



# 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

460-24-70

TOTAL PAGES IN ENTIRE CFA-4 REPORT

11

### COMMITTEE INFORMATION

1. Full Name of Committee (as on Statement of Organization) <b>Committee to Elect Justin Kiel</b>	<input type="checkbox"/> Check if this is a new name.
2. Acronym or Abbreviated Name (if any)	3. Committee Telephone Number ( 219 ) 363-9896

4. Mailing Address (Address where all campaign finance correspondence is received.) <b>504 E Dominic Street</b>	<input type="checkbox"/> Check if this is a new address.
--	--

5. City, State, ZIP Code <b>LaCrosse, IN 46348</b>	6. Party Affiliation (if applicable) <b>Republican</b>
---	---

### CANDIDATE INFORMATION (For Candidate's Committees Only)

7. Full Name of Candidate (Include any nickname.) <b>Justin Michael Kiel</b>	8. Party Affiliation or If Independent Candidate <b>Republican</b>
9. Office Sought (Include district number, if any. <b>Not required for exploratory committee.</b> ) <b>Precinct Committeeman (LaCrosse)</b>	10. County of Residence <b>LaPorte</b>

### TYPE OF REPORT

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.)	<input type="checkbox"/> Check one: <input type="checkbox"/> Pre-Convention <input type="checkbox"/> Post-Convention
---	--

### 12. Reporting Period (mm/dd/yy):

From: **1/1/24** Through: **4/18/24**

COLUMN A  
This Period

COLUMN B  
Year to Date

**\$1,565.42**

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

**\$1,565.42**

### 14. Cash on hand and investments January 1, current year.

**\$1,565.42**

### CONTRIBUTIONS AND RECEIPTS

(Note: these amounts include in-kind contributions and loans, as well as cash contributions.)

15a. Itemized (Use Schedule A.)	<b>\$0.00</b>	<b>\$0.00</b>
15b. Unitemized	<b>\$0.00</b>	<b>\$0.00</b>
15c. Add lines 15a and 15b in both columns.	<b>SUBTOTAL</b>	<b>\$0.00</b>
16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B.	<b>TOTAL</b>	<b>\$0.00</b>

### EXPENDITURES

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

17a. Itemized (Use Schedule B.) (Public Question: use Schedule C.)	<b>\$0.00</b>	<b>\$0.00</b>
17b. Unitemized	<b>\$0.00</b>	<b>\$0.00</b>
17c. Add lines 17a and 17b in both columns.	<b>SUBTOTAL</b>	<b>\$0.00</b>
18. Cash on hand and investments at close of this reporting period (Subtract 17c from 16 in both columns.)	<b>TOTAL</b>	<b>\$1,565.42</b>
19. Debts OWED BY the committee (Use Schedule D.)	<b>\$0.00</b>	
20. Debts OWED TO the committee (Use Schedule E.)	<b>\$0.00</b>	

### 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

*Barbara A. Hucker*

Title

*TREASURER*

Date (mm/dd/yy)  
**04/18/24**

Signature of Candidate (if applicable)

Date (mm/dd/yy)  
**04/18/24**

FILED

IN CLERKS OFFICE

APR 18 2024

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)

*Leahu Stevens*  
CLERK OF LA FORTE CIRCUIT COURT



April 18, 2024

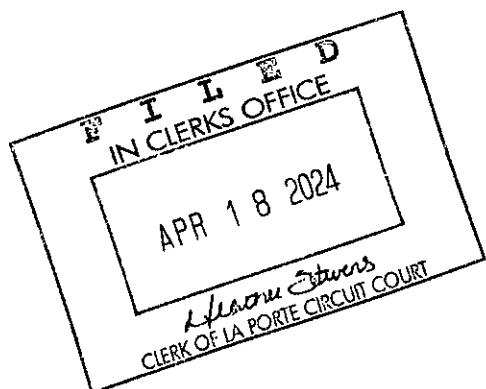
COMMITTEE TO ELECT JUSTIN KIEL  
504 E DOMINIC ST  
LACROSSE IN 46348

To Whom It May Concern:

As of this date, the above mentioned customer has sufficient funds of \$1,565.42.00 at Horizon Bank Checking Account \*\*\*\*8224.

A handwritten signature in black ink that appears to read "Tina Garland".

Tina Garland  
Branch Manager  
Horizon Bank  
113 W Fist Street  
Wanatah IN 46390  
219-733-2527  
219-733-9150 fax  
[tgarland@horizonbank.com](mailto:tgarland@horizonbank.com)  
[www.horizonbank.com](http://www.horizonbank.com)



Beyond ordinary banking

[HorizonBank.com](http://HorizonBank.com)

**CANDIDATE'S STATEMENT OF ORGANIZATION AND****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)

**(CFA-1)****PLEASE TYPE OR PRINT LEGIBLY IN BLACK INK. SEE INSTRUCTIONS ON REVERSE SIDE.****FILE NUMBER**

46-24-70

**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 Kiel	First Name Justin	Middle Name Michael	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) 504 E Dominic Street			5. FAX (Optional) ( )	6. E-mail Address (Optional) justinkiel@icloud.com	7. City LaCrosse
8. County LaPorte	9. Telephone (Day) ( ) 219-363-9896	10. Telephone (Evening) ( )	State IN	ZIP Code 46348	

