



# REPORT OF RECEIPTS AND EXPENDITURES OF A POLITICAL COMMITTEE

State Form 4606 (R15 / 5-19)  
Indiana Election Division (IC 3-9-5-14)

(CFA-4)

## Summary Sheet

FILE NUMBER

46-24-664

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.<br>Libertarian Party of La Porte County     |   |
| 2. Acronym or Abbreviated Name (if any)<br>LPLaP  | 3. Committee Telephone Number<br>( 855 ) 455-5757   |
| 4. Mailing Address (Address where all campaign finance correspondence is received.) <input type="checkbox"/> Check if this is a new address.<br>P. O. Box 564 |   |
| 5. City, State, ZIP Code<br>LaPorte, IN 46352-0564  | 6. Party Affiliation (if applicable)<br>Libertarian |

### 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:<br><input checked="" type="checkbox"/> Pre-Primary <input type="checkbox"/> Pre-Election <input type="checkbox"/> Annual <input type="checkbox"/> Nomination <input type="checkbox"/> Other<br><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.) | Check one:<br><input type="checkbox"/> Pre-Convention<br><input type="checkbox"/> Post-Convention |
|---|---|

|   |                         |                          |
|---|-------------------------|--------------------------|
| 12. Reporting Period (mm/dd/yy):<br>From: 03/26/2024 Through: 04/15/2024    | COLUMN A<br>This Period | COLUMN B<br>Year to Date |
| 13. Cash on hand and investments at the beginning of this reporting period. | 1124.62                 |                          |
| 14. Cash on hand and investments January 1, current year.                   |                         | 1186.62                  |

### CONTRIBUTIONS AND RECEIPTS

|   |         |         |
|---|---------|---------|
| (Note: these amounts include in-kind contributions and loans, as well as cash contributions.) |         |         |
| 15a. Itemized (Use Schedule A.)   | 0       | 0       |
| 15b. Unitemized   | 25      | 375     |
| 15c. Add lines 15a and 15b in both columns. SUBTOTAL  | 25      | 375     |
| 16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B. TOTAL                  | 1149.62 | 1561.62 |

### EXPENDITURES

|  |         |         |
|--|---------|---------|
| (Note: These amounts include in-kind expenditures and loan repayments.)  |         |         |
| 17a. Itemized (Use Schedule B.) (Public Question: use Schedule C.)   | 0       | 0       |
| 17b. Unitemized  | 0       | 412     |
| 17c. Add lines 17a and 17b in both columns. SUBTOTAL   | 0       | 412     |
| 18. Cash on hand and investments at close of this reporting period (Subtract 17c from 16 in both columns.) TOTAL | 1149.62 | 1149.62 |
| 19. Debts OWED BY the committee (Use Schedule D.)  | 0       |         |
| 20. Debts OWED TO the committee (Use Schedule E.)  | 0       |         |

### 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<br><i>Lesli A. Samuelson</i>   | Title<br>Treasurer | Date (mm/dd/yy)<br>04/15/2024 |
| Signature of Candidate (if applicable)  |                    | Date (mm/dd/yy)               |

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

|                           |             |   |
|---------------------------|-------------|---|
| FILED<br>IN CLERKS OFFICE | APR 16 2024 | L. LaPorte<br>CLERK OF LA PORTE CIRCUIT COURT |
|                           |             |   |



# REPORT OF RECEIPTS AND EXPENDITURES OF A POLITICAL COMMITTEE

State Form 4606 (R15 / 5-19)  
Indiana Election Division (IC 3-9-5-14)

(CFA-4)

## Summary Sheet

FILE NUMBER

410-24-1de

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*) ☐ Check if this is a new name.  
Libertarian Party of La Porte County

2. Acronym or Abbreviated Name (if any)  
LPLaP

3. Committee Telephone Number  
( 855 ) 455-5757

4. Mailing Address (Address where all campaign finance correspondence is received.) ☐ Check if this is a new address.  
P. O. Box 564

5. City, State, ZIP Code  
LaPorte, IN 46352-0564

6. Party Affiliation (if applicable)  
Libertarian

### 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

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: 04/15/2024 Through: 10/10/2024

COLUMN A  
This Period

COLUMN B  
Year to Date

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

1149.62

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

1561.62

### CONTRIBUTIONS AND RECEIPTS

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

15a. Itemized (Use Schedule A.)

0

0

15b. Unitemized

160

535

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

SUBTOTAL

160

535

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

TOTAL

1309.62

1721.62

### EXPENDITURES

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

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

0

0

17b. Unitemized

121.56

535.56

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

SUBTOTAL

0

535.56

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

TOTAL

1188.06

1186.06

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

0

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

0

### 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

Title  
Treasurer

Date (mm/dd/yy)  
10/10/2024

Signature of Candidate (if applicable)

Date (mm/dd/yy)

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State Form 4606 (R15 / 5-19)  
Indiana Election Division (IC 3-9-5-14)

(CFA-4)

## Summary Sheet

FILE NUMBER

416-24-660

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) ☐ Check if this is a new name.

Libertarian Party of La Porte County

2. Acronym or Abbreviated Name (if any)

LPLaP

3. Committee Telephone Number

( 855 ) 455-5757

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

P. O. Box 564

5. City, State, ZIP Code

LaPorte, IN 46352-0564

6. Party Affiliation (if applicable)

Libertarian

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

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### 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: 04/15/2024

Through: 10/10/2024

COLUMN A  
This Period

COLUMN B  
Year to Date

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

1149.62

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

1561.62

### CONTRIBUTIONS AND RECEIPTS

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

15a. Itemized (Use Schedule A.)

0

0

15b. Unitemized

160

162

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

SUBTOTAL

160

162

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

TOTAL

1309.62

1723.62

### EXPENDITURES

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

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

0

0

17b. Unitemized

121.56

535.56

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

SUBTOTAL

0

535.56

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

TOTAL

1188.06

1188.06

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

0

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

0

### 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

Title

Treasurer

Date (mm/dd/yy)

10/10/2024

Signature of Candidate (if applicable)

Date (mm/dd/yy)

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☐ Pre-Primary ☐ Pre-Election ☒ Annual ☐ Nomination ☐ Other \_\_\_\_\_  
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### CONVENTION CANDIDATES ONLY

Check one:  
☐ Pre-Convention  
☐ Post-Convention

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

From: 10/10/2024 Through: 02/26/2025

COLUMN A  
This Period

COLUMN B  
Year to Date

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

1188.06

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

1186.89

### CONTRIBUTIONS AND RECEIPTS

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

15a. Itemized (Use Schedule A.)

0

0

15b. Unitemized

100

40

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

SUBTOTAL

100

40

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

TOTAL

1288.06

1226.89

### EXPENDITURES

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

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

0

0

17b. Unitemized

103.25

42.08

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

SUBTOTAL

103.25

42.08

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

TOTAL

1184.81

1184.81

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

0

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

0

### 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

Title  
Treasurer

Date (mm/dd/yy)

02/26/2025

Signature of Candidate (if applicable)

Date (mm/dd/yy)

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