#### (CFA-1)

## 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	
. IS THIS AN AMENDMENT?	☐ Yes	□ No If Ye	s, plea:	se ente	r the	file nu	mbe	r in this bo	×. →	46-23-07	
SECTION A. CANDIDATE INFORMATION: Fill in all applicable boxes as fully and accurately as possible.											
2. Last Name	Fii	st Name		Middle N	lame			Nickname		3. Type of Committee (Check one)	
Neulib	0	Sale		Ann				Gale		<ul><li>✓ Candidate's Principal Committee</li><li>☐ Exploratory Committee</li></ul>	
I. Mailing Address (number and street, city,	ing Address (number and street, city, state, and ZIP code)		5. FA	X (Optio	onal)	······································	6. E-mail Address (Optional)				
3502 Dorchester Road					l.				tugboat0621@gmail.com		
7. City	State	ZIP Code	8. Co	8. County 9. Telephone (De		phone (Dav)	1 3	10. Telephone (Evening)			
Michigan City,	IN	46360		aPorte (219, 405-0		,	§4	, , ,			
11. Party Affiliation	1	10000			Office	Sought	(	,		\(\) Not required for an exploratory committee.)	
Democratic 🔲 Libertarian 🔲 Repu	blican 🔲	Other				hioo		City	Clev	K THASITER	
SECTION B. COMMITTEE	INFO	RMATION: Fi	ll in al	l applie	cable	box e	es as	fully and	accura	itely as possible.	
3. Full Name of Committee (Do not ab	breviate.)	☐ Check if this is	s a new n	ame.				· · · · · · · · · · · · · · · · · · ·			
Gale Neulieb for Michigan	City CI	erk									
4. Mailing Address (number and street, city	, state, and	ZIP code) 🔲 Chec	k if this is	a new ad	dress.	15. FA	(Opti	onal)	16. E-ma	il Address (Optional)	
3502 Dorchester Road						$ _{t}$	١		tugbo	at0621@gmail.com	
17. City	State	ZIP Code	18. C	ounty			19. Te	lephone		20. Committee Organization Date	
Michigan City	IN	46360	LaF	orte			, 219	405-016	34	(mm/dd/yy) 01/26/2023	
	ionate Ca	andidate as Chairpen	son.	Check if	this is	a new c	<u>`                                    </u>				
Lynn A. Owens	J										
22. Mailing Address (number and street, city	. state. and	ZIP codel ☐ Checl	k if this is	a new add	dress.	23. FA	( /Onti	onal)	24. F-ma	il Address (Optional)	
409 E. Garfield Street	,						. (0)	,	1	a.owens@gmail.com	
25. City	State	ZIP Code	26. C	ounty		ЦТ	) 27. Te	lephone (Day)	1	28. Telephone (Evening)	
Michigan City	IN	46360	,	Orte				、898-168			
29. Bank or Other Depositories (List all								<del>)</del>		<u> ( )</u>	
SECTION C. APPOINTME 32. I, as Chairperson of the committee, appoint the following freasurer of the Committee. 33. Treasurer's Full Name Design Lynn A. Owens	NT OF e foreg g perso	TREASURER	R (IC 3) ointed To Owens	-9-1-14 reasurer	rein	nbursem	ent for	lost wages? Ii	Yes, attac	e committee pay the candidate a salary or tha copy of the contract.)      Yes   No   No   No   No   No   No   No   N	
34. Mailing Address (number and street, city	, state, and	ZIP code) ☐ Checi	k if this is	a new add	iress.	35. FAX	(Opti	onal)	36. E-ma	Il Address (Optional)	
409 E. Garfield Street	, ,						-,			.owens@gmail.com	
37. City	State	ZIP Code	38. Co	nuntv			39 Tel	ephone (Day)		40. Telephone (Evening)	
Michigan City	IN	46360		orte				, 898-168		Total Folia (Evoluing)	
					-1		210	) 030-100	!	( )	
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).											
SECTION E. CERTIFICAT										FOR OFFICE USE ONLY	
We certify as the candidate an examined this statement. To the b									have	IN CLERKS OFFICE	
42. Typed or Printed Name of Cha	irperso	n Signature o			, cui	CUL dill		ipiete. Date (mm/dd/y)	v <u>L</u>	IIN CLEANS	
Lynn A. Owens		The		live	n	1		1/26/		- 0000	
13. Typed or Printed Name of Can	didate	Signature o						Date (mm/dd/y		JAN 30 2023	
Gale Ann Neulieb		Acid	, 0	(	, \	0.	اد	- 1' f	" 23		
Warning: State law requires that any o								ange (IC 3 <b>9</b> -	1-10). 🛦	LLeann Others	
person who knowingly files a fraudulent	report co	mmits a Level 6 D f	elony (IC	3-14-1-13	3). A p	erson w	ho fails	s to file a com	plete of	CLERK OF LA PORTE CIRCUIT COURT	
accurate report as required by the India subject to civil penalties (IC 3-9-4-16, IC 3			ommits 8	Class B	msae	meanor	(10 3-	14-1-14), and	may be	CLEMY	



