

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?												46-23-46
SECTION A. CANDIDATE				ll in al			e box	es a:			accura	ately as possible.
2. Last Name	ĺ	First Na	me		Middle I	Name			Nick	name		3. Type of Committee (Check one
Mercer		Lori			Lee							 ☑ Candidate's Principal Committee ☑ Exploratory Committee
4. Mailing Address (number and street, city,	state, an	nd ZIP code)		1	15. F/	AX (Opt	ional)	<u> </u>		6. E-mai	II Address (Optional)
90 Alan John Drive			•					,				,
7. City	State	0 7	IP Code	8. Co	wntv	Ц	_)	O Tel	lanhai	ne (Day)	<u> </u>	10. Telephone (Evening)
Westville	IN	Ĭ Ī	46391		orte				•	08 -2 36	۰ '	,219, 608-2369
11. Party Affiliation			40001	Lai		O46	Caushi	<u> </u>				
☑ Democratic ☐ Libertarian ☐ Repu	blican	☐ Other			'-'	Onice	Jougin	i (miciu	100 013	inci namo	er, n any.	Not required for an exploratory committe
				ll in al	l appli	cable	e hax	es a	s fu	llv and	accura	ately as possible.
13. Full Name of Committee (Do not ab	brevlat	e.) 🗹	Check if this is	a new r	name.	50,51	COOX	CO U	3 I W.	iy aira	accare	atery as possible.
Lori For Clerk-Treasurer 20												•
14. Mailing Address (number and street, cit)	y, state, a	and ZIP coo	te) 🗹 Checi	k if this is	a new ad	dress.	15. FA	X (Opi	tional)	····	16. E-ma	all Address (Optional)
90 Alan John Drive							١,		•			
17. City	State	Z	IP Code	18. C	ounty		11	19. Te	elepho	one	l	20. Committee Organization Date
Westville	IN	- 1	46391	1	orte					08-236	a	(mm/dd/yy) 07/25/2023
			e as Chairpers	1		(thin in						0772072020
Lori Mercer	Signate	Carioload	e as Champers	5011. L	T CHBCK II	1 11115 15	anew	urairpe	erson.			
22. Mailing Address (number and street, city	. stata	and 710 and	(a) (DEC)	. M AL: 1-		4	100 50	V (O-	47 a.m. a.ft		104 F	
90 Alan John Drive	r, state, a	ena zir cod	ie) 🗹 Check	t ii triis is	a new ao	aress.	23. FA	uk (Opi	uonaıj		24. E-ma	ail Address (Optional)
25. City	1 64-4-		in A. J.	100.0			<u>l</u>)			<u> </u>	las Filmon (Filmon)
•	State		iP Code		ounty					ne (Day)	^	28. Telephone (Evening)
Westville			46391		orte					08-236		(219) 608-2369
29. Bank or Other Depositories (List all	banks	or other	depositories in	which th	ie committ	ee dep	osils fu	nds, ho	olds ac	counts, re	ents safety	deposit boxes or maintains funds.)
None												
30. Exploratory Committee (Give brief sta	tement e	explaining p	urpose of an expl	oratory cor	nmittee only							e committee pay the candidate a salary on the contract.) Yes N
N/A						7011	nour son	nem 10	n rost	, rayesi ii	res, anaci	in a copy of the contract.
SECTION C. APPOINTME						.)						
32. I, as Chairperson of th				ointed T	reasurer				- 1	Signature	of the Co	ommittee Chairperson _
committee, appoint the followin Treasurer of the Committee.	g per	son as	Lori Mer	cer					- 1	ス	Mi) 1	Merron
	nate car	ndidate a	s treasurer.	Che	ck if this is	a new	treasur	er.		-0,7		· ponce
Lori Mercer										,		•
34. Mailing Address (number and street, cit)	, state, a	and ZIP cod	le) 🔲 Check	if this is	a new ad	dress.	35. FA	X (Opt	tional)		36. E-ma	all Address (Optional) .
90 Alan John Drive -			•				١,					
37. City	State) Z	IP Code	38. C	ounty			39. To	elepho	ne (Day)	1	40. Telephone (Evening)
Westville	IN	j	46391	LaF	Porte			,219	9. 60	08-2369	9	,219, 608-2369
SECTION D. ACCEPTANC	ı	1				5)		(}			((270) 555 2555
41. I give notice that I accept	the d	uties a	nd respons	ibilities	of Tre	asure	r of th	his Si	ignat	ure of Po	erson Ac	ccepting Appointment
Committee. I am not the chairp	ersor	ofac	ampaign fi	nance	committ	ee (e	xcept	as		1 //		
permitted for a candidate commit	tee un	ider IC 3	3-9-1-7).							$\alpha \sim$	UIVIL	lner
SECTION E. CERTIFICAT											<u> </u>	FOR OFFICE USE ONLY
We certify as the candidate an											have	N CLERKS OFFICE
examined this statement. To the b 42. Typed or Printed Name of Cha			owieoge and Signature of			e, cor	rectan	ia cor		e. (mm/d¢/yy		
	pc. 5		10						i i	. 1		f ;
Lori Mercer			Signature of	Ma	MU	<u>L</u>			-	7/25/20		JUL 2 5 2023
43. Typed or Printed Name of Can	didate	9	Signature of	r Candi	date	_			Date	(mm/dd/yy	1	
Lori Mercer			Noru	۱۷۷ر	Osc	lŀ			0	7/05/ <mark>2</mark> 0)23 📗	
Warning: State law requires that any o	change	in this in	formation be	reported	within te	n (10)	days o	f the c	hange	(IC 3-9-1	-10). A	Lleaone Stevens
person who knowingly files a fraudulent accurate report as required by the India	report	commits	a Level 6 D fo	elony (IC	3-14-1-1 B Class P	3). A p	erson v	vno fai	is to f	ile a comp 14), arti-	piete pirk d	OF LA PORTE CIRCUIT COURT
subject to civil penalties (IC 3-9-4-16, IC					ت جوساب ب	300				,, 2110 1	, 50	



