



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. → **40-23-21**

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

2. Last Name **Frever** First Name **Crystal** Middle Name **Marie** Nickname _____
3. Type of Committee (Check one)
 Candidate's Principal Committee
 Exploratory Committee

4. Mailing Address (number and street, city, state, and ZIP code) **427 Yanke Rd.** 5. FAX (Optional) _____ 6. E-mail Address (Optional) **cborolov@gmail.com**

7. City **Trail Creek** State **IN** ZIP Code **46360** 8. County **LaPorte** 9. Telephone (Day) **(219) 877-5689** 10. Telephone (Evening) **(219) 877-5689**

11. Party Affiliation
 Democratic Libertarian Republican Other _____ 12. Office Sought (Include district number, if any. Not required for an exploratory committee.)
Town of Trail Creek Clerk Treasurer

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

13. Full Name of Committee (Do not abbreviate.) Check if this is a new name.
Crystal Frever for Clerk Treasurer

14. Mailing Address (number and street, city, state, and ZIP code) Check if this is a new address. 15. FAX (Optional) _____ 16. E-mail Address (Optional) **CrystalFrever@gmail.com**

17. City **Trail Creek** State **IN** ZIP Code **46360** 18. County **LaPorte** 19. Telephone **(219) 877-5689** 20. Committee Organization Date (mm/dd/yy) _____

21. Chairperson's Full Name Designate Candidate as Chairperson. Check if this is a new chairperson.
Crystal Frever

22. Mailing Address (number and street, city, state, and ZIP code) Check if this is a new address. 23. FAX (Optional) _____ 24. E-mail Address (Optional) **crystalfrever@gmail.com**

25. City **Trail Creek** State **IN** ZIP Code **46360** 26. County **LaPorte** 27. Telephone (Day) **(219) 877-5689** 28. Telephone (Evening) **(219) 877-5689**

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.)
Members Advantage Credit Union

30. Exploratory Committee (Give brief statement explaining purpose of an exploratory committee only.)
Receive and Expend Funds 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.) Yes 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 **Crystal Frever** Signature of the Committee Chairperson **Crystal Frever**

33. Treasurer's Full Name Designate candidate as treasurer. Check if this is a new treasurer.
Crystal Frever

34. Mailing Address (number and street, city, state, and ZIP code) Check if this is a new address. 35. FAX (Optional) _____ 36. E-mail Address (Optional) **crystalfrever@gmail.com**

37. City **Trail Creek** State **IN** ZIP Code **46360** 38. County **LaPorte** 39. Telephone (Day) **(219) 877-5689** 40. Telephone (Evening) **(219) 877-5689**

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 **Crystal Frever** Signature of Chairperson **Crystal Frever** Date (mm/dd/yy) **02/15/23**

43. Typed or Printed Name of Candidate **Crystal Frever** Signature of Candidate **Crystal Frever** Date (mm/dd/yy) **02/15/23**

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).

FOR OFFICE USE ONLY

FILED
IN CLERKS OFFICE

FEB 15 2023

L. Leanne 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

46-23-21

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. Donations for the Benefit of Crystal Freyer	
2. Acronym or Abbreviated Name (if any)	3. Committee Telephone Number (219) 877-5689
4. Mailing Address (Address where all campaign finance correspondence is received.) <input type="checkbox"/> Check if this is a new address. 427 Yanke Rd	
5. City, State, ZIP Code Trail Creek, IN 46360	6. Party Affiliation (if applicable)

CANDIDATE INFORMATION (For Candidate's Committees Only)

7. Full Name of Candidate (Include any nickname.) Crystal Freyer	8. Party Affiliation or If Independent Candidate
9. Office Sought (Include district number, if any. Not required for exploratory committee.)	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 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: Through:	COLUMN A This Period	COLUMN B Year to Date
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	0	

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		
18. Cash on hand and investments at close of this reporting period (Subtract 17c from 16 in both columns.) TOTAL	0	
19. Debts OWED BY the committee (Use Schedule D.)		
20. Debts OWED TO the committee (Use Schedule E.)		

CERTIFICATION

FOR OFFICE USE ONLY

I CERTIFY THAT I HAVE EXAMINED THIS STATEMENT. TO THE BEST OF MY KNOWLEDGE AND BELIEF IT IS TRUE, CORRECT AND COMPLETE.			FILED CLERKS OFFICE
Signature of Treasurer Crystal Freyer	Title	Date (mm/dd/yy) 10/10/23	
Signature of Candidate (if applicable) Crystal Freyer		Date (mm/dd/yy) 10/10/23	OCT 12 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, IC 3-9-4-17, IC 3-9-4-18)

Heather 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

FILE NUMBER

46-23-21

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) Check if this is a new name.

Crystal Frever

2. Acronym or Abbreviated Name (if any)

3. Committee Telephone Number

(219) 877-5689

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

427 Yankee Rd

5. City, State, ZIP Code

Trail Creek, IN 46360

6. Party Affiliation (if applicable)

CANDIDATE INFORMATION (For Candidate's Committees Only)

7. Full Name of Candidate (Include any nicknames.)

Crystal Frever

8. Party Affiliation or If Independent Candidate

9. Office Sought (Include district number, if any. Not required for exploratory committee.)

10. County of Residence

LaPorte

TYPE OF REPORT

11. Check one:

Pro-Primary Pro-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: 10/14/23 Through: 12/31/23

COLUMN A
This Period

COLUMN B
Year to Date

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

649.13

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

626.88

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

Title

Date (mm/dd/yy)

Crystal Frever

1/17/24

Signature of Candidate (if applicable)

Date (mm/dd/yy)

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JAN 17 2024

Heaven Stevens
CLERK OF LA PORTE CIRCUIT COURT

11:5am TJS

Members Advantage Credit Union

FREVER
427 YANKE RD
TRAIL CREEK, IN 46360

Transaction History

Report Date: 12-27-2023

Transaction Range: N/A

Account Number: *****7819

Account Balance: \$22.25

Available Balance: \$22.25

Date	Description	Amount	Balance
Oct 25 2023 00:00AM GMT-5	Withdrawal VISTAPRINT 866-207-4955 MA Date 10/24/23 042318 2741	-\$207.97	\$22.25
Oct 24 2023 00:00AM GMT-5	Deposit Note: Donation from Debbie & Terry Borolov	\$200.00	\$230.22
Oct 14 2023 00:00AM GMT-5	Withdrawal REPROGRAPHIC ARTS I MICHIGAN CITY IN Date 10/13/23 000001 7338	-\$418.91	\$30.22
Oct 13 2023 00:00AM GMT-5	Deposit Note: Donations from Platinum Gymnastics Staff	\$400.00	\$449.13
Oct 12 2023 00:00AM GMT-5	Deposit VENMO*Frever Crysta New York City NY Date 10/12/23 126540 4829 Note: Donation from Kathy Swistek	\$49.13	\$49.13