



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	o ✓ No If Yes,	pleas	e enter the	file numbe	er in this box	r. →	410-24-02
SECTION A. CANDIDATE	INFO	RMATION: Fill i	n all	applicable	boxes a	s fully and	accur	ately as possible.
2. Last Name		rst Name		Middle Name		Nickname	•	3. Type of Committee (Check one)
Henzman		Angela		Dear			1	☑ Candidate's Principal Committee ☐ Exploratory Committee
4. Mailing Address (number and street, city,	state, and 2	ZIP code)		5. PA	X (Optional)			ail Address (Optional)
237 Leo Ave				()		ange	ela . henzman @gmail.com 10. Telephone (Evening)
[7, City	State	ZIP Code	8. Cou	<u>.</u>		ephone (Day)		
Trail Creek	IN	46360	La	rforte	(812	x) 456 -14	150	() . Not required for an exploratory committee.)
11. Party Affiliation ☑ Democratic ☐ Libertarian ☐ Reput	alican 🗆	Other		12. Unice	Sought (inclu	ae aistrict numb	er, II any.	ourt Clerk
			in all					rately as possible.
13. Full Name of Committee (Do not abb								,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Committee to	Ele	ct Anaela	ιH	enzmar	7			
14. Mailing Address (number and street, city,	state. ar	ZIP code)	this is a	a new address.	15. FAX (Op	tional)	16. E-n	nail Address (Optional)
337 Leo Ave					()		ang	ela. henzman@gmail.com
17. City	State	ZIP Code	18. Co		19. To	elephone		20. Committee Organization Date
Trail Creek	W	46360	L	aforte	(8)	H) 456-14	50	(mm/dd/yy) 1/10/2024
21. Chairperson's Full Name Des	gnate Ca	andidate as Chairpersor). 🗆	Check if this is	a new chairpe	erson.		
Anaela Dean H	സ	man						,
22. Mailing Address (number and street, city,	state, and	ZIP code)	this is a	new address.	23. FAX (Op	tional)	24. E-n	nail Address (Optional)
					()			
25. City	State	ZIP Code	26. Co	unty	27. To	elephone (Day)		28. Telephone (Evening)
	1				()		()
29. Bank or Other Depositories (List all	banks or	other depositories in wi	hich the	committee dep	osit <mark>s fund</mark> s, he	olds accounts, re	nts safet	y deposit boxes or maintains funds.)
30. Exploratory Committee (Give brief state SECTION C. APPOINTME	·	aining purpose of an explora		rein				the committee pay the candidate a salary or ch a copy of the contract.) Yes Mo
32. I, as Chairperson of the						Signature	of the C	ommittee Chairperson
committee, appoint the following			_	Henzm	200			2/_
Treasurer of the Committee. 33. Treasurer's Full Name Design.	ate candi	idate as treasurer.	Check	cif this is a new		7	WW	m
33. Ireasurer & Curriante Ly Design	are carre	date as ireasures.	01100	(11 4110 10 0 1101	(100001011			·
34. Mailing Address (number and street, city,	state, and	ZIP code)	this is a	new address.	35. FAX (Op	tional)	36. E-n	nall Address (Optional)
37. City	State	ZIP Code	38. Co	untv	() 39 Tr	elephone (Day)	<u> </u>	40, Telephone (Evening)
ar. City	State	ZIF Code	30. 00	unty				,
SECTION D. ACCEPTANC	יד סב	ADDOINTMENT	(10.1	2 0 1 15)	(}		()
SECTION D. ACCEPTANC 41. I give notice that I accept t Committee. I am not the chairp	he dut	ies and responsib of a campaign fina	ilitles	of Treasure	r of this S xcept as	ignature of Pe		
permitted for a candidate committed SECTION E. CERTIFICAT		F STATEMENT				- 70- 1		FOR OFFICE USE ONLY
We certify as the candidate and examined this statement. To the b	d the c	fuly appointed Ch	airpers	son of the (Committee rect and co	and that we	have	FILED
42. Typed or Printed Name of Cha						Date (mm/dd/yy)	IN CLERKS OFFICE
1 ~A + 11.		anda	, 2	her.		1/10/2	4 📗	The state of the s
43. Typed of Printed Name of Can		Signature of 0	Candid	late		Date (mm/dd/yy	, 	
I			1	71		1/10/20		JAN 1 0 2024
Angela Henzn	<u> 2007 </u>	Myl	9 /	me	مادام مادام			
Warning: State law requires that any operson who knowingly files a fraudulent	report co	emmits a Level 6 D felo	onv (IC	3-14-1-13). A p	erson who fa	ils to file a comp	olete of i	
accurate report as required by the India	na Camp	paign Finance Law con	nmits a	Class B misde	meanor (IC 3	1-14-1-14), and i	nay be	CIERK OF LA PORTE CIPCUIT COURS
subject to civil penalties (IC 3-9-4-16, IC 3	s- y-4- 7/,	ana IC 3-9-4-18).						CITEX OF THE CIRCUIT COURT