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

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		 						FILE NUMBER
1. IS THIS AN AMENDME								46-23-46
SECTION A. CANDIDA	ATE INFOR	MATION: Fil.	l in all app	licable b			accur	ately as possible.
2. Last Name	Firs	st Name	Middle	e Name	[1	Nickname		3. Type of Committee (Check one
Mercer	Lo	ori	Lee					☑ Candidate's Principal Committe ☐ Exploratory Committee
4. Mailing Address (number and stree	et, city, state, and Zil	P code)		5. FAX	(Optional)		6. E-ma	ill Address (Optional)
90 Alan John Drive		·						(
7. City	State	ZIP Code	8. County		9. Tele	phone (Day)	<u> </u>	10. Telephone (Evening)
Westville	IN	46391	LaPorte			608-236	۵	,219, 608-2369
11. Party Affiliation				2 046 5-				Not required for an exploratory committee
☑ Democratic ☐ Libertarian ☐	Republican 🗀 0	Other	[7	2. Onice 36 Clerk-Tre	ugni (mcioo !asurer	e aisinci numa	er, ii any.	Not required for an exploratory committee
						fully and	200111	ately as possible.
3. Full Name of Committee (Do r.	not abbreviate.)	Check if this is	a new name.	iioabie k	UNES GS	runy and	accur	atery as possible.
Lori For Clerk-Treasure					*			•
4. Mailing Address (number and stre	reet, city, state, and 2	ZP code) ☐ Check	cif this is a new	address 15	. FAX (Onlice	nal)	16. E-m	all Address (Optional)
90 Alan John Drive	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					···=•/		
7. City	State	ZIP Code	18. County) 10 Tol	ephone	L	20. Committee Organization Date
Westville	1 I		_			•	,	(mm/ddhad
	IN	46391	LaPorte			608-2369	,	(^{(//////////} 07/25/2023
	 Designate Car 	ndidate as Chairpers	ion. 🔲 Chec	k If this is a r	iew chairpen	son.		
Lori Mercer								
2. Mailing Address (number and stre	reel, city, state, and 2	IP code) ☑ Check	If this is a new a	address. 23	. FAX (Option	nal)	24. E-m	all Address (Optional)
90 Alan John Drive				l t	1			
5. City	State	ZIP Code	26. County		27. Tel	ephone (Day)		28. Telephone (Evening)
Westville	IN	46391	LaPorte		,219	608-2369	9	,219、608-2369
Bank or Other Described "			<u></u>					
.a. palik of Other Depositories (L	List all banks of c	ther depositories in	which the comm	rittee deposi	ls funds, hol	ds accounts, re	nts safet	y deposit boxes or maintains funds.)
9. Bank of Other Depositories (L None	List all banks or d	ther depositories in	which the comm	nittee deposi	ls funds, hol	ds accounts, re	nts safet	y deposit boxes or maintains funds.)
None								
None 0. Exploratory Committee (Give be				nty.) 31. Sa	laries and R	eimbursemen	ts (Will t	he committee pay the candidate a salary o
None 9. Exploratory Committee (Give bin N/A	viel statement explai	ining purpose of an explo	oratory committee o	nly.) 31. Sa reimbu	laries and R	eimbursemen	ts (Will t	he committee pay the candidate a salary o
None SECTION C. APPOINT	vief statement explain	ning purpose of an explo	oratory committee of	nly.) 31. Sa reimbu	laries and R	eimbursemen lost wages? If	ts (Will t Yes, atta	he committee pay the candidate a salary of the contract.) 🗂 Yes 🕑 N
None 0. Exploratory Committee (Give bin)/A SECTION C. APPOINT 12. I, as Chairperson of	riel statement explain TMENT OF of the forego	TREASURER	oratory committee of	nly.) 31. Sa reimbu	laries and R	eimbursemen lost wages? If	ts (Will t Yes, atta	he committee pay the candidate a salary o
None 0. Exploratory Committee (Give bin/A SECTION C. APPOINT 12. I, as Chairperson of committee, appoint the followers of the Committee.	rief statement explaining the foregoing person	TREASURER oing Person Appo	oralory committee of (IC 3-9-1-1 ointed Treasure CCET	nly.) 31. Sa reimbu 4)	iarles and R resement for	eimbursemen lost wages? If	ts (Will t Yes, atta	he committee pay the candidate a salary of the contract.) 🗂 Yes 🕑 N
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None O. Exploratory Committee (Give bin) N/A SECTION C. APPOINT 12. I, as Chairperson of committee, appoint the following for the Committee.	rief statement explaining the foregoing person	TREASURER oing Person Appo	oralory committee of (IC 3-9-1-1 ointed Treasure CCET	nly.) 31. Sa reimbu 4)	iarles and R resement for	eimbursemen lost wages? If	ts (Will t Yes, atta	he committee pay the candidate a salary of the contract.) 🗂 Yes 🕑 N