## 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

(CFA-4) Summary Sheet

FILE NUMBER
40-23-07
TOTAL PAGES IN ENTIRE CFA-4 REPORT

LLAGNU Sturns
LA PORTE SUPERIOR COURT

	COMMITTEE INFORMATION						
Full Name of Committee (as on Statement of Organizati Gale Ann Neulib for Michigan City Clerk	on) Check if this is a new n	ame.					
			. Committee Telephone Number				
			( 219 ) 405-0164				
4. Mailing Address (Address where all campaign finance c 3502 Dorchester Road	orrespondence is received.)	heck if this is a	a new address.				
5. City, State, ZIP Code		iation (if applicable)					
Michigan City, IN 46360 Democrat							
	FORMATION (For Candidate's C						
7. Full Name of Candidate (Include any nickname.) Gale Ann Neulib		8. Party Affili Democrat	iation or If Independer f	nt Candidate			
Office Sought (Include district number, if any. Not requi	red for evolutation, committee )	10. County of	· · · · · · · · · · · · · · · · · · ·				
Michigan City Clerk	red for exploratory committee.)	LaPorte,					
TYPE OF	REPORT	· · ·		N CANDIDATES ONLY			
11. Check one:			Check one:				
Pre-Primary Pre-Election Annual Nomination	Other		Pre-Conv	vention			
Final / Disbands Committee (Lines 18, 19, and 20 must be "0".)	utgoing Treasurer (Within ten (10) days amend State	ement of Organizatio	on.) Dost-Con	vention			
12. Reporting Period (mm/dd/yy):			COLUMN A	COLUMN B			
From: 1/26/2023 Throu	<sub>igh:</sub> 4/30/2023		This 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 ANI							
(Note: these amounts include in-kind contributions and loa 15a. Itemized (Use Schedule A.)	ns, as well as cash contributions.)						
15b. Unitemized			<u>.</u>				
15c. Add lines 15a and 15b in both columns.	SUBT	OTAL					
16. Add lines 13 and 15c in Column A and lines 14 and 15	<del></del>	TOTAL	0.00	0.00			
EXPENDITURE		OTAL	0.00	0.00			
(Note: These amounts include in-kind expenditures and loa							
17a. Itemized (Use Schedule B.) (Public Question: use Sci							
17b. Unitemized							
17c. Add lines 17a and 17b in both columns.	SUB	TOTAL	0.00	0.00			
18. Cash on hand and investments at close of this reporting period (Subtract 17c from 16 in both columns.)			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					
	RTIFICATION	DUE CORRECT		OR OFFICE USE ONLY			
Signature of Treasurer	Title	Date (	mm/dd/yy)	FILE			
Synthelivens	Lynn A. Owens		/30/2023	IN CLERKS OFFIC			
Signature of Candidate (if applicable)	ي ا		/mm/dd/yy)	MAY 3 2023			
WARNING: Any information contained in this report may not be copied files a fraudulent report commits a Level 6 felony. (IC 3-14-1-13) A Campaign Figure 1-14 commits a Class B misdemeanor. (IC 3-14-1-1)	person who fails to file a complete or accurat	e report as requ	ired by the Indiana	MAI 5 2023			



# REPORT OF RECEIPTS AND EXPENDITURES OF A POLITICAL COMMITTEE

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

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IS THIS AN AMENDMENT? 
Yes 
No

(CFA-4) Summary Sheet

FILE NUMBER
46-23-07
TOTAL PAGES IN ENTIRE CFA-4 REPORT

COMMITTEE INFORMATION						
1. Full Name of Committee (as on Statement of Organization)	name.					
2. Acronym or Abbreviated Name (if any)		Telephone Number				
	( 219 )	405-0164				
4. Mailing Address (Address where all campaign finance correspondence is received.)  3502 Dorchester Road	Check if this is a	new address.				
5. City, State, ZIP Code Michigan City, IN 46360	6. Party Affili Democrat	ation (if applicable)				
CANDIDATE INFORMATION (For Candidate's Committees Only)						
7. Full Name of Candidate (Include any nickname.)	ſ	ation or If Independer	nt Candidate			
Gale Ann Neulib	Democrat	•				
9. Office Sought (Include district number, if any. Not required for exploratory committee.)	10. County o					
Michigan City Clerk	LaPorte, I	ndiana				
TYPE OF REPORT		CONVENTIO	N CANDIDATES ONLY			
11. Check one:		Check one:				
Pre-Primary Pre-Election Annual Nomination Other		Pre-Conv	-			
Final / Disbands Committee (Lines 18, 19, and 20 must be "0".) Utgoing Treasurer (Within ten (10) days amend State	ernent of Organization	on.) Dost-Con	vention			
12. Reporting Period (mm/dd/yy):		COLUMN A This Period	COLUMN B			
From: 4/30/2023 Through: 10/13/2023			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.)						
15b. Unitemized		,	,			
15c. Add lines 15a and 15b in both columns.	TOTAL.		*			
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. Uniternized						
17c. Add lines 17a and 17b in both columns.	TOTAL	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				
			OB OFFICE LISE ONLY			
CERTIFICATION  I CERTIFY THAT I HAVE EXAMINED THIS STATEMENT. TO THE BEST OF MY KNOWLEDGE AND BELIEF IT IS T	RIE CORRECT	-	OR OFFICE USE ONLY  T L E D			
Signature of Treasurer 7 Title			V CLERKS OFFICE			
Jugan Wens Lynn A. Owens	1Ò	)/20/2023				
Signature(of/Zandidate (if applicable)	Date (	mm/dd/yy	OCT 2 4 2023			
WARNING: Any information contained in this report may not be copied for sale or used for any commercial purpose.	//C 2 0 4 5\ A ===	<u> </u>	טטו ב 4 בטבט			
files a fraudulent report commits a Level 6 felony. (IC 3-14-1-13) A person who fails to file a complete or accura	ite report as requi	ired 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,		LLEADRE STEVENS			
•		<u>∟</u> iA	PORTE SUPERIOR COURT			



