



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

State Form 4604 (R15 / 5-19)

Indiana Election Division (IC 3-9-1-3; IC 3-9-1-4; IC 3-9-1-5)

(CFA-1)

PLEASE TYPE OR PRINT LEGIBLY IN BLACK INK. SEE INSTRUCTIONS ON REVERSE SIDE.

FILE NUMBER

1. IS THIS AN AMENDMENT? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, please enter the file number in this box. → 46-25-47					
SECTION A. CANDIDATE INFORMATION: Fill in all applicable boxes as fully and accurately as possible.					
2. Last Name Watkins	First Name Kristin	Middle Name Rashanne	Nickname N/A	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) P.O. Box 25			5. FAX (Optional) ()	6. E-mail Address (Optional) uniontownship23@gmail.com	
7. City Kingsford Heights	State IN	ZIP Code 46346	8. County LaPorte	9. Telephone (Day) (219) 393-3315	10. Telephone (Evening) (), Same
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.) Union Township Trustee		
SECTION B. COMMITTEE INFORMATION: Fill in all applicable boxes as fully and accurately as possible.					
13. Full Name of Committee (Do not abbreviate.) <input checked="" type="checkbox"/> Check if this is a new name. Election Committee for Kristin Watkins Union Township Trustee					
14. Mailing Address (number and street, city, state, and ZIP code) P.O. Box 25			<input type="checkbox"/> Check if this is a new address.	15. FAX (Optional) (), N/A	16. E-mail Address (Optional) uniontownship23@gmail.com
17. City Kingsford Heights	State IN	ZIP Code 46346	18. County LaPorte	19. Telephone (219) 393-3315	20. Committee Organization Date (mm/dd/yy) 07/01/2025
21. Chairperson's Full Name <input type="checkbox"/> Designate Candidate as Chairperson. <input type="checkbox"/> Check if this is a new chairperson. Kristin Watkins					
22. Mailing Address (number and street, city, state, and ZIP code) 360 Drummond Rd P.O. Box 25			<input type="checkbox"/> Check if this is a new address.	23. FAX (Optional) (), N/A	24. E-mail Address (Optional) uniontownship23@gmail.com
25. City Kingsford Heights	State IN	ZIP Code 46346	26. County LaPorte	27. Telephone (Day) (219) 393-3315	28. Telephone (Evening) (), Same
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.) None					
30. Exploratory Committee (Give brief statement explaining purpose of an exploratory committee only.) None			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 Person Appointed Treasurer committee, appoint the following person as Treasurer of the Committee. Kristin Watkins				Signature of the Committee Chairperson Kristin Watkins	
33. Treasurer's Full Name <input type="checkbox"/> Designate candidate as treasurer. <input type="checkbox"/> Check if this is a new treasurer. Kristin Rashanne Watkins					
34. Mailing Address (number and street, city, state, and ZIP code) P.O. Box 25			<input type="checkbox"/> Check if this is a new address.	35. FAX (Optional) (),	36. E-mail Address (Optional) uniontownship23@gmail.com
37. City Kingsford Heights	State IN	ZIP Code 46346	38. County LaPorte	39. Telephone (Day) (219) 393-3315	40. Telephone (Evening) (),
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). Kristin Watkins				Signature of Person Accepting Appointment Kristin Watkins	
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 Kristin Watkins	Signature of Chairperson Kristin Watkins		Date (mm/dd/yy) 07/01/2025		
43. Typed or Printed Name of Candidate Kristin Watkins	Signature of Candidate Kristin Watkins		Date (mm/dd/yy) 07/01/2025		
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					
 LaPorte County Received JUL - 2 2025 Election Board					



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? Yes No

(CFA-4)

Summary Sheet

FILE NUMBER

416-25-47

TOTAL PAGES IN ENTIRE CFA-4 REPORT

1

COMMITTEE INFORMATION

1. Full Name of Committee (as on Statement of Organization)	<input type="checkbox"/> Check if this is a new name.
Election Committee for Kristin Watkins Union Township Trustee	
2. Acronym or Abbreviated Name (if any)	3. Committee Telephone Number ()
N/A	
4. Mailing Address (Address where all campaign finance correspondence is received.)	<input type="checkbox"/> Check if this is a new address.
P.O. Box 25	
5. City, State, ZIP Code	6. Party Affiliation (if applicable)
Kingsford Heights, IN. 46346	
Republican	
CANDIDATE INFORMATION (For Candidate's Committees Only)	
7. Full Name of Candidate (Include any nickname.)	8. Party Affiliation or If Independent Candidate
Kristin Rashanne Watkins	
9. Office Sought (Include district number, if any. Not required for exploratory committee.)	10. County of Residence
Trustee - Union Township	

TYPE OF REPORT

CONVENTION CANDIDATES ONLY

11. Check one:	Check one:
<input type="checkbox"/> Pre-Primary <input checked="" type="checkbox"/> Pre-Election <input checked="" type="checkbox"/> Annual <input type="checkbox"/> Nomination <input type="checkbox"/> Other _____	<input type="checkbox"/> Pre-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.)	<input type="checkbox"/> Post-Convention

12. Reporting Period (mm/dd/yy): From: 01/01/2025	Through: 12/31/2025	COLUMN A This Period	COLUMN B Year to Date
--	---------------------	-------------------------	--------------------------

13. Cash on hand and investments at the beginning of this reporting period.

0

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

0

CONTRIBUTIONS AND RECEIPTS

(Note: these amounts include in-kind contributions and loans, as well as cash contributions.)

15a. Itemized (Use Schedule A.)	0	0
15b. Unitemized	0	0
15c. Add lines 15a and 15b in both columns.	SUBTOTAL	0
16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B.	TOTAL	0

EXPENDITURES

(Note: These amounts include in-kind expenditures and loan repayments.)

17a. Itemized (Use Schedule B.) (Public Question: use Schedule C.)	0	0
17b. Unitemized	0	0
17c. Add lines 17a and 17b in both columns.	SUBTOTAL	0
18. Cash on hand and investments at close of this reporting period (Subtract 17c from 16 in both columns.)	TOTAL	0
19. Debts OWED BY the committee (Use Schedule D.)	0	0
20. Debts OWED TO the committee (Use Schedule E.)	0	0

FOR OFFICE USE ONLY

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 *Kristin Watkins* Title *Treasurer*

Signature of Candidate (if applicable) *Kristin Watkins*

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)