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None O. Exploratory Committee (GNe bin)/A SECTION C. APPOINT 12. I, as Chairperson of the Committee, appoint the foliographic forms of the Committee. 3. Treasurer's Full Name Committee. Lori Mercer 14. Mailing Address (number and street) 90 Alan John Drive 17. City Westville	TMENT OF If the foregrowing person Designate candid eet, city, state, and 2 State	TREASURER oing Person Appo 1 as Lori Merc late as treasurer. CIP code Check ZIP Code 46391	Cer Check if this is a now a 38. County	is a new tre	darles and Resement for assurer. FAX (Option) 39. Tele	Signature	ts (Will the Yes, attained of the Control of the Co	the committee pay the candidate a salary of the contract.) Yes Normal
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None 0. Exploratory Committee (Gwe bin N/A) ECTION C. APPOINT 2. I, as Chairperson of committee, appoint the following assurer of the Committee. 3. Treasurer's Full Name C. Committee. 4. Malling Address (number and street) 90 Alan John Drive 7. City Westville ECTION D. ACCEPT 1. I give notice that I acc	TMENT OF If the foregrowing person Designate candid eet, city, state, and 2 State IN ANCE OF A	TREASURER oing Person Appenas Lori Merc ate as treasurer. ZIP Code 46391 APPOINTMEN es and responsi	(IC 3-9-1-1 control Treasure Cer Check if this if this is a new a 38. County LaPorte IT (IC 3-9-1 ibilities of Ti	is a new tre	asurer. FAX (Option 199. Telegraph	Signature of Po	ts (Will II Yes, atta of the C	the committee pay the candidate a salary of the contract.)
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None D. Exploratory Committee (Give by N/A) SECTION C. APPOINT 2. I, as Chairperson of committee, appoint the following assurer of the Committee. 3. Treasurer's Full Name C. C. Committee. 4. Malling Address (number and street) 90 Alan John Drive 7. City Westville SECTION D. ACCEPT 1. I give notice that I accommittee. I am not the committee. I am not the committee for a candidate consistent of the committee of the comm	TMENT OF If the foregrowing person Designate candid eet, city, state, and 2 State IN ANCE OF A cept the dutie chairperson of mmittee under	TREASURER oing Person Appo Lori Merc ate as treasurer. ZIP Code 46391 APPOINTMEN as and responsif a campaign für TC 3-9-1-7).	Cer Check if this is a new a second to the country LaPorte if (IC 3-9-1) ibilities of Tinance comm	is a new tre address. 35	asurer. SFAX (Option 1) 39. Tele (219) of this Signer as	Signature onal) ephone (Day) 608-2369	ts (Will the Yes, attained of the Control of the Co	all Address (Optional) 40. Telephone (Evening) (219) 608-2369 ccepting Appointment
None D. Exploratory Committee (Give by N/A) SECTION C. APPOINT 2. I, as Chairperson of committee, appoint the foliareasurer of the Committee. 3. Treasurer's Full Name C. C. Committee. 4. Mailing Address (number and street) 90 Alan John Drive 7. City Westville SECTION D. ACCEPT 1. I give notice that I accommittee. I am not the committee. I am not the committee for a candidate consistency of the certify as the candidate.	IMENT OF If the foregrowing person Designate candid eet, city, state, and 2 State IN ANCE OF A cept the dutie chairperson of mmittee under CATION OF e and the du	TREASURER oing Person Appo Lori Merc ate as treasurer. CIP code ZIP Code 46391 APPOINTMEN es and responsif a campaign für ric 3-9-1-7). STATEMENI	Cer Check if this is a now a strict (IC 3-9-1-1) this is a now a strict (IC 3-9-1) this is a now a strict (I	is a new tre address. 35 (-15) reasurer continue (excel	asurer. S. FAX (Option) 39. Telegraphics (219) of this Signer as	Signature of Polylinature of P	ts (Will the Yes, attained of the Control of the Co	the committee pay the candidate a salary of the contract.) The Post of the contract. The contract of the contract.