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)

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									FILE NUMBER
1. IS THIS AN AMENDMENT?	ਯ ′ v	es 🗌 No If Yes,	please	enter the	file ne	umber	in this box	c. →	46-24-02
SECTION A. CANDIDATE	INF	ORMATION: Fill	n all a	applicable	box	es as i	fully and	accura	tely as possible.
2. Last Name		First Name	P	Aiddle Name		N	ickname		3. Type of Committee (Check one)
Henman		Angela		Dear	7				☐ Exploratory Committee
4. Mailing Address (number and street, city, s	tate. an	· ·			AX (Opti	ional)		6. E-mail	Address (Optional)
237 Leo Ave	,			()	·,			,
7. City	State	e ZIP Code	8. Cour	ity		9. Telep	hone (Day)		10. Telephone (Evening)
Trail Crock	IN	46360	10	Porte		1812	456-14	021	
11. Party Affiliation	l				Sought				Not required for an exploratory committee.)
☑ Democratic ☐ Libertarian ☐ Reput	lican	☐ Other		_	_			·	
SECTION B. COMMITTEE	INF	ORMATION: Fill	in all	applicable	e box	es as	fully and	accura	telv as possible.
13. Full Name of Committee (Do not abb									, , , , , , , , , , , , , , , , , , , ,
Committee to Flea									
14. Mailing Address (number and street, city,	state, a	and ZIP code) 🔲 Check if	this is a	new address.	15. FA	X (Option	nal)	16. E-ma	il Address (Optional)
237 Leo Ave					,	١		6000	la. hemmon @gmail.com
17. City	State	ZIP Code	18. Cou	inty		/ 19. Tele	phone		20. Committee Organization Date
To: 1 Crost	IN	1 46360	10	Porte		. e 12	456-14	10n	(mm/dd/yy) // a/ 2024
Hall Utek		7-200				, ,		130	1/10/2024
21. Chairperson's Full Name 🖫 Desi	gnate	Candidate as Chairpersor	ь Ц	Check if this is	a new o	chairpersi	on.		
Anaela Dean A	le nz	man							
22. Mailing Address (number and street, city,	state, a	and ZIP code)	this is a	new address.	23. FA	X (Optior	nal)	24. E-ma	il Address (Optional)
237 Leo Art					ļ,	`			
25. City	State	ZIP Code	26. Cou	intv	١,	27. Tele	phone (Day)	1	28. Telephone (Evening)
Tail Const	W			Porto	ļ		,	~	
HAR OFER				·		, - /	456-145		1()
29. Bank or Other Depositories (List all I	banks	or other depositories in wi	nich the i	соттіктее аер	osits tui	nas, noia:	s accounts, re	nts safety	deposit boxes or maintains funds.)
3/3 (3ank									
30. Exploratory Committee (Give brief state	ement e	xplaining purpose of an explora	ory comm						committee pay the candidate a salary or
				rein	nbursen	nent for id	ost wages? If	Yes, attaci	a copy of the contract.) Yes Yo
SECTION C. APPOINTME	NT C	OF TREASURER (IC 3-9	-1-14)					
32. I, as Chairperson of the							Signature	of the Co	mmittee Chairperson
committee, appoint the following			1	1			11	1	71
Treasurer of the Committee.		Angel	c +	1enzm	917		M	gla -	Hom
33. Treasurer's Full Name Designa	ate car	ndidate as treasurer. 🛚 🔲	Check	if this is a new	treasure	er.	V		
Annala Dem t	lena	zma)							
34. Mailing Address (number and street, city,			this is a	new address.	35. FA	X (Option	nal)	36. E-ma	Il Address (Optional)
		, —			١.		,]	, ,
37. City	State	ZIP Code	38. Cou	ntv	i(} 30 Toler	phone (Day)		40. Telephone (Evening)
or, only	Julio	Zii Oode		illy		00, 1010	priorie (Day)		To: Telephone (Evening)
						()			()
SECTION D. ACCEPTANC	E O	F APPOINTMENT	(IC 3	-9-1-15)					
41. I give notice that I accept t							nature of Pe	erson Ac	cepting Appointment
Committee. I am not the chairp			nce co	ommittee (e	xcept	as			
permitted for a candidate committe									
		OF STATEMENT	_						FOR OFFICE USE ONLY
We certify as the candidate and								-have i	I LE OFFICE
examined this statement. To the bo					rect an		ate (mm/dd/y/	,—∃ı	N CLERKS OFFICE
42. Typed or Printed Name of Chai	rpers	son Signature of C	nairpe 2	rson		ا	late (minocopy)	′ .T	
Annela Henzm	CI) (lali	. 1	سربدرد			9/16/12	41	- 0004
43. Typed or Printed Name of Cano		e Signature of C	andida	ite			ate (mm/dd/yy)	, 	APR 1 6 2024
A 1 11.		111	21				11/1/2	,	Mili i
Angela Henzmar	<u> </u>	Unde	171	<u></u>			4/16/21	7 [
Warning: State law requires that any cl	hange	in this information be rep	orted w	ithin ten (10)	days of	f the chai	nge (IC 3-9-1	10). A	1 /ramy others
person who knowingly files a fraudulent r	eport	commits a Level 6 D felo	ny (IC 3 mite o 1	-14-1-13). A p	erson w	vno tails i	to file a comp	ete or	OF IA POPTE CIRCUIT COURT
Warning: State law requires that any cl person who knowingly files a fraudulent r accurate report as required by the Indian subject to civil penalties (IC 3-9-4-16, IC 3	-9-4-1	7, and IC 3-9-4-18).		Jago D IIIIOUC	carioi	u-14	y, and n	ام احد را	process of the con-



