



# 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	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) 5023 W. Meritage Tr.			5. FAX (Optional) ( )	6. E-mail Address (Optional) rstalbrink@yahoo.com	
7. City La Porte	State IN	ZIP Code 46350	8. County La Porte	9. Telephone (Day) (219) 873-4360	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) <input type="checkbox"/> Check if this is a new address. 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) <input type="checkbox"/> Check if this is a new address. 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		

## 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. 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

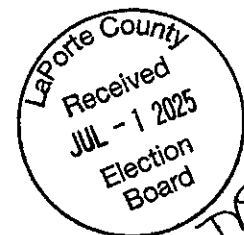
## SECTION E. CERTIFICATION OF STATEMENT

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

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

46-25-52

TOTAL PAGES IN ENTIRE CFA-4 REPORT

10

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. <b>COMMITTEE TO ELECT RICH STALBRINK</b>	3. Committee Telephone Number <b>(219) 873-4360</b>
2. Acronym or Abbreviated Name (if any)	
4. Mailing Address (Address where all campaign finance correspondence is received.) <input type="checkbox"/> Check if this is a new address. <b>5023 W MERITAGE TRAIL</b>	
5. City, State, ZIP Code <b>LAPORTE IN 46350</b>	6. Party Affiliation (if applicable) <b>DEMOCRAT</b>

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

7. Full Name of Candidate (Include any nickname.) <b>RICHARD R. STALBRINK, JR.</b>	8. Party Affiliation or if Independent Candidate <b>DEMOCRAT</b>
9. Office Sought (Include district number, if any. Not required for exploratory committee.) <b>JUDGE LAPORTE SUPERIOR COURT 2</b>	10. County of Residence <b>LAPORTE IN</b>

### TYPE OF REPORT

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.)

### CONVENTION CANDIDATES ONLY

Check one:  
☐ Pre-Convention  
☐ Post-Convention

12. Reporting Period (mm/dd/yy): From: <b>7-1-25</b> Through: <b>12-31-25</b>	COLUMN A This Period	COLUMN B Year to Date
13. Cash on hand and investments at the beginning of this reporting period.	<b>0.00</b>	
14. Cash on hand and investments January 1, current year.		<b>0.00</b>
<b>CONTRIBUTIONS AND RECEIPTS</b> (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. SUBTOTAL	<b>0.00</b>	<b>0.00</b>
16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B. TOTAL	<b>0.00</b>	<b>0.00</b>
<b>EXPENDITURES</b> (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. SUBTOTAL	<b>0.00</b>	<b>0.00</b>
18. Cash on hand and investments at close of this reporting period (Subtract 17c from 16 in both columns.) TOTAL	<b>0.00</b>	<b>0.00</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

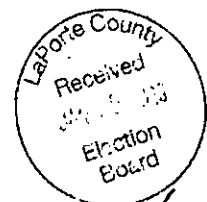
I CERTIFY THAT I HAVE EXAMINED THIS STATEMENT, TO THE BEST OF MY KNOWLEDGE AND BELIEF IT IS TRUE, CORRECT AND COMPLETE.

I, a Treasurer of a PAC, have not knowingly or willfully received, solicited, or accepted, either directly or indirectly, contributions or expenditures from a foreign national that exceeds \$5,000 within the four (4) years immediately preceding the date of the contribution. (IC 3-9-4-5) (Please check box)

Signature of Treasurer: **[Signature]** Title: **Treasurer** Date (mm/dd/yy): **1-10-26**  
Signature of Candidate (if applicable): **[Signature]** 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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