



**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)

Feb 9th

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

FILE NUMBER

1. IS THIS AN AMENDMENT? Yes 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) CHR1vestock@gmail.com

7. City LaPorte	State IN	ZIP Code 46350	8. County LaPorte	9. Telephone (Day) 5743233506	10. Telephone (Evening) ()
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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 of Large
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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.

Committee to Elect Brett Kessler

14. Mailing Address (number and street, city, state, and ZIP code) 4189 W St. Rd 2	<input type="checkbox"/> Check if this is a new address.	15. FAX (Optional) ()	16. E-mail Address (Optional)		
17. City LaPorte	State IN	ZIP Code 46350	18. County LaPorte	19. Telephone 5743233506	20. Committee Organization Date (mm/dd/yy)

21. Chairperson's Full Name Brett Marshall Kessler	<input type="checkbox"/> Designate Candidate as Chairperson.	<input type="checkbox"/> Check if this is a new chairperson.
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22. Mailing Address (number and street, city, state, and ZIP code) 4189 W St. Rd 2	<input type="checkbox"/> Check if this is a new address.	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
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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. Brett Kessler	Person Appointed Treasurer	Signature of the Committee Chairperson Brett Kessler
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33. Treasurer's Full Name Brett Marshall Kessler	<input type="checkbox"/> Designate candidate as treasurer.	<input type="checkbox"/> Check if this is a new treasurer.
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34. Mailing Address (number and street, city, state, and ZIP code) 4189 W St. Rd 2	<input type="checkbox"/> Check if this is a new address.	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 Brett Kessler
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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 Kessler	Signature of Chairperson Brett Kessler	Date (mm/dd/yy) 3/16/24
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43. Typed or Printed Name of Candidate Brett H. Kessler	Signature of Candidate Brett H. Kessler	Date (mm/dd/yy) 2/16/24
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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).

FOR OFFICE USE ONLY
FILED
IN CLERKS OFFICE

FEB 16 2024

Leanne Stevens
CLERK OF LA PORTE CIRCUIT COURT



REPORT OF RECEIPTS AND EXPENDITURES OF A POLITICAL COMMITTEE

State Form 4606 (R17 / 8-23)

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.

IS THIS AN AMENDMENT? Yes No

(CFA-4) Summary Sheet

FILE NUMBER

46-24-20

TOTAL PAGES IN ENTIRE CFA-4 REPORT

COMMITTEE INFORMATION			
1. Full Name of Committee (as on Statement of Organization) <i>Brett Kessler</i>	<input type="checkbox"/> Check if this is a new name.		
2. Acronym or Abbreviated Name (if any)	3. Committee Telephone Number <i>(574) 323-3506</i>		
4. Mailing Address (Address where all campaign finance correspondence is received.) <i>4189 W 34, RD 2</i>	<input type="checkbox"/> Check if this is a new address.		
5. City, State, ZIP Code <i>Lafayette, IN 46350</i>	6. Party Affiliation (if applicable) <i>Republican</i>		
CANDIDATE INFORMATION (For Candidate's Committees Only)			
7. Full Name of Candidate (Include any nickname). <i>Brett A. Kessler</i>	8. Party Affiliation or If Independent Candidate <i>Republican</i>		
9. Office Sought (Include district number, if any. Not required for exploratory committee.) <i>Councilor Lawer</i>	10. County of Residence <i>Lafayette</i>		
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		
12. Reporting Period (mm/dd/yy): From: <i>Jan 1, 2024</i> Through: <i>April 12, 2024</i>	COLUMN A This Period <i>\$0</i>	COLUMN B Year to Date <i>\$0</i>	
13. Cash on hand and investments at the beginning of this reporting period.	<i>\$0</i>		
14. Cash on hand and investments January 1, current year.	<i>\$0</i>		
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		<i>\$0</i>
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 Treasurer
John Kessler

Title

Date (mm/dd/yy)
*4/19/24*FILED
IN CLERKS OFFICESignature of Candidate (if applicable)
*Brett Kessler*Date (mm/dd/yy)
*4/19/24*APR 19 2024
11:03am *HS*

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)

Laurie 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)

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

(CFA-4)