None D. Exploratory Committee (Give by N/A) SECTION C. APPOINT 2. I, as Chairperson of committee, appoint the foliareasurer of the Committee. 3. Treasurer's Full Name C. C. Committee. 4. Mailing Address (number and street) 90 Alan John Drive 7. City Westville SECTION D. ACCEPT 1. I give notice that I accommittee. I am not the committee. I am not the committee of a candidate committee of a candidate committee. I certify as the candidate xamined this statement. To	IMENT OF If the foregrowing person Designate candid eet, city, state, and 2 State IN ANCE OF A cept the dutie chairperson of mmittee under CATION OF e and the du the best of out	TREASURER oing Person Appo Lori Merc ate as treasurer. CIP code 46391 APPOINTMEN es and responsif a campaign für 11C 3-9-1-7). STATEMENT ally appointed Cur knowledge and	Cer Check if this is a new a second to the country LaPorte in the communities of Timenes of Timenes communities of Timenes communities of the comm	is a new tre address. 35 -15) reasurer cittee (exceeding, correction, correct	asurer. S. FAX (Option) 39. Telegraphics of this Signer as stand committee as tand committee.	Signature of Pound that we plete.	ts (Will the Yes, attained of the Control Andrews 1997)	all Address (Optional) 40. Telephone (Evening) (219) 608-2369 ccepting Appointment
None 0. Exploratory Committee (Gwe be N/A) SECTION C. APPOINT 2. I, as Chairperson of committee, appoint the following assurer of the Committee. 3. Treasurer's Full Name C. Committee. 4. Malling Address (number and street) 7. City Westville SECTION D. ACCEPT 1. I give notice that I accommittee. I am not the committee. I am not the committee of a candidate consideration of the committee of a candidate consideration of the committee of t	IMENT OF If the foregrowing person Designate candid eet, city, state, and 2 State IN ANCE OF A cept the dutie chairperson of mmittee under CATION OF e and the du the best of out	TREASURER oing Person Appo Lori Merc ate as treasurer. CIP code 46391 APPOINTMEN es and responsif a campaign für 11C 3-9-1-7). STATEMENT ally appointed Cur knowledge and	Cer Check if this is a now a strict (IC 3-9-1-1) this is a now a strict (IC 3-9-1) this is a now a strict (I	is a new tre address. 35 -15) reasurer cittee (exceeding, correction, correct	asurer. S. FAX (Option) 39. Telegraphics of this Signer as stand committee as tand committee.	Signature of Polymond that we plete.	of the C	the committee pay the candidate a salary of the contract.) The Post of the contract. The contract of the contract.
None 0. Exploratory Committee (Give by N/A) SECTION C. APPOINT 12. I, as Chairperson of committee, appoint the foliations of the Committee. 13. Treasurer of the Committee. 14. Malling Address (number and street) 15. City Westville SECTION D. ACCEPT 16. I give notice that I accommittee. I am not the committee. I am not the committee for a candidate consecutive of the committee of the co	IMENT OF If the foregrowing person Designate candid eet, city, state, and 2 State IN ANCE OF A cept the dutie chairperson of mmittee under CATION OF e and the du the best of out	TREASURER oing Person Appo Lori Merc ate as treasurer. CIP code 46391 APPOINTMEN es and responsif a campaign für 11C 3-9-1-7). STATEMENT ally appointed Cur knowledge and	Cer Check if this is a new a second to the country LaPorte in the communities of Timenes of Timenes communities of Timenes communities of the comm	is a new tre address. 35 -15) reasurer cittee (exceeding, correction, correct	asurer. S. FAX (Option) 39. Telegraphics of this Signer as stand committee as tand committee.	Signature of Pound that we plete.	of the C	all Address (Optional) 40. Telephone (Evening) (219) 608-2369 ccepting Appointment FOR OFFICE USE ONLY IN CLERKS OFFICE
None 0. Exploratory Committee (Gwe bin N/A) ECTION C. APPOINT 12. I, as Chairperson of the Committee, appoint the folioreasurer of the Committee. 3. Treasurer's Full Name C. Lori Mercer 4. Mailing Address (number and street) 7. City Westville ECTION D. ACCEPT 1. I give notice that I accommittee. I am not the committee. I am not the committee for a candidate core committed for a candidate core committed for a candidate core carrier of the carri	TMENT OF If the foregrate candid The the candid The the the the candid The the the candid The the the the the the the the st of out the dest of out the the the the the the the the the th	TREASURER oing Person Appo Lori Merc ate as treasurer. CIP code 46391 APPOINTMEN es and responsif a campaign für 11C 3-9-1-7). STATEMENT ally appointed Cur knowledge and	Cer Check if this is a now a libilities of Tinance comm	is a new tre address. 35 -15) reasurer cittee (exceeding, correction, correct	asurer. S. FAX (Optic) 39. Tell (219) of this Sigept as mmittee a t and com	Signature of Polymond that we plete.	ts (Will the Control of the Control	the committee pay the candidate a salary of the contract.) Yes No cha a copy of the contract.) Yes No cha a copy of the contract.) Multiple all Address (Optional) 40. Telephone (Evening) (219) 608-2369 ccepting Appointment Colling For Office USE ONLY FOR OFFICE USE ONLY FIRE TED
