THIS PAGE OF SCHEDULE A</b>		<b>\$800</b>		
<b>TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY</b> <i>(Enter total on ITEM 15a of the Summary Sheet)</i>		<b>\$</b>		



**REPORT OF RECEIPTS AND EXPENDITURES  
OF A POLITICAL COMMITTEE**  
State Form 4606 (R13/11-05)  
Indiana Election Commission (IC 3-9-5-14)

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

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

FILE NUMBER
Page 4 of 14

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 RECEIVED BY
1. <b>ARTHUR YAGODNIK</b> 1001 SANDPIPER DR. CHESTERTON, IN 46304  Contributor's Occupation (if required) BUSINESS OWNER	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"/> Misc. (specify)	<b>\$100</b>	<b>\$100</b>	<b>4/20/16</b>  <b>JIM BIGGS</b>
2. <b>JAMES F. SPANOPOULOS</b> 1582 SPYGLASS CIR. CHESTERTON, IN 46304  Contributor's Occupation (if required)	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"/> Misc. (specify)	<b>\$100</b>	<b>\$100</b>	<b>9/16/16</b>  <b>JIM BIGGS</b>
3. <b>TROY WOODRUFF</b> 106 HARRISON DR. VINCENNES, IN 47591  Contributor's Occupation (if required)	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"/> Misc. (specify)	<b>\$150</b>	<b>\$150</b>	<b>7/27/16</b>  <b>JIM BIGGS</b>
4. <b>CHARLES P. WELTER</b> 2911 DUDLEY DR. PORTER, IN 46304  Contributor's Occupation (if required) DENTIST	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"/> Misc. (specify)	<b>\$100</b>	<b>\$100</b>	<b>9/15/16</b>  <b>JIM BIGGS</b>
5. <b>KIMBERLY E. MAXWELL</b> 101 EAST 250 SOUTH VALPARAISO, IN 46383  Contributor's Occupation (if required)	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"/> Misc. (specify)	<b>\$250</b>	<b>\$250</b>	<b>9/8/16</b>  <b>JIM BIGGS</b>
<b>SUBTOTAL THIS PAGE OF SCHEDULE A</b>		<b>\$700</b>		
<b>TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY</b> <i>(Enter total on ITEM 15a of the Summary Sheet)</i>		<b>\$</b>		



**REPORT OF RECEIPTS AND EXPENDITURES  
OF A POLITICAL COMMITTEE**  
State Form 4606 (R13/11-05)  
Indiana Election Commission (IC 3-9-5-14)

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

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FILE NUMBER
Page 5 of 14

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 RECEIVED BY
1. <b>MARK J. FORSZT</b> 601 LAFAYETTE ST. VALPARAISO, IN 46383  Contributor's Occupation (if required) BUSINESS OWNER	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"/> Misc. (specify)	<b>\$500</b>	<b>\$1,000</b>	<b>4/11/16</b>  <b>JIM BIGGS</b>
2. <b>MARK J. FORSZT</b> 601 LAFAYETTE ST. VALPARAISO, IN 46383  Contributor's Occupation (if required) BUSINESS OWNER	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"/> Misc. (specify)	<b>\$500</b>	<b>\$1,000</b>	<b>10/4/16</b>  <b>JIM BIGGS</b>
3. <b>EDWARD &amp; JUDITH GUERNSEY</b> 948 N. 550 E. WESTVILLE, IN 46391  Contributor's Occupation (if required) _____	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"/> Misc. (specify)	<b>\$200</b>	<b>\$200</b>	<b>4/30/16</b>  <b>JIM BIGGS</b>
4. <b>RONALD A. STONE</b> 450 E. TORTOISE DR. VALPARAISO, IN 46383  Contributor's Occupation (if required) BUSINESS OWNER	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"/> Misc. (specify)	<b>\$1,000</b>	<b>\$1,000</b>	<b>9/15/16</b>  <b>JIM BIGGS</b>
5. <b>GREGORY L. HENNEKE</b> 333 MASSACHUSETTS AVE. INDIANAPOLIS, IN 46204  Contributor's Occupation (if required) _____	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"/> Misc. (specify)	<b>\$500</b>	<b>\$500</b>	<b>4/19/16</b>  <b>JIM BIGGS</b>
<b>SUBTOTAL THIS PAGE OF SCHEDULE A</b>		<b>\$2,700</b>		
<b>TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY</b> <i>(Enter total on ITEM 15a of the Summary Sheet)</i>		<b>\$</b>		



