REPORT OF RECEIPTS AND EXPENDITURES OF A POLITICAL COMMITTEE

State Form 4606 (R17 / 8-23)
Indiana Election Division (IC 3-9-5-14)

(CFA-4)
Summary Sheet

FILE NUMBER

TOTAL PAGES IN ENTIRE CFA-4 REPORT
5

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

IS THIS AN AMENDMENT? ☐ Yes ☐ No

COMMITTEE INFORMATION

1. Full Name of Committee (as on *Statement of Organization*) ☐ Check if this is a new name.
Elect Dr. Janie Myers As Vigo County Coroner

2. Acronym or Abbreviated Name *(if any)*

3. Committee Telephone Number
(8122895223)

4. Mailing Address *(Address where all campaign finance correspondence is received.)* ☐ Check if this is a new address
5401 Totteham circle

5. City, State, ZIP Code
Terre Haute, In 47823

6. Party Affiliation *(if applicable)*
democrat

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

7. Full Name of Candidate *(Include any nickname.)*
Janie Myers

8. Party Affiliation or If Independent Candidate
Democratic

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

10. County of Residence
Vigo

TYPE OF REPORT

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.)*

CONVENTION CANDIDATES ONLY
Check one:
☐ Pre-Convention
☐ Post-Convention

12. Reporting Period *(mm/dd/yy)*
From: 01/01/24 Through: 4/12/24

	COLUMN A This Period	COLUMN B Year to Date
13. Cash on hand and investments at the beginning of this reporting period.	0.00	
14. Cash on hand and investments January 1, current year		-5,426.47
CONTRIBUTIONS AND RECEIPTS		
(Note: these amounts include in-kind contributions and loans, as well as cash contributions.)		
15a. Itemized *(Use Schedule A.)*	4,000.00	
15b. Unitemized	1,676.00	
15c. Add lines 15a and 15b in both columns. **SUBTOTAL**	5,676.00	
16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B **TOTAL**	249.53	
EXPENDITURES		
(Note: These amounts include in-kind expenditures and loan repayments.)		
17a. Itemized *(Use Schedule B.) (Public Question use Schedule C.)*	1,662.21	
17b. Unitemized	0.00	
17c. Add lines 17a and 17b in both columns. **SUBTOTAL**	1,662.21	
18. Cash on hand and investments at close of this reporting period *(Subtract 17c from 16 in both columns.)* **TOTAL**	-1,412.68	-1,412.68
19. Debts OWED BY the committee *(Use Schedule D.)*	0.00	
20. Debts OWED TO the committee *(Use Schedule E.)*	0.00	

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: [signature] Title: TREASURER Date *(mm/dd/yy)*: 4/18/24

Signature of Candidate *(if applicable)*: [signature] Date *(mm/dd/yy)*: 4/18/24

WARNING: Any information contained in this report may not be copied for sale or used for any commercial purpose. *(IC 3-9-4-5)* A person who knowingly files a fraudulent report commits a Level 6 felony. *(IC 3-14-1-13)* A person who fails to file a complete or accurate report as required by the Indiana Campaign Finance Law commits a Class B misdemeanor. *(IC 3-14-1-14)* and may be subject to civil penalties. *(IC 3-9-4-16, IC 3-9-4-17, IC 3-9-4-18)*

FOR OFFICE USE ONLY

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'24 APR 19 AM 3:00:41

REPORT OF RECEIPTS AND EXPENDITURES OF A POLITICAL COMMITTEE
State Form 48108 (R17 / 8-23)
Indiana Election Division (IC 3-9-5-14)

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

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

FILE NUMBER

Page 1 of 2

CONTRIBUTOR'S FULL NAME AND OCCUPATION FULL MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED (mm/dd/yy) RECEIVED BY
1. James Orrington 3822 Troon Street Flossmoor IL 60422 Contributor's Occupation (if required)	Contributions: ☑ Direct ☐ In-Kind (describe) Other Receipts: ☐ Interest ☐ Loan ☐ Miscellaneous (specify)	$500.00		3/20/2024 16:59
2. Mary Orrington 3822 Troon Street Flossmoor IL Contributor's Occupation (if required)	Contributions: ☑ Direct ☐ In-Kind (describe) Other Receipts: ☐ Interest ☐ Loan ☐ Miscellaneous (specify)	$250.00		3/20/2024 15:39
3. Herbert Oye 1222 Lake Dr Daniels WV 25832 Contributor's Occupation (if required)	Contributions ☑ Direct ☐ In-Kind (describe) Other Receipts: ☐ Interest ☐ Loan ☐ Miscellaneous (specify)	$250.00		3/20/2024 21:47
4. Kumar Gaurav 4059 Driver Ct Terre Haute IN 47802 Contributor's Occupation (if required)	Contributions ☑ Direct ☐ In-Kind (describe) Other Receipts: ☐ Interest ☐ Loan ☐ Miscellaneous (specify)	$250.00		3/21/2024 22:13
5. Contributor's Occupation (if required)	Contributions ☐ Direct ☐ In-Kind (describe) Other Receipts: ☐ Interest ☐ Loan ☐ Miscellaneous (specify)			
SUBTOTAL THIS PAGE OF SCHEDULE A		$ 1250.00		
TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY *(Enter total on ITEM 15a of the Summary Sheet.)*		$		

