



**POLITICAL ACTION COMMITTEE
OR LEGISLATIVE CAUCUS COMMITTEE
STATEMENT OF ORGANIZATION**

(CFA - 2)

46-23-64

State Form 28251 (R9/9-09)
Indiana Election Commission (IC 3-9-1-3 and IC 3-9-1-4)

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

FILE NUMBER
7262

1. IS THIS AN AMENDMENT? NO YES - 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
Citizens for a Unified Long Beach

3. Acronym or Abbreviated Name (if any)

4. Mailing Address Check if this is a new address
2604 Oriole Trail

5. E-mail address (Optional)
ckowalsk@comcast.net

6. City: Long Beach | State: IN | Zip Code: 46360 | 7. FAX (Optional): | 8. Telephone: 219-879-5164 | 9. Committee Organization Date (MM-DD-YY): 08/19/2019

10. Is this committee registered with the Federal Election Commission? Yes No | 11. Is this committee a "Legislative Caucus Committee" under IC 3-5-27.3? Yes No

12. State the purpose of the committee and on which issues the committee expects to focus.
The committee will support candidates that share the committee's vision of a unified Long Beach

13. Name and address of any connected, affiliated, sponsoring organization, corporation, group, or individual. | 14. Party Affiliation
Is this committee supporting a political party's entire ticket? Yes No

15. If supporting or opposing a public question, state both the subject of the question AND the committee position.

16. Chairperson's Full Name Check if this is a new chairperson
Laurel Long Kuczynski

17. E-mail address (Optional)

18. Mailing Address Check if this is a new address
PO Box 55 Michigan City IN 46361

19. Telephone (Day): 317-237-1375 | 20. Telephone (Evening)

21. Treasurer's Name Check if this is a new treasurer
Mary Long Kowalski

22. E-mail address (Optional)

23. Mailing Address Check if this is a new address
PO Box 55 Michigan City IN 46361

24. Telephone (Day) | 25. Telephone (Evening)

26. Custodian of Records' Name Check if this is a new custodian
Mary Lou Long McFadden

27. E-mail address (Optional)

28. Mailing Address Check if this is a new address
PO Box 55 Michigan City IN 46361

29. Telephone (Day): 317-237-1375 | 30. Telephone (Evening)

31. Bank or Other Depositories (List all banks or other depositories in which the committee deposits funds, hold accounts, rents safety deposit boxes or maintains funds.)
Horizon

SECTION B. APPOINTMENT OF TREASURER (IC 3-9-1-14)

32. I, as Chairperson of the foregoing committee, appoint the following person as Treasurer of the
Person Appointed Treasurer: Mary Kowalski
Signature of the Committee Chairperson: Signature Included

SECTION C. ACCEPTANCE OF APPOINTMENT (IC 3-9-1-15)

33. 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.

34. Typed or printed name of Treasurer: Mary Long Kowalski | Signature of Treasurer: Signature Included | Date (MM-DD-YY): 08/21/2019

FOR OFFICE USE ONLY
Confirm Nbr: 14474
Filed: 8/17/2019 8:25:00PM
CLERKS OFFICE
OCT 23 2019
L. Leann 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.

35. Typed or printed name of Chairperson: Laurel Long Kuczynski | Signature of Chairperson: Signature Included | Date (MM-DD-YY): 08/21/2019

Warning: Any information contained in this statement may not be copied for sale or used for any commercial purpose. State law requires that any change in this information be reported within 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



**POLITICAL ACTION COMMITTEE
OR LEGISLATIVE CAUCUS COMMITTEE
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(CFA - 2)

State Form 28251 (R9/9-09)
Indiana Election Commission (IC 3-9-1-3 and IC 3-9-1-4)