**REPORT OF RECEIPTS AND EXPENDITURES  
OF A POLITICAL COMMITTEE**  
State Form 4606 (R13/11-05)  
Indiana Election Commission (IC 3-9-5-14)

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

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FILE NUMBER
Page 6 of 14

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 RECEIVED BY
1. <b>DENISE WILSON</b> 2055 CARLISLE LN VALPARAISO, IN 46383  <i>Contributor's Occupation (if required)</i>	Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <i>(describe)</i>  Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc. <i>(specify)</i>	<b>\$100</b>	<b>\$100</b>	<b>4/14/16</b>  <b>JIM BIGGS</b>
2. <b>JOYCE FERRARI</b> 321 E. PORTER AVE. CHESTERTON, IN 46304  <i>Contributor's Occupation (if required)</i>	Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <i>(describe)</i>  Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc. <i>(specify)</i>	<b>\$100</b>	<b>\$100</b>	<b>4/14/16</b>  <b>JIM BIGGS</b>
3. <b>JASON &amp; LORI GILLIANA</b> 3703 GOODRICH RD. VALPARAISO, IN 46385  <i>Contributor's Occupation (if required)</i> <b>SMALL BUSINESS OWNER</b>	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"/> Misc. <i>(specify)</i>	<b>\$500</b>	<b>\$500</b>	<b>9/15/16</b>  <b>JIM BIGGS</b>
4. <b>ELIZABETH GOUGH</b> 3301 RED SUMMER SUN CT VALPARAISO, IN 46385  <i>Contributor's Occupation (if required)</i>	Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <i>(describe)</i>  Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc. <i>(specify)</i>	<b>\$100</b>	<b>\$100</b>	<b>9/8/16</b>  <b>JIM BIGGS</b>
5. <b>JOHN &amp; LINNEA FORCHETTI</b> 1610 COBBLESTONE CT. CHESTERTON, IN 46304  <i>Contributor's Occupation (if required)</i>	Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <i>(describe)</i>  Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc. <i>(specify)</i>	<b>\$100</b>	<b>\$100</b>	<b>9/5/16</b>  <b>JIM BIGGS</b>
<b>SUBTOTAL THIS PAGE OF SCHEDULE A</b>		<b>\$900</b>		
<b>TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY</b> <i>(Enter total on ITEM 15a of the Summary Sheet)</i>				



**REPORT OF RECEIPTS AND EXPENDITURES  
OF A POLITICAL COMMITTEE  
State Form 4606 (R13/11-05)  
Indiana Election Commission (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.

<b>FILE NUMBER</b>
Page 7 of 14

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 RECEIVED BY
1. <b>JOHN &amp; DEBORAH MAGUREAN</b> 168 S. SMOKE ROAD VALPARAISO, IN 46385  Contributor's Occupation (if required) <b>BUSINESS OWNER</b>	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"/> Misc. (specify)	<b>\$1,000</b>	<b>\$1,000</b>	<b>8/23/16</b>  <b>JIM BIGGS</b>
2. <b>BURTON &amp; ANN LANGER</b> 56 CITY VIEW DR. VALPARAISO, IN 46383  Contributor's Occupation (if required)	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"/> Misc. (specify)	<b>\$250</b>	<b>\$250</b>	<b>4/14/16</b>  <b>JIM BIGGS</b>
3. <b>LINDA HAZEN</b> 9 THE LEDGE PORTAGE, IN 46368  Contributor's Occupation (if required)	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"/> Misc. (specify)	<b>\$100</b>	<b>\$100</b>	<b>9/15/16</b>  <b>JIM BIGGS</b>
4. <b>THOMAS FRAILEY</b> 2658 S. STATE RD. 2 VALPARAISO, IN 46385  Contributor's Occupation (if required)	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"/> Misc. (specify)	<b>\$100</b>	<b>\$100</b>	<b>9/15/16</b>  <b>JIM BIGGS</b>
5. <b>CHRISTIAN SCHWERD</b> 204 BEECH ST. VALPARAISO, IN 46383  Contributor's Occupation (if required)	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"/> Misc. (specify)	<b>\$100</b>	<b>\$100</b>	<b>9/15/16</b>  <b>JIM BIGGS</b>
<b>SUBTOTAL THIS PAGE OF SCHEDULE A</b>		<b>\$1,550</b>		
<b>TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY</b> <i>(Enter total on ITEM 15a of the Summary Sheet)</i>				



