



**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**

46-25-63

**1. IS THIS AN AMENDMENT?  Yes  No If Yes, please enter the file number in this box. →**

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

2. Last Name Banic	First Name Brent	Middle Name Martin	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) 2924 Tilden Ave Michigan City, IN 46360			5. FAX (Optional) ( )	6. E-mail Address (Optional) dontpanicvotebanic@gmail.com	
7. City Michigan City	State IN	ZIP Code 46360	8. County LaPorte	9. Telephone (Day) (219) 380-6326	10. Telephone (Evening) ( )

11. Party Affiliation  
 Democratic  Libertarian  Republican  Other

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

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

13. Full Name of Committee (Do not abbreviate.)  Check if this is a new name.

Citizens to Elect Brent Banic

14. Mailing Address (number and street, city, state, and ZIP code) 2924 Tilden Ave Michigan City, IN 46360			<input type="checkbox"/> Check if this is a new address.	15. FAX (Optional) ( )	16. E-mail Address (Optional) dontpanicvotebanic@gmail.com
17. City Michigan City	State IN	ZIP Code 46360	18. County LaPorte	19. Telephone (219) 380-6326	20. Committee Organization Date (mm/dd/yy) 6/27/2025
21. Chairperson's Full Name <input type="checkbox"/> Designate Candidate as Chairperson. <input type="checkbox"/> Check if this is a new chairperson. Brent Martin Banic					
22. Mailing Address (number and street, city, state, and ZIP code) 2924 Tilden Ave Michigan City, IN			<input type="checkbox"/> Check if this is a new address.	23. FAX (Optional) ( )	24. E-mail Address (Optional) dontpanicvotebanic@gmail.com
25. City Michigan City	State IN	ZIP Code 46360	26. County LaPorte	27. Telephone (Day) (219) 380-6326	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.)  
First Trust Credit Union

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.)  Yes  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 Megan Boo	Signature of the Committee Chairperson <i>Brent Banic</i>			
33. Treasurer's Full Name <input type="checkbox"/> Designate candidate as treasurer. <input type="checkbox"/> Check if this is a new treasurer. Megan Elizabeth Boo					
34. Mailing Address (number and street, city, state, and ZIP code) 507 Decatur St Michigan City, IN 46360			<input type="checkbox"/> Check if this is a new address.	35. FAX (Optional) ( )	36. E-mail Address (Optional)
37. City Michigan City	State IN	ZIP Code 46360	38. County LaPorte	39. Telephone (Day) (219) 380-6326	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  
*Megan Boo*

**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 Brent Banic	Signature of Chairperson <i>Brent Banic</i>	Date (mm/dd/yy) 06/27/25
43. Typed or Printed Name of Candidate Brent Banic	Signature of Candidate <i>Brent Banic</i>	Date (mm/dd/yy) 06/27/25

FOR OFFICE USE ONLY



**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 4606 (R18 / 6-25)  
Indiana Election Division (IC 3-9-5-14)

(CFA-4)

## Summary Sheet

### FILE NUMBER

416-25-63

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)  Check if this is a new name.

Citizens to Elect Brent Banic

2. Acronym or Abbreviated Name (if any)

3. Committee Telephone Number

(219) 380 - 6326

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

2924 Tilden Ave

5. City, 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.)

Brent Banic

8. Party Affiliation or If Independent Candidate

Democrat

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

Michigan Township Assessor

10. County of Residence

LaPorte

### 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):

From: 1/1/25

Through: 12/31/25

COLUMN A  
This Period

COLUMN B  
Year to Date

13. Cash on hand and investments at the beginning of this reporting period.

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.)

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.)

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.

If a Treasurer of a PAC: I have not knowingly or willfully received, solicited, or accepted, either directly or indirectly, contributions or expenditures from a foreign national that exceeds \$50,000 within the four (4) years immediately preceding the date of the contribution.  (please check box)

Signature of Treasurer

Megan Boo

Title

Treasurer

Date (mm/dd/yy)

1-16-26

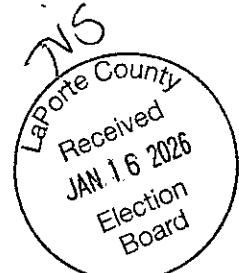
Signature of Candidate (if applicable)

Bt R

Date (mm/dd/yy)

1-16-26

### FOR OFFICE USE ONLY



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 3-9-4-14) and may be subject to civil penalties. (IC 3-9-4-16, IC 3-9-4-17, IC 3-9-4-18)