Summary Sheet

FILE NUMBER

46-24-20

TOTAL PAGES IN ENTIRE CFA-4 REPORT

COMMITTEE INFORMATION		
1. Full Name of Committee (as on Statement of Organization) <i>Committee to Elect Brett Kessler</i>		<input type="checkbox"/> Check if this is a new name.
2. Acronym or Abbreviated Name (if any)		3. Committee Telephone Number <i>(574) 323 3506</i>
4. Mailing Address (Address where all campaign finance correspondence is received.) <i>4189 W 37 RD 2</i>		<input type="checkbox"/> Check if this is a new address.
5. City, State, ZIP Code <i>LaPorte, IN 46350</i>		6. Party Affiliation (if applicable) <i>Republican</i>
CANDIDATE INFORMATION (For Candidate's Committees Only)		
7. Full Name of Candidate (Include any nickname.) <i>Brett H. Kessler</i>		8. Party Affiliation or If Independent Candidate <i>Republican</i>
9. Office Sought (Include district number, if any. Not required for exploratory committee.) <i>Council of LaPorte</i>		10. County of Residence <i>LaPorte</i>
TYPE OF REPORT		CONVENTION CANDIDATES ONLY
11. Check one: <input type="checkbox"/> Pre-Primary <input checked="" 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
12. Reporting Period (mm/dd/yy): From: <i>4/1/19/24</i> Through: <i>10/1/8/24</i>		COLUMN A This Period
13. Cash on hand and investments at the beginning of this reporting period.		<i>-0-</i>
14. Cash on hand and investments January 1, current year.		<i>-0-</i>
CONTRIBUTIONS AND RECEIPTS		
(Note: these amounts include in-kind contributions and loans, as well as cash contributions.)		
15a. Itemized (Use Schedule A.)		<i>1000 - 1000 -</i>
15b. Unitemized		<i>1043.23 1043.23</i>
15c. Add lines 15a and 15b in both columns.		SUBTOTAL <i>2043.23 2043.23</i>
16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B.		TOTAL <i>2043.23 2043.23</i>
EXPENDITURES		
(Note: These amounts include in-kind expenditures and loan repayments.)		
17a. Itemized (Use Schedule B.) (Public Question: use Schedule C.)		<i>1543.23 1543.23</i>
17b. Unitemized		<i>1543.23 1543.23</i>
17c. Add lines 17a and 17b in both columns.		SUBTOTAL <i>1543.23 1543.23</i>
18. Cash on hand and investments at close of this reporting period (Subtract 17c from 16 in both columns.)		TOTAL <i>500.00 500.00</i>
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 Treasurer
Brett Kessler

Title
Treasurer

Date (mm/dd/yy)
10/1/8/24

Signature of Candidate (if applicable)
Brett Kessler

Date (mm/dd/yy)
10/1/8/24

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)

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)

**(CFA-4 SCHEDULE B)
ITEMIZED EXPENDITURES**

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document expenditures totaled on ITEM 17a of the Summary Sheet. All cumulative expenses paid to individuals, businesses, labor organizations and other entities **OVER \$100** per recipient, within a calendar year **MUST** be itemized on this schedule (*over \$200, if regular party committee*). All cumulative expenses, including in-kind, regardless of amount paid to political committees, (such as transfers-out from candidate, legislative caucus, political action, or regular party committees) **MUST** be itemized on this schedule.

FILE NUMBER

Page _____ of _____

RECIPIENT'S NAME AND MAILING ADDRESS (street, number, city, state, ZIP code)	RECIPIENT'S OCCUPATION	TYPE OF EXPENDITURE and PURPOSE (be specific)	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE OF EXPENDITURE (mm/dd/yy)
	OFFICE SOUGHT (if applicable)				
Code <u>Reprographic Arts</u> 2824 E Michigan Blvd Trail Creek, IN 46360		<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: _____	533.93	533.93	9/24/24
Code <u>Reprographic Arts</u> 2824 E Michigan Blvd Trail Creek, IN 46360		<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: _____	641.30	641.30	10/4/24
Code <u>Krisy Kreations</u> 5912 E 1000 N LaPorte, IN 46350		<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: _____	368	368	10/8/24
Code _____		<input type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: _____			
Code _____		<input type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: _____			
Code _____		<input type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: _____			
Code _____		<input type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: _____			
SUBTOTAL THIS PAGE OF SCHEDULE B			\$1543.23		
TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY (Enter total on ITEM 17a of the Summary Sheet.)			\$1543.23		





**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 SCHEDULE A-1)
CONTRIBUTIONS BY INDIVIDUALS
Itemized Contributions and Other Receipts**

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY INDIVIDUALS ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from individuals OVER \$100 per contributor, within a calendar year **MUST** be itemized on this schedule (over \$200, if regular party committee). All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, **MUST** be itemized on this schedule (over \$200 if regular party committee). A contributor's occupation is required if an individual makes at least \$1,000 in contributions during the calendar year. Otherwise, this is optional.

