



**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. →**

**46-25-107**

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

2. Last Name Heath	First Name Jennifer	Middle Name Marie	Nickname Jenny	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) 101 Rainbow Trail			5. FAX (Optional) ( ) n/a	6. E-mail Address (Optional) jmh160@gmail.com

7. City Trail Creek	State IN	ZIP Code 46360	8. County LaPorte	9. Telephone (Day) (219) 210-9089	10. Telephone (Evening) (219) 210-9089
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.) LaPorte County Council, District 2		

**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.**

Friends of Jennifer Heath

14. Mailing Address (number and street, city, state, and ZIP code) PO Box 304	<input type="checkbox"/> Check if this is a new address.		15. FAX (Optional) ( ) n/a	16. E-mail Address (Optional) jmh160@gmail.com
17. City Michigan City	State IN	ZIP Code 46360	18. County LaPorte	19. Telephone (219) 2109089
20. Committee Organization Date (mm/dd/yy)				

**21. Chairperson's Full Name  Designate Candidate as Chairperson.  Check if this is a new chairperson.**

Jennifer Heath

22. Mailing Address (number and street, city, state, and ZIP code) 101 Rainbow Trail	<input type="checkbox"/> Check if this is a new address.		23. FAX (Optional) ( ) n/a	24. E-mail Address (Optional) jmh160@gmail.com
25. City Trail Creek	State IN	ZIP Code 46360	26. County LaPorte	27. Telephone (Day) (219) 210-9089
28. Telephone (Evening) (219) 210-9089				

**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.)**  
Horizon Bank

**30. Exploratory Committee (Give brief statement explaining purpose of an exploratory committee only.)**  
n/a

**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.)  Yes  No**

**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 Anna Shar Livesay	Signature of the Committee Chairperson <i>Jennifer M. Heath</i>
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**33. Treasurer's Full Name  Designate candidate as treasurer.  Check if this is a new treasurer.**

Anna Shar Livesay

34. Mailing Address (number and street, city, state, and ZIP code) 107 Kaye Lane	<input type="checkbox"/> Check if this is a new address.		35. FAX (Optional) ( ) n/a	36. E-mail Address (Optional) liveshark@comcast.net
37. City Michigan City	State IN	ZIP Code 46360	38. County LaPorte	39. Telephone (Day) (219) 210-7991
40. Telephone (Evening) (219) 210-7991				

**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).**

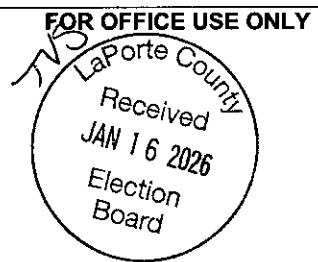
*Jennifer M. Heath*

**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 Jennifer M Heath	Signature of Chairperson <i>Jennifer M. Heath</i>	Date (mm/dd/yy)
43. Typed or Printed Name of Candidate Jennifer M Heath	Signature of Candidate <i>Jennifer M. Heath</i>	Date (mm/dd/yy)

**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).





# 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

410-25-107

TOTAL PAGES IN ENTIRE CFA-4 REPORT

1

### COMMITTEE INFORMATION

1. Full Name of Committee (as on Statement of Organization) Friends of Jennifer Heath	<input type="checkbox"/> Check if this is a new name.
2. Acronym or Abbreviated Name (if any) N/A	3. Committee Telephone Number ( 219 ) 210-9089
4. Mailing Address (Address where all campaign finance correspondence is received.) PO Box 304	<input type="checkbox"/> Check if this is a new address.
5. City, State, ZIP Code Michigan City, IN 46361	6. Party Affiliation (if applicable) Democrat

### CANDIDATE INFORMATION (For Candidate's Committees Only)

7. Full Name of Candidate (Include any nickname.) Jennifer M ("Jenny") Heath	8. Party Affiliation or If Independent Candidate Democrat
9. Office Sought (Include district number, if any. Not required for exploratory committee.) County Council, District 2	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/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.

0.00

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

0.00

### CONTRIBUTIONS AND RECEIPTS

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

15a. Itemized (Use Schedule A.)	0.00	0.00
15b. Unitemized	\$0.00	\$0.00
15c. Add lines 15a and 15b in both columns.	SUBTOTAL	0.00
16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B.	TOTAL	0.00

### EXPENDITURES

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

17a. Itemized (Use Schedule B.) (Public Question: use Schedule C.)	0.00	0.00
17b. Unitemized	0.00	0.00
17c. Add lines 17a and 17b in both columns.	SUBTOTAL	0.00
18. Cash on hand and investments at close of this reporting period (Subtract 17c from 16 in both columns.)	TOTAL	0.00
19. Debts OWED BY the committee (Use Schedule D.)	0.00	
20. Debts OWED TO the committee (Use Schedule E.)	0.00	

### 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>None J. Sweeney</i>	Title Treasurer	Date (mm/dd/yy) 1/20/2026
Signature of Candidate (if applicable) <i>Karen Heath</i>		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)

FOR OFFICE USE ONLY

