

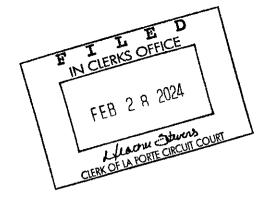


CANDIDATE'S STATEMENT OF ORGANIZATION AND DESIGNATION OF PRINCIPAL COMMITTEE OR EXPLORATORY COMMITTEE

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
			<u></u>	46-24-05
SECTION A . CANDIDATE	INFORMATION: Fill		es as fully and accura	
2. Last Name	First Name	Middle Name	Nickname	3. Type of Committee (Check one)
DAVIS	Judy	1 Vnn		Candidate's Principal Committee
		5. FAX (Opt	iono/) E E mai	Exploratory Committee Address (Optional)
4. Mailing Address (number and street, city,	'O'			
1404 Mar				davis 3d Qgmail.co
7. City P 2	State ZIP Code	8. County	9. Telephone (Day)	10. Telephone (Evening)
La PORTE	IN 46350	LaPorte	219, 252.4683	219, 252.4683
11. Party Affiliation	=	12. Office Sough	t (Include district number, if any.	Not required for an exploratory committee.)
Democratic Libertarian Reput				atoly as possible
SECTION B. COMMITTEE 13. Full Name of Committee (Do not abl	hreviate)	in all applicable box	es as runy and accura	itely as possible.
Ι Λ ΙΓ			DO FOR CO	onel
Committee		if this is a new address. 15. FA	•	
14. Mailing Address (number and street, city,	Arra,			all Address (Optional)
1404 Mart				lavis 3d @ gmail.com
17. pity D = 0 = 0	State ZIP Code	18. County	19. Telephone	20. Committee Organization Date
Latorte	IN 46350	LAPORTE	(219, 252. 4683	1101/06/2024
21. Chairperson's Full Name 🛮 🛣 Des	ignate Candidate as Chairperso	on.		·
Committee to E	lect Jady L	DAVIS DO FOR	Coronez	
22. Mailing Address (number and street, city,		if this is a new address. 23. FA		ail Address (Optional)
1404 MARTY	DR.	219	1465.7569 ILC	lavis 36@ amail.com
25, City	State ZIP Code	26. County	27. Telephone (Day)	28. Telephone (Evening)
La Porte	IN 46350	La PORTE	219 25 2.4683	219 252.4683
29. Bank or Other Depositories (List all		which the committee deposits fu	inds, holds accounts, rents safety	deposit boxes or maintains funds.)
Centier Bo	3nk			
30. Exploratory Committee (Give brief state	tement explaining purpose of an explor	ratory committee only.) 31. Salari		e committee pay the candidate a salary or
		reimburse	ment for lost wages? If Yes, attac	th a copy of the contract.)
SECTION C. APPOINTME	NT OF TREASURER	(IC 3-9-1-14)		
32. I, as Chairperson of the	e foregoing Person Appo	inted Treasurer	Signature of the Co	ynmittee Chairperson
committee, appoint the following	g person as	L Davis Di	a. Indu	Pavis D.D.
Treasurer of the Committee. 33. Treasurer's Full Name Design	nate candidate as treasurer.	Check if this is a new treasu		7-00,0
33. Treasurer's Full Name & Design	^		ici.	
Juay L. Dav	15 DO	if this is a pay address 25 E	NY (Ontional) 36 E-m	ail Address (Optional)
34. Mailing Address (number and street, city	7, state, and 21P code) Lineck	if this is a new address. 35. F		1 -1 - /
1404 Marty	DRIVE	(21)	1,465.7569 1La	40. Telephone (Evening)
37. City	State ZIP Code	La Porte	39. Telephone (Day) V	210 252 UIC 2
La PORTE	IN 463 50		(214 252.468)	219, 252.4683
SECTION D. ACCEPTANC	CE OF APPOINTMEN	T (IC 3-9-1-15)		
41. I give notice that I accept t			- 1 1 N Y	/\
Committee. I am not the chairs permitted for a candidate committed		ance committee (except	as Andy 2	Pars D.D.
	ION OF STATEMENT			FOR OFFICE USE ONLY
We certify as the candidate and			ittee and that we have	FILED
examined this statement. To the b			nd complete.	IN CLERKS OFFICE
42. Typed or Printed Name of Cha	irperson Signature of	Chairperson	Date (mm/dd/yy)	IN CELIALO STATE
Judy L. DAVIS	kndes	2 Naurs	01/06/24	
43. Typed or Printed Name of Can-			Date (mm/dd/yy)	JAN 1 2 2024
1 1 1 n.	110	<i>- - - -</i>		JAN 12 CUL4
Judy L. DAV	10 1000	7 Davis	01/06/24	
warming: State haw requires that any corresponds to the person who knowingly files a fraudition of the person of the pers	hange in this information be re	ported within ten (10) days o	f the change (IC 3-9-1-10). A	Lleann Stevens
Warning: State law requires that any comperson who knowingly files a fraudulent accurate report as required by the Indian subject to civil penalties (IC 3-9-4-16 IC 3	na Campaign Finance Law cor	mmits a Class B misdemeanor	VIIO TAIIS TO THE A complete or	CLERK OF LA PORTE CIRCUIT COUPT
subject to civil penalties (IC 3-9-4-16, IC 3	I-9-4-17, and IC 3-9-4-18).		, , and may be	CLEKK OF LA FORTE CIRCUIT SESS !
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REPORT OF RECEIPTS AND EXPENDITURES OF A POLITICAL COMMITTEE

State Form 4606 (R15 / 5-19) 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 essistence in completing this form, see instructions on the reverse side.