None None N/A ECTION C. APPOINT 1. I, as Chairperson of committee, appoint the foliographic formaties. Treasurer of the Committee. Tori Mercer Mercer A. Malling Address (number and street) Total Mercer A. Malling Address (number and street) Total Mercer A. Malling Address (number and street) Total Mercer Total Mercer Total Mercer Total Mercer Total Mercer Total Mercer Lori Mercer	TMENT OF If the foregrate candid The the candid The the the the candid The the the candid The the the the the the the the st of out the dest of out the the the the the the the the the th	TREASURER oing Person Appoint as Lori Merc ate as treasurer. TP Code 46391 APPOINTMEN as and responsifications are appointed to the company of the company	Cer Check if this is a now a strict this is a	is a new tre address. 35 -15) reasurer coittee (exco	asurer. S. FAX (Optic) 39. Tell (219) of this Sigept as mmittee a t and com	Signature of Pound that we plete. Date (mm/dd/yy	ats (Will the Yes, attained of the Control Andrews And	all Address (Optional) 40. Telephone (Evening) (219) 608-2369 ccepting Appointment FOR OFFICE USE ONLY IN CLERKS OFFICE
None None N/A SECTION C. APPOINT 12. I, as Chairperson of committee, appoint the following programme of the Committee. 13. Treasurer's Full Name of Committee. 14. Malling Address (number and street) 15. City Westville SECTION D. ACCEPT 16. I give notice that I accommittee. I am not the committee. I am not the committee for a candidate committee of a candidate committee. I am not the committee of a candidate committee. I am not the committee of a candidate of a candid	IMENT OF If the foregrowing person Designate candid eet, city, state, and 2 State IN ANCE OF A cept the dutie chairperson of mmittee under CATION OF e and the du the best of out f Chairperson f Candidate	TREASURER oing Person Appo as Lori Merc ate as treasurer. CIP Code 46391 APPOINTMEN as and responsif a campaign für it C 3-9-1-7). STATEMEN uly appointed Cer knowledge and Signature of	Cer Check if this is a new a series of Transce committee of Transce committee of Transce committee of Chairperson of belief it is transce committee of Candidate MLALL	is a new tre address. 35 -15) reasurer cittee (excurrence)	asurer. SFAX (Option 1) 39. Telegraphic 219 of this Signer as 1	Signature Signature (Day) 608-2369 Inature of Period of that we plete. Date (mm/dd/yy, 07/26/20) 07/26/20	ts (Will the Control of the Control	ine committee pay the candidate a salary of the contract.) Yes No che a copy of the contract.) Yes No che a copy of the contract.) Yes No che a copy of the contract. all Address (Optional) 40. Telephone (Evening) (219, 608-2369) ccepting Appointment FOR OFFICE USE ONLY F I L E D IN CLERKS OFFICE JUL 2 8 2023
None None N/A SECTION C. APPOIN 12. I, as Chairperson of committee, appoint the following freasurer of the Committee. 3. Treasurer's Full Name Committee. 4. Malling Address (number and street) 4. Malling Address (number and street) 7. City Westville SECTION D. ACCEPT 11. I give notice that I accept a man of the committee. I am not the committee of a candidate of a can	IMENT OF If the foregrowing person Designate candid eet, city, state, and 2 State IN ANCE OF A cept the dutie chairperson of mmittee under CATION OF e and the du the best of out of Chairperson I Candidate	TREASURER oing Person Apport as Lori Merc ate as treasurer. CIP code 46391 APPOINTMEN as and responsificate as a campaign for 163-9-1-7). STATEMENT ally appointed Curknowledge and Signature of Signature of Signature of	Cer Check if this is a new a second committee of the comm	is a new tre address. 35 -15) reasurer cittee (exceeding, correct	asurer. SPAX (Option 1) 39. Telescept as sept as transformed compared to the chiral sept and compared to the chiral sept as transformed to t	Signature of Poly of that we plete. Date (mm/dd/yy, 07/26/20 onge (IC 3-9-1	ts (Will the Yes, attained of the Control of the Co	all Address (Optional) 40. Telephone (Evening) (219) 608-2369 ccepting Appointment FOR OFFICE USE ONLY IN CLERKS OFFICE



