

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

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	s, please enter the fil	e number in this bo	x. → 🛚	6-23-26
SECTION A . CANDIDATE INF 2. Last Name	FORMATION: File	ll in all applicable b	oxes as fully and	accurate	ly as possible. 3. Type of Committee (Check one)
Williams	Tracy	Marie			Candidate's Principal Committee
4. Mailing Address (number and street, city, state, e	and ZIP code)	5. FAX	(Optional)	6. E-mail A	ddress (Optional)
817 Carla Ann	Drive	<u> </u>		tracy	marie williamohotmail.
7. City Sta		Lta Porte	9. Telephone (Day)		10. Telephone (Evening)
11. Party Affiliation	<u> </u>		ught (Include district numb		() t required for an exploratory committee.)
☐ Democratic ☐ Libertarian ☐ Republican	n 🔲 Other			, , , , , , , , , , , , , , , , , , ,	occurrence,
		ll in all applicable l	ooxes as fully and	accurate	ely as possible.
13. Full Name of Committee (Do not abbrevia	ate.) D Check if this is	s a new name.	,	•	
Committee to Flee				····	
14. Mailing Address (number and street, city, state), and ZIP code)	k if this is a new address. 11	5. FAX (Optional)	١,	Address (Optional)
17. City Star	te ZiP Code	18. County) 19. Telephone		MAVICW, I I am (1) ho ting D. Committee Organization Date
Westpille In	1 46391	LaDorte	(219) 87839		nm/dd/yy/) 1- 73-7023
	te Candidate as Chairpen				<u> </u>
TracuWilliams					
22. Mailing Address (number and street, city, state	e, and Z/P code) 🔲 Check	k if this is a new address. 2	3. FAX (Optional)	24. E-malt	Address (Optional)
817 Carla Ann Dri)	HIGLY	marje williams Ohotmali
25. City Star	1 1	26. County	27. Telephone (Day)	أيمودا	28. Telephone (Evening)
Westville I	1 1 W	Laporte	1614 8 187	443	
29. Bank or Other Depositories (List all bank	s or other depositories in	which the committee depos	ts runas, noias accounts, n	ents serety de	posit boxes or maintains funds.)
30. Exploratory Committee (Give brief statement	t evolsining numose of an expl	loratory committee only) 31 Sa	iaries and Reimburseme	nts (Will the c	committee pay the candidate a salary or
Co. Emploided y Commission (Commission Commission Commi	Company of party of all only	reimb	irsement for lost wages? If	Yes, attach a	copy of the contract.) Yes
SECTION C. APPOINTMENT	OF TREASURER	R (IC 3-9-1-14)			
32. I, as Chairperson of the fe	oregoing Person App	ointed Treasurer	Signatur	e of the Com	mittee Chairperson
committee, appoint the following per Treasurer of the Committee.	Prson as Vau	Marie Willian	J 19 m	n lui	
33. Treasurer's Full Name 🗵 Designate o	candidate as treasurer.	Check if this is a new tre	esurer.	l	
[racinh): Himms	·		· · · · · · · · · · · · · · · · · · ·		
34. Mailing Address (number and Street, city, state		k if this is a new address. 3	5. FAX (Optional)	36. E-mail	Address (Optional)
817 Cg/la Ann Drive 37. City Star	te ZIP Code	[] [38. Соµnty]	39. Telephone (Day)		40. Telephone (Evening)
۱ <u>۱</u> ا ا ا	V 46391	- 1 [L// - 1	(714) 8783		, integritation (Evolution)
SECTION D. ACCEPTANCE (OF APPOINTMEN	VI (C 3-9-1-15)	$(C \cup V) $	413	
41. I give notice that I accept the			of this Signature of P	erson Acce	pting Appointment
Committee. I am not the chairperso	on of a campaign f	inance committee (exc	ept as		
permitted for a candidate committee u SECTION E. CERTIFICATION	N OF STATEMEN	T			FOR OFFICE USE ONLY
We certify as the candidate and th	ne duly appointed (Chairperson of the Co	mmittee and that we	have	
examined this statement. To the best 42. Typed or Printed Name of Chairpe	of our knowledge an	d belief it is true, correct	ot and complete. Date (mm/dd/y		IN CLERKS OFFICE
142. Typed or Printed Name of Chairpe	rson Signature o	onairperson ∫*~	1.1	<u> </u>	IN CLERIO 9.
Iracy Williams	1 3 4	VUA	111/	23	
43. Typed or Frinted Name of Candida	ite Signature d	of Candidate	Date (mm/dd/y	70	OCT 2 4 2023
Iracy Williams		<u>uu</u>	11()-65-	<u>US</u>	
Warning: State law requires that any chang person who knowingly files a fraudulent report	ge in this information be ^v art commits a Level 6 D t	reported within ten (10) da felony <i>(IC 3-14-1-13</i>). A per	ys of the change (/C 3-9- son who fails to file a com	7-70). A plete or	CLERK OF LA PORTE CIRCUIT COURT
accurate report as required by the Indiana C					