IS THIS AN AMENDMENT? Yes

Y	No

FILE NUMBER				
46-24-05				
TOTAL PAGES IN ENTIRE CFA-4 REPORT				
1				

IS THIS AN AMENUMENT? LI TES JA NO	L	<u></u>					
COMMITTEE INFORMATION							
1. Full Name of Committee (as on Statement of Organization) Check if this is a new no COMMINED AD ELCT JUNGY DAVIS	<u>LUD</u>	four C	9 BTDNEN				
2. Acronym or Abbreviated Name (if any)	3. Committ	mittee Telephone Number)					
4. Mailing Address (Address where all campaign finance correspondence is received.) □ Check If this is a new address.							
5. City, State, ZIR Code	6. Party Af	Affiliation (if applicable)					
CANDIDATE INFORMATION (For Candidate's Committees Only)							
7. Full Name of Candidate (Include any nickname.)	8. Party Aft	Affiliation or if Independent Candidate Pepublican					
9. Office Sought (Include district number, if any. Not required for exploratory committee .)	10. County	nty of Residence					
TYPE OF REPORT			ON CANDIDATES ONLY				
11. Check one: Pre-Primary Pre-Election Annual Nomination Cither	om not of Omnois	Check one: Pre-Convention Post-Convention					
Final / Disbands Committee (Lines 18, 19, and 20 must be "0".) Usingoing Treasurer (Within ten (10) days amend Statement of Organization.)							
12. Reporting Period (mm/dd/yy): From: 01/01/2024 Through: 01/23 2024		COLUMN A This Period	Year to Date				
13. Cash on hand and investments at the beginning of this reporting period.		U	0				
14. Cash on hand and investments January 1, current year.							
CONTRIBUTIONS AND RECEIPTS							
(Note: these amounts include in-kind contributions and loans, as well as cash contributions.)		0	0				
15a. Itemized (Use Schedule A.)		D	0				
15b. Unitemized	TOTAL	0	0				
15c. Add lines 15a and 15b in both columns.	TOTAL	D	0				
16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B. EXPENDITURES			,				
(Note: These amounts include in-kind expenditures and loan repayments.)							
17a. Itemized (Usa Schedule B.) (Public Question: use Schedule C.)			<u> </u>				
17b. Unitemized		0	1 0				
17c. Add lines 17a and 17b in both columns.	TOTAL	0	0				
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.)		<u> </u>					
20. Debts OWED TO the committee (Use Schedule E.)		0					
LV. Delia Critical Co			FOR OFFICE LIGE ONLY				

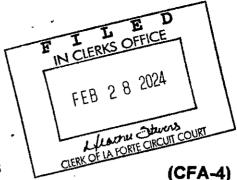
CERTIFICATION

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

OZ / 23 / 24

FOR OFFICE USE ONLY





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.

Summary Sheet

TOTAL PAGES IN ENTIRE CFA-4 REPORT IS THIS AN AMENDMENT? Yes COMMITTEE INFORMATION 1. Full Name of Committee (as on Statement of Organization) Check (f this is a new name 2. Acronym or Abbreviated Name (if any) 4. Mailing Address (Address where all campaign finance correspondence is received.) Check if this is a new address. 1404 5. City, State, ZIR Code 6. Party Affiliation (if applicable) ORTE CANDIDATE INFORMATION (For Candidate's Committees Only) 7. Full Name of Candidate (Include any nickname.) 8. Party Affiliation or If Independent Candidate eaublica M 9. Office Sought (Include district number, if any. Not required for exploratory committee.) 10. County of Residence Drane (TYPE OF REPORT CONVENTION CANDIDATES ONLY 11. Check one: Check one: -Primary Pre-Election Annual Nomination Other Pre-Convention XFInal / Disbands Committee (Lines 18, 19, and 20 must be '0'.) 🔲 Outgoing Treasurer (Within tan (10) days emend Statement of Organization.) Post-Convention 12. Reporting Period (mm/dd/yy): COLUMN A COLUMN B Through: 02 This Period Year to Date 13. Cash on hand and investments at the beginning of this reporting period. O 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.) 0 0 15b. Uniternized D 15c. Add lines 15a and 15b in both columns. SUBTOTAL 0 دے 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.) Ô 17b. Unitemized 17c. Add lines 17a and 17b in both columns. SUBTOTAL O 18. Cash on hand and investments at close of this reporting period (Subtract 17c from 16 in both columns.) D 19. Debts OWED BY the committee (Use Schedule D.) 20. Debts OWED TO the committee (Use Schedule E.)

CERTIFICATION

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

Signature of Treasures Title Treasures Date (mm/dd/y/)

Date (mm/dd/y/)

D2 123/24

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