REPORT OF RECEIPTS AND EXPENDITURES OF A POLITICAL COMMITTEE
State Form 4606 (R17 / 8-23)
Indiana Election Division (IC 3-9-5-14)

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

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

FILE NUMBER
Page 2 of 2

CONTRIBUTOR'S FULL NAME AND OCCUPATION FULL MAILING ADDRESS *(street, number, city, state, ZIP code)*	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED *(mm/dd/yy)* RECEIVED BY
1. David Kaderis 2763 Manor Circle Gulf Breeze FL 32563 Contributor's Occupation *(if required)*	Contributions: ☑ Direct ☐ In-Kind *(describe)* Other Receipts: ☐ Interest ☐ Loan ☐ Miscellaneous *(specify)*	$250.00		4/12/2024 5:27:10 PM
2. Herbert Oye 1222 Lake Dr Daniels WV 25832 Contributor's Occupation *(if required)*	Contributions: ☑ Direct ☐ In-Kind *(describe)* Other Receipts: ☐ Interest ☐ Loan ☐ Miscellaneous *(specify)*	$250.00	$500.00	4/3/2024 3:20
3. James Orrington II 21200 S La Grange Rd airguard health frankfort IL 60423 Contributor's Occupation *(if required)*	Contributions: ☑ Direct ☐ In-Kind *(describe)* Other Receipts: ☐ Interest ☐ Loan ☐ Miscellaneous *(specify)*	$500.00		4/2/2024 14:08
4. Jesse Moskowitz 409 E. Beach dr Ocean Springs MS 39564 Contributor's Occupation *(if required)*	Contributions: ☑ Direct ☐ In-Kind *(describe)* Other Receipts: ☐ Interest ☐ Loan ☐ Miscellaneous *(specify)*	$250.00		4/1/2024 14:31
5. Richard Unger 17 Junction Dr 170 Glen carbon IL 62034 Contributor's Occupation *(if required)*	Contributions: ☑ Direct ☐ In-Kind *(describe)* Other Receipts: ☐ Interest ☐ Loan ☐ Miscellaneous *(specify)*	$500.00		2/22/2024 23:13
SUBTOTAL THIS PAGE OF SCHEDULE A		$1,750.00		
TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY *(Enter total on ITEM 15a of the Summary Sheet.)*		$3,000.00		

REPORT OF RECEIPTS AND EXPENDITURES OF A POLITICAL COMMITTEE
State Form 4606 (R17 / 8-23)
Indiana Election Division (IC 3-9-5-14)

(CFA-4 SCHEDULE B) ITEMIZED EXPENDITURES

INSTRUCTIONS: Please type or print legibly **IN BLACK INK** all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document expenditures totaled on ITEM 17a of the Summary Sheet. **All cumulative expenses paid to individuals, businesses, labor organizations and other entities OVER $100 per recipient, within a calendar year MUST be itemized on this schedule** *(over $200, if regular party committee)*. All cumulative expenses, including in-kind, regardless of amount paid to political committees, *(such as transfers-out from candidate, legislative caucus, political action, or regular party committees)* **MUST** be itemized on this schedule.

FILE NUMBER

Page 1 of 1

RECIPIENT'S NAME AND MAILING ADDRESS *(street, number, city, state, ZIP code)*	RECIPIENT'S OCCUPATION / OFFICE SOUGHT *(if applicable)*	TYPE OF EXPENDITURE and PURPOSE *(be specific)*	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE OF EXPENDITURE *(mm/dd/yy)*
Code A City wide printing		☐ Direct ☐ In-Kind ☑ Payment of Debt ☐ Returned Contribution ☐ Other _____ Purpose	$856.00		3/26/24
Code A 03/29/2024 PIN PUR LOWE'S #21 2943 LOWE'S #21 TERRE HAUTE IN 408917542668 56.50		☐ Direct ☐ In-Kind ☑ Payment of Debt ☐ Returned Contribution ☐ Other _____ Purpose	$98.00		3/29/24
Code A Face book		☐ Direct ☐ In-Kind ☑ Payment of Debt ☐ Returned Contribution ☐ Other _____ Purpose	$148.97		4/24
Code A United chili, pork chop dinner. Meadows fair		☐ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other _____ Purpose	$205.50		3/24
Code A Truck rental- signs		☑ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other _____ Purpose	$100.00		3/29/24
Code A gift card, comedy club		☑ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other _____ Purpose	$70.00		4/24
Code A service fee		☐ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other _____ Purpose	$183.74		
		SUBTOTAL THIS PAGE OF SCHEDULE B	$ 1,662.21		
		TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY ***(Enter total on ITEM 17a of the Summary Sheet.)***	$ 1,662.21		

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

(CFA-11)

State Form 48492 (R6 / 5-19)
Indiana Election Division (IC 3-9-5-20.1, 3-9-5-22.1)

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.

