

**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
46-25-15
1. IS THIS AN AMENDMENT? Yes No 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 <i>Newlieb</i>	First Name <i>Gale</i>	Middle Name <i>A.</i>	Nickname <i>-</i>	3. Type of Committee (Check one) <input type="checkbox"/> Candidate's Principal Committee <input checked="" type="checkbox"/> Exploratory Committee
4. Mailing Address (number and street, city, state, and ZIP code) <i>3502 Dorchester Road</i>		5. FAX (Optional) <i>-</i>		6. E-mail Address (Optional) <i>tugboat0621@gmail.com</i>
7. City <i>Michigan City</i>	State <i>IN</i>	ZIP Code <i>46360</i>	8. County <i>LaPorte</i>	9. Telephone (Day) <i>219,405-0164</i>
11. Party Affiliation <input type="checkbox"/> Democratic <input type="checkbox"/> Libertarian <input type="checkbox"/> Republican <input type="checkbox"/> Other		10. Telephone (Evening) <i>Same</i>		
12. Office Sought (Include district number, if any. Not required for an exploratory committee.) <i>City Clerk of Michigan City</i>				

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.
Amanda R. Pickens

14. Mailing Address (number and street, city, state, and ZIP code) <i>4116 E. Michigan Blvd</i>	<input type="checkbox"/> Check if this is a new address.		15. FAX (Optional) <i>-</i>	16. E-mail Address (Optional) <i>apickens718@gmail.com</i>
17. City <i>Michigan City</i>	State <i>IN</i>	ZIP Code <i>46360</i>	18. County <i>LaPorte</i>	19. Telephone <i>219,221-7631</i>
21. Chairperson's Full Name <i>Amanda R. Pickens</i>		<input type="checkbox"/> Designate Candidate as Chairperson. <input checked="" type="checkbox"/> Check if this is a new chairperson.		20. Committee Organization Date <i>(mm/dd/yy) 7-1-25</i>
22. Mailing Address (number and street, city, state, and ZIP code) <i>4116 E. Michigan Blvd.</i>	<input type="checkbox"/> Check if this is a new address.		23. FAX (Optional) <i>-</i>	24. E-mail Address (Optional) <i>apickens718@gmail.com</i>
25. City <i>Michigan City</i>	State <i>IN</i>	ZIP Code <i>46360</i>	26. County <i>LaPorte</i>	27. Telephone (Day) <i>219,221-7631</i>
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.) <i>NIA</i>				
30. Exploratory Committee (Give brief statement explaining purpose of an exploratory committee only.) <i>Newlieb for City Clerk</i>				
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 type="checkbox"/> 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 <i>Amanda Pickens</i>	Signature of the Committee Chairperson <i>Amanda Pickens</i>
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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) <i>4116 E. Michigan Blvd</i>	<input type="checkbox"/> Check if this is a new address.		35. FAX (Optional) <i>-</i>	36. E-mail Address (Optional) <i>apickens718@gmail.com</i>
37. City <i>Michigan City</i>	State <i>IN</i>	ZIP Code <i>46360</i>	38. County <i>LaPorte</i>	39. Telephone (Day) <i>219,221-7631</i>
40. Telephone (Evening) <i>Same</i>				

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 <i>Amanda Pickens</i>
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FOR OFFICE USE ONLY
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 <i>Amanda R. Pickens</i>	Signature of Chairperson <i>Amanda Pickens</i>	Date (mm/dd/yy) <i>7-2-25</i>
43. Typed or Printed Name of Candidate <i>Gale A. Newlieb</i>	Signature of Candidate <i>Gale A. Newlieb</i>	Date (mm/dd/yy) <i>7-2-25</i>

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 3-14-1-19). 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 4608 (R18 / 6-25)
Indiana Election Division (IC 3-9-5-14)

(CFA-4)
Summary Sheet

FILE NUMBER

460-25-15

TOTAL PAGES IN ENTIRE CFA-4 REPORT

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

COMMITTEE INFORMATION

1. Full Name of Committee (as on Statement of Organization)	<input type="checkbox"/> Check if this is a new name.
Gale A. Neulied - City Clerk	
2. Acronym or Abbreviated Name (if any)	
4. Mailing Address (Address where all campaign finance correspondence is received.)	<input type="checkbox"/> Check if this is a new address.
3502 Dorchester Road	
5. City, State, ZIP Code	6. Party Affiliation (if applicable)
Michigan City IN	Democrat

CANDIDATE INFORMATION (For Candidate's Committees Only)

7. Full Name of Candidate (Include any nickname)	8. Party Affiliation or if Independent Candidate
Gale Ann Neulied	Democrat
9. Office Sought (Include district number, if any. Not required for exploratory committee.)	10. County of Residence
	Lafayette

TYPE OF REPORT

11. Check one:	CONVENTION CANDIDATES ONLY
<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"/> Check one:
<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"/> Pre-Convention <input type="checkbox"/> Post-Convention

12. Reporting Period (mm/dd/yy):

From: 1-1-2025 Through: 12-31-25

COLUMN A
This Period

COLUMN B
Year to Date

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.)	<input type="checkbox"/>	<input type="checkbox"/>
15b. Unitemized	<input type="checkbox"/>	<input type="checkbox"/>
15c. Add lines 15a and 15b in both columns.	SUBTOTAL	<input type="checkbox"/>
16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B.	TOTAL	<input type="checkbox"/>
EXPENDITURES		
(Note: These amounts include in-kind expenditures and loan repayments.)		
17a. Itemized (Use Schedule B.) (Public Question: use Schedule C.)	<input type="checkbox"/>	<input type="checkbox"/>
17b. Unitemized	<input type="checkbox"/>	<input type="checkbox"/>
17c. Add lines 17a and 17b in both columns.	SUBTOTAL	<input type="checkbox"/>
18. Cash on hand and investments at close of this reporting period (Subtract 17c from 16 in both columns.)	TOTAL	<input type="checkbox"/>
19. Debts OWED BY the committee (Use Schedule D.)	<input type="checkbox"/>	<input type="checkbox"/>
20. Debts OWED TO the committee (Use Schedule E.)	<input type="checkbox"/>	<input type="checkbox"/>

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 Amber Pickens Title Treasurer Date (mm/dd/yy) 1-20-26

Signature of Candidate (if applicable) Gale A. Neulied Date (mm/dd/yy) 1-20-26

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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