



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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If Yes, please enter the file number in this box. →</i>					46-23-26
SECTION A. CANDIDATE INFORMATION: Fill in all applicable boxes as fully and accurately as possible.					
2. Last Name <i>Williams</i>		First Name <i>Tracy</i>		Middle Name <i>Marie</i>	Nickname
3. Type of Committee (Check one) <input checked="" type="checkbox"/> Candidate's Principal Committee <input checked="" type="checkbox"/> Exploratory Committee					TW
4. Mailing Address (number and street, city, state, and ZIP code) <i>817 Carla Ann Drive</i>			5. FAX (Optional)		6. E-mail Address (Optional) <i>tracymariewilliams@hotmail.com</i>
7. City <i>Westville</i>	State <i>IN</i>	ZIP Code <i>46391</i>	8. County <i>LaPorte</i>	9. Telephone (Day) <i>(219) 8783495</i>	10. Telephone (Evening)
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.)		
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. <i>Committee to Elect Tracy Williams</i>					
14. Mailing Address (number and street, city, state, and ZIP code) <input type="checkbox"/> Check if this is a new address.			15. FAX (Optional)		16. E-mail Address (Optional) <i>tracymariewilliams@hotmail.com</i>
17. City <i>Westville</i>	State <i>IN</i>	ZIP Code <i>46391</i>	18. County <i>LaPorte</i>	19. Telephone <i>(219) 8783495</i>	20. Committee Organization Date (mm/dd/yy) <i>01-23-2023</i>
21. Chairperson's Full Name <input checked="" type="checkbox"/> Designate Candidate as Chairperson. <input type="checkbox"/> Check if this is a new chairperson. <i>Tracy Williams</i>					
22. Mailing Address (number and street, city, state, and ZIP code) <input type="checkbox"/> Check if this is a new address.			23. FAX (Optional)		24. E-mail Address (Optional) <i>tracymariewilliams@hotmail.com</i>
25. City <i>Westville</i>	State <i>IN</i>	ZIP Code <i>46391</i>	26. County <i>LaPorte</i>	27. Telephone (Day) <i>(219) 8783495</i>	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.) <i>Horizon</i>					
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 <i>Tracy Marie Williams</i>	
33. Treasurer's Full Name <input checked="" type="checkbox"/> Designate candidate as treasurer. <input type="checkbox"/> Check if this is a new treasurer.				Signature of the Committee Chairperson <i>Tracy Williams</i>	
34. Mailing Address (number and street, city, state, and ZIP code) <input type="checkbox"/> Check if this is a new address.			35. FAX (Optional)		36. E-mail Address (Optional)
37. City <i>Westville</i>	State <i>IN</i>	ZIP Code <i>46391</i>	38. County <i>LaPorte</i>	39. Telephone (Day) <i>(219) 8783495</i>	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	
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 <i>Tracy Williams</i>		Signature of Chairperson <i>Tracy Williams</i>		Date (mm/dd/yy) <i>10-23-23</i>	
43. Typed or Printed Name of Candidate <i>Tracy Williams</i>		Signature of Candidate <i>Tracy Williams</i>		Date (mm/dd/yy) <i>10-23-23</i>	
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).					

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IN CLERKS OFFICE

OCT 24 2023

Heaven Stevens
CLERK OF LA PORTE CIRCUIT COURT



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

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.

FILE NUMBER
46-23-26
TOTAL PAGES IN ENTIRE CFA-4 REPORT

IS THIS AN AMENDMENT? Yes No

COMMITTEE INFORMATION	
1. Full Name of Committee (as on Statement of Organization) Comitee to Elect Tracy M. Williams	<input type="checkbox"/> Check if this is a new name.
2. Acronym or Abbreviated Name (if any)	3. Committee Telephone Number (219) 878-3495
4. Mailing Address (Address where all campaign finance correspondence is received.) 812 Carla Ann	<input type="checkbox"/> Check if this is a new address.
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.) Tracy Marie williams	8. Party Affiliation or If Independent Candidate Republican
9. Office Sought (Include district number, if any. Not required for exploratory committee.) Towb of westville Clerk Treasurer	10. County of Residence Laporte