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

FILE NUMBER

1. IS THIS AN AMENDMENT? NO YES - If YES, please enter the file number in this box

7262

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

2. Full name of committee (Do Not abbreviate) <input checked="" type="checkbox"/> Check if this is a new name Better Government for Long Beach			3. Acronym or Abbreviated Name (if any)		
4. Mailing Address <input type="checkbox"/> Check if this is a new address 2604 ORIOLE TRAIL			5. E-mail address (Optional) ckowalsk@comcast.net		
6. City LONG BEACH	State IN	Zip Code 46360	7. FAX (Optional)	8. Telephone 219-879-5164	9. Committee Organization Date (MM-DD-YY) 08/19/2019
10. Is this committee registered with the Federal Election Commission? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			11. Is this committee a "Legislative Caucus Committee" under IC 3-5-27.3? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
12. State the purpose of the committee and on which issues the committee expects to focus. The committee will support candidates that share the committee's vision of a unified Long Beach					
13. Name and address of any connected, affiliated, sponsoring organization, corporation, group, or individual.			14. Party Affiliation Is this committee supporting a political party's entire ticket? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
15. If supporting or opposing a public question, state both the subject of the question AND the committee position.					
16. Chairperson's Full Name <input type="checkbox"/> Check if this is a new chairperson Laurel Long Kuczynski			17. E-mail address (Optional)		
18. Mailing Address <input type="checkbox"/> Check if this is a new address PO Box 55 Michigan City IN 46361			19. Telephone (Day) 317-237-1375	20. Telephone (Evening)	
21. Treasurer's Name <input type="checkbox"/> Check if this is a new treasurer Mary Long Kowalski			22. E-mail address (Optional)		
23. Mailing Address <input type="checkbox"/> Check if this is a new address PO Box 55 Michigan City IN 46361			24. Telephone (Day)	25. Telephone (Evening)	
26. Custodian of Records' Name <input type="checkbox"/> Check if this is a new custodian Mary Lou Long McFadden			27. E-mail address (Optional)		
28. Mailing Address <input type="checkbox"/> Check if this is a new address PO Box 55 Michigan City IN 46361			29. Telephone (Day) 317-237-1375	30. Telephone (Evening)	
31. Bank or Other Depositories (List all banks or other depositories in which the committee deposits funds, hold accounts, rents safety deposit boxes or maintains funds.) Horizon					

SECTION B. APPOINTMENT OF TREASURER (IC 3-9-1-14)

32. I, as Chairperson of the foregoing committee, appoint the following person as Treasurer of the	Person Appointed Treasurer Mary Kowalski	Signature of the Committee Chairperson Signature Included
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SECTION C. ACCEPTANCE OF APPOINTMENT (IC 3-9-1-15)

33. 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 Confirm Nbr: 15873 Filed: 08/17/2023 6:25:00 PM		
34. Typed or printed name of Treasurer Mary Long Kowalski	Signature of Treasurer	Date (MM-DD-YY)	IN CLERKS OFFICE OCT 23 2023 Clerk of La Porte Circuit Court		
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.					

SECTION D. CERTIFICATION OF STATEMENT

35. Typed or printed name of Chairperson Laurel Long Kuczynski	Signature of Chairperson Signature Included	Date (MM-DD-YY) 08/16/2023
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Warning: Any information contained in this statement may not be copied for sale or used for any commercial purpose. State law requires that any change in this information be reported within 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



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

Slate Form 4606 (R13/11-05)
Indiana Election Commission (IC 3-9-5-14)

**(CFA-4 SCHEDULE B)
Itemized Expenditures**

INSTRUCTIONS: Please type or print legibly **IN BLACK INK** all information on this form. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document expenditures totaled on **ITEM 17a** of the Summary Sheet. All cumulative expenses paid to individuals, businesses, labor organizations and other entities **OVER \$100** per recipient, within a calendar year **MUST** be itemized on this schedule (over \$200, if regular party committee). All cumulative expenses, including in-kind, **regardless of amount paid** to political committees (such as transfers-out from candidate, legislative caucuses, political action, or regular party committees) **MUST** be itemized on this schedule.

FILE NUMBER
7262
Page 2 of 2

RECIPIENT'S NAME AND MAILING ADDRESS (street, number, city, state, ZIP code)	RECIPIENT'S OCCUPATION	TYPE OF EXPENDITURE and PURPOSE (be specific)	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE OF EXPENDITURE
	OFFICE SOUGHT (if applicable)				
Code: Advertising 1 Cheryl Flemington St Lawrence Avenue Long Beach IN 46360		Direct Purpose: Reimbursement for: Beacher - 111 84	524.34	1,121.82	10/06/2023
SUB TOTAL THIS PAGE OF SCHEDULE B			\$ 524.34		
TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY (Enter total on ITEM 17a of the Summary Sheet)			\$ 5,362.82		