11. Party Affiliation  
 Democratic  Libertarian  Republican  Other  
 Check if this is a new name.

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

LaPorte County Council

**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 Justin Kiel

14. Mailing Address (number and street, city, state, and ZIP code) 504 E Dominic Street	<input type="checkbox"/> Check if this is a new address.	15. FAX (Optional) ( )	16. E-mail Address (Optional) justinkiel@icloud.com		
17. City LaCrosse	State IN	ZIP Code 46348	18. County LaPorte	19. Telephone ( ) 219-363-9896	20. Committee Organization Date (mm/dd/yy)
21. Chairperson's Full Name Justin Michael Kiel	<input checked="" type="checkbox"/> Designate Candidate as Chairperson. <input type="checkbox"/> Check if this is a new chairperson.				
22. Mailing Address (number and street, city, state, and ZIP code) 504 E Dominic Street	<input type="checkbox"/> Check if this is a new address.			23. FAX (Optional) ( )	24. E-mail Address (Optional) justinkiel@icloud.com
25. City LaCrosse	State IN	ZIP Code 46348	26. County LaPorte	27. Telephone (Day) ( ) 219-363-9896	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.)  
Horizon Bank (Wanatah)

30. Exploratory Committee (Give brief statement explaining purpose of an exploratory committee only.)  
 Check if this is a new name.

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. Justin Michael Kiel	Person Appointed Treasurer	Signature of the Committee Chairperson <i>Justin Kiel</i>			
33. Treasurer's Full Name Justin Michael Kiel	<input checked="" type="checkbox"/> Designate candidate as treasurer. <input type="checkbox"/> Check if this is a new treasurer.				
34. Mailing Address (number and street, city, state, and ZIP code) 504 E Dominic Street	<input type="checkbox"/> Check if this is a new address.	35. FAX (Optional) ( )	36. E-mail Address (Optional) justinkiel@icloud.com		
37. City LaCrosse	State IN	ZIP Code 46348	38. County LaPorte	39. Telephone (Day) (219) 363-9896	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).  
 Check if this is a new name.

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 Justin Kiel	Signature of Chairperson <i>Justin Kiel</i>	Date (mm/dd/yy) 01/14/25
43. Typed or Printed Name of Candidate Justin Kiel	Signature of Candidate <i>Justin Kiel</i>	Date (mm/dd/yy) 01/14/25
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**



# 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

46-24-70

TOTAL PAGES IN ENTIRE CFA-4 REPORT

11

### COMMITTEE INFORMATION

1. Full Name of Committee (as on Statement of Organization)  Check if this is a new name.  
Committee to Elect Justin Kiel

2. Acronym or Abbreviated Name (if any)  3. Committee Telephone Number  
( 219 ) 363-9896

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

5. City, State, ZIP Code  
LaCrosse, IN 46348  6. Party Affiliation (if applicable)  
Republican

### CANDIDATE INFORMATION (For Candidate's Committees Only)

7. Full Name of Candidate (Include any nickname.)  8. Party Affiliation or If Independent Candidate  
Justin Michael Kiel Republican

9. Office Sought (Include district number, if any. Not required for exploratory committee.)  10. County of Residence  
LaPorte County Council 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: 4/19/24

Through: 12/31/24

COLUMN A  
This PeriodCOLUMN B  
Year to Date

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

\$1,565.42

14. Cash on hand and investments January 1, current year.

\$1,565.42

### CONTRIBUTIONS AND RECEIPTS

(Note: these amounts include in-kind contributions and loans, as well as cash contributions.)

15a. Itemized (Use Schedule A.)	\$0.00	\$0.00
15b. Unitemized	\$0.00	\$0.00
15c. Add lines 15a and 15b in both columns.	<b>SUBTOTAL</b>	\$0.00
16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B.	<b>TOTAL</b>	\$0.00

### EXPENDITURES

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

17a. Itemized (Use Schedule B.) (Public Question: use Schedule C.)	\$0.00	\$0.00
17b. Unitemized	\$0.00	\$0.00
17c. Add lines 17a and 17b in both columns.	<b>SUBTOTAL</b>	\$0.00
18. Cash on hand and investments at close of this reporting period (Subtract 17c from 16 in both columns.)	<b>TOTAL</b>	\$1,565.42
19. Debts OWED BY the committee (Use Schedule D.)		\$0.00
20. Debts OWED TO the committee (Use Schedule E.)		\$0.00

### 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 <i>Justin Kiel</i>	Title Candidate/Treasurer	Date (mm/dd/yy) 01/14/25
--	------------------------------	-----------------------------

Signature of Candidate (if applicable) <i>Justin Kiel</i>	Date (mm/dd/yy) 01/14/25
--	-----------------------------

**WARNING:** Any information contained in this report may not be copied for sale or used for any commercial purpose. (IC 3-9-4-5) 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

