



**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

46-25-14

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

2. Last Name SOSINSKI	First Name LOIS	Middle Name A	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) 7623 W. ARNDT CT.			5. FAX (Optional) ()	6. E-mail Address (Optional) loissos1405@gmail.com
7. City LAPORTE	State IN	ZIP Code 46350	8. County LAPORTE	9. Telephone (Day) (219) 898-6556
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.) COOLSPRING TOWNSHIP TRUSTEE	

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

13. Full Name of Committee (Do not abbreviate.) <input type="checkbox"/> Check if this is a new name. COMMITTEE TO ELECT LOIS A. SOSINSKI					
14. Mailing Address (number and street, city, state, and ZIP code) 7623 W. ARNDT CT.			15. FAX (Optional) ()		16. E-mail Address (Optional) loissos1405@gmail.com
17. City LAPORTE	State IN	ZIP Code 46350	18. County LAPORTE	19. Telephone (219) 898-6556	20. Committee Organization Date (mm/dd/yy)
21. Chairperson's Full Name <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) ()			23. FAX (Optional) ()	24. E-mail Address (Optional)	
25. City ()	State ()	ZIP Code ()	26. County ()	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.)
MEMBERS ADVANTAGE 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.) <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 Person Appointed Treasurer committee, appoint the following person as Treasurer of the Committee. LOIS A. SOSINSKI	Signature of the Committee Chairperson
33. Treasurer's Full Name <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) ()	35. FAX (Optional) ()	36. E-mail Address (Optional)			
37. City ()	State ()	ZIP Code ()	38. County ()	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
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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 LOIS A. SOSINSKI	Signature of Chairperson 	Date (mm/dd/yy) 7/9/25
43. Typed or Printed Name of Candidate LOIS A. SOSINSKI	Signature of Candidate 	Date (mm/dd/yy) 7/9/25

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

(CFA-4)

Summary Sheet

FILE NUMBER

46-25-14

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) <i>Committee to elect Lois A. Sosinski</i>	<input type="checkbox"/> Check if this is a new name.
2. Acronym or Abbreviated Name (if any) <i>7633 W. Arndt Ct.</i>	3. Committee Telephone Number <i>(219) 898-6556</i>
4. Mailing Address (Address where all campaign finance correspondence is received.) <i>7633 W. Arndt Ct.</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>DEMOCRAT</i>

CANDIDATE INFORMATION (For Candidate's Committees Only)

7. Full Name of Candidate (Include any nickname.) <i>Lois A. Sosinski</i>	8. Party Affiliation or If Independent Candidate <i>DEMOCRAT</i>
9. Office Sought (Include district number, if any. Not required for exploratory committee.)	10. County of Residence <i>LaPorte</i>

TYPE OF REPORT

11. Check one: Pre-Primary <input type="checkbox"/> Pre-Election <input checked="" 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.)	CONVENTION CANDIDATES ONLY Check one: <input type="checkbox"/> Pre-Convention <input type="checkbox"/> Post-Convention
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12. Reporting Period (mm/dd/yy): From: <i>7-1-2025</i> Through: <i>12-31-2025</i>	COLUMN A This Period	COLUMN B Year to Date
13. Cash on hand and investments at the beginning of this reporting period.	<i>0</i>	<i>0</i>
14. Cash on hand and investments January 1, current year.	<i>0</i>	<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>0</i>	<i>0</i>
15b. Unitemized	<i>0</i>	<i>0</i>
15c. Add lines 15a and 15b in both columns.	SUBTOTAL	<i>0</i>
16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B.	TOTAL	<i>0</i>

EXPENDITURES

(Note: These amounts include in-kind expenditures and loan repayments.)		
17a. Itemized (Use Schedule B.) (Public Question: use Schedule C.)	<i>0</i>	<i>0</i>
17b. Unitemized	<i>0</i>	<i>0</i>
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>0</i>
19. Debts OWED BY the committee (Use Schedule D.)	<i>0</i>	<i>0</i>
20. Debts OWED TO the committee (Use Schedule E.)	<i>0</i>	<i>0</i>

FOR OFFICE USE ONLY

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. <input type="checkbox"/> (please check box)		
Signature of Treasurer <i>Lois A. Sosinski</i>	Title <i>Treasurer</i>	Date (mm/dd/yy) <i>01/20/26</i>
Signature of Candidate (if applicable) <i>Lois A. Sosinski</i>	Date (mm/dd/yy) <i>01/20/26</i>	
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)		