#### 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 essistence in completing this form, see instructions on the reverse side.

IS THIS AN AMENDMENT? Yes No

#### (CFA-4) Summary Sheet

FILE NUMBER

46-23-01

TOTAL PAGES IN ENTIRE CFA-4 REPORT

10

	L			- <del></del>
COMMITTEE INFORMATION		-		•
Full Name of Committee (as on Statement of Organization)  Check if this is a new Gale Ann Neulib for Michigan City Clerk	name.			
2. Acronym or Abbreviated Name (If any)	3. Com		phone Number -0164	
Mailing Address (Address where all campaign finance correspondence is received.)  3502 Dorchester Road	Check if th	ls Is a new	eddress.	
5. City, State, ZIP Code Michigan City, IN 46360	6. Party Demo		(if applicable)	
CANDIDATE INFORMATION (For Candidate's C	Committe	es Only)		
7. Full Name of Candidate ( <i>Include any nickname.</i> ) Gale Ann Neulib	8. Party Demo		or If Independent	Candidate
9. Office Sought (Include district number, if any. Not required for exploratory committee.) Michigan City Clerk		nty of Resi te, India		
TYPE OF REPORT			CONVENTION	CANDIDATES ONLY
11. Check one:  Pro-Primary Pro-Elaction Annual Nomination Other			Check one: Pre-Conver	
Final / Disbands Committee (Lines 18, 19, and 20 must be 17.) Outgoing Treasurer (Within ten (10) days amend Sta	ternant of Orga	interon.)	FOSI-CONVE	mion
12. Reporting Period (mm/dd/yy):  From: 10/14/2023 Through: 01/17/2024			UMN A 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				
(Note: these amounts include In-kind contributions and loans, as well as cash contributions.)			<u> </u>	
15a. Ilemized (Use Schedule A.)			<u> </u>	
15b. Unitermized  15c. Add lines 15s and 15b in both columns. SUB	TOTAL			
	TOTAL		0.00	0.00
	TOTAL		0.00	0.00
(Note: These emounts include in-kind expenditures and loan repayments.)			ł	
17a, Itemized (Use Schedule B.) (Public Question: use Schedule C.)		· · ·		!
17b. Unitemized				
	TOTAL		, 0.00	0.00
18. Cash on hand and Investments at close of this reporting period (Subtrect 17c from 16 in both columns.)	TOTAL	•	0.00	0.00
			0.00	0.00
19. Debts OWED BY the committee (Use Schedule D.)  20. Debts OWED TO the committee (Use Schedule E.)			0.00	
20. Debis Ovyed 10 the constitutes (056 scribbus E.)	L		0.00	
CERTIFICATION			FOS	LOFFICEUSE UNLY I

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 Lynn A. Owens  O1/17/2024  Signature of Candidate (II applicable)  Date (mm/dd/yr) O1/17/2024  WARNING: Any information contained in this report may not be copied for sale or used for any commercial purpose. (IC 3-94-5) A person who knowingly files a fraudulant report commits a Level 6 fetony. (IC 3-14-1-13) A person who falls to file a complete or accurate report as required by the Indiana Campaign Finance Law commits a Class 8 misdemeenor, (IC 3-14-1-14) and may be subject to civil penalties. (IC 3-94-16, IC 3-94-18)  CLERK OF LA PORTE CIRCUIT COURT		CERTIFICATION		EOR OFFICE USE UNLY D
Signal fund of Candidate (II applicable)  Lynn A. Owens  O1/17/2024  Date (mm/dd/yr) O1/17/2024  UARNING: 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				IN CLERKS OFFICE
Signafuration Candidate (II applicable)  Oate (mm/ddy) O1/17/2024  UARNING: 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	Cherry Wilder		01/17/2024	
files a favorable of seconds of broad C follows (IC 2 44 5 42) A payment who follows to the granulation or appropriate property of control by the follows	Signature of Candidate (If applicable)			JAN 1 6 2024
	files a fraudulant report commits a Level 6 fetony. (IC 3-14	1-13) A person who falls to file a complete or a	navala mand as maukad by the fictions.	Hearn Sturis