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

State Form 4606 (R13/11-05)  
Indiana Election Commission (IC 3-9-5-14)

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

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

FILE NUMBER
Page 8 of 14

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 RECEIVED BY
1. DPBG PAC 7280 SHADELAND STA. INDIANAPOLIS, IN 46256	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"/> Misc. ( <i>specify</i> ) _____	<b>\$500</b>	<b>\$500</b>	<b>9/13/16</b>  <b>JIM BIGGS</b>
1.	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"/> Misc. ( <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"/> Misc. ( <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"/> Misc. ( <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"/> Misc. ( <i>specify</i> ) _____			
<b>SUBTOTAL THIS PAGE OF SCHEDULE A</b>		<b>\$500</b>		
<b>TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY</b> <i>(Enter total on ITEM 15a of the Summary Sheet)</i>		<b>\$</b>		



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

State Form 4606 (R13/11-05)  
Indiana Election Commission (IC 3-9-5-14)

**(CFA-4 SCHEDULE A-5)  
CONTRIBUTIONS BY OTHER ORGANIZATIONS  
Itemized Contributions and Other Receipts**

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

FILE NUMBER
Page 9 of 14

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 RECEIVED BY
1. <b>GARIUP CONSTRUCTION CO., INC.</b> P.O. BOX 64879 GARY, IN 46401	Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <i>(describe)</i> <hr/> Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc. <i>(specify)</i> <hr/>	<b>\$1,000</b>	<b>\$1,000</b>	9/13/16
				JIM BIGGS
2. <b>A C IRON</b> 1938 177 <sup>TH</sup> STREET LANSING, IL 60438	Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <i>(describe)</i> <hr/> Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc. <i>(specify)</i> <hr/>	<b>\$1,000</b>	<b>\$1,000</b>	9/15/16
				JIM BIGGS
3. <b>IN TOUCH PHARMACEUTICALS, INC.</b> 1150 EASTPORTE CENTRE DR. VALPARAISO, IN 46383	Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <i>(describe)</i> <hr/> Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc. <i>(specify)</i> <hr/>	<b>\$3,000</b>	<b>\$3,000</b>	8/23/16
				JIM BIGGS
4. <b>POLAREK MOTORSPORTS, LLC</b> 167 EAST 250 SOUTH VALPARAISO, IN 46383	Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <i>(describe)</i> <hr/> Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc. <i>(specify)</i> <hr/>	<b>\$100</b>	<b>\$200</b>	7/22/16
				JIM BIGGS
5. <b>GILLIANNA POOLS, INC.</b> 1000 E. 80 <sup>TH</sup> PLACE MERRILLVILLE, IN 46410	Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <i>(describe)</i> <hr/> Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc. <i>(specify)</i> <hr/>	<b>\$300</b>	<b>\$300</b>	4/20/16
				JIM BIGGS
<b>SUBTOTAL THIS PAGE OF SCHEDULE A</b>		<b>\$5,500</b>		



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

State Form 4606 (R13/11-05)  
Indiana Election Commission (IC 3-9-5-14)

