



CANDIDATE'S STATEMENT OF ORGANIZATION AND DESIGNATION OF PRINCIPAL COMMITTEE OR EXPLORATORY COMMITTEE
 State Form 4604 (R14 / 10-17)
 Indiana Election Division (IC 3-9-1-3; IC 3-9-1-4; IC 3-9-1-5)

(CFA-1)

PLEASE TYPE OR PRINT LEGIBLY IN BLACK INK. SEE INSTRUCTIONS ON REVERSE SIDE.

1. IS THIS AN AMENDMENT? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If Yes, please enter the file number in this box.</i> →	FILE NUMBER 46-18-445
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SECTION A. CANDIDATE INFORMATION: Fill in all applicable boxes as fully and accurately as possible.					
2. Last Name Rudolph	First Name Loretta	Middle Name	Nickname	3. Type of Committee (Check one) <input checked="" type="checkbox"/> Candidate's Principal Committee <input type="checkbox"/> Exploratory Committee	
4. Mailing Address (number and street, city, state, and ZIP code) 0358 E 4005 La Porte IN 46350			5. FAX (Optional)		6. E-mail Address (Optional)
7. City La Porte	State IN	ZIP Code 46350	8. County La Porte	9. Telephone (Day) (219) 393-5033	10. Telephone (Evening) (219) 363-4841
11. Party Affiliation <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Libertarian <input type="checkbox"/> Republican <input type="checkbox"/> Other			12. Office Sought (Include district number, if any. Not required for an exploratory committee.) Washington Township Trustee		

SECTION B. COMMITTEE INFORMATION: Fill in all applicable boxes as fully and accurately as possible.					
13. Full Name of Committee (Do not abbreviate.) <input type="checkbox"/> Check if this is a new name. Committee to Elect Loretta Rudolph					
14. Mailing Address (number and street, city, state, and ZIP code) <input type="checkbox"/> Check if this is a new address. 0358 E 4005			15. FAX (Optional)		16. E-mail Address (Optional) lrudolph3@frontier.com
17. City La Porte	State IN	ZIP Code 46350	18. County La Porte	19. Telephone (219) 393-5033	20. Committee Organization Date (mm/dd/yy) 02-15-2018
21. Chairperson's Full Name <input checked="" type="checkbox"/> Designate Candidate as Chairperson. <input type="checkbox"/> Check if this is a new chairperson.					
22. Mailing Address (number and street, city, state, and ZIP code) <input type="checkbox"/> Check if this is a new address.			23. FAX (Optional)		24. E-mail Address (Optional)
25. City	State	ZIP Code	26. County	27. Telephone (Day)	28. Telephone (Evening)
29. Bank or Other Depositories (List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.)					
30. Exploratory Committee (Give brief statement explaining purpose of an exploratory committee only.)			31. Salaries and Reimbursements (Will the committee pay the candidate a salary or reimbursement for lost wages? If Yes, attach a copy of the contract.) <input type="checkbox"/> Yes <input type="checkbox"/> No		

SECTION C. APPOINTMENT OF TREASURER (IC 3-9-1-14)					
32. I, as Chairperson of the foregoing committee, appoint the following person as Treasurer of the Committee.			Person Appointed Treasurer		Signature of the Committee Chairperson
33. Treasurer's Full Name <input checked="" type="checkbox"/> Designate candidate as treasurer. <input type="checkbox"/> Check if this is a new treasurer.					
34. Mailing Address (number and street, city, state, and ZIP code) <input type="checkbox"/> Check if this is a new address.			35. FAX (Optional)		36. E-mail Address (Optional)
37. City	State	ZIP Code	38. County	39. Telephone (Day)	40. Telephone (Evening)

SECTION D. ACCEPTANCE OF APPOINTMENT (IC 3-9-1-15)	
41. I give notice that I accept the duties and responsibilities of Treasurer of this Committee. I am not the chairperson of a campaign finance committee (except as permitted for a candidate committee under IC 3-9-1-7).	Signature of Person Accepting Appointment

SECTION E. CERTIFICATION OF STATEMENT			FOR OFFICE USE ONLY	
We certify as the candidate and the duly appointed Chairperson of the Committee and that we have examined this statement. To the best of our knowledge and belief it is true, correct and complete.				
42. Typed or Printed Name of Chairperson Loretta Rudolph	Signature of Chairperson <i>Loretta Rudolph</i>	Date (mm/dd/yy) 2-15-2018	<div style="border: 2px solid black; padding: 10px; font-weight: bold; font-size: 1.2em;"> FILED IN CLERKS OFFICE FEB 15 2018 </div>	
43. Typed or Printed Name of Candidate Loretta Rudolph	Signature of Candidate <i>Loretta Rudolph</i>	Date (mm/dd/yy) 2-15-2018		

Warning: State law requires that any change in this information be reported within ten (10) days of the change (IC 3-9-1-10). A person who knowingly files a fraudulent report commits a Level 6 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, and IC 3-9-4-18).

Karyn Chubb
 CLERK OF LA PORTE CIRCUIT COURT



**REPORT OF RECEIPTS AND EXPENDITURES
A POLITICAL COMMITTEE**

State Form 4606 (R14 / 10-17)
Indiana Election Division (IC 3-9-5-14)

OF

**(CFA-4)
Summary Sheet**

FILE NUMBER
46-18-44
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 Statement of Organization) <input type="checkbox"/> Check if this is a new name. Committee to Elect Loretta Rudolph		3. Committee Telephone Number (219) 393-5033
2. Acronym or Abbreviated Name (if any)		6. Party Affiliation (if applicable) Dem
4. Mailing Address (Address where all campaign finance correspondence is received.) <input type="checkbox"/> Check if this is a new address. 0358E 4005		8. Party Affiliation or If Independent Candidate
5. City, State, ZIP Code La Porte IN 46350		10. County of Residence La Porte
CANDIDATE INFORMATION (For Candidate's Committees Only)		
7. Full Name of Candidate (Include any nickname.) Loretta Rudolph		8. Party Affiliation or If Independent Candidate
9. Office Sought (Include district number, if any. Not required for exploratory committee.) Washington Township Trustee		10. County of Residence La Porte
TYPE OF REPORT		CONVENTION CANDIDATES ONLY
11. Check one: <input checked="" type="checkbox"/> Pre-Primary <input type="checkbox"/> Pre-Election <input type="checkbox"/> Annual <input type="checkbox"/> Nomination <input type="checkbox"/> Other _____ <input type="checkbox"/> Final / Disbands Committee (Lines 18, 19, and 20 must be "0") <input type="checkbox"/> Outgoing Treasurer (Within ten (10) days amend Statement of Organization.)		Check one: <input type="checkbox"/> Pre-Convention <input type="checkbox"/> Post-Convention
12. Reporting Period (mm/dd/yy): From: Through:	COLUMN A This Period	COLUMN B Year to Date
13. Cash on hand and investments at the beginning of this reporting period.	0	0
14. Cash on hand and investments January 1, current year.	0	0
CONTRIBUTIONS AND RECEIPTS		
(Note: these amounts include in-kind contributions and loans, as well as cash contributions.)		
15a. Itemized (Use Schedule A.)	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 Schedule B.) (Public Question: use Schedule C.)	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 Schedule D.)	0	0
20. Debts OWED TO the committee (Use Schedule E.)	0	0

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.			JUL 26 2018
Signature of Treasurer	Title	Date (mm/dd/yy)	<i>K. J. ...</i> CLERK OF LA PORTE CIRCUIT COURT
Signature of Candidate (if applicable) Loretta Rudolph		Date (mm/dd/yy) 7-26-18	

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)