



**REGULAR PARTY COMMITTEE
STATEMENT OF ORGANIZATION**
State Form 46413 (R6 / 10-17)
Indiana Election Division (IC 3-9-1-3 and IC 3-9-1-4)

F I L E D
IN CLERKS OFFICE
MAR 12 2021
CLERKS OF LA PORTE CIRCUIT COURT

(CFA-3)

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

SECTION A. COMMITTEE INFORMATION: Fill in all applicable boxes as fully and accurately as possible.						FILE NUMBER
1. IS THIS AN AMENDMENT? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>If Yes, please enter the file number in this box. →</i>						46-19-44-20-56
2. Full Name of Committee (Do not abbreviate.) <input type="checkbox"/> Check if this is a new name. Libertarian Party of La Porte County				3. Acronym or Abbreviated Name (if any) LPLP		
4. Mailing Address (Address where all campaign finance correspondence is received.) <input type="checkbox"/> Check if this is a new address. P.O. Box 564				5. E-mail Address (Optional) treasurer@lplp.org		
6. City La Porte	State IN	ZIP Code 46352-0564	7. FAX (Optional) ()	8. Telephone (855) 455-5757	9. Committee Organization Date (mm/dd/yy)	
10. Is this committee registered with the Federal Election Commission? <input type="checkbox"/> Yes <input type="checkbox"/> No						
11. Type of Regular Party Committee (Check one) <input type="checkbox"/> National <input type="checkbox"/> State <input type="checkbox"/> Congressional District <input checked="" type="checkbox"/> County <input type="checkbox"/> City <input type="checkbox"/> Town						
12. Party Affiliation (Check one) <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Libertarian <input type="checkbox"/> Republican <input type="checkbox"/> Other _____						
13. Chairperson's Name <input type="checkbox"/> Check if this is a new chairperson. Kyle-Pierre Nfr				14. E-mail Address (Optional) kp@blackcorp.com		
15. Mailing Address (number and street, city, state, and ZIP code) <input type="checkbox"/> Check if this is a new address. 8633 N 400 W				16. Telephone (Day) (219) 310-4273	17. Telephone (Evening) ()	
18. Treasurer's Name <input checked="" type="checkbox"/> Check if this is a new treasurer. Kalvin Timm				19. E-mail Address (Optional) kalvintimm@gmail.com		
20. Mailing Address (number and street, city, state, and ZIP code) <input type="checkbox"/> Check if this is a new address. 1083 East SR 2 Lot 713 La Porte, IN 46350				21. Telephone (Day) (219) 380-1555	22. Telephone (Evening) ()	
23. Custodian of Records' Name <input type="checkbox"/> Check if this is a new custodian.				24. E-mail Address (Optional)		
25. Mailing Address (number and street, city, state, and ZIP code) <input type="checkbox"/> Check if this is a new address.				26. Telephone (Day) ()	27. Telephone (Evening) ()	
28. 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.) Horizon Bank						
SECTION B. APPOINTMENT OF TREASURER (IC 3-9-1-14)						
29. I, as Chairperson of the foregoing committee, appoint the following person as Treasurer of the Committee. Kalvin Timm			Person Appointed Treasurer		Signature of the Committee Chairperson 	
SECTION C. ACCEPTANCE OF APPOINTMENT (IC 3-9-1-15)						
30. I give notice that I accept the duties and responsibilities of Treasurer of this Committee. I am not the chairperson of any other campaign finance committee.						FOR OFFICE USE ONLY
31. Typed or Printed Name of Treasurer Kalvin Timm		Signature of Treasurer 		Date (mm/dd/yy) 03/11/2021		
SECTION D. CERTIFICATION OF STATEMENT						
I certify that I am the duly appointed Chairperson of the Committee and have examined this statement. To the best of my knowledge and belief it is true, correct and complete.						
32. Typed or Printed Name of Chairperson kyle-Pierre Nfr		Signature of Chairperson 		Date (mm/dd/yy) 03/11/2021		
Warning: Any information contained in this statement may not be copied for sale or used for any commercial purpose. (IC 3-9-4-5) State law requires that any change in this information must 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 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).						