



**CANDIDATE'S STATEMENT OF ORGANIZATION AND
DESIGNATION OF PRINCIPAL COMMITTEE OR EXPLORATORY COMMITTEE**
State Form 4604 (R15 / 5-19)
Indiana Election Division (IC 3-9-1-3; IC 3-9-1-4; IC 3-9-1-5)

(CFA-1)

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. →

46-25-31

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

2. Last Name Tillman	First Name Tracie	Middle Name Y.	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) 1811 1/2 E. Michigan Blvd., PO Box 629			5. FAX (Optional)	6. E-mail Address (Optional) tracietillman@bcgglobal.net
7. City Michigan City	State IN	ZIP Code 46360	8. County LaPorte	9. Telephone (Day) (219) 262-4353
11. Party Affiliation <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Libertarian <input type="checkbox"/> Republican <input type="checkbox"/> Other			10. Telephone (Evening) (219) 262-4353	
12. Office Sought (Include district number, if any. Not required for an exploratory committee.) 5th Ward City Council, Michigan City, Indiana				

SECTION B. COMMITTEE INFORMATION: Fill in all applicable boxes as fully and accurately as possible.

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. 1811 1/2 E. Michigan Blvd., PO Box 629			15. FAX (Optional)	16. E-mail Address (Optional) tracietfor5thward@gmail.com
17. City Michigan City	State IN	ZIP Code 46360	18. County LaPorte	19. Telephone (219) 262-4353
21. Chairperson's Full Name <input checked="" type="checkbox"/> Designate Candidate as Chairperson. <input type="checkbox"/> Check if this is a new chairperson. Tracie Y. Tillman			20. Committee Organization Date (mm/dd/yy) 7/8/2025	
22. Mailing Address (number and street, city, state, and ZIP code) <input type="checkbox"/> Check if this is a new address. 1811 1/2 E. Michigan Blvd., PO Box 629			23. FAX (Optional)	24. E-mail Address (Optional) tracietfor5thward@gmail.com
25. City Michigan City	State IN	ZIP Code 46360	26. County LaPorte	27. Telephone (Day) (219) 262-4353
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.)			28. Telephone (Evening) (872) 255-9362	
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. Tracie Y. Tillman	Person Appointed Treasurer Tracie Y. Tillman	Signature of the Committee Chairperson 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. 1811 1/2 E. Michigan Blvd., PO Box 629		35. FAX (Optional)
36. E-mail Address (Optional) tracietfor5thward@gmail.com	37. City Michigan City	38. State IN
39. ZIP Code 46360	40. County LaPorte	41. Telephone (Day) (219) 262-4353
42. Telephone (Evening) (872) 255-9362		

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 Tracie Y. Tillman
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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 Tracie Y. Tillman	Signature of Chairperson Tracie Y. Tillman	Date (mm/dd/yy) 7/8/2025
43. Typed or Printed Name of Candidate Tracie Y. Tillman	Signature of Candidate Tracie Y. Tillman	Date (mm/dd/yy) 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 4806 (R18 / 6-25)
Indiana Election Division (IC 3-9-5-14)

(CFA-4)
Summary Sheet

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

FILE NUMBER

410-25-31

TOTAL PAGES IN ENTIRE CFA-4 REPORT

10 TV3

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) 242-4353

4. Mailing Address (Address where all campaign finance correspondence is received.) ☐ Check if this is a new address.
1911 1/2 E. Michigan Blvd., PO Box 629

5. City, State, ZIP Code
Michigan City IN 46360

6. Party Affiliation (if applicable)
Democratic

CANDIDATE INFORMATION (For Candidate's Committees Only)

7. Full Name of Candidate (Include any nickname.)
Tracie Y. Tillman

8. Party Affiliation or If Independent Candidate
Democratic

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

CONVENTION CANDIDATES ONLY

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.)

Check one:
☐ Pre-Convention
☐ Post-Convention

12. Reporting Period (mm/dd/yy):
From: 7/8/2025 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) 1/15/2026

Signature of Candidate (if applicable) Tracie Y. Tillman Date (mm/dd/yy) 1/15/2026

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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