REPORT OF RECEIPTS AND EXPENDITURES OF A POLITICAL COMMITTEE

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

YU-24-02

TOTAL PAGES IN ENTIRE CFA-4 REPORT

4

COMMITTEE INFORMATION			
1. Full Name of Committee (as on Statement of Organization)	name.		
Committe to Elect Angela Henzman	3 Carr	mittee Telephone Number	
2. Acronym or Abbreviated Name (if any)		3) 456-1450	
4. Mailing Address (Address where all compaign figures companded is manifed by			J
4. Mailing Address (Address where all campaign finance correspondence is received.)	Check if th	is is a new address.	
5. City, State, ZIP Code	6. Party	Affiliation (if applicable)	
Trail Creek, IN 46360		<i>emocrat</i>	
CANDIDATE INFORMATION (For Candidate's (• • • • • • • • • • • • • • • • • • • •	
7. Full Name of Candidate (Include any nickname.)	8. Party	Affiliation or If Independer	nt Candidate
Angela Dean Henzman	 	Democrat	
9. Office Sought (Include district number, if any. Not required for exploratory committee.) LaPorte County Circuit Court Clerk	10. Cou	inty of Residence	
TYPE OF REPORT			N CANDIDATES ONLY
11. Check one:		Check one:	N CANDIDATES ONLY
✓ Pre-Primary ☐ Pre-Election ☐ Annual ☐ Nomination ☐ Other		Pre-Conv	vention
Final / Disbands Committee (Lines 18, 19, and 20 must be "0".) Outgoing Treasurer (Within ten (10) days amend Ste	atement of Orac	—— I ==	
12. Reporting Period (mm/dd/yy):		COLUMN A	COLUMN B
From: 1/1/24 Through: 4/12/24		This Period	Year to Date
13. Cash on hand and investments at the beginning of this reporting period.		0	
14. Cash on hand and investments January 1, current year.			0
CONTRIBUTIONS AND RECEIPTS			
(Note: these amounts include in-kind contributions and loans, as well as cash contributions.)			
15a. Itemized (Use Schedule A.)		237,03	237.03
15b. Unitemized		O	0
15c. Add lines 15a and 15b in both columns.	TOTAL	237.03	237.03
16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B.	TOTAL	237.03	237.03
EXPENDITURES			
(Note: These amounts include in-kind expenditures and loan repayments.)			
17a. Itemized (Use Schedule B.) (Public Question: use Schedule C.)		17,12	17,12
17b. Unitemized		0	0
17c. Add lines 17a and 17b in both columns.	BTOTAL	17.12	17.12
18. Cash on hand and investments at close of this reporting period (Subtract 17c from 16 in both columns.)	TOTAL	219.91	219.91
19. Debts OWED BY the committee (Use Schedule D.)		0	
20. Debts OWED TO the committee (Use Schedule E.)		0	
CERTIFICATION		F	OR OFFICE USE ONLY
I CERTIFY THAT I HAVE EXAMINED THIS STATEMENT. TO THE BEST OF MY KNOWLEDGE AND BELIEF IT IS	TRUE, CORR		CLERKS OFFICE
Signature of Treasurer Title		ate (mm/aa/yy)	CLLING OTTION
Upla Brown		4/13/24	0.0004
Signature of Candidate (if applicable)	D		PR 1 6 2024
WARNING: Any information contained in this report may not be copied for sale or used for any commercial purpose	(IC 3-0-4-5)	4//3/24	
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 as	required by the Indiana	LEADY STEVENS
Campaign Finance Law commits a Class B misdemeanor, (IC 3-14-1-14) and may be subject to civil penalties. (IC 3-5	9-4-16, IC 3-9	1-4-17. IC 3-9-4-18) CIERK	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)

