



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

State Form 4606 (R15 / 5-19)
Indiana Election Division (IC 3-9-5-14)

**(CFA-4)
Summary Sheet**

FILE NUMBER

410-22-607

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) Libertarian Party of La Porte County		<input type="checkbox"/> Check if this is a new name.
2. Acronym or Abbreviated Name (if any) LPLaP	3. Committee Telephone Number (855) 455-5757	
4. Mailing Address (Address where all campaign finance correspondence is received.) P. O. Box 564		<input type="checkbox"/> Check if this is a new address.
5. City, State, ZIP Code La Porte, IN, 46352-0564	6. Party Affiliation (if applicable) Libertarian	

CANDIDATE INFORMATION (For Candidate's Committees Only)

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

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: 10/01/21 Through: 09/30/22	COLUMN A This Period	COLUMN B Year to Date
13. Cash on hand and investments at the beginning of this reporting period.	1,600.00	
14. Cash on hand and investments January 1, current year.		1,600.00

CONTRIBUTIONS AND RECEIPTS

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

15a. Itemized (Use Schedule A.)		
15b. Unitemized		300.00
15c. Add lines 15a and 15b in both columns. SUBTOTAL		1,900.00
16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B. TOTAL		1,900.00

EXPENDITURES

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

17a. Itemized (Use Schedule B.) (Public Question: use Schedule C.)		
17b. Unitemized		100.00
17c. Add lines 17a and 17b in both columns. SUBTOTAL		100.00
18. Cash on hand and investments at close of this reporting period (Subtract 17c from 16 in both columns.) TOTAL		1,800.00
19. Debts OWED BY the committee (Use Schedule D.)		
20. Debts OWED TO the committee (Use Schedule E.)		

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 Treasurer	Date (mm/dd/yy) 10/14/22
Signature of Candidate (if applicable)		Date (mm/dd/yy)

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

**F I L E D
IN CLERKS OFFICE**

OCT 14 2022

CLERK OF LA PORTE CIRCUIT COURT



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)

(CFA-3)

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

FILE NUMBER

40-22-601

1. IS THIS AN AMENDMENT? Yes No *If Yes, please enter the file number in this box.* →

SECTION A. COMMITTEE INFORMATION: Fill in all applicable boxes as fully and accurately as possible.

2. Full Name of Committee (Do not abbreviate.) Check if this is a new name.
 Libertarian Party of La Porte County

3. Acronym or Abbreviated Name (if any)
 LPLaP

4. Mailing Address (Address where all campaign finance correspondence is received.) Check if this is a new address.
 P. O. Box 564

5. E-mail Address (Optional)
 treasurer@lplap.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? Yes No

11. Type of Regular Party Committee (Check one)
 National State Congressional District County City Town

12. Party Affiliation (Check one)
 Democratic Libertarian Republican Other _____

13. Chairperson's Name Check if this is a new chairperson.
 Kyle-Pierre Nfr

14. E-mail Address (Optional)
 chair@lplap.org

15. Mailing Address (number and street, city, state, and ZIP code) Check if this is a new address.
 8633 W. 400N

16. Telephone (Day)
 (219) 229-8842

17. Telephone (Evening)
 ()

18. Treasurer's Name Check if this is a new treasurer.
 Leslie Samelson

19. E-mail Address (Optional)
 treasurer@lplap.org

20. Mailing Address (number and street, city, state, and ZIP code) Check if this is a new address.
 2239 Island Drive, Michigan City, IN, 46360

21. Telephone (Day)
 (219) 561-6691

22. Telephone (Evening)
 ()

23. Custodian of Records' Name Check if this is a new custodian.

24. E-mail Address (Optional)

25. Mailing Address (number and street, city, state, and ZIP code) 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.
 Person Appointed Treasurer
 Leslie Samelson

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.

31. Typed or Printed Name of Treasurer
 Leslie Samelson

Signature of Treasurer

Date (mm/dd/yy)
 10/14/22

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FILED
 IN CLERKS OFFICE

OCT 14 2022

Lylaou Stevens
 CLERK OF LA PORTE CIRCUIT COURT

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)
 10/14/22

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).