REPORT OF RECEIPTS AND EXPENDITURES OF A POLITICAL COMMITTEE

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

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? Tyes

✓ No

(CFA-4) Summary Sheet

FILE NUMBER

44-23-26

TOTAL PAGES IN ENTIRE CFA-4 REPORT

COMMITTEE INFORMATION					
1. Full Name of Committee (as on Statement of Organization) Comitee to Elect Tracy M. Williams	name.		* *		
2. Acronym or Abbreviated Name (if any)	3. Committee Telephone Number				
	(21	9) 878	3-3495		
4. Mailing Address (Address where all campaign finance correspondence is received.) 812 Carla Ann .	Check if th	nis is a new	address.		
5. City, State, ZIP Code					
Westville IN 46391		blican			
CANDIDATE INFORMATION (For Candidate's C					
7. Full Name of Candidate (Include any nickname.) Tracy Marie williams	1 .	y Affiliation i iblican	or If Independent	Candidate	
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:			Check one:		
Pre-Primary Pre-Election Annual Nomination Other			Pre-Conve	ntion	
Final / Disbands Committee (Lines 18, 19, and 20 must be "0".) Outgoing Treasurer (Within ten (10) days amend Sta	atement of Org	ganization.)	Post-Conv	ention	
12. Reporting Period (mm/dd/yy):		CO	LUMN A	COLUMN B	
From: 01/01/23 Through: 04/01/23		This	s Period	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					
(Note: these amounts include in-kind contributions and loans, as well as cash contributions.)	 		2.02	2.00	
15a. Itemized (Use Schedule A.)			0.00	0.00	
15b. Unitemized			0.00	0.00	
15c. Add lines 15a and 15b in both columns.	TOTAL		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.)			0.00	0.00	
17a. Itemized (Use Schedule B.) (Public Question: use Schedule C.)			0.00	0.00	
17b. Unitemized			0.00	0.00	
	BTOTAL		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			FO	R OFFICE USE ONLY	
I CERTIFY THAT I HAVE EXAMINED THIS STATEMENT, TO THE BEST OF MY KNOWLEDGE AND BELIEF IT IS			OMPLETE:	I L E D	
Signature of Treasurer Title		Date (mm/d	1-13 IN	CLERKS OFFICE	

AS ~ UIA -	11100	•	04-14-13	INCLEME	
Signature of Candidate (if applicable)	· ·		Date (mm/dd/yy)	1 . 2023	1
VARNING: Any information contained in this report may riles a fraudulent report commits a Level 6 felony. (IC 3	not be copied for sale or used for any com	nmercial purpose. (IC 3	port as required by the Indiana	APR 14 2	
Campaign Finance Law commits a Class B misdemeanor,	(IC 3-14-1-14) and may be subject to civil p	penalties. (IC 3-9-4-16)	, IC 3-9-4-17, IC 3-9-4-18)	CLERK OF LA PORTE CIRCUIT	COURT
			\	CIERNO 13 SOM	



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)