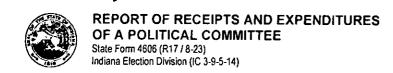
(CFA-4 SCHEDULE A-1) CONTRIBUTIONS BY INDIVIDUALS

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.

FILE NUMBER							
				-			
Page	ک	of	4				

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
Patricia Boy 218 Southwood Dr Michigan City, IN 46360	Contributions: Direct In-Kind (describe) Other Receipts: Interest Loan Miscellaneous (specify)	\$100.00		
contributor's Occupation (if required) State Rep 2. Angela Henzman 237 Leo Ave Trail Geek, IN 46360 Contributor's Occupation (if required) Voter's Registration	Contributions: Direct In-Kind (describe) Dusiness cods Other Receipts: Interest Loan Miscellaneous (specify)	\$17.12	\$17.12	
3.	Contributions: Direct In-Kind (describe) Other Receipts: Interest Loan Miscellaneous (specify)			
Contributor's Occupation (if required) 4.	Contributions: Direct In-Kind (describe) Other Receipts: Interest Loan Miscellaneous (specify)		I L L	D CE
Contributor's Occupation (if required) 5.	Contributions: Direct In-Kind (describe) Other Receipts: Interest Loan Miscellaneous (specify)		APR 1 6 20 APR 1 6 20 Apr 2 20 Ap	24
TOTAL OF ALL PAGES OF SCHEDULE A	HIS PAGE OF SCHEDULE A ON THE LAST PAGE ONLY 15a of the Summary Sheet.)	\$ 117,1a \$ —		



(CFA-4 SCHEDULE A-4) CONTRIBUTIONS BY POLITICAL ACTION COMMITTEES

Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY POLITICAL ACTION COMMITTEES 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 political action committees OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All transfers in and in-kind contributions regardless of amount from political action committees MUST be itemized on this schedule. 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).

FILE NUMBER							
Page	3	_ of	4				

CONTRIBUTOR'S FULL NAME AND 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
1. Act Blue PO BOX 441146 Somerville, MA O2144	Contributions: Direct In-Kind (describe) Other Receipts:	\$119.91	\$/19.91	३/६/२५
Somervile, (IX Obit)	Interest Loan Miscellaneous (specify)	7117.91	Φ[[,7]	
2.	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest Loan Miscellaneous (specify)			
3.	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest Loan Miscellaneous (specify)			
4.	Contributions: Direct In-Kind (describe)		ECE	1
	Other Receipts: Interest Loan Miscellaneous (specify)	ENC	LERKS OFFICE	
S.	Contributions: Direct In-Kind (describe)		APR JANONE CIRCLE	N'S COURT
	Other Receipts: Interest Loan Miscellaneous (specify)	\		
TOTAL OF ALL PAGES OF SCHEDULE	THIS PAGE OF SCHEDULE A	\$ 119.91 \$ 237.03		
(Enter total on ITEM	1 15a of the Summary Sheet.)	051103		



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 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 NUMBER						
Page _	4	_ of	4	_		

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)
COOL A Office Max		Direct In-Kind Payment of Debt Returned Contribution Other Purpose Business Card S	\$17.12	8/7,12	4/1/24
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:	FI	I E D	
Code	·	Direct In-Kind Payment of Debt Returned Contribution Other Purpose:	APF	1 6 2024	OURT
Code		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:	<u>CLERK O</u> T	W K Jak	
	SUBTOTAL THIS PAG		\$ 17.12		
TOTAL OF ALL PA	AGES OF SCHEDULE B ON THE (Enter total on ITEM 17a of t	LAST PAGE ONLY he Summary Sheet.)	\$ 17.12		