



**CANDIDATE'S STATEMENT OF ORGANIZATION AND
DESIGNATION OF PRINCIPAL COMMITTEE OR EXPLORATORY COMMITTEE**

(CFA-1)

State Form 4604 (R13/9-10)
Indiana Election Commission (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? ☐ No ☐ Yes If Yes, please enter the file number in this box →

46-25-23

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

2. Last Name TOCHELL		First Name SUSAN		Middle Name CATHERINE	Nickname DNA	3. Type of Committee (Check one) <input checked="" type="checkbox"/> Candidate's Principal Committee <input type="checkbox"/> Exploratory Committee	
4. Mailing Address 100 JACK PINE DRIVE				5. FAX (Optional) ()		6. E-mail Address (Optional) SUSAN.TOTTPARK@YAHOO.COM	
7. City POTTAWATTOMIE PARK		State IN	ZIP Code 46360	8. County LAPORTE		9. Telephone (Day) (219) 898-1045	
						10. Telephone (Evening) (219) 644-5483	
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.) Clerk-Treasurer			

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 SUSAN TOCHELL AS CLERK TREASURER							
14. Mailing Address <input type="checkbox"/> Check if this is a new address 100 JACK PINE DRIVE				15. FAX (Optional) ()		16. E-mail Address (Optional)	
17. City POTTAWATTOMIE PARK		State IN	ZIP Code 46360	18. County LAPORTE		19. Telephone (219) 898-1045	
						20. Committee Organization Date (MM-DD-YY) 07-08-2025	
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 <input type="checkbox"/> Check if this is a new address				23. FAX (Optional) ()		24. E-mail Address (Optional)	
25. City		State	ZIP Code	26. County		27. Telephone (Day)	
						()	
28. 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"/> No <input type="checkbox"/> Yes			

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. W. LENNY TOCHELL				Signature of the Committee Chairperson <i>Susan C. Tocheil</i>			
33. Treasurer's Full Name <input type="checkbox"/> Designate candidate as treasurer <input type="checkbox"/> Check if this is a new treasurer W. LENNY TOCHELL							
34. Mailing Address <input type="checkbox"/> Check if this is a new address 100 JACK PINE DRIVE				35. FAX (Optional) ()		36. E-mail Address (Optional) LTOCHELL@YAHOO.COM	
37. City POTTAWATTOMIE PARKSUSAN		State IN	ZIP Code 46360	38. County LAPORTE		39. Telephone (Day) (219) 765-5966	
						40. Telephone (Evening) (219) -756-5966	

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 <i>W. Lenny Tocheil</i>	
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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 SUSAN C. TOCHELL	Signature of Chairperson <i>Susan C Tocheil</i>	Date (MM-DD-YY) 07-08-2025
43. Typed or Printed Name of Candidate SUSAN C. TOCHELL	Signature of Candidate <i>Susan C Tocheil</i>	Date (MM-DD-YY) 07-08-2025

Warning: State law requires that any change in this information be reported within 10 days of the change (IC 3-9-1-10). A person who knowingly files a fraudulent report commits a Class 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

410-25-23

TOTAL PAGES IN ENTIRE CFA-4 REPORT

21

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? ☐ XX ☒ No

COMMITTEE INFORMATION

1. Full Name of Committee (as on Statement of Organization) Susan C. Tothell FOR CLERK/TREASURER		<input type="checkbox"/> Check if this is a new name.
2. Acronym or Abbreviated Name (if any)	3. Committee Telephone Number 219-644-5483	
4. Mailing Address (Address where all campaign finance correspondence is received.) 100 Jack Pine Drive		<input type="checkbox"/> Check if this is a new address.
5. City, State, ZIP Code Pottawattomie Park IN 46360	6. Party Affiliation (if applicable) Democrat	

CANDIDATE INFORMATION (For Candidate's Committees Only)

7. Full Name of Candidate (Include any nickname.) Susan C. Tothell	8. Party Affiliation or If Independent Candidate Democrat
9. Office Sought (Include district number, if any. Not required for exploratory committee.) Clerk/Treasurer	10. County of Residence Laporte

TYPE OF REPORT

11. Check one: <input type="checkbox"/> 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/yyyy): From: 01-01-2025 Through: 12-31-2025	COLUMN A This Period	COLUMN B Year to Date
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13. Cash on hand and investments at the beginning of this reporting period. ZERO	ZERO	
14. Cash on hand and investments January 1, current year. ZERO		ZERO

CONTRIBUTIONS AND RECEIPTS

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

EXPENDITURES

(Note: These amounts include in-kind expenditures and loan repayments.)		
17a. Itemized (Use Schedule B.) (Public Question: use Schedule C.)	ZERO	ZERO
17b. Unitemized	ZERO	ZERO
17c. Add lines 17a and 17b in both columns. SUBTOTAL	ZERO	ZERO
18. Cash on hand and investments at close of this reporting period (Subtract 17c from 16 in both columns.) TOTAL	ZERO	ZERO
19. Debts OWED BY the committee (Use Schedule D.)	NONE	
20. Debts OWED TO the committee (Use Schedule E.)	NONE	

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. <input type="checkbox"/> (please check box)		
Signature of Treasurer <i>Susan C Tothell</i>	Title CLERK/TREASURER	Date (mm/dd/yyyy) 01-19-2026
Signature of Candidate (if applicable) <i>Susan C Tothell</i>		Date (mm/dd/yyyy) 01-19-2026

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