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 num	ber in this box. $\rightarrow 411-23-26$
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.	3. Acronym or Abbreviated Name (if any)
4. Mailing Address (Address where all campaign finance correspondence is received.) A Check if this is a new a	ddress. 5. E-mail Address (Optional)
817 Carla Ann Action	duless. J. L-man Address (Optional)
6. City State ZIP Code 7. FAX (Optional) 8	3. Telephone 9. Committee Organization Date
Westulle IN 46391 ()	219, 8783495 (mm/dd/yyo) -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	反 Town
12. Party Affiliation (Check one)	
☐ Democratic ☐ Libertarian 🛱 Republican ☐ Other	
13. Chairperson's Name	14. E-mail Address (Optional)
Tracy William	ta care
15. Mailing Address (number and street, city, state, and ZIP code)	16. Telephone (Day) 17. Telephone (Evening)
812 Carla Ann Drive Westuille, IN 46391	(219) 8783495 ()
18. Treasurer's Name	19. E-mail Address (Optional)
Tracy Williams	
20. Mailing Address (number and street, city, state, and ZIP code)	21. Telephone (Day) 22. Telephone (Evening)
23. Custodian of Records' Name	(219) 8783495 ()
	24. E-mail Address (Optional)
Tracu Willams 25. Mailing Address (number and street, city, state, and ZIP code) □ Check if this is a new address.	26. Telephone (Day) 27. Telephone (Evening)
XIZ Carla Ann Drive Westuck TN46391	219 8783495
28. Bank or Other Depositories (List all banks or other depositories in which the committee deposits fun	ds, 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, Person Appointed Treasurer appoint the following person as Treasurer of the	Signature of the Committee Chairperson
Committee. Iracy Williams	Snac
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 Committ I am not the chairperson of any other campaign finance committee.	for Office USE ONLY
31. Typed or Printed Name of Treasurer Signature of Treasurer	Date (mm/dd/yy) F I L E D
Traculallians Tomur	10-20-23 IN CLERKS OFFICE
SECTION C. CERTIFICATION OF STATEMENT	
I certify that I am the duly appointed Chairperson of the Committee and have examined t To the best of my knowledge and belief it is true, correct and complete.	
32. Typed or Printed Name of Chairperson Signature of Chairperson	Date: (mm/dd/yy) 0CT 2 0 2023
May William In un	10-10-13
Warning: Any information contained in this statement may not be copied for sale or used for any commerc State law requires that any change in this information must be reported within ten (10) days of the change	cial purpose. (IC 3-9-4-5) CLERK OF LA PORTE CIRCUIT COURT
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) ar penalties (IC 3-9-4-16, IC 3-9-4-17, and IC 3-9-4-18).	in may be subject to civil

16:61 am



REPORT OF RECEIPTS AND EXPENDITURES OF A POLITICAL COMMITTEE

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

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

(CFA-4) Summary Sheet

FILE NUMBER

46-23-24

TOTAL PAGES IN ENTIRE CFA-4 REPORT

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COMMITTEE INFORMATION	ì			
1. Full Name of Committee (as on Statement of Organization) Check if this is a new Committee to Elect Tracy M. Williams	v пате.			
2. Acronym or Abbreviated Name (if any)	3. Com	mittee Tele	phone Number	
n/a	(21	9) 878	-3495	
4. Mailing Address (Address where all campaign finance correspondence is received.) 812 Carla Ann Drive	Check if the	his is a new	address.	
5. City, State, ZIP Code	6. Part	y Affiliation (if applicable)	
Westville IN 46391	Repu	blican		
CANDIDATE INFORMATION (For Candidate's	Committe	ees Only)		
7. Full Name of Candidate (Include any nickname.)	8. Part	y Affiliation o	or if Independer	nt Candidate
Tracy Marie Williams	Repu	ıblican		
 Office Sought (Include district number, if any. Not required for exploratory committee.) Town of Westville Clerk-Treasurer 	10. Co	unty of Resident	dence	
TYPE OF REPORT			CONVENTIO	N CANDIDATES ONLY
11. Check one:			Check one:	
Pre-Primary Pre-Election Annual Nomination Other			Pre-Conv	ention ention
Final / Disbands Committee (Lines 18, 19, and 20 must be "0".) Outgoing Treasurer (Within ten (10) days amend S	itatement of Org	ganization.)	Post-Con	vention
12. Reporting Period (mm/dd/yy):		COL	UMN A	COLUMN B
From: 01/01/23 Through: 10/19/23			Period	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				
(Note: these amounts include in-kind contributions and loans, as well as cash contributions.)				
15a. Itemized (Use Schedule A.)			0.00	0.00
15b. Uniternized			0.00	0.00
15c. Add lines 15a and 15b in both columns.	BTOTAL		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		٠,		
(Note: These amounts include in-kind expenditures and loan repayments.)				March 1981
17a. Itemized (Use Schedule B.) (Public Question: use Schedule C.)			2,505.10	2,505.10
17b. Unitemized			100.00	100.00
17c. Add lines 17a and 17b in both columns.	BTOTAL		2,605.10	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	. 0.00
19. Debts OWED BY the committee (Use Schedule D.)			0.00	
20. Debts OWED TO the committee (Use Schedule E.)			0.00	
				OD OFFICE HOE ONLY
CERTIFICATION			- F	OR OFFICE USE ONLY

