



**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**

46-25-23

1. IS THIS AN AMENDMENT?  No  Yes If Yes, please enter the file number in this box →

**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) SUSANT.POTTPARK@YAHOO.COM
7. City POTTAWATOMIE PARK	State IN	ZIP Code 46360	8. County LAPORTE	9. Telephone (Day) ( 219 ) 898-1045
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)  Check if this is a new name

COMMITTEE TO ELECT SUSAN TOCHELL AS CLERK TREASURER

14. Mailing Address 100 JACK PINE DRIVE	<input type="checkbox"/> Check if this is a new address		15. FAX (Optional) ( )	16. E-mail Address (Optional)
17. City POTTAWATOMIE PARK	State IN	ZIP Code 46360	18. County LAPORTE	19. Telephone ( 219 ) 898-1045
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. 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.)				

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.)  No  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.	Person Appointed Treasurer W. LENNY TOCHELL	Signature of the Committee Chairperson <i>Susan C. Tochell</i>
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33. Treasurer's Full Name  Designate candidate as treasurer  Check if this is a new treasurer

W. LENNY TOCHELL

34. Mailing Address 100 JACK PINE DRIVE	<input type="checkbox"/> Check if this is a new address		35. FAX (Optional) ( )	36. E-mail Address (Optional) LTOCHELL@YAHOO.COM
37. City POTTAWATOMIE PARK	State SUSAN	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  
*W. Lenny Tochell*

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

**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

**(CFA-4)  
Summary Sheet**

FILE NUMBER

410-25-23

TOTAL PAGES IN ENTIRE CFA-4 REPORT

21

**COMMITTEE INFORMATION**

1. Full Name of Committee (as on Statement of Organization) Susan C. Tochell 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. Tochell	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 type="checkbox"/> Annual <input checked="" type="checkbox"/> Nomination <input type="checkbox"/> Other	CONVENTION CANDIDATES ONLY Check one: <input type="checkbox"/> Pre-Convention <input type="checkbox"/> Post-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.)	

12. Reporting Period (mm/dd/yy): 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
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14. Cash on hand and investments January 1, current year. ZERO	ZERO
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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.)	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
<b>EXPENDITURES</b>			
(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.  (please check box)

Signature of Treasurer <i>Susan C. Tochell</i>	Title CLERK/REASURER	Date (mm/dd/yy) 01-19-2026
Signature of Candidate (if applicable) <i>Susan C. Tochell</i>		Date (mm/dd/yy) 01-19-2026

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