State Form 4606 (R17 / 8-23) 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

46-23-46

TOTAL PAGES IN ENTIRE CFA-4 REPORT

COMMITTEE INFORMATION						
Full Name of Committee (as on Statement of Organization) Check if this is a new	name.					
Lori For Clerk-Treasurer 2023						
2. Acronym or Abbreviated Name (if any)	1		phone Number			
	1	9) 608				
Mailing Address (Address where all campaign finance correspondence is received.) Discrete the Address where all campaign finance correspondence is received.)	Check if th					
5. City, State, ZIP Code Westville, IN 46391	6. Party Demo		(if applicable)			
CANDIDATE INFORMATION (For Candidate's C	Committe	es Only)				
7. Full Name of Candidate (Include any nickname.)	1		or If Independent	Candidate		
Lori Mercer	Demo		* 1			
9. Office Sought (Include district number, if any. Not required for exploratory committee.) Clerk-Treasurer	10. Cou LaPoi	-	nty of Residence te			
TYPE OF REPORT			CONVENTION	CANDIDATES ONLY		
11. Check one:			Check one:			
Pre-Primary Pre-Election Annual Nomination Other	-		Pre-Conve	i i		
Final / Disbands Committee (Lines 18, 19, and 20 must be '0".) Outgoing Treasurer (Within ten (10) days amend Sta	tement of Orga	anization.)	Post-Conv	ention		
12. Reporting Period (mm/dd/yy):			LUMN A	COLUMN B Year to Date		
From: 09/01/2023 Through: 10/17/2023		III	s Period	real to Date		
13. Cash on hand and investments at the beginning of this reporting period.			0.00	0.00		
14. Cash on hand and investments January 1, current year. CONTRIBUTIONS AND RECEIPTS				0.00		
(Note: these amounts include in-kind contributions and loans, as well as cash contributions.)						
15a. Itemized (Use Schedule A.)			0.00	0.00		
15b. Unitemized			0.00	0.00		
	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.)						
17a. Itemized (Use Schedule B.) (Public Question: use Schedule C.)			127.74			
17b. Unitemized			0.00			
17c. Add lines 17a and 17b in both columns.	STOTAL		127.74			
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			FC	OR OFFICE USE ONLY		
I CERTIFY THAT I HAVE EXAMINED THIS STATEMENT. TO THE BEST OF MY KNOWLEDGE AND BELIEF IT IS	TRUE, COR	RECT AND (OMOTETES T	TO E D		
Signature for Treasurer Signature for Treasurer Clerk Treasurer	[)ate <i>(mm/ç</i>	10/19) 11/C	LERKS OFFICE		
Signature of Candidate (if, applicable)		Date (mm/c	ddyy)	T 1 7 2023		
LM NA CARDE		0/17/3	10,-	<i>y</i>		
WARNING Any information contained in this report may not be copied for sale or used for any commercial purpose files a fraudulent report commits a Level 6 felony. (IC 3-14-1-13) A person who fails to file a complete or accur	ate report at	s required b	V (ne morana	7 742.00		
Campaign Finance Law commits a Class B misdemeanor, (IC 3-14-1-14) and may be subject to civil penalties. (IC 3-14-1-14)	9-4-16, IC 3-1	9-4-17, IC 3-	9.4-18)	LA POIRTE CIRCUIT COURT		
			CLERCO	La Companya de la Com		



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

(CFA-4 SCHEDULE B) ITEMIZED EXPENDITURES

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document expenditures totaled on ITEM 17a of the Summary Sheet. All cumulative expenses paid to individuals, businesses, labor organizations and other entities OVER \$100 per recipient, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative expenses, including in-kind, regardless of amount paid to political committees, (such as transfers-out from candidate, legislative caucus, political action, or regular party committees) MUST be itemized on this schedule.

	FILE	NUMB	ER	
Page_	1	_ of	1	

RECIPIENT'S NAME AND MAILING ADDRESS (street, number, city, state, ZIP code)	RECIPIENT'S OCCUPATION OFFICE SOUGHT (if applicable)	TYPE OF EXPENDITURE and PURPOSE (be specific)	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE OF EXPENDITURE (mm/dd/yy)
Code A Tri-Kappa PO Box 215 Westville, IN 46391	Service Organization	Direct In-Kind Payment of Debt Returned Contribution Other Purpose: Booth Rental	\$15.00 ÷		9/12/2023
Code A WalMart 2400 Morthland Ave Westville, IN 46391	Department Store	Direct In-Kind Payment of Debt Returned Contribution Other Purpose: Candy for parade	\$60 .2 9		9/26/2023
Code A Amazon Bellevue, WA	Online Retailer	☐ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other ☐ Purpose: T-Shirts	\$52.4 5		9/25/2023
Code		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:			
Code		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:			
Code		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:			
Code		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:			
TOTAL OF ALL PA					