F I L E D
IN CLERKS OFFICE
OCT 23 2023
Heaven Stevens
CLERK OF LA PORTE CIRCUIT COURT

46-23-64



REPORT OF RECEIPTS AND EXPENDITURES OF A POLITICAL COMMITTEE

State Form 4606 (R13/11-05) Indiana Election Commission (IC 3-9-5-14)

(CFA-4)

Summary Sheet

FILE NUMBER
7262
TOTAL PAGES IN ENTIRE CFA-4 REPORT
5

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 [X] No

COMMITTEE INFORMATION

1. Full name of committee (as on Statement of Organization) Check if this is a new name
Better Government for Long Beach

2. Acronym or abbreviated name, if any

3. Committee telephone number
(219) 879-5164

4. Mailing address (address where all campaign finance correspondence is received) Check if this is a new address
2604 ORIOLE TRAIL

5. City, state, ZIP code
LONG BEACH IN 46360

6. Party affiliation (if applicable)

CANDIDATE INFORMATION (if or Candidate's Committee Only)

7. Full name of candidate (include any nickname)

8. Party affiliation or if independent

9. Office sought (include district number, if any. Not required for exploratory committee.)

10. County of residence

TYPE OF REPORT

CONVENTION CANDIDATES ONLY

11. **PreElect**

12. Check one:
 Pre-Convention
 Post-Convention

13. Reporting period:
 From: **04/08/2023** Through: **10/13/2023**

14. Cash on hand and investments at the beginning of this reporting period. **5,829.14**

15. Cash on hand and investments January 1, current year. **5,895.01**

CONTRIBUTIONS AND RECEIPTS

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

15a. Itemized (use Schedule A)	10,750.33	10,750.46
15b. Unitemized	400.00	400.00
15c. Add lines 15a, and 15b in both columns	11,150.33	11,150.46
16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B	16,979.47	17,045.47

EXPENDITURES

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

17a. Itemized (use Schedule B) (Public Question: use Schedule C)	5,362.82	5,428.82
17b. Unitemized	0.00	0.00
17c. Add lines 17a and 17b in both columns	5,362.82	5,428.82
18. Cash on hand and investments at close of this reporting period (subtract 17c from 16 in both columns)	11,616.65	11,616.65
19. Debts OWED BY the committee (use Schedule D)	0.00	
20. Debts OWED TO the committee (use Schedule E)	0.00	

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: **10/15/2023**

Signature of Candidate (if applicable): _____ Date: **10/15/2023**

FOR OFFICE USE ONLY

Filed: Online
10/15/23 2:13 pm
 IN CLERKS OFFICE
OCT 23 2023

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, 3-9-4-17, 3-9-4-18.)

Heaven Stevens
 CLERK OF LA PORTE CIRCUIT COURT



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

State Form 4808 (R13/11-05)

Indiana Election Commission (IC 3-9-5-14)

**(CFA-4 SCHEDULE A-1)
CONTRIBUTIONS BY INDIVIDUALS
Itemized Contributions and Other**

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY INDIVIDUALS ON THIS SCHEDULE. Please type or print legibly in BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from individuals OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee). A contributor's occupation is required if an individual makes at least \$1,000 in contributions during the calendar year. Otherwise, this is optional.

FILE NUMBER
7262
Page 1 of 1

CONTRIBUTOR'S FULL NAME AND OCCUPATION FULL MAILING ADDRESS (Street number, city, state ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED RECEIVED BY
1 Mary B O'Neil 1532 Lake Shore Drive Long Beach IN Contributor's Occupation (if required): Retired -	Contribution: Direct	5,000.00	5,000.00	09/15/2023 Mary Kowalski
2 Nancy Klausner 2405 Shorewood Long Beach IN 46360 Contributor's Occupation (if required): Unknown -	Contribution: Direct	500.00	500.00	10/04/2023 Mary Kowalski
3 Ernest Summers 2711 Elbridge Way Long Beach IN 46360 Contributor's Occupation (if required): Retired -	Contribution: Direct	5,000.00	5,000.00	10/06/2023 Mary Kowalski
4 Lee Hansen 247 St Lawrence Avenue Long Beach IN 46360 Contributor's Occupation (if required): Unknown -	Contribution: Direct	250.00	250.00	10/05/2023 Mary Kowalski
SUB TOTAL THIS PAGE OF SCHEDULE A		\$ 10,750.00		
TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY (Enter total on ITEM 15a of the Summary Sheet)		\$ 10,750.00		



