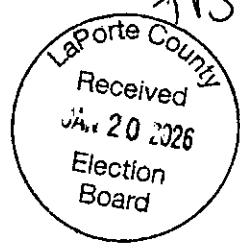


PLEASE TYPE OR PRINT LEGIBLY IN BLACK INK. SEE INSTRUCTIONS ON REVERSE SIDE.

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. →					410-25-100
SECTION A. CANDIDATE INFORMATION: Fill in all applicable boxes as fully and accurately as possible.					
2. Last Name	First Name	Middle Name	Nickname		3. Type of Committee (Check one) <input checked="" type="checkbox"/> Candidate's Principal Committee <input type="checkbox"/> Exploratory Committee
Watson	Sydney	Lynn			
4. Mailing Address (number and street, city, state, and ZIP code)			5. FAX (Optional)		6. E-mail Address (Optional)
17933 S. SR 39			()		
7. City	State	ZIP Code	8. County	9. Telephone (Day)	10. Telephone (Evening)
Hanna	IN	46340	LaPorte	(219) 252 6044	(219) 252 6044
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.)		
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 The Committee to elect Sydney Watson					
14. Mailing Address (number and street, city, state, and ZIP code)			15. FAX (Optional)		16. E-mail Address (Optional)
17933 S. SR 39			()		
17. City	State	ZIP Code	18. County	19. Telephone	20. Committee Organization Date (mm/dd/yy)
Hanna	IN	46340	LaPorte	(219) 252 6044	
21. Chairperson's Full Name <input type="checkbox"/> Designate Candidate as Chairperson. <input checked="" type="checkbox"/> Check if this is a new chairperson.					
Julian John Watson					
22. Mailing Address (number and street, city, state, and ZIP code)			23. FAX (Optional)		24. E-mail Address (Optional)
17933 S. SR 39			()		
25. City	State	ZIP Code	26. County	27. Telephone (Day)	28. Telephone (Evening)
Hanna	IN	46340	LaPorte	(219) 379 2790	(219) 379 2790
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.) Chase					
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 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		Signature of the Committee Chairperson	
Julian John Watson III				Julian	
33. Treasurer's Full Name <input type="checkbox"/> Designate candidate as treasurer. <input checked="" type="checkbox"/> Check if this is a new treasurer.					
Julian John Watson III					
34. Mailing Address (number and street, city, state, and ZIP code)			35. FAX (Optional)		36. E-mail Address (Optional)
17933 S. SR 39			()		
37. City	State	ZIP Code	38. County	39. Telephone (Day)	40. Telephone (Evening)
Hanna	IN	46340	LaPorte	(219) 379 2790	(219) 379 2790
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 OM		
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		Signature of Chairperson		Date (mm/dd/yy)	
Sydney Watson		SM		01/15/26	
43. Typed or Printed Name of Candidate		Signature of Candidate		Date (mm/dd/yy)	
Sydney Watson		SM		01/15/26	
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 3-9-4-18, 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 4605 (R15 / 5-19)
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

46-25-100

TOTAL PAGES IN ENTIRE CFA-4 REPORT

COMMITTEE INFORMATION			
1. Full Name of Committee (as on Statement of Organization) <i>The committee to elect Sydney Watson</i> <input type="checkbox"/> Check if this is a new name.			
2. Acronym or Abbreviated Name (if any) <i>NIA</i>			
3. Committee Telephone Number <i>(219) 252 6044</i>			
4. Mailing Address (Address where all campaign finance correspondence is received.) <i>17933 S. SR 39</i> <input type="checkbox"/> Check if this is a new address.			
5. City, State, ZIP Code <i>Hanna IN 46340</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>Sydney Lynn Watson</i>			
8. Office Sought (Include district number, if any. Not required for exploratory committee.) <i>Prairie Township Trustee</i>			
TYPE OF REPORT		CONVENTION CANDIDATES ONLY	
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 / Dissbands Committee (Lines 18, 19, and 20 must be "0") <input type="checkbox"/> Outgoing Treasurer (Within ten (10) days ahead Statement of Organization.)		Check one: <input type="checkbox"/> Pre-Convention <input type="checkbox"/> Post-Convention	
12. Reporting Period (mm/yy): From: <i>01/01/25</i> Through: <i>12/31/25</i>		COLUMN A This Period	COLUMN B Year to Date
13. Cash on hand and investments at the beginning of this reporting period.		0	0
14. Cash on hand and investments January 1, current year.		0	0
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		0	0
15c. Add lines 15a and 15b in both columns.		SUBTOTAL	0
16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B.		TOTAL	0
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	0
17c. Add lines 17a and 17b in both columns.		SUBTOTAL	0
18. Cash on hand and investments at close of this reporting period (Subtract 17c from 16 in both columns.)		TOTAL	0
19. Debts OWED BY the committee (Use Schedule D.)		0	0
20. Debts OWED TO the committee (Use Schedule E.)		0	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

Sydney Lynn Watson

Treasurer

Date (mm/yy/yy)
01/20/26

Signature of Candidate (if applicable)

Sydney Lynn Watson

Date (mm/yy/yy)
01/20/26

FOR OFFICE USE ONLY

25-100-100

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 3-9-4-15, IC 3-9-4-17, IC 3-9-4-18)