FILE NUMBER
TOTAL PAGES IN ENTIRE CFA-11 REPORT

IS THIS AN AMENDMENT? ☐ Yes ☐ No

COMMITTEE INFORMATION

1. Full Name of Candidate (Include any nickname.) ☐ Check if this is a new name
Jamie Myers

2. Committee Telephone Number
( )

3. Mailing Address (Address where all campaign finance correspondence is received.) ☐ Check if this is a new address.
540 Tottenham Circle

4. City: Terre Haute | State: IN | ZIP Code: 47803

5. Party Affiliation or if Independent Candidate: Dem

6. Office Sought (include district number, if any. Not required for exploratory committee.)
Vigo County Coroner

7. County of Residence: Vigo

8. Reporting Period (mm/dd/yy):
From 01/01/24 Through

For classification, enter INDV for individual; PAC for political action committee; CORP for corporation; LAB for labor organization; OTHER for all entities 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 (mm/dd/yy) / RECEIVED BY
Classification: 1. Bamidele Adeagbo 1215 S. City View St. Wichita, KS 67235-3443 Contributor's Occupation (if applicable):	Contributions: ☑ Direct ☐ In-Kind (describe) Other Receipts: ☐ Interest ☐ Loan ☐ Miscellaneous (specify)	1,000.00	4/8/24 1.01
Classification: 2. Contributor's Occupation (if applicable):	Contributions: ☐ Direct ☐ In-Kind (describe) Other Receipts: ☐ Interest ☐ Loan ☐ Miscellaneous (specify)		
Classification: 3. Contributor's Occupation (if applicable):	Contributions: ☐ Direct ☐ In-Kind (describe) Other Receipts: ☐ Interest ☐ Loan ☐ Miscellaneous (specify)		

FOR OFFICE USE ONLY

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	Title	Date (mm/dd/yy)
	Treasurer	4/8/24
Signature of Candidate (if applicable)		**Date (mm/dd/yy)**
		4/8/24

Warning: The 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, and IC 3-9-4-18)

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

(CFA-11)

State Form 48492 (R6 / 5-19)
Indiana Election Division (IC 3-9-5-20.1; 3-9-5-22)

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.

FILE NUMBER

TOTAL PAGES IN ENTIRE CFA-11 REPORT

IS THIS AN AMENDMENT? ☐ Yes ☐ No

COMMITTEE INFORMATION

1. Full Name of Candidate (Include any nickname) ☐ Check if this is a new name.
Janie Myers

2. Committee Telephone Number
( )

3. Mailing Address (Address where all campaign finance correspondence is received.) ☐ Check if this is a new address.
5401 Tottenham Circle

4. City: Terre Haute | State: IN | ZIP Code: 47803

5. Party Affiliation or if Independent Candidate: Dem

6. Office Sought (Include district number, if any. Not required for exploratory committee.)
Vigo County Coroner

7. County of Residence: Vigo

8. Reporting Period (mm/dd/yy):
From: 01/01/24 Through:

For classification, enter INDV for individual; PAC for political action committee; CORP for corporation; LAB for labor organization; OTHER 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 (mm/dd/yy) RECEIVED BY
Classification 1. Bamidele Adeagbo 1215 S. City View St. Wichita, KS 67235-3443 Contributor's Occupation (if applicable)	Contributions ☑ Direct ☐ In-Kind (describe) Other Receipts: ☐ Interest ☐ Loan ☐ Miscellaneous (specify)	1,000.00	4/8/24 1.01
Classification 2. Contributor's Occupation (if applicable)	Contributions ☐ Direct ☐ In-Kind (describe) Other Receipts: ☐ Interest ☐ Loan ☐ Miscellaneous (specify)		
Classification 3. Contributor's Occupation (if applicable)	Contributions: ☐ Direct ☐ In-Kind (describe) Other Receipts: ☐ Interest ☐ Loan ☐ Miscellaneous (specify)		

FOR OFFICE USE ONLY

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 | Title: Treasurer | Date (mm/dd/yy): 4/8/24

Signature of Candidate (if applicable) | Date (mm/dd/yy): 4/8/24

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