



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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, please enter the file number in this box. →										46-24-05	
SECTION A. CANDIDATE INFORMATION: Fill in all applicable boxes as fully and accurately as possible.											
2. Last Name DAVIS		First Name Judy		Middle Name Lynn		Nickname		3. Type of Committee (Check one) <input type="checkbox"/> Candidate's Principal Committee <input type="checkbox"/> Exploratory Committee			
4. Mailing Address (number and street, city, state, and ZIP code) 1404 Marty Drive						5. FAX (Optional) 219, 465-7569		6. E-mail Address (Optional) jdavis3d@gmail.com			
7. City La Porte		State IN	ZIP Code 46350		8. County La Porte		9. Telephone (Day) 219, 252-4683		10. Telephone (Evening) 219, 252-4683		
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.) Coroner					
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 Judy L Davis DO for Coroner											
14. Mailing Address (number and street, city, state, and ZIP code) <input type="checkbox"/> Check if this is a new address.						15. FAX (Optional) 219, 465-7569		16. E-mail Address (Optional) jdavis3d@gmail.com			
17. City La Porte		State IN	ZIP Code 46350		18. County La Porte		19. Telephone 219, 252-4683		20. Committee Organization Date (mm/dd/yy) 01/06/2024		
21. Chairperson's Full Name <input checked="" type="checkbox"/> Designate Candidate as Chairperson. <input type="checkbox"/> Check if this is a new chairperson. Committee to Elect Judy L Davis DO for Coroner											
22. Mailing Address (number and street, city, state, and ZIP code) <input type="checkbox"/> Check if this is a new address.						23. FAX (Optional) 219, 465-7569		24. E-mail Address (Optional) jdavis3d@gmail.com			
25. City La Porte		State IN	ZIP Code 46350		26. County La Porte		27. Telephone (Day) 219 252-4683		28. Telephone (Evening) 219 252-4683		
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.) Center 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 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 Judy L Davis D.O.		Signature of the Committee Chairperson Judy L Davis D.O.			
33. Treasurer's Full Name <input checked="" type="checkbox"/> Designate candidate as treasurer. <input type="checkbox"/> Check if this is a new treasurer. Judy L. Davis DO											
34. Mailing Address (number and street, city, state, and ZIP code) <input type="checkbox"/> Check if this is a new address.						35. FAX (Optional) 219, 465-7569		36. E-mail Address (Optional) jdavis3d@gmail.com			
37. City La Porte		State IN	ZIP Code 46350		38. County La Porte		39. Telephone (Day) 219 252-4683		40. Telephone (Evening) 219, 252-4683		
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 Judy L Davis D.O.					
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 Judy L. DAVIS			Signature of Chairperson Judy L Davis			Date (mm/dd/yy) 01/06/24			FOR OFFICE USE ONLY F I L E D IN CLERKS OFFICE <div style="border: 1px solid black; padding: 10px; margin: 10px auto; width: 80%;"> JAN 12 2024 </div> <i>L. Leanne Stevens</i> CLERK OF LA PORTE CIRCUIT COURT		
43. Typed or Printed Name of Candidate Judy L. DAVIS			Signature of Candidate Judy L Davis			Date (mm/dd/yy) 01/06/24					
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).											

F I L E D
 IN CLERKS OFFICE
 FEB 28 2024
Maureen Stevens
 CLERK OF LA PORTE CIRCUIT COURT



**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**

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

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) Check if this is a new name.
 Committee to Elect JUDY L DAVIS DO for Coroner

2. Acronym or Abbreviated Name (if any) _____ 3. Committee Telephone Number () _____

4. Mailing Address (Address where all campaign finance correspondence is received.) Check if this is a new address.
 1404 MARTY DR

5. City, State, ZIP Code _____ 6. Party Affiliation (if applicable)
 LA PORTE IN 46350

CANDIDATE INFORMATION (For Candidate's Committees Only)

7. Full Name of Candidate (Include any nickname.) _____ 8. Party Affiliation or Independent Candidate
 JUDY L DAVIS DO Republican

9. Office Sought (Include district number, if any. Not required for exploratory committee.) _____ 10. County of Residence
 Coroner La Porte

TYPE OF REPORT **CONVENTION CANDIDATES ONLY**

11. Check one:
 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 Statement of Organization.)

Check one:
 Pre-Convention
 Post-Convention

12. Reporting Period (mm/dd/yy):	COLUMN A	COLUMN B
From: 01/01/2024 Through: 02/23/2024	This Period	Year to Date
13. Cash on hand and investments at the beginning of this reporting period.	0	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.)	0	0
15b. Unitemized	0	0
15c. Add lines 15a and 15b in both columns. SUBTOTAL	0	0
16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B. TOTAL	0	0

EXPENDITURES

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

17a. Itemized (Use Schedule B.) (Public Question: use Schedule C.)	0	0
17b. Unitemized	0	0
17c. Add lines 17a and 17b in both columns. SUBTOTAL	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.)	0	
20. Debts OWED TO the committee (Use Schedule E.)	0	

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: P. Daino DO Title: Treasurer Date (mm/dd/yy): 02/23/24

FILED
IN CLERKS OFFICE
FEB 28 2024
Heather Stevens
CLERK OF LA PORTE CIRCUIT COURT



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OF A POLITICAL COMMITTEE**

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Committee to Elect Judy L Davis DO for Coroner

2. Acronym or Abbreviated Name (if any)

3. Committee Telephone Number
()

4. Mailing Address (Address where all campaign finance correspondence is received.) Check if this is a new address.
1404 MARTY DR

5. City, State, ZIP Code
LA PORTE, IN 46350

6. Party Affiliation (if applicable)

CANDIDATE INFORMATION (For Candidate's Committees Only)

7. Full Name of Candidate (Include any nickname.)
JUDY L DAVIS DO

8. Party Affiliation or If Independent Candidate
Republican

9. Office Sought (Include district number, if any. Not required for exploratory committee.)
Coroner

10. County of Residence
La Porte

TYPE OF REPORT

CONVENTION CANDIDATES ONLY

11. Check one:
 Primary Pre-Election Annual Nomination Other
 Final / Disbands Committee (Lines 18, 19, and 20 must be '0') Outgoing Treasurer (Within ten (10) days amend Statement of Organization.)

Check one:
 Pre-Convention
 Post-Convention

12. Reporting Period (mm/dd/yy):
 From: **01/01/2024** Through: **02/23/2024**

	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.)	0	0
15b. Unitemized	0	0
15c. Add lines 15a and 15b in both columns. SUBTOTAL	0	0
16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B. TOTAL	0	0

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

17a. Itemized (Use Schedule B.) (Public Question: use Schedule C.)	0	0
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17c. Add lines 17a and 17b in both columns. SUBTOTAL	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.)	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 BELIEF IT IS TRUE, CORRECT AND COMPLETE.

Signature of Treasurer: **Judy L Davis DO** Title: **Treasurer** Date (mm/dd/yy): **02/23/24**

FOR OFFICE USE ONLY