FILE NUMBER
Page _____ of _____

CONTRIBUTOR'S FULL NAME AND OCCUPATION FULL MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED (mm/dd/yy)
				RECEIVED BY
1. <i>Tim Stabos S. Michigan St. LaPorte, IN 46350</i>	<p>Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify) </p>	<i>500⁰⁰</i>	<i>500⁰⁰</i>	<i>8/24/24</i> <i>BNK</i>
2. <i>LaPorte Club</i>	<p>Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify) </p>	<i>500⁰⁰</i>	<i>500⁰⁰</i>	<i>9/21/24</i> <i>BNK</i>
3. <i></i>	<p>Contributions: <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify) </p>			
4. <i></i>	<p>Contributions: <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify) </p>			
5. <i></i>	<p>Contributions: <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify) </p>			 <i>LaPorte County Received OCT 18 2024 Election Board</i>
SUBTOTAL THIS PAGE OF SCHEDULE A		\$ <i>500⁰⁰</i>		
TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY (Enter total on ITEM 15a of the Summary Sheet.)		\$ <i>500⁰⁰</i>		



**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 SCHEDULE A-2)
CONTRIBUTIONS BY CORPORATIONS
Itemized Contributions and Other Receipts**

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY CORPORATIONS ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from corporations OVER \$100 per contributor, within a calendar year **MUST** be itemized on this schedule (over \$200, if regular party committee). All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, **MUST** be itemized on this schedule (over \$200 if regular party committee).

FILE NUMBER

Page _____ of _____

CONTRIBUTOR'S FULL NAME AND FULL MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED (mm/dd/yy)
				RECEIVED BY
1. 463GOPClub	<p>Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) _____</p> <p>Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify) _____</p>	500 ⁰⁰	500 ⁰⁰	9/21/29 BfL
2.	<p>Contributions: <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) _____</p> <p>Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify) _____</p>			
3.	<p>Contributions: <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) _____</p> <p>Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify) _____</p>			
4.	<p>Contributions: <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) _____</p> <p>Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify) _____</p>			
5.	<p>Contributions: <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) _____</p> <p>Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify) _____</p>			 Laporte County Received OCT 18 2024 Election Board RJS
SUBTOTAL THIS PAGE OF SCHEDULE A		\$ 500 ⁰⁰		
TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY (Enter total on ITEM 15a of the Summary Sheet.)		\$ 500 ⁰⁰		



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.

IS THIS AN AMENDMENT? Yes No

(CFA-4)

Summary Sheet

FILE NUMBER

46-24-70

TOTAL PAGES IN ENTIRE CFA-4 REPORT

COMMITTEE INFORMATION		
1. Full Name of Committee (as on Statement of Organization) <i>Committee to Elect Brett Kessler</i>		<input type="checkbox"/> Check if this is a new name.
2. Acronym or Abbreviated Name (if any)		3. Committee Telephone Number <i>(574) 323-3806</i>
4. Mailing Address (Address where all campaign finance correspondence is received.) <i>4189 W St. Rd 2</i>		<input type="checkbox"/> Check if this is a new address.
5. City, State, ZIP Code <i>LaPorte, IN 46350</i>		6. Party Affiliation (if applicable) <i>Republican</i>
CANDIDATE INFORMATION (For Candidate's Committees Only)		
7. Full Name of Candidate (Include any nickname.) <i>Brett H. Kessler</i>		8. Party Affiliation or If Independent Candidate <i>Republican</i>
9. Office Sought (Include district number, if any. Not required for exploratory committee.) <i>Co. Council 2nd</i>		10. County of Residence <i>LaPorte</i>
TYPE OF REPORT		CONVENTION CANDIDATES ONLY
11. Check one: <input 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.)		<input type="checkbox"/> Check one: <input type="checkbox"/> Pre-Convention <input type="checkbox"/> Post-Convention
12. Reporting Period (mm/dd/yy): From: <i>10/18/24</i> Through: <i>11/12/25</i>		COLUMN A This Period
13. Cash on hand and investments at the beginning of this reporting period.		<i>500</i>
14. Cash on hand and investments January 1, current year.		<i>500</i>
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 <i>592.00</i>
16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B.		TOTAL <i>1092.00</i>
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 <i>-0-</i>
18. Cash on hand and investments at close of this reporting period (Subtract 17c from 16 in both columns.)		TOTAL <i>1092.00</i>
19. Debts OWED BY the committee (Use Schedule D.)		<i>-0-</i>
20. Debts OWED TO the committee (Use Schedule E.)		<i>-0-</i>

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

Brett H. Kessler

Title

Treasurer

Date (mm/dd/yy)

11/12/25

Signature of Candidate (if applicable)

Brett H. Kessler

Date (mm/dd/yy)

11/12/25

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)

FOR OFFICE USE ONLY

