

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

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

(CFA-4) **Summary Sheet**

FILE NUMBER TOTAL PAGES IN ENTIRE CFA-4 REPORT 9

COMMITTEE INFORMATION	VIA EV	NE COL		A SAME STREET
Full Name of Committee (as on Statement of Organization) Check if this is a new name of Committee (as on Statement of Organization)	ame.	- VVI		
Nancy Murbitz for County Council				
2. Acronymior Abbreviated Name (if any) N/A		Committee Telephone Number 7 9.8) 5 6 7 - 6 7 7 8		
	V0.02433 4			118
4. Mailing Address (Address where all campaign finance correspondence is received.)		s is a new a		
5. City, State, ZIP Code COLUMBUS IN 473-03		Affiliation (if		
507 4 ··· 8 ·· 5 ;	AND RESIDENCE PROPERTY.	nocra	>-	
CANDIDATE INFORMATION (For Candidate's Co				
7. Full Name of Candidate (Include any nickname.) Ar. Nancy Merbitz	1123 CYC #4 CT1/5 C	Affiliation or	If Independe	nt Candidate
9. Office Sought (Include district number, if any. Not required for exploratory committee.) Bartholomew County Lounce!		nty of Resid		
TYPE OF REPORT	a di di		CONVENTIO	ON CANDIDATES ONLY
11. Check one:			Check one:	
Pre-Primary Pre-Election Annual Nomination Other			Pre-Con	vention
Final / Disbands Committee (Lines 18, 19, and 20 must be "0".) Outgoing Treasurer (Within ten (10) days amend State	ment of Orga	nnization.)	Post-Co	nvention
12. Reporting Period (mm/dd/yy):			UMN A	COLUMN B
From: 01/01/2024 Through: 04/12/2024			Period	Year to Date
13. Cash on hand and investments at the beginning of this reporting period.		40.00		
14. Cash on hand and investments January 1, current year.				90.00
(Note: these amounts include in-kind contributions and loans, as well as cash contributions.)				
15a. Itemized (Use Schedule A.)		4	- 00	41,000.00
15b. Unitemized			0. 00 2.83	483.830
Extrager-year view research and the control of the	OTAL	1420	6 2	1482.58
	TOTAL	17/80		1.482.33
EXPENDITURES	MINE	7780		
(Note: These amounts include in-kind expenditures and loan repayments.)				
17a. Itemized (Use Schedule B.) (Public Question: use Schedule C.)		a 370	-65	4 370-65
17b. Uniternized		4 38.	-	£38.85
	TOTAL	4409.	·	4 409.50
18. Cash on hand and investments at close of this reporting period (Subtract 17c from 16 in both columns.)	TOTAL		13.33	\$ 1,073.33
19. Debts OWED BY the committee (Use Schedule D.)	ACTION ME	000 · 0	,5,50	THE PROPERTY OF THE PARTY OF TH
20. Debts OWED TO the committee (Use Schedule E.)		02.0		
Established to the committee too consider Ly		0.00		

White the transfer of the production	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 Markets	Title Treasurer	Date (mm/dd/yy) 04/18/24		
Signature of Candidate (If application)		Date (mm/dd/yy) 04/18/24		
WARNING: Any information contained in this apport may not be files a fraudulent report commits a Level 6 felony. (IC 3-14-	e copied for sale or used for any commercial purpose (-13) A person who fails to file a complete or accur	. (IC 3-9-4-5) A person who knowingly ate 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)





State Form 4606 (R15 / 5-19) 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.

	FIL	E NUMBER	
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Page _	1	of9	

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
John & Pam Pare 17116 122nd Dr. N Jupiter, FL 33478 teacher Contributor's Occupation (Il required) Attorney a	Contributions: Direct In-Kind (describe) Other Receipts: Interest Loan Miscellaneous (specify)	\$1,000	61,000	03/03/24 NM
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 (specify)			
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)				
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TOTAL OF ALL PAGES OF SCHEDULE (Enter total on ITER	A ON THE LAST PAGE ONLY If 15a of the Summary Sheet.)	\$		



State Form 4606 (R15 / 5-19) 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 _	2	of	9	

CONTRIBUTOR'S FULL NAME AND 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.	Contributions: Direct In-Kind (describe) Other Receipts: Interest Loan			
	Miscellaneous (specify)			
2.	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest Loan Miscellaneous (specify)			
3.	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest Loan Miscellaneous (specify)			
4.	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest Loan Miscellaneous (specify)	Ti .		
5.	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest Loan Miscellaneous (specify)			
SUBTOTAL	THIS PAGE OF SCHEDULE A	\$0.00	THE NAME OF	
TOTAL OF ALL PAGES OF SCHEDULE (Enter total on ITE	A ON THE LAST PAGE ONLY M 15a of the Summary Sheet.)	\$		



State Form 4606 (R15 / 5-19) 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).

