



**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 <i>If Yes, please enter the file number in this box. →</i> 40-25-11					
SECTION A. CANDIDATE INFORMATION: Fill in all applicable boxes as fully and accurately as possible.					
2. Last Name Nelson		First Name Joseph		Middle Name Stewart	
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) 611 Donnelly St			5. FAX (Optional) ()		6. E-mail Address (Optional) ()
7. City Michigan City	State IN	ZIP Code 46360	8. County Laporte	9. Telephone (Day) (219) 8510051	10. Telephone (Evening) ()
11. Party Affiliation <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Libertarian <input type="checkbox"/> Republican <input type="checkbox"/> Other			12. Office Sought (Include district number, if any. Not required for an exploratory committee.) Common Council 3rd Ward Michigan City		
SECTION B. COMMITTEE INFORMATION: Fill in all applicable boxes as fully and accurately as possible.					
13. Full Name of Committee (Do not abbreviate.) <input checked="" type="checkbox"/> Check if this is a new name. Committee to elect Joseph Nelson					
14. Mailing Address (number and street, city, state, and ZIP code) <input type="checkbox"/> Check if this is a new address.			15. FAX (Optional) ()		16. E-mail Address (Optional) ()
611 Donnelly St					
17. City Michigan City	State IN	ZIP Code 46360	18. County Laporte	19. Telephone (219) 8510051	20. Committee Organization Date (mm/dd/yy) 07/11/2025
21. Chairperson's Full Name <input checked="" type="checkbox"/> Designate Candidate as Chairperson. <input type="checkbox"/> Check if this is a new chairperson. Joseph Nelson					
22. Mailing Address (number and street, city, state, and ZIP code) <input type="checkbox"/> Check if this is a new address.			23. FAX (Optional) ()		24. E-mail Address (Optional) ()
611 Donnelly St					
25. City Michigan City	State IN	ZIP Code 46360	26. County Laporte	27. Telephone (Day) (219) 8510051	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.) None					
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	
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 Joseph Nelson		
33. Treasurer's Full Name <input checked="" type="checkbox"/> Designate candidate as treasurer. <input type="checkbox"/> Check if this is a new treasurer. Joseph Nelson			Signature of the Committee Chairperson <i>Joseph Nelson</i>		
34. Mailing Address (number and street, city, state, and ZIP code) <input type="checkbox"/> Check if this is a new address. 611 Donnelly St Michigan City, IN 46360			35. FAX (Optional) ()		36. E-mail Address (Optional) ()
37. City Michigan City	State IN	ZIP Code 46360	38. County Laporte	39. Telephone (Day) (219) 8510051	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	
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 Joseph Nelson		Signature of Chairperson <i>Joseph Nelson</i>		Date (mm/dd/yy) 07/11/2025	
43. Typed or Printed Name of Candidate Joseph Nelson		Signature of Candidate <i>Joseph Nelson</i>		Date (mm/dd/yy) 07/11/2025	
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



9:45 am
NS



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

410-25-11

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.
Committee to elect Joseph Nelson

2. Acronym or Abbreviated Name (if any)

3. Committee Telephone Number
(219) 8510051

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

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.)
Joseph Nelson

8. Party Affiliation or If Independent Candidate
Democratic

9. Office Sought (Include district number, if any. **Not required for exploratory committee.**)
Common Council 3rd Ward Michigan City

10. County of Residence
Laporte

TYPE OF REPORT

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.)

CONVENTION CANDIDATES ONLY

Check one:
☐ Pre-Convention
☐ Post-Convention

12. Reporting Period (mm/dd/yy):
From: **Jan 1, 2025** Through: **Dec 31, 2025**

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.

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

Joseph Nelson

Title

Date (mm/dd/yy)

1/21/2026

Signature of Candidate (if applicable)

Joseph Nelson

Date (mm/dd/yy)

1/21/2026

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)

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12:02 PM
LaPorte County
Received
JAN 21 2026
Election
Board