



**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. →**

**46-25-48**

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

2. Last Name <b>Ebert</b>	First Name <b>Denise</b>	Middle Name <b>Lynn</b>	Nickname <b>N/A</b>	3. Type of Committee (Check one) <input checked="" type="checkbox"/> Candidate's Principal Committee <input type="checkbox"/> Exploratory Committee
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4. Mailing Address (number and street, city, state, and ZIP code) <b>310 Koselke Street</b>	5. FAX (Optional) <b>(219) 733-2943</b>	6. E-mail Address (Optional) <b>deniseebert3@gmail.com</b>
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7. City <b>Wanatah</b>	State <b>IN</b>	ZIP Code <b>46390</b>	8. County <b>LaPorte</b>	9. Telephone (Day) <b>(219) 733-2340</b>	10. Telephone (Evening) <b>(219) 246-8347</b>
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11. Party Affiliation <input type="checkbox"/> Democratic <input type="checkbox"/> Libertarian <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Other _____	12. Office Sought (Include district number, if any. Not required for an exploratory committee.) <b>Clerk Treasurer-District 1</b>
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**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.

**Denise for Clerk Treasurer**

14. Mailing Address (number and street, city, state, and ZIP code) <b>Same as Above</b>	<input type="checkbox"/> Check if this is a new address.	15. FAX (Optional) <b>( )</b>	16. E-mail Address (Optional)
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17. City	State	ZIP Code	18. County	19. Telephone <b>( )</b>	20. Committee Organization Date <b>(mm/dd/yy)</b>
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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)	<input type="checkbox"/> Check if this is a new address.	23. FAX (Optional) <b>( )</b>	24. E-mail Address (Optional)
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25. City	State	ZIP Code	26. County	27. Telephone (Day) <b>( )</b>	28. Telephone (Evening) <b>( )</b>
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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.)  
**Fifth Third Bank**

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	Signature of the Committee Chairperson
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33. Treasurer's Full Name  Designate candidate as treasurer.  Check if this is a new treasurer.

34. Mailing Address (number and street, city, state, and ZIP code)	<input type="checkbox"/> Check if this is a new address.	35. FAX (Optional) <b>( )</b>	36. E-mail Address (Optional)
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37. City	State	ZIP Code	38. County	39. Telephone (Day) <b>( )</b>	40. Telephone (Evening) <b>( )</b>
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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 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	Signature of Chairperson	Date (mm/dd/yy)
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43. Typed or Printed Name of Candidate <b>Denise Lynn Ebert</b>	Signature of Candidate <b>Denise Lynn Ebert</b>	Date (mm/dd/yy) <b>9-1-15</b>
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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).

**FOR OFFICE USE ONLY**





**REPORT OF RECEIPTS AND EXPENDITURES  
OF A POLITICAL COMMITTEE**

State Form 4606 (R17/8-23)  
Indiana Election Division (IC 3-9-5-14)

**(CFA-4)**

**Summary Sheet**

46-25-48

**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

1. Full Name of Committee (as on <i>Statement of Organization</i> ) DENISE 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)-246-8347
4. Mailing Address (Address where all campaign finance correspondence is received.) 310 KOSELKE STREET		<input type="checkbox"/> Check if this is a new address.
5. City, State, ZIP Code WANATAH, IN 56490		6. Party Affiliation (if applicable) REPUBLICAN
7. Full Name of Candidate (Include any nickname.) DENISE EBERT		8. Party Affiliation or If Independent Candidate REPUBLICAN
9. Office Sought (Include district number, if any. Not required for exploratory committee.) CLERK TREASURER		10. County of Residence LAPORTE
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)		
12. Reporting Period (mm/dd/yy): From: 2024 Through: 2025		
13. Cash on hand and investments at the beginning of this reporting period. <b>-0-</b>		
14. Cash on hand and investments January 1, current year. <b>-0-</b>		
(Note: these amounts include in-kind contributions and loans, as well as cash contributions.)		
15a. Itemized (Use Schedule A.) <b>-0-</b> <b>-0-</b>		
15b. Unitemized <b>-0-</b> <b>-0-</b>		
15c. Add lines 15a and 15b in both columns. <b>SUBTOTAL -0-</b> <b>-0-</b>		
16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B. <b>TOTAL -0-</b> <b>-0-</b>		
(Note: These amounts include in-kind expenditures and loan repayments.)		
17a. Itemized (Use Schedule B.) (Public Question: use Schedule C.) <b>-0-</b> <b>-0-</b>		
17b. Unitemized <b>-0-</b> <b>-0-</b>		
17c. Add lines 17a and 17b in both columns. <b>SUBTOTAL -0-</b> <b>-0-</b>		
18. Cash on hand and investments at close of this reporting period (Subtract 17c from 16 in both columns.) <b>-0-</b> <b>-0-</b> <b>TOTAL</b>		
19. Debts OWED BY the committee (Use Schedule D.) <b>-0-</b>		
20. Debts OWED TO the committee (Use Schedule E.) <b>-0-</b>		

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

Signature of Treasurer *Denise Ebert* Title CLERK TREASURER Date 12/10/25

Signature of Candidate (if applicable)

FOR OFFICE USE ONLY

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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