	FILE	NUMBER	
Page_	3	of_ T	

	ITRIBUTOR'S FULL NAME AND FULL MAILING ADDRESS et, number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS	COLUMN B CUMULATIVE	DATE RECEIVED (mm/dd/yy) RECEIVED BY
1.	or, manuscri, only, state, Eli-code,	Contributions: Direct In-Kind (describe) Other Receipts: Interest Loan Miscellaneous (specify)	PERIOD	YEAR-TO-DATE	RECEIVED BY
2.		Contributions: Direct In-Kind (describe) Other Receipts: Interest Loan Miscellaneous (specify)			
3.		Contributions: Direct In-Kind (describe) Other Receipts: Interest Loan Miscellaneous (specify)			
4.		Contributions: Direct In-Kind (describe) Other Receipts: Interest Loan Miscellaneous (specify)		,	
5.		Contributions: Direct In-Kind (describe) Other Receipts: Interest Loan Miscellaneous (specify)			
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		If 15a of the Summary Sheet.)	\$	Tara da La La Cara de	



(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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Page _	4	_	9	

CONTRIBUTOR'S FULL NAME AND FULL MAILING ADDRESS	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS	COLUMN B	DATE RECEIVED (mm/dd/yy)
(street, number, city, state, ZIP code)	OK OTHER RECEIPT	PERIOD	YEAR-TO-DATE	RECEIVED BY
1.	Contributions:			
	☐ In-Kind (describe)			
	Other Receipts:			
	Miscellaneous (specify)			
	-			
2.	Contributions:			
	☐ In-Kind (describe)			
	Other Receipts: Interest Loan			
	Miscellaneous (specify)			
) ——— <u>———</u>			
3.	Contributions: Direct			
	In-Kind (describe)			
	Other Receipts: Interest Loan			
	Miscellaneous (specify)			
	-			
4.	Contributions:			
	In-Kind (describe)			
	Other Receipts:			
	Miscellaneous (specify)			
5.	Contributions: Direct			
	In-Kind (describe)			
	Other Receipts:			
	☐ Interest ☐ Loan			
	Miscellaneous (specify)			
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	THIS PAGE OF SCHEDULE A	\$ 0.00		
TOTAL OF ALL PAGES OF SCHEDULE (Enter total on ITE)	M 15a of the Summary Sheet.)	\$		Ser Boussill



State Form 4606 (R15 / 5-19) 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					
Page	5	of9			

CONTRIBUTOR'S FULL NAME AND FULL MAILING ADDRESS	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS	COLUMN B CUMULATIVE	DATE RECEIVED (mm/dd/yy)
(street, number, city, state, ZIP code)		PERIOD	YEAR-TO-DATE	RECEIVED BY
1.	Contributions: Direct In-Kind (describe) Other Receipts: Interest Loan Miscellaneous (specify)			
2.	Contributions: Direct In-Kind (describe) Other Receipts: Interest Loan Miscellaneous (specify)			
3.	Contributions: Direct In-Kind (describe) Other Receipts: Interest Loan Miscellaneous (specify)			
4.	Contributions: Direct In-Kind (describe) Other Receipts: Interest Loan Miscellaneous (specify)			
5.	Contributions: Direct In-Kind (describe) Other Receipts: Interest Loan Miscellaneous (specify)			
SUBTOTAL	THIS PAGE OF SCHEDULE A	\$0.00		
TOTAL OF ALL PAGES OF SCHEDULE (Enter total on ITEI	A ON THE LAST PAGE ONLY VI 15a of the Summary Sheet.)	\$1500,60		



