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 (CFA-)
IN CLERKS OFFICE
FEB 28 2024
CLERK OF LA PORTE CIRCUIT COURT

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.* ☐ 46-24-26

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

2. Last Name	First Name	Middle Name	Nickname	3. Type of Committee *(Check one)*
Merriweather	Camille			☒ Candidate's Principal Committee ☐ Exploratory Committee

4. Mailing Address *(number and street, city, state, and ZIP code)*	5. FAX *(Optional)*	6. E-mail Address *(Optional)*
11011 West Earl Rd Michigan City IN. 46360	( )	CW8080@ICLOUD.COM

7. City	State	ZIP Code	8. County	9. Telephone *(Day)*	10. Telephone *(Evening)*
MICHIGAN CITY	IN	46360	LAPORTE	(219) 413-8836	( )

11. Party Affiliation	12. Office Sought *(Include district number, if any. Not required for an exploratory committee.)*
☒ Democratic ☐ Libertarian ☐ Republican ☐ Other _____	Laporte County Recorder

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 Camille Merriweather

14. Mailing Address *(number and street, city, state, and ZIP code)* ☐ Check if this is a new address.	15. FAX *(Optional)*	16. E-mail Address *(Optional)*
11011 W. Earl Rd.	( )	cw8080@icloud.com

17. City	State	ZIP Code	18. County	19. Telephone	20. Committee Organization Date *(mm/dd/yy)*
Michigan City	IN	46360	LAPORTE	(219) 413-8836	2/15/24

21. Chairperson's Full Name ☒ Designate Candidate as Chairperson. ☐ Check if this is a new chairperson.
CAMILLE MERRIWEATHER

22. Mailing Address *(number and street, city, state, and ZIP code)* ☐ Check if this is a new address.	23. FAX *(Optional)*	24. E-mail Address *(Optional)*
11011 West EARL RD	( )	

25. City	State	ZIP Code	26. County	27. Telephone *(Day)*	28. Telephone *(Evening)*
MICHIGAN CITY	IN	46360	Laporte	(219) 809-2401	( )

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.)*
Navy Federal 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	Signature of the Committee Chairperson
	Kiara Williams	Camille Mer

33. Treasurer's Full Name ☐ Designate candidate as treasurer. ☐ Check if this is a new treasurer.
Kiara LaShaun Williams

34. Mailing Address *(number and street, city, state, and ZIP code)* ☐ Check if this is a new address.	35. FAX *(Optional)*	36. E-mail Address *(Optional)*
413 E. Garfield St	( )	williamskiara@ymail.com

37. City	State	ZIP Code	38. County	39. Telephone *(Day)*	40. Telephone *(Evening)*
Michigan City	IN	46360	Laporte	(219) 514-6480	( )

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
	Kiara Wlli

REPORT OF RECEIPTS AND EXPENDITURES OF A POLITICAL COMMITTEE

(CFA-4)
Summary Sheet

FILE NUMBER 46-24-26

TOTAL PAGES IN ENTIRE CFA-4 REPORT 1

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

IS THIS AN AMENDMENT? ☐ Yes ☒ No

COMMITTEE INFORMATION

1. 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. 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): 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
☐ ... ☐ Ongoing ...

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.)		
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

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: [signature] Title: Date (mm/dd/yy):

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

WARNING: Any information ... (IC 3-9-4-3) A person who knowingly ... (IC 3-14-1-13) ... (IC 3-9-4-16, IC 3-9-4-17, IC 3-9-4-18)

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FILED
IN CLERKS OFFICE
APR 15 2024
[signature]
CLERK OF LA PORTE CIRCUIT COURT

REPORT OF RECEIPTS AND EXPENDITURES OF A POLITICAL COMMITTEE

State Form 4606 (R15 / 5-18)
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 assistance in completing this form, see instructions on the reverse side.

FILE NUMBER

TOTAL PAGES IN ENTIRE CFA-4 REPORT

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. Michigan City IN. 46360

5. City, State, ZIP Code
Michigan City IN. 46360

6. Party Affiliation (if applicable)
Democratic

CANDIDATE INFORMATION (For Candidate's Committees Only)

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

8. Party Affiliation or If Independent Candidate
Democrat

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
☐ Pre-Primary ☐ Pre-Election ☐ Annual ☐ Nomination ☐ Other _____
☒ Final / Disbands Committee (Lines 16, 19, and 20 must be "0") ☐ Outgoing Treasurer (Within ten (10) days amend Statement of Organization)

CONVENTION CANDIDATES ONLY
Check one:
☐ Pre-Convention
☐ Post-Convention

12. Reporting Period (mm/dd/yy):
From 10/1/24 Through: 12/31/24

	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.)		
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

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: Dara Williams | Title: Treasurer | Date (mm/dd/yy): 4/14/25

Signature of Candidate (if applicable): Camille | Date (mm/dd/yy): 4/14/25

WARNING: Any information contained in this report may not be copied for sale or used for any commercial purpose. (IC 3-9-4-9) 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 3-9-4-1E, IC 3-9-4-17, IC 3-9-4-18)

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LaPorte County Received APR 11 2025 Election Board