



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

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 <i>Statement of Organization</i>) <input type="checkbox"/> Check if this is a new name. Byers For Coroner	
2. Acronym or Abbreviated Name (if any)	3. Committee Telephone Number (574) 952-1560
4. Mailing Address (Address where all campaign finance correspondence is received.) <input type="checkbox"/> Check if this is a new address. 1708 Westgate Ave	
5. City, State, ZIP Code Plymouth, IN 46563	6. Party Affiliation (if applicable) Republican

CANDIDATE INFORMATION (For Candidate's Committees Only)

7. Full Name of Candidate (Include any nickname.) George Dean Byers	8. Party Affiliation or If Independent Candidate Republican
9. Office Sought (Include district number, if any. Not required for exploratory committee.) Coroner	10. County of Residence Marshall

TYPE OF REPORT

CONVENTION CANDIDATES ONLY

11. Check one: <input type="checkbox"/> Pre-Primary <input type="checkbox"/> Pre-Election <input checked="" type="checkbox"/> Annual <input type="checkbox"/> Nomination <input type="checkbox"/> Other _____ <input checked="" type="checkbox"/> Final / Disbands Committee (Lines 18, 19, and 20 must be "0".) <input type="checkbox"/> Outgoing Treasurer (Within ten (10) days amend <i>Statement of Organization</i> .)	Check one: <input type="checkbox"/> Pre-Convention <input type="checkbox"/> Post-Convention
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12. Reporting Period (mm/dd/yy): From: 10/12/2024 Through: 12/31/2024	COLUMN A This Period	COLUMN B Year to Date
13. Cash on hand and investments at the beginning of this reporting period.	0	
14. Cash on hand and investments January 1, current year.		0

CONTRIBUTIONS AND RECEIPTS

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

EXPENDITURES

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

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) 01-08-25
Signature of Candidate (if applicable) 		Date (mm/dd/yy) 01-08-25

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

2025 JAN - 8 A 11:31
FILED
CLERK



**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

Dean Byers

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