(CFA-4 SCHEDULE B)
ITEMIZED EXPENDITURES

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

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this schedule. For essistance 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 .	4	of _	2	

RECIPIENT'S NAME AND MAILING ADDRESS	RECIPIENT'S OCCUPATION TYPE OF EXPENDITURE		COLUMN A	COLUMN B	DATE OF EXPENDITURE
(street, number, city, state, ZIP code)	OFFICE SOUGHT (if applicable)	and PURPOSE (be specific)	AMOUNT THIS PERIOD	CUMULATIVE YEAR-TO-DATE	(mm/dd/yy)
USPS. COM		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:	23.0782	370. 65	04/11/24
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Code		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:			
Code		Direct In-Kind Payment of Debt Returned Contribution Other Purpose;			
Code		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:			
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	SUBTOTAL THIS PA	GE OF SCHEDULE B	\$370.65	Management in	
TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY (Enter total on ITEM 17a of the Summary Sheet.)					



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

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. All cumulative expenses or transfers-out, regardless of amount paid to political committees supporting or opposing a public question, MUST be itemized on this schedule.

(CFA-4 SCHEDULE C) ITEMIZED EXPENDITURES For Public Questions

	FILE	NUMBER	
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Page _	7	of Q	

PUBLIC QUESTION INFORMATION Type of Question:				Page _	<u> てof_</u>	ı
Type of Question: Supported Opposed RECIPIENT'S NAME AND MAILUNG ADDRESS (Street, number, etly, state, ZIP code) Code Opposed Opposed RECIPIENT'S OCCUPATION PURPOSE (See specific) (Street, number, etly, state, ZIP code) Code Opposed Opposed Purpose: Continuation Opposed Opp		PUBLIC QUESTION	N INFORMATION			
Position: Supported Opposed RECEPIENT'S MANUE AND MALINO'S ADDRESS (direct, number, dity, state, ZIP code) Code	Enter Text of Public Question.					
Position: Supported Opposed RECEPIENT'S MANUE AND MALINO'S ADDRESS (direct, number, dity, state, ZIP code) Code						
Position: Supported Opposed RECEPIENT'S MANUE AND MALINO'S ADDRESS (direct, number, dity, state, ZIP code) Code		120,000				
RECIPIENT'S NAME AND MAILING ADDRESS (street, number, city, state, ZIP code) Code						
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		SUBTOTAL THIS PA	GE OF SCHEDULE C	\$0.00	不具体形式	
(Enter total on ITEM 17a of the Summary Sheet.)	TOTAL OF ALL PAG			\$0.00		



State Form 4606 (R15 / 5-19) 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.

FILE NUMBER						
Page _	8	of	9			

CREDITOR'S OR LENDER'S NAME	ENDORSER'S OR VENDOR'S NAME	AMOUNT	DATE DEBT	CUMULATIVE	OUTSTANDING BALANCE THIS PERIOD
AND MAILING ADDRESS (street, number, city, state, ZIP code)	AND MAILING ADDRESS (if any) (street, number, city, state, ZIP code)	NATURE OF DEBT	INCURRED (mm/dd/yy)	PAID YEAR-TO-DATE	
				=	
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LENDER'S OCCUPATION:				1	
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LENDER'S OCCUPATION					
SUBTOTAL THIS PAGE OF SCHEDULE D					\$0.00
TOTAL OF ALL PAGES OF SCHEDULE D ON THE LAST PAGE ONLY (Enter total on ITEM 19 of the Summary Sheet.)					\$0.50



(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.

	FILE NUMBER				
Page _	9	of	9		

BORROWER'S NAME AND MAILING ADDRESS	CO-SIGNER'S NAME AND MAILING ADDRESS (if any)	ORIGINAL AMOUNT	DATE DEBT INCURRED	CUMULATIVE PAID	OUTSTANDING BALANCE THIS PERIOD
(street, number, city, state, ZIP code)	(street, number, city, state, ZIP code)	NATURE OF DEBT	(mm/dd/yy)	YEAR-TO-DATE	
		-			
SUBTOTAL THIS PAGE OF SCHEDULE E					\$0.00
TOTAL OF ALL PAGES OF SCHEDULE E ON THE LAST PAGE ONLY					\$0.00
(Enter total on ITEM 20 of the Summary Sheet.)					