



# REPORT OF RECEIPTS AND EXPENDITURES OF A POLITICAL COMMITTEE

State Form 4606 (R15 / 5-18)  
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

46-25-29

TOTAL PAGES IN ENTIRE CFA-4 REPORT

COMMITTEE INFORMATION		
1. Full Name of Committee (as on Statement of Organization) <i>Jessica Watson</i>	<input type="checkbox"/> Check if this is a new name.	
2. Acronym or Abbreviated Name (if any)	3. Committee Telephone Number <i>(219) 363-6157</i>	
4. Mailing Address (Address where all campaign finance correspondence is received.) <i>3514 W. 400 S.</i>	<input checked="" type="checkbox"/> Check if this is a new address.	
5. City, State, ZIP Code <i>LaPorte, IN 46350</i>	6. Party Affiliation (if applicable) <i>Republican</i>	
CANDIDATE INFORMATION (For Candidate's Committees Only)		
7. Full Name of Candidate (Include any nickname.) <i>Jessica Watson</i>	8. Party Affiliation or If Independent Candidate <i>Republican</i>	
9. Office Sought (Include district number, if any. Not required for exploratory committee.) <i>Noble township trustee</i>	10. County of Residence <i>LaPorte</i>	
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 <input type="checkbox"/> Pre-Convention <input type="checkbox"/> Post-Convention	
12. Reporting Period (mm/dd/yy): From: <i>January 1 2025</i> Through: <i>December 31, 2025</i>	COLUMN A This Period	COLUMN B Year to Date
13. Cash on hand and investments at the beginning of this reporting period.	<i>D</i>	<i>D</i>
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.)	<i>0</i>	<i>0</i>
15b. Unitemized	<i>0</i>	<i>0</i>
15c. Add lines 15a and 15b in both columns.	SUBTOTAL <i>0</i>	
16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B.	TOTAL <i>0</i>	
EXPENDITURES		
(Note: These amounts include in-kind expenditures and loan repayments.)		
17a. Itemized (Use Schedule B.) (Public Question: use Schedule C.)	<i>0</i>	<i>0</i>
17b. Unitemized	<i>0</i>	<i>0</i>
17c. Add lines 17a and 17b in both columns.	SUBTOTAL <i>0</i>	
18. Cash on hand and investments at close of this reporting period (Subtract 17c from 16 in both columns.)	TOTAL <i>0</i>	
19. Debts OWED BY the committee (Use Schedule D.)	<i>0</i>	
20. Debts OWED TO the committee (Use Schedule E.)	<i>0</i>	

FOR OFFICE USE ONLY

CERTIFICATION	
I CERTIFY THAT I HAVE EXAMINED THIS STATEMENT. TO THE BEST OF MY KNOWLEDGE AND BELIEF IT IS TRUE, CORRECT AND COMPLETE.	
Signature of Treasurer <i>Jessica Watson</i>	Title <i>township trustee</i>
	Date (mm/dd/yy) <i>12-12-25</i>
Signature of Candidate (if applicable) <i>Jessica Watson</i>	Date (mm/dd/yy) <i>12-12-25</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)	



75



**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. →

46-75-29

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

2. Last Name Watson	First Name Jesica	Middle Name J	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) 4702 W. 800 S.			5. FAX (Optional) ( )		6. E-mail Address (Optional) nobletownshiptrustee1@gmail.com
7. City Union Mills	State IN	ZIP Code 46382	8. County LaPorte	9. Telephone (Day) 219, 363-6157	10. Telephone (Evening) 219, 363-6157
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.) Noble 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. Noble Township Trustee					
14. Mailing Address (number and street, city, state, and ZIP code) 4702 W. 800 S.			15. FAX (Optional) ( )		16. E-mail Address (Optional) Nobletownshiptrustee1@gmail.com
17. City Union Mills	State IN	ZIP Code 46382	18. County LaPorte	19. Telephone 219, 363-6157	20. Committee Organization Date (mm/dd/yy) 7/10/2025
21. Chairperson's Full Name <input checked="" type="checkbox"/> Designate Candidate as Chairperson. <input checked="" type="checkbox"/> Check if this is a new chairperson. Jesica Watson					
22. Mailing Address (number and street, city, state, and ZIP code) 4702 W. 800 S.			23. FAX (Optional) ( )		24. E-mail Address (Optional)
25. City Union Mills	State IN	ZIP Code 46382	26. County LaPorte	27. Telephone (Day) 219, 363-6157	28. Telephone (Evening) 219, 363-6157
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.)			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 committee, appoint the following person as Treasurer of the Committee.	Person Appointed Treasurer Jesica Watson	Signature of the Committee Chairperson <i>Jesica Watson</i>
33. Treasurer's Full Name <input checked="" type="checkbox"/> Designate candidate as treasurer. <input checked="" type="checkbox"/> Check if this is a new treasurer. Jesica Watson		

34. Mailing Address (number and street, city, state, and ZIP code) 4702 W. 800 S.			35. FAX (Optional) ( )		36. E-mail Address (Optional)
37. City Union Mills	State IN	ZIP Code 46382	38. County LaPorte	39. Telephone (Day) 219, 363-6157	40. Telephone (Evening) 219, 363-6157

**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
--	---

**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 Jesica Watson	Signature of Chairperson <i>Jesica Watson</i>	Date (mm/dd/yy) 7/10/2025
43. Typed or Printed Name of Candidate Jesica Watson	Signature of Candidate <i>Jesica Watson</i>	Date (mm/dd/yy) 7/10/2025
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**