State Form 4606 (R17 / 8-23) 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

46-23-46

TOTAL PAGES IN ENTIRE CFA-4 REPORT

COMMITTEE INFORMATION			
1. Full Name of Committee (as on Statement of Organization) Check if this is a new	name.	·	
Lori For Clerk-Treasurer 2023	, igno.	4	· ·
2. Acronym or Abbreviated Name (if any)		mittee Telephone Number	
	(2)	9) 608-236	4
4. Mailing Address (Address where all campaign finance correspondence is received.) Qo Alan John Dv	Check if th	is is a new address.	
		Affiliation (if applicable)	
5. City, State, ZIP Code Westville, IN 46391		Democrat	
CANDIDATE INFORMATION (For Candidate's			
7. Full Name of Candidate (Include any nickname.)	, ,	/ Affiliation or If Independen	t Candidate
Lori Merær		umverat	
9. Office Sought (Include district number, if any. Not required for exploratory committee.)		unty of Residence	
Clerk-Treasurer Town of Westville	4		N CANDIDATES ONLY
TYPE OF REPORT		Check one:	
11, Check one:		Pre-Conv	ention
Pre-Primary Pre-Election Annual Nomination Other			
Final / Disbands Committee (Lines 18, 19, and 20 must be "0".) Outgoing Treasurer (Within ten (10) days amend S	latement of Urg	ariization.j	\
12. Reporting Period (mm/dd/yy):	:	COLUMN A This Period	COLUMN B Year to Date
From: 09/01/2023 Through: 10/17/2023		- <u>A</u> -	rear to Bate
13. Cash on hand and investments at the beginning of this reporting period.		-9-	8
14. Cash on hand and investments January 1, current year.			O.
CONTRIBUTIONS AND RECEIPTS			
(Note: these amounts include in-kind contributions and loans, as well as cash contributions.)		127.74	Ð
15a. Itemized (Use Schedule A.)		<i>P</i>	Ð
15b. Uniternized	BTOTAL		P
19C. Add lines 15a and 15b in 55d coloring.		12774	+
16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B.	TOTAL	127.74	
EXPENDITURES			
(Note: These amounts include in-kind expenditures and loan repayments.)		127,74	
17a. Itemized (Use Schedule B.) (Public Question: use Schedule C.)		-	
17b. Unitemized	DTOTAL	0	
Tre. Add lifes Tra Bita Tra life Bod. Colonial.	BTOTAL	127.74	
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.)		<u> </u>	
20. Debts OWED TO the committee (Use Schedule E.)	J	* 4	
CERTIFICATION			OR OFFICE USE ONLY
I CERTIFY THAT I HAVE EXAMINED THIS STATEMENT. TO THE BEST OF MY KNOWLEDGE AND BELIEF IT IS	TRUE, COR	RECT AND COMPLETE:	I L E D
Cincellus of Transpurer	11	Date (mm/dd/yy)	CLERKS OFFICE
Q Mu Messel Clerk-Treasure		10/30/2023	
Signature of Candidate (if applicable)	1	Date (mm/dd/yy) \	CT 3 0 2023
WARNING: Any information contained in this report may not be copied for sale or used for any commercial purpos	e (IC 3-9-4-)		0, 0 0 2020
files a fraudulent report commits a Level 6 felony. //C 3-14-1-13) A person who fails to file a complete or accurate rep	on as require	a ay me manana cambaran 1	
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	3×59×N+101 1 1 1.	LAPORTE CIRCUIT COURT



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

(CFA-4 SCHEDULE B) ITEMIZED EXPENDITURES

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document expenditures totated an ITEM 17a of the Summary Sheet. All cumulative expenses paid to individuals, businesses, tabor organizations and other entities OVER \$100 per recipient, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative expenses, including in-kind, regardless of amount paid to political committees, (such as transfers-out from candidate, tegislative caucus, political action, or regular party committees) MUST be Itemized on this schedule.

