



**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?  Yes  No If Yes, please enter the file number in this box. →

410-25-34

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

2. Last Name <b>YAGELSKY</b>	First Name <b>MARC</b>	Middle Name <b>STEPHEN</b>	Nickname	3. Type of Committee (Check one) <input type="checkbox"/> Candidate's Principal Committee <input type="checkbox"/> Exploratory Committee
4. Mailing Address (number and street, city, state, and ZIP code) <b>125 Boyd Circle</b>		5. FAX (Optional) ( )		6. E-mail Address (Optional) <b>MYAGELSKY@COMCAST.NET</b>
7. City <b>MICHIGAN CITY</b>	State <b>IN</b>	ZIP Code <b>46360</b>	8. County <b>LAPORTE</b>	9. Telephone (Day) <b>219 898 1321</b>
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.) <b>LAPORTE BONITA BOUNDARY DISTRICT 3</b>		

**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 MARC YAGELSKY**

14. Mailing Address (number and street, city, state, and ZIP code) <b>SAME 125 Boyd Circle</b>		<input type="checkbox"/> Check if this is a new address.	15. FAX (Optional) ( )	16. E-mail Address (Optional)
17. City <b>MICHIGAN CITY</b>	State <b>IN</b>	ZIP Code <b>46360</b>	18. County <b>LAPORTE</b>	19. Telephone <b>219 898 1321</b>
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. <b>MARC YAGELSKY</b>				
22. Mailing Address (number and street, city, state, and ZIP code) <b>SAME 125 Boyd Circle</b>		<input type="checkbox"/> Check if this is a new address.	23. FAX (Optional) ( )	24. E-mail Address (Optional)
25. City <b>MICHIGAN CITY</b>	State <b>IN</b>	ZIP Code <b>46360</b>	26. County <b>LAPORTE</b>	27. Telephone (Day) <b>219 898 1321</b>
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.) <b>1ST SOURCE BANK</b>				

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.

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

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 <b>Mark S. Yagelsky</b>
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) <b>125 Boyd Circle</b>		<input type="checkbox"/> Check if this is a new address.
35. FAX (Optional) ( )		36. E-mail Address (Optional)
37. City <b>MICHIGAN CITY</b>	State <b>IN</b>	ZIP Code <b>46360</b>
38. County <b>LAPORTE</b>	39. Telephone (Day) <b>219 898 1321</b>	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 <b>MARK S. YAGELSKY</b>	Signature of Chairperson <b>Mark S. Yagelsky</b>	Date (mm/dd/yy) <b>7-9-25</b>
43. Typed or Printed Name of Candidate	Signature of Candidate <b>Mark S. Yagelsky</b>	Date (mm/dd/yy)

FOR OFFICE USE ONLY



**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).



**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

46-75-34

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 Mark Mayhew

2. Acronym or Abbreviated Name (if any)

3. Committee Telephone Number

219-8981321

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

125 Bay's Circle

5. City, State, ZIP Code

MICHIGAN CITY IN 46366

6. Party Affiliation (if applicable)

Democrat

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

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

8. Party Affiliation or If Independent Candidate

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

10. County of Residence

**TYPE OF REPORT**

**CONVENTION CANDIDATES ONLY**

11. Check one:

Check one:

Pre-Primary  Pre-Election  Annual  Nomination  Other \_\_\_\_\_

Pre-Convention

Final / Disbands Committee (Lines 18, 19, and 20 must be '0')  Outgoing Treasurer (Within ten (10) days amend Statement of Organization.)

Post-Convention

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

From: 1-1-25

Through: 12-31-25

COLUMN A  
This Period

COLUMN B  
Year to Date

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

\$117.00

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

\$117.00

**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

\$117.00

**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

19. Debts OWED BY the committee (Use Schedule D.)

20. Debts OWED TO the committee (Use Schedule E.)

**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.  (please check box)

Signature of Treasurer

Title

Date (mm/dd/yy)

Signature of Candidate (if applicable)

MLS

Date (mm/dd/yy)

11/12/24

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)

75  
LaPorte County  
Received  
JAN - 9 2026  
Election Board