TYPE OF REPORT	CONVENTION CANDIDATES ONLY
11. Check one: <input checked="" type="checkbox"/> Pre-Primary <input 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 ten (10) days amend Statement of Organization.)	Check one: <input type="checkbox"/> Pre-Convention <input type="checkbox"/> Post-Convention

12. Reporting Period (mm/dd/yy): From: 01/01/23 Through: 04/01/23	COLUMN A This Period	COLUMN B Year to Date
13. Cash on hand and investments at the beginning of this reporting period.	0.00	
14. Cash on hand and investments January 1, current year.		0.00

CONTRIBUTIONS AND RECEIPTS		
<i>(Note: these amounts include in-kind contributions and loans, as well as cash contributions.)</i>		
15a. Itemized (Use Schedule A.)	0.00	0.00
15b. Unitemized	0.00	0.00
15c. Add lines 15a and 15b in both columns. SUBTOTAL	0.00	0.00
16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B. TOTAL	0.00	0.00

EXPENDITURES		
<i>(Note: These amounts include in-kind expenditures and loan repayments.)</i>		
17a. Itemized (Use Schedule B.) (Public Question: use Schedule C.)	0.00	0.00
17b. Unitemized	0.00	0.00
17c. Add lines 17a and 17b in both columns. SUBTOTAL	0.00	0.00
18. Cash on hand and investments at close of this reporting period (Subtract 17c from 16 in both columns.) TOTAL	0.00	0.00
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 <i>J. S. [Signature]</i>	Title	Date (mm/dd/yy) 04/14/23
Signature of Candidate (if applicable)		Date (mm/dd/yy)

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APR 14 2023

Heather Stevens
CLERK OF LA PORTE CIRCUIT COURT

10:35am
JVS

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)



**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

1. IS THIS AN AMENDMENT? Yes No *If Yes, please enter the file number in this box.* → **46-23-26**

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. **Committee to Elect Tracy Williams**
3. Acronym or Abbreviated Name (if any) **NA**

4. Mailing Address (Address where all campaign finance correspondence is received.) Check if this is a new address. **812 Carla Ann Drive**
5. E-mail Address (Optional)

6. City **Westville** State **IN** ZIP Code **46391** 7. FAX (Optional) 8. Telephone **(219) 8783495** 9. Committee Organization Date (mm/dd/yy) **01-23-2023**

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. **Tracy Williams**

14. E-mail Address (Optional) **[Signature]**

15. Mailing Address (number and street, city, state, and ZIP code) Check if this is a new address. **812 Carla Ann Drive Westville, IN 46391**

16. Telephone (Day) **(219) 8783495**

17. Telephone (Evening)

18. Treasurer's Name Check if this is a new treasurer. **Tracy Williams**

19. E-mail Address (Optional)

20. Mailing Address (number and street, city, state, and ZIP code) Check if this is a new address. **812 Carla Ann Drive Westville, IN 46391**

21. Telephone (Day) **(219) 8783495**

22. Telephone (Evening)

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

24. E-mail Address (Optional)

25. Mailing Address (number and street, city, state, and ZIP code) Check if this is a new address. **812 Carla Ann Drive Westville, IN 46391**

26. Telephone (Day) **(219) 8783495**

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

Tracy Williams

Signature of the Committee Chairperson

[Signature]

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 **Tracy Williams**

Signature of Treasurer **[Signature]**

Date (mm/dd/yy) **10-20-23**

**FILED
IN CLERKS OFFICE**

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 **Tracy Williams**

Signature of Chairperson **[Signature]**

Date (mm/dd/yy) **10-20-23**

OCT 20 2023

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).