**(CFA-4 SCHEDULE A-5)  
CONTRIBUTIONS BY OTHER ORGANIZATIONS  
Itemized Contributions and Other Receipts**

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FILE NUMBER
Page 10 of 14

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 RECEIVED BY
1. NITCO P.O. BOX 1602 SOUTH BEND, IN 46334	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"/> Misc. <i>(specify)</i>	<b>\$500</b>	<b>\$500</b>	<b>9/14/16</b>
				<b>JIM BIGGS</b>
2. G.E. MARSHALL, INC. P.O. BOX 342 VALPARAISO, IN 46385	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"/> Misc. <i>(specify)</i>	<b>\$500</b>	<b>\$500</b>	<b>9/6/16</b>
				<b>JIM BIGGS</b>
3. JAMES MEYER & ASSC., P.C. 363 S. LAKE STREET GARY, IN 46403	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"/> Misc. <i>(specify)</i>	<b>\$250</b>	<b>\$250</b>	<b>9/13/16</b>
				<b>JIM BIGGS</b>
4. DLZ, LLC. 2211 E. JEFFERSON BLVD. SOUTH BEND, IN 46615	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"/> Misc. <i>(specify)</i>	<b>\$250</b>	<b>\$250</b>	<b>9/15/16</b>
				<b>JIM BIGGS</b>
5. DLZ INDUSTRIAL, LLC 316 TECH DRIVE BURNS HARBOR, IN 46304	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"/> Misc. <i>(specify)</i>	<b>\$250</b>	<b>\$250</b>	<b>9/15/16</b>
				<b>JIM BIGGS</b>
<b>SUBTOTAL THIS PAGE OF SCHEDULE A</b>		<b>\$1,750</b>		
<b>TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY</b> <i>(Enter total on ITEM 15a of the Summary Sheet)</i>		<b>\$</b>		



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

State Form 4606 (R13/11-05)  
Indiana Election Commission (IC 3-9-5-14)

**(CFA-4 SCHEDULE A-5)  
CONTRIBUTIONS BY OTHER  
ORGANIZATIONS**

**Itemized Contributions and Other Receipts**

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

FILE NUMBER
Page 11 of 14

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 RECEIVED BY
<b>1.</b> <b>MAXEY &amp; ASSOC. INSURANCE, INC.</b> <b>P.O. BOX 536</b> <b>PORTAGE, IN 46368</b>	Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind ( <i>describe</i> ) <hr/> Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc. ( <i>specify</i> ) <hr/>	<b>\$150</b>	<b>\$150</b>	<b>9/14/16</b>
				<b>JIM BIGGS</b>
<b>2.</b> <b>SCHWERD, FRYMAN &amp; TORRENGA, LLP.</b> <b>825 E. LINCOLNWAY</b> <b>VALPARAISO, IN 46383</b>	Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind ( <i>describe</i> ) <hr/> Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc. ( <i>specify</i> ) <hr/>	<b>\$300</b>	<b>\$300</b>	<b>5/5/16</b>
				<b>JIM BIGGS</b>
<b>3.</b> <b>FRIENDS OF ED SOLIDAY</b> <b>P.O. BOX 1427</b> <b>VALPARAISO, IN 46384</b>	Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind ( <i>describe</i> ) <hr/> Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc. ( <i>specify</i> ) <hr/>	<b>\$250</b>	<b>\$250</b>	<b>4/25/16</b>
				<b>JIM BIGGS</b>
<b>4.</b> <b>REVELATION WASTE PARTNERS, LLC.</b> <b>P.O. BOX 241</b> <b>VALPARAISO, IN 46383</b>	Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind ( <i>describe</i> ) <hr/> Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc. ( <i>specify</i> ) <hr/>	<b>\$100</b>	<b>\$100</b>	<b>9/13/16</b>
				<b>JIM BIGGS</b>
<b>5.</b>	Contributions: <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind ( <i>describe</i> ) <hr/> Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc. ( <i>specify</i> ) <hr/>			
<b>SUBTOTAL THIS PAGE OF SCHEDULE A</b>		<b>\$800</b>		
<b>TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY</b> <i>(Enter total on ITEM 15a of the Summary Sheet)</i>		<b>\$16,450.00</b>		



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

State Form 4606 (R13/11-05)  
Indiana Election Commission (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 <i>OFFICE SOUGHT (if applicable)</i>	TYPE OF EXPENDITURE and PURPOSE <i>(be specific)</i>	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE OF EXPENDITURE
Code A BOY CONN 803 E. GLENDALE BLVD VALPARAISO, IN 46383	BUSINESS	<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: POSTCARDS	\$223.63 \$58.85 \$119.84	\$402.32	4/19/16 6/30/16 8/24/16
Code A SIGNSONTHECHEAP.COM 11525 A STONEHALLOW DR. AUSTIN, TX 78758	BUSINESS	<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: SIGNS	\$15.91 \$241.92 \$130.50 \$2,112.67	\$2,501	10/4/16 10/4/16 10/12/16 10/12/16
Code F ZAO ISLAND 1050 HORSEPRARIE DR. VALPARAISO, IN 46383	BUSINESS	<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: FUNDRAISER	\$720	\$720	7/22/16
Code A ON-SITE COMPUTING 580 N. INDIANA AVE. CROWN POINT, IN 46307	BUSINESS	<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: FACEBOOK PAGE	\$500	\$500	4/26/16
Code F STRACK & VAN TIL 1600 PIONEER TRAIL CHESTERTON, IN 46304	GROCERY STORE	<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: FOOD FOR FUNDRAISER	\$162.69	\$162.69	9/15/16
Code A WILL ENTERPRISES 7474 N. WILL ENTERPRISE CT. MILWAUKEE, WI 53224	BUSINESS	<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: T-SHIRTS	\$292.56	\$292.56	7/27/16
Code A CHESTERTON TRIBUNE P.O. BOX 919 CHESTERTON, IN 46304	NEWSPAPER	<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: ADVERTISING	\$173.25 \$11.20 \$396.00	\$580.45	4/11/16 9/30/16 10/10/16
<b>SUBTOTAL THIS PAGE OF SCHEDULE B</b>			\$5,159.02		
<b>TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY</b> <i>(Enter total on ITEM 17a of the Summary Sheet)</i>			\$		



