



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

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.

2025 JAN 13 A

FILE NUMBER

TOTAL PAGES IN ENTIRE CFA-4 REPORT

IS THIS AN AMENDMENT? ☐ Yes ☐ No

3

COMMITTEE INFORMATION

1. Full Name of Committee (as on *Statement of Organization*) ☐ Check if this is a new name.
Cultice for County Surveyor

2. Acronym or Abbreviated Name (if any)

3. Committee Telephone Number
(574) 952-0648

4. Mailing Address (Address where all campaign finance correspondence is received.)
18761 17th Road

☒ Check if this is a new address.

5. City, State, ZIP Code
Culver, IN 46511

6. Party Affiliation (if applicable)
Republican

CANDIDATE INFORMATION (For Candidate's Committees Only)

7. Full Name of Candidate (Include any nickname.)
Craig D. Cultice

8. Party Affiliation or If Independent Candidate
Republican

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

10. County of Residence
Marshall

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: 10/11/24

Through: 12/31/24

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.

0.00

CONTRIBUTIONS AND RECEIPTS

(Note: these amounts include in-kind contributions and loans, as well as cash contributions.)

15a. Itemized (Use Schedule A.)

386.47

386.47

15b. Unitemized

0.00

0.00

15c. Add lines 15a and 15b in both columns.

SUBTOTAL

386.47

386.47

16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B.

TOTAL

386.47

386.47

EXPENDITURES

(Note: These amounts include in-kind expenditures and loan repayments.)

17a. Itemized (Use Schedule B.) (Public Question: use Schedule C.)

386.47

386.47

17b. Unitemized

0.00

60.00

17c. Add lines 17a and 17b in both columns.

SUBTOTAL

386.47

386.47

18. Cash on hand and investments at close of this reporting period (Subtract 17c from 16 in both columns.)

TOTAL

0.00

0.00

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

Title

TREAS & Cano.

Date (mm/dd/yy)

01/09/2025

Signature of Candidate (if applicable)

Date (mm/dd/yy)

01/09/2025

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



**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-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 _____ of _____

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. Marshall County Republican Central Comm. P.O. Box 102 PLYMOUTH, IN 46563	Contributions: <input type="checkbox"/> Direct <input checked="" type="checkbox"/> In-Kind (describe) <u>CANDIDATE NOTE</u> Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify) _____	283.74		10/20/24 CRAIG CULTICE
2. Marshall County Republican Central Comm. P.O. Box 102 PLYMOUTH, IN 46563	Contributions: <input type="checkbox"/> Direct <input checked="" type="checkbox"/> In-Kind (describe) <u>ADS</u> Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify) _____	102.73		11/15/24 CRAIG CULTICE
3.	Contributions: <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) _____ Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify) _____			
4.	Contributions: <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) _____ Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify) _____			
5.	Contributions: <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) _____ Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify) _____			
SUBTOTAL THIS PAGE OF SCHEDULE A		\$ 386.47		
TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY (Enter total on ITEM 15a of the Summary Sheet.)		\$ 386.47		



**NOTICE OF CONTRIBUTION OR EXPENDITURE
TO CANDIDATE'S COMMITTEE**

State Form 4761 (R6/11-01)
Indiana Election Commission (IC 3-9-5-15)

(CFA-5)

INSTRUCTIONS: Please type or print legibly in black ink. See instructions on reverse side of the form. This form is to be used by an organization or a committee, other than the candidate's committee, that receives a contribution or makes an expenditure on behalf of a candidate. The treasurer of the organization or committee shall report to the candidate's committee all information about a contribution received or an expenditure made on behalf of the candidate that the treasurer of the candidate's committee is required to report about the contribution or the expenditure if it had been received or made by the candidate's committee. An expenditure is considered to be on behalf of a candidate if either of the following applies: (1) the expenditure is made in support of the candidate who is specifically identifiable; or (2) the expenditure is made in opposition to an opponent: (A) of the candidate; and (B) who is specifically identifiable. An expenditure is not considered to be made on behalf of a candidate if the expenditure is made to inform the members of the organization or for the development of the committee's political party.

Upon receipt of this form by the candidate's committee, the treasurer must enter the contribution or expenditure (transfer-in) in the committee's records for disclosure in the committee's Receipts and Expenditures Report (CFA-4 form). (IC 3-9-5-15)

**DO NOT FILE THIS FORM WITH THE INDIANA ELECTION DIVISION OR ANY COUNTY ELECTION BOARD.
THIS NOTICE IS TO BE GIVEN DIRECTLY TO THE CANDIDATE'S COMMITTEE.**

REPORTING PERIOD 2024 Annual Report

Organization or Committee Name: ☐ Corporation / Labor ☐ Partnership / LLC ☐ PAC ☒ Regular Party Committee Marshall County Republican Central Committee
☐ Legislative Caucus Committee ☐ Other Candidate's Committee ☐ Other Organization _____ (specify)

Candidate's Committee Name

Cultice for County Surveyor

DIRECT CONTRIBUTIONS RECEIVED

Date Received (MM-DD-YY)	Received From	Occupation <small>Required if the contributor made aggregate contributions of at least \$1,000 to this committee during the calendar year. (optional otherwise)</small>	Amount

EXPENDITURES MADE (In-Kind Contributions)

Date (MM-DD-YY)	Made To	Purpose	Value
10/20/24	Swan Lake Resort	MCGOP Candidate Night	\$283.74
11/15/24	The Pilot News	Candidate Flyer/Newspaper Ads	\$102.73

CERTIFICATION

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

Signature of Treasurer <i>Bryan Howard</i>	Telephone Number (Day) (574) 780-5814	Telephone Number (Evening) (574) 780-5814	Date (MM-DD-YY) 12/01/24
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