CER	TIFICATION				
I CERTIFY THAT I HAVE EXAMINED THIS STATEMENT. TO THE BES	T OF MY KNOWLEDGE AND BELIEF IT IS TRUE, CO	ORRECT AND COMPLETE.			
Signature of Treasurer	Title Canidate	Date (mm/dd/yy) 10/20/23			
Signature of Candidate (if applicable)		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)					

F I L E D IN CLERKS OFFICE

OCT 2 0 2023

LLAGUE Strong
CLERK OF LA PORTE CIRCUIT COUR

9:01 am



REPORT OF RECEIPTS AND EXPENDITURES OF A POLITICAL COMMITTEE

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

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

: (CFA-4)
Summary Sheet

FILE NUMBER

-110-73-210

TOTAL PAGES IN ENTIRE CFA-4 REPORT

	COMMITTEE INFORMATIO	N			
1. Full Name of Committee (as on Statement of Organization					
Tracy Williams					
2. Acronym-or Abbreviated Name (if any)				hone Number	. 1
		(2)	9 9	783499	5
4. Mailing Address (Address where all campaign finance co	rrespondence is received.)	Check if	this is a new	address.	
5. City, State, ZIP Code			rty Affiliation (
Westville, IN 46391		<u> </u>	coubling	าห	
CANDIDATE INF	FORMATION (For Candidate)	s Commit	ttees Only)		
7. Full Name of Candidate (Include any nickname.)		8. Pa	rty Affiliation o	or If Independe	nt Candidate
Vacy Williams		K	epublica	Λ	•
9. Office Sought (Include district number, if any. Not require	ed for exploratory committee.)	10. C	ounty of Resid	1	
			Lafor		
TYPE OF I	REPORT			CONVENTIO	N CANDIDATES ONLY
11. Check one:			Ì	Check one:	
Pre-Primary Pre-Election Annual Nomination				Pre-Conv	
Final / Disbands Committee (Lines 18, 19, and 20 must be "0".)	tgoing Treasurer (Within ten (10) days amend	Statement of C	Organization.)	Post-Cor	rvention
12. Reporting Period (mm/dd/yy):			COL	UMN A	COLUMN B
From: 10 - 10 - 10 - 10 Through	gh: 1-17-2024		This	Period	Year to Date
13. Cash on hand and investments at the beginning of this r	reporting period.				
14. Cash on hand and investments January 1, current year.					
CONTRIBUTIONS AND	RECEIPTS				
(Note: these amounts include in-kind contributions and loan	s, as well as cash contributions.)				
15a. Itemized (Use Schedule A.)					
15b. Unitemized					
15c. Add lines 15a and 15b in both columns.	SI	JBTOTAL		, 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
EXPENDITURI	ES		1		
(Note: These amounts include in-kind expenditures and loar	n repayments.)				
17a. Itemized (Use Schedule B.) (Public Question: use Sche	edule C.)			,	
17b. Uniternized				`	
17c. Add lines 17a and 17b in both columns.	s	UBTOTAL		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.)	<u>, </u>				
20. Debts OWED TO the committee (Use Schedule E.)		······································			
		·······			
	TIFICATION		nnear		FOR OFFICE USE ONLY
I CERTIFY THAT I HAVE EXAMINED THIS STATEMENT. TO THE BES Signature of Treasurer	T OF MY KNOWLEDGE AND BELIEF IT Title	IS TRUE, CO			I L E D
Da wi	THE		Date (mm/dd	11	V CLERKS OFFICE
Signature of Candidate (if applicable)	· · · · · · · · · · · · · · · · · · ·		Date (mm/dd		:
Jaun			1-9-24		JAN 1 0 2024
WARNING: Any information contained in this report may not be copied				a de La R	1
files a fraudulent report commits a Level 6 felony. (IC 3-14-1-13) A p Campaign Finance Law commits a Class B misdemeanor, (IC 3-14-1-14)				the Indiana 4-18)	1 /1 acres Stevens
-	- A		······································	CLERK	LLACON Sturns OF LA PORTE CIRCUIT COU