



**FINANCIAL STATEMENT AND EXPENDITURES  
OF A POLITICAL COMMITTEE**  
State Form 4606 (Rev. 10-1-10)  
Indiana Election Commission (IC 3-9-5-14)

(CFA-4)  
**Summary Sheet**

**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.

45-11182  
TOTAL PAGES IN ENTIRE CFA-4 REPORT  
4

IS THIS AN AMENDMENT?  Yes  No

**COMMITTEE INFORMATION**

1. Full Name of Committee (as on Statement of Organization)  Check if this is a new name  
**COMMITTEE TO ELECT DEANNE KOWALSKI**

2. Acronym or Abbreviated Name (if any) \_\_\_\_\_

3. Committee Telephone Number  
**(219) 836-9598**

4. Mailing Address (address where all campaign finance correspondence is received)  Check if this is a new address  
**7915 JACKSON AVE**

5. City, State, ZIP Code  
**MUNSTER, IN. 46321**

6. Party Affiliation (if applicable)  
**DEMOCRAT**

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

7. Full Name of Candidate (include any nickname)  
**DEANNE KOWALSKI**

8. Party Affiliation or If Independent Candidate  
**DEMOCRAT**

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

10. County of Residence  
**LAKE**

**TYPE OF REPORT**

**CONVENTION CANDIDATES ONLY**

11. Check one:  
 Pre-Primary  Pre-Election  Annual  Nomination  ~~Other~~ **Primary**  Final/Disbands Committee (lines 18, 19, and 20 must be "0")  Outgoing Treasurer (within 10 days amend Statement of Organization)

Check one:  
 Pre-Convention  Post-Convention

12. Reporting Period: From: <b>10-15-11</b> Through: <b>12-31-11</b>	COLUMN A This Period	COLUMN B Year to Date
13. Cash on hand and investments at the beginning of this reporting period.	<b>1380.27</b>	
14. Cash on hand and investments January 1, current year.		<b>0</b>

**CONTRIBUTIONS AND RECEIPTS**

(Note: these amounts include in-kind contributions and loans, as well as cash contributions.)		
15a. Itemized (use Schedule A)	<b>0</b>	<b>0</b>
15b. Unitemized	<b>25.00</b>	<b>25.00</b>
15c. Add lines 15a and 15b in both columns	<b>25.00</b>	<b>25.00</b>
<b>SUBTOTAL</b>	<b>25.00</b>	<b>25.00</b>
16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B	<b>1405.27</b>	<b>1405.27</b>
<b>TOTAL</b>	<b>1405.27</b>	<b>1405.27</b>

**EXPENDITURES**

(Note: These amounts include in-kind expenditures and loan repayments.)		
17a. Itemized (use Schedule B) (Public Question: use Schedule C)	<b>1405.27</b>	<b>1405.27</b>
17b. Unitemized	<b>0</b>	<b>0</b>
17c. Add lines 17a and 17b in both columns	<b>1405.27</b>	<b>1405.27</b>
<b>SUBTOTAL</b>	<b>1405.27</b>	<b>1405.27</b>
18. Cash on hand and investments at close of this reporting period (subtract 17c from 16 in both columns)	<b>0</b>	<b>0</b>
19. Debts OWED BY the committee (use Schedule D)	<b>0</b>	
20. Debts OWED TO the committee (use Schedule E)	<b>0</b>	

**CERTIFICATION**

**FOR OFFICE USE ONLY**

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

Signature of Treasurer: *[Signature]* Title: **TREASURER** Date: **12-14-11**

Signature of Candidate (if applicable): *[Signature]* Date: **12-19-11**

**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, IC 3-9-4-18)



**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 **totalled 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  
**45-11182**

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Code	Description	Category	Direct	In-Kind	Payment of Debt	Returned Contribution	Other	Amount	Amount	Date
0	STRACKS 12 Ridge Rd MUNSTER, IN. 46321	GROCERY STORE	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	34.61	34.61	10/17
0	Food 4 Less 1724 165th HAMMOND, IN 46320	GROCERY STORE	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	132.37	132.37	10/31
A	STAPLES 7951 Calumet Av MUNSTER, IN. 46324	OFFICE SUPPLIES	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	25.67	25.67	10/31
0	Post Office 917 Ridge Rd MUNSTER, IN. 46321	USPS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	17.60	17.60	11/3
0	Food 4 Less 1724 165th HAMMOND, IN 46320	GROCERY STORE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	160.03	292.40	11/5
0	PIZZA HUT 215 Ridge Rd MUNSTER, IN 46321	RESTAURANT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	112.96	112.96	11/5
0	ALDI'S 3002 Ridge Rd LAUNING, IL. 60438	GROCERY STORE	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	13.32	13.32	11/7
<b>SUBTOTAL THIS PAGE OF SCHEDULE B</b>								<b>\$496.56</b>		
<b>TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY</b>								<b>\$</b>		
<i>(Enter total on ITEM 17a of the Summary Sheet)</i>										



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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 <u>0</u> JIMMY JOHNS 548 Ridge Rd MUNSTER, IN. 46321	RESTAURANT	<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: Lunches Election Day	60.00	60.00	11/8
Code <u>0</u> JIMMY JOHNS 548 Ridge Rd MUNSTER, IN. 46321	RESTAURANT	<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: Lunches Election Day	15.00	75.00	11/8
Code <u>0</u> DUNKEN DONUTS 8235 Calumet MUNSTER, IN. 46321	RESTAURANT	<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: Donuts Election Day	14.44	14.44	11/8
Code <u>0</u> SUBWAY SANDW. 822 Ridge Rd MUNSTER, IN. 46321	RESTAURANT	<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: Lunches Election Day	31.57	31.57	11/8
Code <u>A</u> MESS PRINT 8244 Calumet MUNSTER, IN. 46321	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: Bus. Cards	26.75	26.75	11/8
Code <u>A</u> ARC SIGNS 1003 E Summit St CROWN POINT, IN. 46307	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: Yard Signs	732.95	732.95	11/29
Code <u>0</u> WALMART 1828 165th St HAMMOND IN 46324	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: <del>Shopping</del> Election Day food	16.36	16.36	11/2
<b>SUBTOTAL THIS PAGE OF SCHEDULE B</b>			\$ 897.07		
<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>			\$		



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RECIPIENT'S NAME AND MAILING ADDRESS <small>(street, number, city, state, ZIP code)</small>	RECIPIENT'S OCCUPATION	TYPE OF EXPENDITURE and PURPOSE (be specific)	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE OF EXPENDITURE
	OFFICE SOUGHT (if applicable)				
Code <u>0</u>  FOOD 4 LESS 1724 1652 HAMMOND, IN 46320	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: <u>Election Day Food</u>	11.64	304.04	11/7
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:			
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:			
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:			
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:			
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:			
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:			
<b>SUBTOTAL THIS PAGE OF SCHEDULE B</b>			\$ 11.64		
<b>TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY</b> <small>(Enter total on ITEM 17a of the Summary Sheet)</small>			\$ 140.527		