



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)

Feb 9th

(CFA-1)

PLEASE TYPE OR PRINT LEGIBLY IN BLACK INK. SEE INSTRUCTIONS ON REVERSE SIDE.

										FILE NUMBER																																																							
1. IS THIS AN AMENDMENT? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, please enter the file number in this box. →										46-24-20																																																							
SECTION A. CANDIDATE INFORMATION: Fill in all applicable boxes as fully and accurately as possible.																																																																	
2. Last Name Kessler		First Name Brett		Middle Name H		Nickname		3. Type of Committee (Check one) <input checked="" type="checkbox"/> Candidate's Principal Committee <input type="checkbox"/> Exploratory Committee																																																									
4. Mailing Address (number and street, city, state, and ZIP code) 7189 W St. Rd 2						5. FAX (Optional)		6. E-mail Address (Optional) CHR/uestock@gmail.com																																																									
7. City LaPorte		State IN	ZIP Code 46350		8. County LaPorte		9. Telephone (Day) 574 323 3506		10. Telephone (Evening)																																																								
11. Party Affiliation <input type="checkbox"/> Democratic <input type="checkbox"/> Libertarian <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Other						12. Office Sought (Include district number, if any. Not required for an exploratory committee.) LaPorte County Council 2 nd Year																																																											
SECTION B. COMMITTEE INFORMATION: Fill in all applicable boxes as fully and accurately as possible.																																																																	
13. Full Name of Committee (Do not abbreviate.) <input type="checkbox"/> Check if this is a new name. Committee to Elect Brett Kessler																																																																	
14. Mailing Address (number and street, city, state, and ZIP code) <input type="checkbox"/> Check if this is a new address. 7189 W St. Rd 2						15. FAX (Optional)		16. E-mail Address (Optional)																																																									
17. City LaPorte		State IN	ZIP Code 46350		18. County LaPorte		19. Telephone 574 323 3506		20. Committee Organization Date (mm/dd/yy)																																																								
21. Chairperson's Full Name <input checked="" type="checkbox"/> Designate Candidate as Chairperson. <input type="checkbox"/> Check if this is a new chairperson. Brett Hattak Kessler																																																																	
22. Mailing Address (number and street, city, state, and ZIP code) <input type="checkbox"/> Check if this is a new address. 7189 W St. Rd 2						23. FAX (Optional)		24. E-mail Address (Optional)																																																									
25. City LaPorte		State IN	ZIP Code 46350		26. County LaPorte		27. Telephone (Day)		28. Telephone (Evening)																																																								
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.) 1st Source Bank																																																																	
30. Exploratory Committee (Give brief statement explaining purpose of an exploratory committee only.)						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.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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 Brett Kessler		Signature of the Committee Chairperson																																																									
33. Treasurer's Full Name <input checked="" type="checkbox"/> Designate candidate as treasurer. <input type="checkbox"/> Check if this is a new treasurer. Brett Hattak Kessler																																																																	
34. Mailing Address (number and street, city, state, and ZIP code) <input type="checkbox"/> Check if this is a new address. 7189 W St. Rd 2						35. FAX (Optional)		36. E-mail Address (Optional)																																																									
37. City LaPorte		State IN	ZIP Code 46350		38. County LaPorte		39. Telephone (Day)		40. Telephone (Evening)																																																								
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 Brett H Kessler			Signature of Chairperson				Date (mm/dd/yy) 2/16/24																																																										
43. Typed or Printed Name of Candidate Brett H. Kessler			Signature of Candidate				Date (mm/dd/yy) 2/16/24																																																										
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).																																																																	
<table border="1"> <thead> <tr> <th colspan="11">FOR OFFICE USE ONLY</th> </tr> </thead> <tbody> <tr> <td colspan="11">FILED</td> </tr> <tr> <td colspan="11">IN CLERKS OFFICE</td> </tr> <tr> <td colspan="11">FEB 16 2024</td> </tr> <tr> <td colspan="11">Heather Stevens CLERK OF LA PORTE CIRCUIT COURT</td> </tr> </tbody> </table>											FOR OFFICE USE ONLY											FILED											IN CLERKS OFFICE											FEB 16 2024											Heather Stevens CLERK OF LA PORTE CIRCUIT COURT										
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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
46-24-20
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. Brett Kessler	
2. Acronym or Abbreviated Name (if any)	3. Committee Telephone Number (574) 323-3506
4. Mailing Address (Address where all campaign finance correspondence is received.) <input type="checkbox"/> Check if this is a new address. 4189 W 31 st RD 2	
5. City, State, ZIP Code LaPorte, IN 46350	6. Party Affiliation (if applicable) Republican

CANDIDATE INFORMATION (For Candidate's Committees Only)

7. Full Name of Candidate (Include any nickname.) Brett H. Kessler	8. Party Affiliation or If Independent Candidate Republican
9. Office Sought (Include district number, if any. Not required for exploratory committee.) Council 2 LaPorte	10. County of Residence LaPorte

TYPE OF REPORT

CONVENTION CANDIDATES ONLY

11. Check one: <input checked="" type="checkbox"/> Pre-Primary <input 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: Jan 1, 2024 Through: April 12, 2024	COLUMN A This Period	COLUMN B 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.)		
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		

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	\$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.		
Signature of Treasurer <i>[Signature]</i>	Title	Date (mm/dd/yy) 4/19/24
Signature of Candidate (if applicable) <i>[Signature]</i>		Date (mm/dd/yy) 4/19/24

FILED IN CLERKS OFFICE
APR 19 2024 11:03am
<i>[Signature]</i> CLERK OF LA PORTE CIRCUIT COURT

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)