	FILE	NUMB	ER	
		,		
Page_	1	of	1	

					1
RECIPIENT'S NAME AND MAILING ADDRESS (street, number, city, state, ZIP code)	RECIPIENT'S OCCUPATION	TYPE OF EXPENDITURE and	COLUMN A AMOUNT THIS	COLUMN B CUMULATIVE	DATE OF EXPENDITURE
(Succe, nonzer, ed.), ed.	OFFICE SOUGHT (if applicable)	PURPOSE (be specific)	PERIOD	YEAR-TO-DATE	(nim/dd/yy)
Code A Tri-Kappa PO Box 215 Westville, IN 46391	Service Organization	Direct tn-Kind Payment of Debt Returned Contribution Other Purpose: Booth Rental	\$15.00		9/12/2023
Code A WalMart 2400 Morthland Ave Westville, IN 46391	Department Store	Direct In-Kind Payment of Debt Returned Contribution Other Purpose: Candy for parade	\$60.29		9/26/2023
Code A Amazon Bellevue, WA	Online Retailer	Direct In-Kind Payment of Debt Returned Contribution Other Purpose: T-Shirts	\$52.45		9/25/2023
Code		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:		_	
Code		Direct In-Kind Payment of Oebt Returned Contribution Other Purpose:			
Code		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:			
Code		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:		•	
	SUBTOTAL THIS PAG	SE OF SCHEDULE B	\$ 127.74		
TOTAL OF ALL PA	AGES OF SCHEDULE B ON TH	E LAST PAGE ONLY	\$ 127.74		
	(Enter total on ITEM 178 of t	ne Summary Sheet.)			



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

(CFA-4 SCHEDULE A-1) CONTRIBUTIONS BY INDIVIDUALS

Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY INDIVIDUALS ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from individuals OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee). A contributor's occupation is required if an individual makes at least \$1,000 in contributions during the calendar year, Otherwise, this is optional.

Page	of	

di casi e i com i comi sono comi i i comi sono comi				
CONTRIBUTOR'S FULL NAME AND OCCUPATION FULL MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED (mm/dd/yy) RECEIVED BY
Lori Mercer 90 Alan John Dr	Contributions: Direct In-Kind (describe)			9/12/2023
Westville, IN 46391	Other Receipts: Interest Loan Miscellaneous (specify)	127.74	127.74	
Contributor's Occupation (if required) Clerk - Treasurer			.ž	
2	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest Loan Miscellaneous (specify)		•	,
Contributor's Occupation (if required)			·	
3.	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest Loan Miscellaneous (specify)			
Contributor's Occupation (if required)	Contributions			
4.	Contributions: Direct In-Kind (describe)		r.	
Contributor's Occupation (if required)	Other Receipts: Interest Loan Miscellaneous (specify)			
5,	Contributions:			
	Direct In-Kind (describe)			
	Other Receipts: interest Loan Miscellaneous (specify)		ε	
Contributor's Occupation (if required)		1030 #		1
	THIS PAGE OF SCHEDULE A	\$ 127.74		
TOTAL OF ALL PAGES OF SCHEDULE (Enter total on ITEM	A ON THE LAST PAGE ONLY 1 15a of the Summary Sheet.)	\$		



State Form 4606 (R17 / 8-23) 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

46-23-46

TOTAL PAGES IN ENTIRE CFA-4 REPORT

COMMITTEE INFORMATION				
1. Full Name of Committee (as on Statement of Organization)				
2. Acronym or Abbreviated Name (if any)	3. Com (21		ephone Number 3-2369	
Mailing Address (Address where all campaign finance correspondence is received.) On Alan John Dr	Check if th	nis is a new	address.	
5. City, State, ZIP Code Westville, IN 46391	6, Party Demo		(if applicable)	
CANDIDATE INFORMATION (For Candidate's C	ommitte	ees Only)		
7. Full Name of Candidate (<i>Include any nickname.</i>) Lori Mercer	8. Party Demo		or If Independent	Candidate
9. Office Sought (Include district number, if any. Not required for exploratory committee.) Clerk-Treasurer	10. Cou LaPo	unty of Res rte		
TYPE OF REPORT			CONVENTION	CANDIDATES ONLY
11. Check one:			Check one:	ntion
Pre-Primary Pre-Election Annual Nomination Other Final / Disbands Committee (Lines 18, 19, and 20 must be *0*.) Outgoing Treasurer (Within ten (10) days amend State	ismoni al Orr	ronization l	Post-Conve	
	enen or Org			
12. Reporting Period (mm/dd/yy): From: 10/18/2023 Through: 11/10/2023			LUMN A s 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.) 15a. Itemized (Use Schedule A.)			0.00	0.00
15b. Unitemized			0.00	0.00
	TOTAL		0.00	0.00
	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.)			0.00	
17b. Unitemized			0.00	
17c. Add lines 17a and 17b in both columns.	TOTAL		0.00	
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			FQ	R OFFICE USE ONLY
Signature of Candidate (If applicable) WARNING: Any information contained in this report may not be copied for sale or used for any commercial purpose. files a fraudulent report commits a Level 6 felony. (IC 3-14-1-13) A person who fails to file a complete or accurate.	(IC 3-9-4-5	Date (mm/d 11 27 Date (mm/d 11 27) A person w	OMPLETE 1 d/yy) 1 C 7/23 d/yy) NO ho knowingly	LERKS OFFICE
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	9-4-17, IC 3-9		A PORTE CIRCUIT COURT