



**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. → **46-25-09**

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

2. Last Name BERGERSON	First Name MICHAEL	Middle Name S	Nickname	3. Type of Committee (Check one) <input type="checkbox"/> Candidate's Principal Committee <input checked="" type="checkbox"/> Exploratory Committee
4. Mailing Address (number and street, city, state, and ZIP code) 101 VIRGINIA COURT		5. FAX (Optional) ()		6. E-mail Address (Optional) teamberg@comcast.net

7. City Michigan City	State IN	ZIP Code 46360	8. County LaPorte	9. Telephone (Day) 219 210-8074	10. Telephone (Evening) 219 874-1000
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.) JUDGE, LAPORTE SUPERIOR COURT NO. 1		

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 MICHAEL BERGERSON JUDGE

14. Mailing Address (number and street, city, state, and ZIP code) 101 VIRGINIA COURT	<input type="checkbox"/> Check if this is a new address.		15. FAX (Optional) ()	16. E-mail Address (Optional) teamberg@comcast.net
17. City MICHIGAN CITY	State IN	ZIP Code 46360	18. County LA PORTE	19. Telephone 219 210 8074
20. Committee Organization Date (mm/dd/yy) 07/01/25				

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

22. Mailing Address (number and street, city, state, and ZIP code) same	<input type="checkbox"/> Check if this is a new address.		23. FAX (Optional) ()	24. E-mail Address (Optional)
25. City Michigan City	State IN	ZIP Code 46360	26. County LaPorte	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.)

HORIZON BANK N.A. (DRN.)

30. Exploratory Committee (Give brief statement explaining purpose of an exploratory committee only.)
See attached Statement of Purpose

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 Person Appointed Treasurer committee, appoint the following person as **DEBRA BERGERSON**

Signature of the Committee Chairperson

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

DEBRA D. BERGERSON

34. Mailing Address (number and street, city, state, and ZIP code) 101 VIRGINIA COURT	<input type="checkbox"/> Check if this is a new address.		35. FAX (Optional) ()	36. E-mail Address (Optional)
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37. City MICHIGAN CITY	State IN	ZIP Code 46360	38. County LA PORTE	39. Telephone (Day) 219 874-1000	40. Telephone (Evening) () SAME
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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 Person Accepting Appointment Committee. I am not the chairperson of a campaign finance committee (except as permitted for a candidate committee under IC 3-9-1-7).

FOR OFFICE USE ONLY

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 MICHAEL S. BERGERSON	Signature of Chairperson 	Date (mm/dd/yy) 07/01/25
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43. Typed or Printed Name of Candidate MICHAEL S. BERGERSON	Signature of Candidate 	Date (mm/dd/yy) 07/01/25
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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

46-25-09

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)	<input type="checkbox"/> Check if this is a new name.
Committee to Elect Michael Bergerson Judge	
2. Acronym or Abbreviated Name (if any)	3. Committee Telephone Number
(219) 210.8074	
4. Mailing Address (Address where all campaign finance correspondence is received.)	<input type="checkbox"/> Check if this is a new address.
101 VIREGINIA COURT	
5. City, State, ZIP Code	6. Party Affiliation (if applicable)
Michigan City, IN, 46360 DEMOCRAT	

CANDIDATE INFORMATION (For Candidate's Committees Only)

7. Full Name of Candidate (Include any nickname.)	8. Party Affiliation or If Independent Candidate
Michael S. Bergerson DEMOCRAT	
9. Office Sought (Include district number, if any. Not required for exploratory committee.)	10. County of Residence
JUDGE LA PORTE SUPERIOR COURT 1 LA PORTE	

TYPE OF REPORT

11. Check one:	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"/> Pre-Convention
<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"/> Post-Convention

12. Reporting Period (mm/dd/yy): From: 7/1/22 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.	10.00	

14. Cash on hand and investments January 1, current year.	00.00
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CONTRIBUTIONS AND RECEIPTS

(Note: these amounts include in-kind contributions and loans, as well as cash contributions.)		
15a. Itemized (Use Schedule A.)	00.00	00.00
15b. Unitemized	00.00	00.00
15c. Add lines 15a and 15b in both columns.	SUBTOTAL	00.00
16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B.	TOTAL	00.00

EXPENDITURES

(Note: These amounts include in-kind expenditures and loan repayments.)		
17a. Itemized (Use Schedule B.) (Public Question: use Schedule C.)	00.00	00.00
17b. Unitemized	00.00	00.00
17c. Add lines 17a and 17b in both columns.	SUBTOTAL	00.00
18. Cash on hand and investments at close of this reporting period (Subtract 17c from 16 in both columns.)	TOTAL	00.00
19. Debts OWED BY the committee (Use Schedule D.)		00.00
20. Debts OWED TO the committee (Use Schedule E.)		00.00

CERTIFICATION

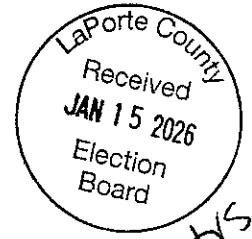
I CERTIFY THAT I HAVE EXAMINED THIS STATEMENT, TO THE BEST OF MY KNOWLEDGE AND BELIEF IT IS TRUE, CORRECT AND COMPLETE.

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 <i>Michael S. Bergerson</i>	Title	Date (mm/dd/yy) 1/10/2026
Signature of Candidate (if applicable) <i>Michael S. Bergerson</i>		Date (mm/dd/yy) 1/10/2026

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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