



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

**(CFA-1)**

State Form 4604 (R15 / 5-19)

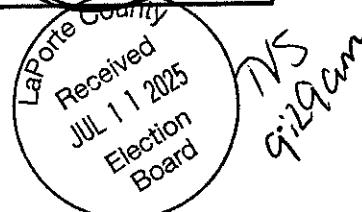
Indiana Election Division (IC 3-9-1-3; IC 3-9-1-4; IC 3-9-1-5)

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

**FILE NUMBER**

1. IS THIS AN AMENDMENT? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please enter the file number in this box. → <b>46-25-12</b>					
<b>SECTION A. CANDIDATE INFORMATION: Fill in all applicable boxes as fully and accurately as possible.</b>					
2. Last Name <b>LEWIS</b>	First Name <b>JOAN</b>	Middle Name <b>M</b>	Nickname		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) <b>P O BOX 20</b>			5. FAX (Optional) ( )		6. E-mail Address (Optional) <b>jmlrap@sbcglobal.net</b>
7. City <b>Michigan City</b>	State <b>IN</b>	ZIP Code <b>46361-0020</b>	8. County <b>LaPorte</b>	9. Telephone (Day) <b>219 229-2778</b>	10. Telephone (Evening) <b>219 872-4882</b>
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>SECTION B. COMMITTEE INFORMATION: Fill in all applicable boxes as fully and accurately as possible.</b>					
13. Full Name of Committee (Do not abbreviate.) <input type="checkbox"/> Check if this is a new name. <b>JMLewis for Clerk Treasurer</b>					
14. Mailing Address (number and street, city, state, and ZIP code) <b>P O Box 20</b>			15. FAX (Optional) ( )		16. E-mail Address (Optional)
17. City <b>Michigan City</b>	State <b>IN</b>	ZIP Code <b>46360-0020</b>	18. County <b>LaPorte</b>	19. Telephone <b>219 872-7882</b>	20. Committee Organization Date (mm/dd/yy) <b>7-11-2025</b>
21. Chairperson's Full Name <input checked="" type="checkbox"/> Designate Candidate as Chairperson. <input type="checkbox"/> Check if this is a new chairperson. <b>Joan M Lewis</b>					
22. Mailing Address (number and street, city, state, and ZIP code) <b>Same</b>			23. FAX (Optional) ( )		24. E-mail Address (Optional)
25. City	State	ZIP Code	26. County	27. Telephone (Day) ( )	28. Telephone (Evening) ( )
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.) <b>Safe Deposit Box Horizon Bank</b>					
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		
<b>SECTION C. APPOINTMENT OF TREASURER (IC 3-9-1-14)</b>					
32. I, as Chairperson of the foregoing committee, appoint the following person as Treasurer of the Committee. <b>Joan M Lewis</b>			Person Appointed Treasurer		Signature of the Committee Chairperson <i>Joan M. Lewis</i>
33. Treasurer's Full Name <input checked="" type="checkbox"/> Designate candidate as treasurer. <input type="checkbox"/> Check if this is a new treasurer. <b>Joan M Lewis</b>					
34. Mailing Address (number and street, city, state, and ZIP code) <b>POB 20</b>			35. FAX (Optional) ( )		36. E-mail Address (Optional) <b>jmlrap@sbcglobal.net</b>
37. City <b>Michigan City</b>	State <b>IN</b>	ZIP Code <b>46361-0020</b>	38. County <b>LaPorte</b>	39. Telephone (Day) <b>219 229-2778</b>	40. Telephone (Evening) <b>219 872-4882</b>
<b>SECTION D. ACCEPTANCE OF APPOINTMENT (IC 3-9-1-15)</b>					
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		
<b>SECTION E. CERTIFICATION OF STATEMENT</b>					
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 <b>Joan M Lewis</b>	Signature of Chairperson <i>Joan M. Lewis</i>		Date (mm/dd/yy) <b>0711-2025</b>		
43. Typed or Printed Name of Candidate <b>Joan M Lewis</b>	Signature of Candidate <i>Joan M. Lewis</i>		Date (mm/dd/yy) <b>07-11-2025</b>		
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)

**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

410-25-12

TOTAL PAGES IN ENTIRE CFA-4 REPORT

COMMITTEE INFORMATION		
1. Full Name of Committee (as on Statement of Organization) <i>JOAN M. LEWIS</i>	<input type="checkbox"/> Check if this is a new name.	
2. Acronym or Abbreviated Name (if any)	3. Committee Telephone Number <i>(219) 872-4882</i>	
4. Mailing Address (Address where all campaign finance correspondence is received.) <i>P.O. Box 20</i>	<input type="checkbox"/> Check if this is a new address.	
5. City, State, ZIP Code <i>MICHIGAN CITY, IN 46361-0020</i>	6. Party Affiliation (if applicable) <i>REPUBLICAN</i>	
CANDIDATE INFORMATION (For Candidate's Committees Only)		
7. Full Name of Candidate (Include any nickname.)	8. Party Affiliation or If Independent Candidate	
9. Office Sought (Include district number, if any. Not required for exploratory committee.)	10. County of Residence	
TYPE OF REPORT		CONVENTION CANDIDATES ONLY
11. Check one: <input type="checkbox"/> Pre-Primary <input type="checkbox"/> Pre-Election <input 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)		<i>Check one:</i> <input type="checkbox"/> Pre-Convention <input type="checkbox"/> Post-Convention
12. Reporting Period (mm/dd/yy): From: _____ Through: _____	COLUMN A This Period	COLUMN B Year to Date
13. Cash on hand and Investments at the beginning of this reporting period.	<i>.00</i>	
14. Cash on hand and investments January 1, current year.	<i>.00</i>	
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	<i>.00</i> .00
16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B.	TOTAL	<i>.00</i> .00
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	<i>.00</i>
19. Debts OWED BY the committee (Use Schedule D.)	<i>.00</i>	
20. Debts OWED TO the committee (Use Schedule E.)	<i>.00</i>	
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. <input type="checkbox"/> (Please check box)		
Signature of Treasurer	Title	Date (mm/dd/yy)
Signature of Candidate (if applicable) <i>Joan M. Lewis</i>		Date (mm/dd/yy) <i>01/21/2025</i>
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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11:30 AM  
LaPorte County  
Received  
JAN 21 2026  
Election Board