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

State Form 4606 (R13/11-05)
Indiana Election Commission (IC 3-9-5-14)

**(CFA-4 SCHEDULE A-5)
CONTRIBUTIONS BY
OTHER ORGANIZATIONS**

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY ORGANIZATIONS OTHER THAN CORPORATIONS, LABOR ORGANIZATIONS, POLITICAL ACTION COMMITTEES AND INDIVIDUALS ON THIS SCHEDULE. Please type or print legibly in BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts listed on ITEM 15a of the Summary Sheet. All cumulative contributions from other entities OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All transfers-in and in-kind contributions regardless of the amount from candidate's legislative caucus, and regular party committees MUST be itemized on this schedule. All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee).

FILE NUMBER
7262
Page 1 of 1

CONTRIBUTOR'S FULL NAME AND FULL MAILING ADDRESS (Street number city state ZIP code)		TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED RECEIVED BY
1	Horizon Bank 515 Franklin Square Michigan City IN 46369	Other Receipt: Interest Interest for April, May, June, July, August, September 2023	0.33	0.71	09/30/2023 Mary Kowalski
SUB TOTAL THIS PAGE OF SCHEDULE A			\$ 0.33		
TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY (Enter total on ITEM 15a of the Summary Sheet)			\$ 0.33		

FILED
IN CLERKS OFFICE
OCT 23 2023
Heaven Stevens
CLERK OF LA PORTE CIRCUIT COURT



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

State Form 4806 (R13/11-05)
Indiana Election Commission (IC 3-9-5-14)

**(CFA-4 SCHEDULE B)
Itemized Expenditures**

INSTRUCTIONS: Please type or print legibly in BLACK INK all information on this form. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document expenditures listed on ITEM 17a of the Summary Sheet. All cumulative expenses paid to individuals, businesses, labor organizations and other entities OVER \$100 per recipient, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative expenses, including in-kind, regardless of amount paid to political committees (such as transfers-out from candidate, legislative caucus, political action, or regular party committees) MUST be itemized on this schedule.

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Page 1 of 2

RECIPIENT'S NAME AND MAILING ADDRESS (Street number, city, state, ZIP code)	RECIPIENT'S OCCUPATION OFFICE SOUGHT (if applicable)	TYPE OF EXPENDITURE and PURPOSE (be specific)	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE OF EXPENDITURE
Code: Advertising 1 EPIC PO Box 744 Michigan City IN 46361		Direct Purpose: PAC Brand Identity & Logo Development	1,100.00	1,100.00	08/24/2023
Code: Advertising 2 Beacher Weekly Newspaper 911 Franklin St Michigan City IN 4360		Direct Purpose: Advertizing in Beacher Weekly Newspaper	384.00	384.00	08/25/2023
Code: Operations 3 Indiana Election Commission Indianapolis IN		Other Purpose: late filing fee payment CHECK # 133	238.10	238.10	09/01/2023
Code: Advertising 4 Cheryl Flemington St Lawrence Avenue Long Beach IN 46360		Direct Purpose: Reimbursement for: Imprint.com - yard signs -	597.48	597.48	09/19/2023
Code: Advertising 5 Beacher Weekly Newspaper 911 Franklin St Michigan City IN 4360		Direct Purpose: 4 - 1/2 page ads CHECK # 135	612.00	612.00	10/02/2023
Code: Advertising 6 Reprographic Arts 2824 East Michigan Blvd Trail Creek IN 46360		Direct Purpose: Yard signs for Ernie Summers and Mary Lou McEadden	1,806.90		10/04/2023
Code: Advertising 7 Kathy Brown 2200 Oakenwald Ave Long Beach IN 46360		Direct Purpose: Reimbursement for rental of Long Beach gym for "Meet & Greet" on	100.00	100.00	10/05/2023
SUB TOTAL THIS PAGE OF SCHEDULE B			\$ 4,838.48		
TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY (Enter total on ITEM 17a of the Summary Sheet)			\$		