



**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. →

46-25-52

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

2. Last Name Stalbrink	First Name Richard	Middle Name Robert	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) 5023 W. Meritage Tr.			5. FAX (Optional) ()	6. E-mail Address (Optional) rstalbrink@yahoo.com	9. Telephone (Day) (219) 873-4360
7. City La Porte	State IN	ZIP Code 46350	8. County La Porte	10. Telephone (Evening) (219) 873-4360	
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 2		

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 Rich Stalbrink					
14. Mailing Address (number and street, city, state, and ZIP code) 5023 W. Meritage Tr.			15. FAX (Optional) ()		16. E-mail Address (Optional) rstalbrink@yahoo.com
17. City La Porte	State IN	ZIP Code 46350	18. County La Porte	19. Telephone (219) 873-4360	20. Committee Organization Date (mm/dd/yy) 06/27/25
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) 5023 W. Meritage Tr.			23. FAX (Optional) ()	24. E-mail Address (Optional) rstalbrink@yahoo.com	
25. City La Porte	State IN	ZIP Code 46350	26. County La Porte	27. Telephone (Day) (219) 873-4360	28. Telephone (Evening) (219) 873-4360
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.)					

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
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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 Charles Kim Sauers	Signature of the Committee Chairperson 			
33. Treasurer's Full Name <input type="checkbox"/> Designate candidate as treasurer. <input checked="" type="checkbox"/> Check if this is a new treasurer.	Charles Kim Sauers				
34. Mailing Address (number and street, city, state, and ZIP code) <input type="checkbox"/> Check if this is a new address. 1900 E. Lincolnway					
35. FAX (Optional) ()	36. E-mail Address (Optional) ksauers@sauersauto.com				
37. City La Porte	State IN	ZIP Code 46350	38. County La Porte	39. Telephone (Day) (219) 326-7474	40. Telephone (Evening) (219) 363-6979

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 Richard R. Stalbrink, Jr.	Signature of Chairperson 	Date (mm/dd/yy) 06/27/25
43. Typed or Printed Name of Candidate Richard R. Stalbrink, Jr.	Signature of Candidate 	Date (mm/dd/yy) 06/27/25

FOR OFFICE USE ONLY

La Porte County
 Received
 JUL - 1 2025
 Election Board

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 3-8-5-14)

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

46-25-52

TOTAL PAGES IN ENTIRE CFA-4 REPORT

10

COMMITTEE INFORMATION

1. Full Name of Committee (as on Statement of Organization) Check if this is a new name.
COMMITTEE TO ELECT RICH STALBRINK

2. Acronym or Abbreviated Name (if any)

3. Committee Telephone Number
(219) 873-4360

4. Mailing Address (Address where all campaign finance correspondence is received.) Check if this is a new address.
5023 W MERITAGE TRAIL

5. City, State, ZIP Code
LA PORTE IN 46350

6. Party Affiliation (if applicable)
DEMOCRAT

CANDIDATE INFORMATION (For Candidate's Committees Only)

7. Full Name of Candidate (Include any nickname.) Check if this is a new name.
RICHARD R. STALBRINK, JR.

8. Party Affiliation or if Independent Candidate
DEMOCRAT

9. Office Sought (Include district number, if any. Not required for exploratory committee.)
JUDGE LA PORTE SUPERIOR COURT 2

10. County of Residence
LA PORTE IN

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: **7-1-25** 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.

0.00

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

0.00

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. **SUBTOTAL** **0.00**

16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B. **TOTAL** **0.00** **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. **SUBTOTAL** **0.00** **0.00**

18. Cash on hand and investments at close of this reporting period (Subtract 17c from 16 in both columns.) **TOTAL** **0.00** **0.00**

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.

I, a Treasurer of a PAC, I have not knowingly or willingly 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

Richard R. Stalbrink

Title

Treasurer

Date (mm/dd/yy)

1-10-26

Signature of Candidate (if applicable)

Richard R. Stalbrink

Date (mm/dd/yy)

1-10-26

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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