



CANDIDATE'S STATEMENT OF ORGANIZATION AND

1)

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)

FILED IN CLERKS OFFICE

FEB 28 2024

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

CLERK OF LA PORTE CIRCUIT COURT

FILE NUMBER

1. IS THIS AN AMENDMENT? Yes No If Yes, please enter the file number in this box. 46-24-26

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

2. Last Name: Merriweather, First Name: Camille, Middle Name: , Nickname: , 3. Type of Committee: Candidate's Principal Committee, 4. Mailing Address: 11011 West Earl Rd Michigan City IN. 46360, 5. FAX: (), 6. E-mail Address: CW8080@ICLOUD.COM, 7. City: MICHIGAN CITY, State: IN, ZIP Code: 46360, 8. County: LAPORTE, 9. Telephone: (219) 413-8836, 10. Telephone: (), 11. Party Affiliation: Democratic, 12. Office Sought: Laporte County Recorder

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

13. Full Name of Committee: Committee to Elect Camille Merriweather, 14. Mailing Address: 11011 W. Earl Rd, 15. FAX: (), 16. E-mail Address: cw8080@icloud.com, 17. City: Michigan City, State: IN, ZIP Code: 46360, 18. County: LAPORTE, 19. Telephone: (219) 413-8836, 20. Committee Organization Date: 2/15/24

21. Chairperson's Full Name: CAMILLE MERRIWEATHER, Designate Candidate as Chairperson.

22. Mailing Address: 11011 West EARL RD, 23. FAX: (), 24. E-mail Address: , 25. City: MICHIGAN CITY, State: IN, ZIP Code: 46360, 26. County: Laporte, 27. Telephone: (219) 809-2401, 28. Telephone: ()

29. Bank or Other Depositories: Navy Federal Credit Union

30. Exploratory Committee: , 31. Salaries and Reimbursements: 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: Keara Williams, Signature of the Committee Chairperson: Camille Merriweather

33. Treasurer's Full Name: Keara LaShaeen Williams, 34. Mailing Address: 413 E. Garfield St, 35. FAX: (), 36. E-mail Address: williamskeara@gmail.com, 37. City: Michigan City, State: IN, ZIP Code: 46360, 38. County: Laporte, 39. Telephone: (219) 514-6480, 40. Telephone: ()

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: Keara Williams

SECTION E. CERTIFICATION OF STATEMENT**FOR OFFICE USE ONLY**

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 <i>Camille Morriweather</i>	Signature of Chairperson <i>Camille Morriweather</i>	Date (mm/dd/yy) <i>2/20/24</i>
43. Typed or Printed Name of Candidate <i>Camille Morriweather</i>	Signature of Candidate <i>Camille Morriweather</i>	Date (mm/dd/yy) <i>2/20/24</i>

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).



REPORT OF RECEIPTS AND EXPENDITURES OF A POLITICAL COMMITTEE

State Form 460E (R 17 / 0 23)
Indiana Election Division (IC 3-9-5-14)

(CFA-4)
Summary Sheet

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this form. For instructions on completing this form see instructions on the reverse side.

FILE NUMBER	46-24-26
TOTAL PAGES IN ENTIRE CFA-4 REPORT	1

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
Committee to Elect Camille Merriweather

2 Acronym or Abbreviated Name (if any)

3 Committee Telephone Number
(219) 413-8836

4 Mailing Address (Address where all campaign finance correspondence is received) Check if this is a new address
1101 W. EARL RD.

5 Co. State ZIP Code
Michigan City IN 46360

6 Party Affiliation (if applicable)
DEMOCRAT

CANDIDATE INFORMATION (For Candidate's Committees Only)

7 Full Name of Candidate (Include any nickname)
Camille Merriweather

8 Party Affiliation or If Independent Candidate

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

10 County of Residence
LaPorte

TYPE OF REPORT

11 Check one:

Primary Pre-Election Annual Nomination Other

Pre-Election Committee Laws 14, 15 and 20 Ongoing Treasurer (Candidate's only) annual Statement of Organization

CONVENTION CANDIDATES ONLY

Check one

Pre-Convention Post-Convention

12 Reporting Period (mm/dd/yy)

From *1/1/24* Through *4/12/24*

	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.)

	COLUMN A This Period	COLUMN B Year to Date
15a Itemized (Use Schedule A)	0	0
15b Unitemized	0	0
15c Add lines 15a and 15b in both columns	0	0
SUBTOTAL	0	0
16 Add lines 13 and 15c in Column A and lines 14 and 15c in Column B	0	0
TOTAL	0	0

EXPENDITURES

(Note: These amounts include in-kind expenditures and loan repayments.)

	COLUMN A This Period	COLUMN B Year to Date
17a Itemized (Use Schedule E) (Public Question, use Schedule C)	0	0
17b Unitemized	0	0
17c Add lines 17a and 17b in both columns	0	0
SUBTOTAL	0	0
18 Cash on hand and investments at close of this reporting period (Subtract 17c from 16 in both columns)	0	0
TOTAL	0	0
19 Debts OWED BY the committee (Use Schedule D)	0	
20 Debts OWED TO the committee (Use Schedule E)	0	

CERTIFICATION

I CERTIFY THAT I HAVE EXAMINED THIS STATEMENT TO THE BEST OF MY KNOWLEDGE AND BELIEVE IT IS TRUE, CORRECT AND COMPLETE

Signature of Treasurer: *Tracy Weiss* Title _____ Date (mm/dd/yy) _____

Signature of Candidate (if applicable): *Camille Merriweather* Date (mm/dd/yy) *4/12/24*

FOR OFFICE USE ONLY

F I L E D

IN CLERKS OFFICE

APR 15 2024

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 makes 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).

Heaven Stevens
CLERK OF LA PORTE CIRCUIT COURT