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

State Form 4606 (R13/11-05)  
Indiana Election Commission (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 OFFICE SOUGHT <i>(if applicable)</i>	TYPE OF EXPENDITURE and PURPOSE <i>(be specific)</i>	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE OF EXPENDITURE
Code F 4 IMPRINT P.O. BOX 320 OSHKOSH, WI 54901	BUSINESS	<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: FUNDRAISER SUPPLIES	\$561.78	\$561.78	7/1/16
Code F ORIENTAL TRADING 4206 S. 108 <sup>TH</sup> ST. OMAHA, NE 48137	BUSINESS	<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: CANDY ASSORTMENTS	\$159.96	\$159.96	8/21/16
Code A THE TIMES MEDIA COMPANY P.O. BOX 74248 CINCINNATI, OH 45274-25	BUSINESS	<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: ADVERTISING	\$551	\$551	5/31/16
Code A RUSS' PRINT SHOP 131 N. MAIN ST. HEBRON, IN 46341	PRINTER	<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: DOOR HANGERS	\$210	\$210	5/5/16
Code A EMBROID ME 2307 LAPORTE AVE., SUITE 2 VALPARAISO, IN 46383	BUSINESS	<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: CAMPAIGN APPAREL	\$531.39	\$531.39	6/21/16
Code F MIDWEST RENTALS & SALES 906 CALUMET AVE. VALPARAISO, IN 46383	BUSINESS	<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: FUNDRAISER SUPPLIES	\$200.51	\$200.51	7/29/16
Code		<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: YARD SIGNS			
<b>SUBTOTAL THIS PAGE OF SCHEDULE B</b>			\$2,214.64		
<b>TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY</b> <i>(Enter total on ITEM 17a of the Summary Sheet)</i>			\$7,383.66		



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

State Form 4606 (R13/11-05)  
Indiana Election Commission (IC 3-9-5-14)

**(CFA-4 SCHEDULE D)  
DEBTS OWED BY THIS COMMITTEE**

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

FILE NUMBER
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CREDITOR'S OR LENDER'S NAME & MAILING ADDRESS <i>(street number city state ZIP code)</i>	ENDORSER'S OR VENDOR'S NAME & MAILING ADDRESS <i>(if any)</i> <i>(street number city state ZIP code)</i>	AMOUNT NATURE OF DEBT	DATE DEBT INCURRED	CUMULATIVE PAID YEAR-TO-DATE	OUTSTANDING BALANCE THIS PERIOD
<b>JIM BIGGS</b> <b>750 S. 2<sup>ND</sup> STREET</b> <b>CHESTERTON, IN 46304</b>  LENDER'S OCCUPATION: CANDIDATE		\$2,505.94	3/29/16	\$0.00	\$2,505.94
		CAMPAIGN LOANS			
LENDER'S OCCUPATION:					
LENDER'S OCCUPATION:					
LENDER'S OCCUPATION:					
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LENDER'S OCCUPATION:					
LENDER'S OCCUPATION:					
<b>SUBTOTAL THIS PAGE OF SCHEDULE D</b>					<b>\$2,505.94</b>
<b>TOTAL OF ALL PAGES OF SCHEDULE D ON THE LAST PAGE ONLY</b> <i>(Enter total on ITEM 19 of the Summary Sheet)</i>					<b>\$2,505.94</b>