



**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? ☐ Yes ☒ 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
11. Party Affiliation <input type="checkbox"/> Democratic <input type="checkbox"/> Libertarian <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Other			10. Telephone (Evening) () Same	
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		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 checked="" 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) <input type="checkbox"/> Check if this is a new address. 360 Drummond Rd P.O. Box 25		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 3-9-1-4)

32. I, as Chairperson of the foregoing committee, appoint the following person as Treasurer of the Committee. Kristin Watkins	Person Appointed Treasurer Kristin Watkins	Signature of the Committee Chairperson Kristin Watkins
33. Treasurer's Full Name <input checked="" 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) <input type="checkbox"/> Check if this is a new address. P.O. Box 25		35. FAX (Optional) ()
36. E-mail Address (Optional)		
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).	Signature of Person Accepting Appointment Kristin Watkins
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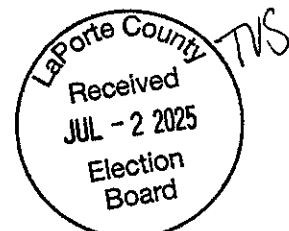
SECTION E. CERTIFICATION OF STATEMENT

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 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





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

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

FILE NUMBER

46-25-47

TOTAL PAGES IN ENTIRE CFA-4 REPORT

1

COMMITTEE INFORMATION

1. Full Name of Committee (as on Statement of Organization) ☐ Check if this is a new name.
Election Committee for Kristin Watkins Union Township Trustee

2. Acronym or Abbreviated Name (if any) **N/A**

3. Committee Telephone Number
()

4. Mailing Address (Address where all campaign finance correspondence is received.) ☐ Check if this is a new address.
P.O. Box 25

5. City, State, ZIP Code
Kingsford Heights, IN. 46346

6. Party Affiliation (if applicable)
Republican

CANDIDATE INFORMATION (For Candidate's Committees Only)

7. Full Name of Candidate (Include any nickname.)
Kristin Roshanne Watkins

8. Party Affiliation or If Independent Candidate
Republican

9. Office Sought (Include district number, if any. Not required for exploratory committee.)
Trustee - Union Township

10. County of Residence
La Porte

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: **01/01/2025** Through: **12/31/2025**

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

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

CONTRIBUTIONS AND RECEIPTS

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

15a. Itemized (Use Schedule A.)

15b. Unitemized

15c. Add lines 15a and 15b in both columns. **SUBTOTAL**

16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B. **TOTAL**

EXPENDITURES

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

17a. Itemized (Use Schedule B.) (Public Question: use Schedule C.)

17b. Unitemized

17c. Add lines 17a and 17b in both columns. **SUBTOTAL**

18. Cash on hand and investments at close of this reporting period (Subtract 17c from 16 in both columns.) **TOTAL**

19. Debts OWED BY the committee (Use Schedule D.)

20. Debts OWED TO the committee (Use Schedule E.)

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 **Kristin Watkins** Title **Treasurer** Date (mm/dd/yy) **01/20/2026**

Signature of Candidate (if applicable) **Kristin Watkins** Date (mm/dd/yy) **01/20/2026**

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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