



**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**

410-2S-31

<b>SECTION A. CANDIDATE INFORMATION: Fill in all applicable boxes as fully and accurately as possible.</b>					
2. Last Name	First Name	Middle Name	Nickname	3. Type of Committee (Check one)	
Tillman	Tracie	Y		<input checked="" type="checkbox"/> Candidate's Principal Committee	<input type="checkbox"/> Exploratory Committee
4. Mailing Address (number and street, city, state, and ZIP code)			5. FAX (Optional)		6. E-mail Address (Optional)
1811 1/2 E Michigan Blvd, PO Box 629					tracieltillman@sbeglobal.net
7. City	State	ZIP Code	8. County	9. Telephone (Day)	10. Telephone (Evening)
Michigan City	IN	46360	Laforte	(219) 262-4353	(219) 262-4353
11. Party Affiliation			12. Office Sought (Include district number, if any. Not required for an exploratory committee.)		
<input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Libertarian <input type="checkbox"/> Republican <input type="checkbox"/> Other			5th Ward City Council, Michigan City, Indiana		
<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.					
Tracie Tillman For 5th Ward					
14. Mailing Address (number and street, city, state, and ZIP code) <input type="checkbox"/> Check if this is a new address.			15. FAX (Optional)		16. E-mail Address (Optional)
1811 1/2 E Michigan Blvd, PO Box 629					tracieltfor5thward@gmail.com
17. City	State	ZIP Code	18. County	19. Telephone	20. Committee Organization Date (mm/dd/yy)
Michigan City	IN	46360	Laforte	(219) 262-4353	7/8/2025
21. Chairperson's Full Name <input type="checkbox"/> Designate Candidate as Chairperson. <input type="checkbox"/> Check if this is a new chairperson.					
Tracie Y Tillman					
22. Mailing Address (number and street, city, state, and ZIP code) <input type="checkbox"/> Check if this is a new address.			23. FAX (Optional)		24. E-mail Address (Optional)
1811 1/2 E Michigan Blvd, PO Box 629					tracieltfor5thward@gmail.com
25. City	State	ZIP Code	26. County	27. Telephone (Day)	28. Telephone (Evening)
Michigan City	IN	46360	Laforte	(219) 262-4353	812 255-9362
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.)					
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 Person Appointed Treasurer committee, appoint the following person as Treasurer of the Committee.			Signature of the Committee Chairperson		
Tracie Y. Tillman			Tracie Y. Tillman		
33. Treasurer's Full Name <input type="checkbox"/> Designate candidate as treasurer. <input type="checkbox"/> Check if this is a new treasurer.					
Tracie Y. Tillman					
34. Mailing Address (number and street, city, state, and ZIP code) <input type="checkbox"/> Check if this is a new address.			35. FAX (Optional)		36. E-mail Address (Optional)
1811 1/2 E Michigan Blvd, PO Box 629					tracieltfor5thward@gmail.com
37. City	State	ZIP Code	38. County	39. Telephone (Day)	40. Telephone (Evening)
Michigan City	IN	46360	Laforte	(219) 262-4353	812 255-9362
<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		
Tracie Y. Tillman			Tracie Y. Tillman		
<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		Signature of Chairperson		Date (mm/dd/yy)	
Tracie Y. Tillman		Tracie Y. Tillman		7/8/2025	
43. Typed or Printed Name of Candidate		Signature of Candidate		Date (mm/dd/yy)	
Tracie Y. Tillman		Tracie Y. Tillman		7/8/2025	
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					



**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**

460-25-31

**TOTAL PAGES IN ENTIRE CFA-4 REPORT**

157 TV's

**COMMITTEE INFORMATION**

1. Full Name of Committee (as on Statement of Organization)  Check if this is a new name.

Tracie Y. Tillman

2. Acronym or Abbreviated Name (if any)  3. Committee Telephone Number  
(219) 262-4353

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

1911/2 E, Michigan Blvd., P.O. Box 629

5. City, State, ZIP Code  6. Party Affiliation (if applicable)  
Michigan City, IN 46360 Democratic

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

7. Full Name of Candidate (Include any nickname.)  8. Party Affiliation or If Independent Candidate  
Democratic

Tracie Y. Tillman

9. Office Sought (Include district number, if any. Not required for exploratory committee.)

Michigan City Common Council 5th Ward

10. County of Residence  
LaPorte

**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: 7/18/2025 Through: 12/31/2025

**COLUMN A**  
This Period

**COLUMN B**  
Year to Date

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

0

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

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

0

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

**TOTAL**

0

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

0

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

**TOTAL**

0

0

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.

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

Tracie Y. Tillman

Title

Treasurer

Date (mm/dd/yy)

11/15/2026

Signature of Candidate (if applicable)

Tracie Y. Tillman

Date (mm/dd/yy)

11/15/2026

**FOR OFFICE USE ONLY**

NO

Porter County  
Received  
JAN 20 2026  
Election  
Board

**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)