



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)

FILED
 IN CLERKS OFFICE
 JUL 2019

(CFA-1)

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

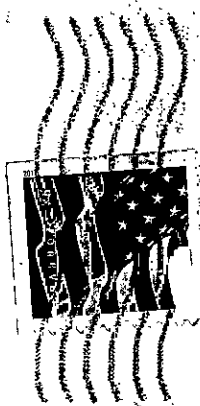
										FILE NUMBER	
1. IS THIS AN AMENDMENT? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, please enter the file number in this box. →										46-19-83	
SECTION A. CANDIDATE INFORMATION: Fill in all applicable boxes as fully and accurately as possible.											
2. Last Name RUDDEL		First Name REGINA		Middle Name ANN		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) 313 ASH PARKWAY						5. FAX (Optional)		6. E-mail Address (Optional)			
7. City WESTVILLE		State IN	ZIP Code 46391	8. County LaPorte		9. Telephone (Day) 219-785-7173		10. Telephone (Evening) 219-785-7173			
11. Party Affiliation <input type="checkbox"/> Democratic <input type="checkbox"/> Libertarian <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Other						12. Office Sought (Include district number, if any. Not required for an exploratory committee.) WESTVILLE TOWN COUNCIL WARD 4					
SECTION B. COMMITTEE INFORMATION: Fill in all applicable boxes as fully and accurately as possible.											
13. Full Name of Committee (Do not abbreviate.) <input checked="" type="checkbox"/> Check if this is a new name. RUDDELL FOR COUNCIL WARD 4											
14. Mailing Address (number and street, city, state, and ZIP code) <input type="checkbox"/> Check if this is a new address. 313 ASH PARKWAY						15. FAX (Optional)		16. E-mail Address (Optional)			
17. City WESTVILLE		State IN	ZIP Code 46391	18. County LaPorte		19. Telephone 219-785-7173		20. Committee Organization Date (mm/dd/yy) 06/28/2019			
1. Chairperson's Full Name <input checked="" type="checkbox"/> Designate Candidate as Chairperson. <input type="checkbox"/> Check if this is a new chairperson. REGINA ANN RUDDELL											
22. Mailing Address (number and street, city, state, and ZIP code) <input type="checkbox"/> Check if this is a new address. 313 ASH PARKWAY						23. FAX (Optional)		24. E-mail Address (Optional)			
25. City WESTVILLE		State IN	ZIP Code 46391	26. County LaPorte		27. Telephone (Day) 219-785-7173		28. Telephone (Evening) 219-785-7173			
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.) PNC											
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 checked="" 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. WILLIAM C. RUDDELL						Person Appointed Treasurer		Signature of the Committee Chairperson Regina Rudell			
33. Treasurer's Full Name <input type="checkbox"/> Designate candidate as treasurer. <input checked="" type="checkbox"/> Check if this is a new treasurer. WILLIAM CORNELIUS RUDDELL											
34. Mailing Address (number and street, city, state, and ZIP code) <input type="checkbox"/> Check if this is a new address. 313 ASH PARKWAY						35. FAX (Optional)		36. E-mail Address (Optional)			
37. City WESTVILLE		State IN	ZIP Code 46391	38. County LaPorte		39. Telephone (Day) 219-785-7173		40. Telephone (Evening) 219-785-7173			
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 William C. Rudell					
SECTION E. CERTIFICATION OF STATEMENT											
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 REGINA RUDDELL			Signature of Chairperson Regina Rudell			Date (mm/dd/yy) 06/28/2019			FOR OFFICE USE ONLY		
43. Typed or Printed Name of Candidate REGINA RUDDELL			Signature of Candidate Regina Rudell			Date (mm/dd/yy) 06/28/2019					
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).											

313 Ash Parkway
Waukegan, IL 60087

CFA-1

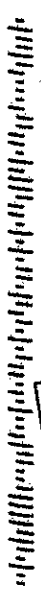
5 SUBURBAN IL 601
26 JUN 2019 PM 3 L

La Porte County Clerk
813 Lincolnway Suite 105
La Porte IN, 46350



FILED
IN CLERKS OFFICE
JUL - 1 2019
Krzysztof Kowalski
CLERK OF LA PORTE CIRCUIT COURT

46350-349259





**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

46-19-83

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) Check if this is a new name.
RUSSELL FOR COUNCIL WARD 4

2. Acronym or Abbreviated Name (if any)

3. Committee Telephone Number
(219) 785-7173

4. Mailing Address (Address where all campaign finance correspondence is received.) Check if this is a new address.
313 ASH PARKWAY

5. City, State, ZIP Code
WESTVILLE IN 46391

6. Party Affiliation (if applicable)
REPUBLICAN

CANDIDATE INFORMATION (For Candidate's Committees Only)

7. Full Name of Candidate (Include any nickname.)
REGINA ANN RUSSELL

8. Party Affiliation or If Independent Candidate
REPUBLICAN

9. Office Sought (Include district number, if any. Not required for exploratory committee.)
WESTVILLE TOWN COUNCIL WARD 4

10. County of Residence
LAPORTE

TYPE OF REPORT

CONVENTION CANDIDATES ONLY

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.)

Check one:
 Pre-Convention
 Post-Convention

12. Reporting Period (mm/dd/yy):	COLUMN A This Period	COLUMN B Year to Date
From: 04/13/19 - 10/11/19 Through: 10/11/19		
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 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	
20. Debts OWED TO the committee (Use Schedule E.)	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: **Regina Russell** Title: **Treasurer** Date (mm/dd/yy): **10/13/2019**

Signature of Candidate (if applicable): **Regina Russell** Date (mm/dd/yy): **10/13/2019**

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 this 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)

FILE FOR OFFICE USE ONLY
 CLERK OF SUPERIOR COURT
 CLERK OF LAPORTE CIRCUIT COURT