**L. Leann Stevens
CLERK OF LA PORTE CIRCUIT COURT**

**9:21 am
[Signature]**



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
46-23-26
TOTAL PAGES IN ENTIRE CFA-4 REPORT
20

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 Tracy M. Williams		<input type="checkbox"/> Check if this is a new name.
2. Acronym or Abbreviated Name (if any) n/a	3. Committee Telephone Number (219) 878-3495	
4. Mailing Address (Address where all campaign finance correspondence is received.) 812 Carla Ann Drive		<input type="checkbox"/> Check if this is a new address.
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.) Tracy Marie Williams		8. Party Affiliation or If Independent Candidate Republican
9. Office Sought (Include district number, if any. Not required for exploratory committee.) Town of Westville Clerk-Treasurer		10. County of Residence LaPorte
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 ten (10) days amend Statement of Organization.)		Check one: <input type="checkbox"/> Pre-Convention <input type="checkbox"/> Post-Convention
12. Reporting Period (mm/dd/yy): From: 01/01/23 Through: 10/19/23		COLUMN A This Period
13. Cash on hand and investments at the beginning of this reporting period.		0.00
14. Cash on hand and investments January 1, current year.		0.00
CONTRIBUTIONS AND RECEIPTS (Note: these amounts include in-kind contributions and loans, as well as cash contributions.)		
15a. Itemized (Use Schedule A.)		0.00
15b. Unitemized		0.00
15c. Add lines 15a and 15b in both columns. SUBTOTAL		0.00
16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B. TOTAL		0.00
EXPENDITURES (Note: These amounts include in-kind expenditures and loan repayments.)		
17a. Itemized (Use Schedule B.) (Public Question: use Schedule C.)		2,505.10
17b. Unitemized		100.00
17c. Add lines 17a and 17b in both columns. SUBTOTAL		2,605.10
18. Cash on hand and investments at close of this reporting period (Subtract 17c from 16 in both columns.) TOTAL		0.00
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 <i>[Signature]</i>	Title Candidate	Date (mm/dd/yy) 10/20/23
Signature of Candidate (if applicable) <i>[Signature]</i>		Date (mm/dd/yy) 10/20/23
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)		

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IN CLERKS OFFICE

OCT 20 2023

[Signature]
CLERK OF LA PORTE CIRCUIT COURT

9:01 am
[Signature]



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

410-23-26

TOTAL PAGES IN ENTIRE CFA-4 REPORT

1

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. Tracy Williams		3. Committee Telephone Number (819) 8783495
2. Acronym or Abbreviated Name (if any)		
4. Mailing Address (Address where all campaign finance correspondence is received.) <input type="checkbox"/> Check if this is a new address. 812 Carla Ann Drive		
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.) Tracy Williams	8. Party Affiliation or If Independent Candidate Republican
9. Office Sought (Include district number, if any. Not required for exploratory committee.)	10. County of Residence LaPorte

TYPE OF REPORT

CONVENTION CANDIDATES ONLY

11. Check one: <input type="checkbox"/> Pre-Primary <input type="checkbox"/> Pre-Election <input type="checkbox"/> Annual <input type="checkbox"/> Nomination <input type="checkbox"/> Other _____ <input checked="" 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: 10-20-2023 Through: 1-17-2024	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.		
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14. Cash on hand and investments January 1, current year.		
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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	0.00	0.00
16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B. TOTAL	0.00	0.00

EXPENDITURES

(Note: These amounts include in-kind expenditures and loan repayments.)		
17a. Itemized (Use Schedule B.) (Public Question: use Schedule C.)		
17b. Unitemized		
17c. Add lines 17a and 17b in both columns. SUBTOTAL	0.00	0.00
18. Cash on hand and investments at close of this reporting period (Subtract 17c from 16 in both columns.) TOTAL	0.00	0.00
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 D. Williams	Title	Date (mm/dd/yy) 1-9-24
Signature of Candidate (if applicable) D. Williams		Date (mm/dd/yy) 1-9-24

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JAN 10 2024

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)

Heather Stevens
CLERK OF LA PORTE CIRCUIT COURT