



CANDIDATE'S STATEMENT OF ORGANIZATION AND DESIGNATION OF PRINCIPAL COMMITTEE OR EXPLORATORY COMMITTEE

(CFA-1)

State Form 4604 (R15 / 5-19)
Indiana Election Division (IC 3-9-1-3; IC 3-9-1-4; IC 3-9-1-5)

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

FILE NUMBER

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

46-23-51

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

2. Last Name BARTLETT		First Name KENDRA		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) 2102 OAKENWALD DRIVE				5. FAX (Optional) ()		6. E-mail Address (Optional) kendrabstop21@gmail.com	
7. City LONG BEACH	State IN	ZIP Code 46360	8. County LA PORTE	9. Telephone (Day) (219) 210-1608		10. Telephone (Evening) (219) 210-1608	
11. Party Affiliation <input type="checkbox"/> Democratic <input type="checkbox"/> Libertarian <input type="checkbox"/> Republican <input checked="" type="checkbox"/> Other INDEPENDENT				12. Office Sought (Include district number, if any. Not required for an exploratory committee.) TOWN COUNCIL			

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 KENDRA BARTLETT							
14. Mailing Address (number and street, city, state, and ZIP code) <input type="checkbox"/> Check if this is a new address. 2102 OAKENWALD DRIVE				15. FAX (Optional) ()		16. E-mail Address (Optional) kendrabstop21@gmail.com	
17. City LONG BEACH	State IN	ZIP Code 46360	18. County LA PORTE	19. Telephone (219) 210-1608		20. Committee Organization Date (mm/dd/yy) 09-01-23	
21. Chairperson's Full Name <input checked="" type="checkbox"/> Designate Candidate as Chairperson. <input type="checkbox"/> Check if this is a new chairperson. KENDRA ANN BARTLETT							
22. Mailing Address (number and street, city, state, and ZIP code) <input type="checkbox"/> Check if this is a new address. 2102 OAKENWALD DRIVE				23. FAX (Optional) ()		24. E-mail Address (Optional)	
25. City LONG BEACH	State IN	ZIP Code 46360	26. County LAPORTE	27. Telephone (Day) (219) 210-1608		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.) NONE							
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.			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. KENDRA BARTLETT							
34. Mailing Address (number and street, city, state, and ZIP code) <input type="checkbox"/> Check if this is a new address. 2102 OAKENWALD DRIVE				35. FAX (Optional) ()		36. E-mail Address (Optional)	
37. City LONG BEACH	State IN	ZIP Code 46360	38. County LAPORTE	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				
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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 KENDRA BARTLETT	Signature of Chairperson <i>Kendra Bartlett</i>	Date (mm/dd/yy) 09/20/23
43. Typed or Printed Name of Candidate KENDRA BARTLETT	Signature of Candidate <i>Kendra Bartlett</i>	Date (mm/dd/yy) 09/20/23

FOR OFFICE USE ONLY

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

SEP 21 2023

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).

L. Heath Stevens
CLERK OF LA PORTE CIRCUIT COURT



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

40-23-51

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 Kendra Bartlett	
2. Acronym or Abbreviated Name (if any)	3. Committee Telephone Number (219) 210-1608
4. Mailing Address (address where all campaign finance correspondence is received) <input type="checkbox"/> Check if this is a new address 2102 Oakenwald Drive	
5. City, State, ZIP Code Long Beach, IN 46360	6. Party Affiliation (if applicable) N/A Independent

CANDIDATE INFORMATION (For Candidate's Committees Only)

7. Full Name of Candidate (include any nickname) Kendra Ann Bartlett	8. Party Affiliation or If Independent Candidate Independent
9. Office Sought (include district number, if any. Not required for exploratory committee.) Town Council	10. County of Residence La Porte

TYPE OF REPORT

CONVENTION CANDIDATES ONLY

11. Check one: <input type="checkbox"/> Pre-Primary <input checked="" 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 10 days amend Statement of Organization)	Check one: <input type="checkbox"/> Pre-Convention <input type="checkbox"/> Post-Convention
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12. Reporting Period: From: 0-6-23 Through: 10-8-23	COLUMN A This Period	COLUMN B Year to Date
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)		
15b. Unitemized		
15c. Add lines 15a and 15b in both columns	SUBTOTAL	
16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B	TOTAL	0

EXPENDITURES

(Note: These amounts include in-kind expenditures and loan repayments.)		
17a. Itemized (use Schedule B) (Public Question: use Schedule C)		
17b. Unitemized	835.21	835.21
17c. Add lines 17a and 17b in both columns	SUBTOTAL	
18. Cash on hand and investments at close of this reporting period (subtract 17c from 16 in both columns)	TOTAL	835.21
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 <i>Kendra Ann Bartlett</i>	Title <i>Candidate</i>	Date <i>10-8-23</i>
Signature of Candidate (if applicable) <i>SAME</i>		Date <i>10-8-23</i>

FOR OFFICE USE ONLY

OCT 11 2023

Heaven Stevens
CLERK OF LA PORTE CIRCUIT COURT



REPORT OF RECEIPTS AND EXPENDITURES OF A POLITICAL COMMITTEE

State Form 4606 (R17 / 8-23)
Indiana Election Division (IC 3-9-5-14)

(CFA-4)
Summary Sheet

FILE NUMBER

46-23-51

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 <i>Statement of Organization</i>) COMMITTEE TO ELECT KENDRA BARTLETT		<input type="checkbox"/> Check if this is a new name.
2. Acronym or Abbreviated Name (if any)	3. Committee Telephone Number (219) 210-1608	
4. Mailing Address (Address where all campaign finance correspondence is received.) 2102 OAKENWALD DRIVE, <input type="checkbox"/> Check if this is a new address.		
5. City, State, ZIP Code LONG BEACH, INDIANA 46360	6. Party Affiliation (if applicable) N/A INDEPENDENT	

CANDIDATE INFORMATION (For Candidate's Committees Only)

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

TYPE OF REPORT

CONVENTION CANDIDATES ONLY

11. Check one: <input type="checkbox"/> Pre-Primary <input type="checkbox"/> Pre-Election <input checked="" 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
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12. Reporting Period (mm/dd/yy): From: 10-9-23 Through: 11-29-23	COLUMN A This Period	COLUMN B Year to Date
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13. Cash on hand and investments at the beginning of this reporting period.		
14. Cash on hand and investments January 1, current year.		

CONTRIBUTIONS AND RECEIPTS

(Note: these amounts include in-kind contributions and loans, as well as cash contributions.)		
15a. Itemized (Use Schedule A.)		
15b. Unitemized		
15c. Add lines 15a and 15b in both columns. SUBTOTAL		
16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B. TOTAL		

EXPENDITURES

(Note: These amounts include in-kind expenditures and loan repayments.)		
17a. Itemized (Use Schedule B.) (Public Question: use Schedule C.)		
17b. Unitemized	417.47	417.47
17c. Add lines 17a and 17b in both columns. SUBTOTAL		
18. Cash on hand and investments at close of this reporting period (Subtract 17c from 16 in both columns.) TOTAL	417.47	417.47
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.			FOR OFFICE USE ONLY CLERK'S OFFICE
Signature of Treasurer <i>Kendra Bartlett</i>	Title Candidate	Date (mm/dd/yy) 11/29/23	NOV 29 2023
Signature of Candidate (if applicable) <i>Same</i>		Date (mm/dd/yy) 11/29/23	

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)

CLERK OF LA PORTE CIRCUIT COURT