



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

46-26-24

1. IS THIS AN AMENDMENT? Yes No If Yes, please enter the file number in this box. →

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

2. Last Name Meyers		First Name Courtnei		Middle Name Elizabeth		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) 7101 S 900 W					5. FAX (Optional)		6. E-mail Address (Optional)		
7. City Westville		State IN	ZIP Code 46391	8. County LaPorte		9. Telephone (Day) (219) 851-5156		10. Telephone (Evening) (219) 851-5156	
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) Clinton 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 type="checkbox"/> Check if this is a new name. Courtnei Meyers, Clinton Township trustee									
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)		
17. City Westville		State IN	ZIP Code 46391	18. County LaPorte		19. Telephone (219) 851-5156		20. Committee Organization Date (mm/dd/yy)	
21. Chairperson's Full Name <input checked="" type="checkbox"/> Designate Candidate as Chairperson. <input type="checkbox"/> Check if this is a new chairperson. Courtnei Meyers									
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)		
25. City Westville		State IN	ZIP Code 46391	26. County LaPorte		27. Telephone (Day) (219) 851-5156		28. Telephone (Evening) (219) 851-5156	
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.) N/A									
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 Doug Meyers		Signature of the Committee Chairperson <i>Courtnei Meyers</i>		
33. Treasurer's Full Name <input checked="" type="checkbox"/> Designate candidate as treasurer. <input type="checkbox"/> Check if this is a new treasurer. Douglas Meyers									
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)		
37. City Westville		State IN	ZIP Code 46391	38. County LaPorte		39. Telephone (Day) (219) 608-7449		40. Telephone (Evening) (219) 608-7449	

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 <i>Doug Meyers</i>				
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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 Courtnei Meyers		Signature of Chairperson <i>Courtnei Meyers</i>		Date (mm/dd/yyyy) 03/23/2026	
43. Typed or Printed Name of Candidate Courtnei Meyers		Signature of Candidate <i>Courtnei Meyers</i>		Date (mm/dd/yyyy) 03/23/2026	

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

FILE NUMBER

46-26-24

TOTAL PAGES IN ENTIRE CFA-4 REPORT

1

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.
Courtnei Meyers, Clinton Township trustee

2 Acronym or Abbreviated Name (if any)

3 Committee Telephone Number
219-851-5156

4 Mailing Address (Address where all campaign finance correspondence is received) Check if this is a new address.
7101 S 900 W

5 City, State, ZIP Code
Westville, IN 46391

6 Party Affiliation (if applicable)
republican

CANDIDATE INFORMATION (For Candidate's Committees Only)

7 Full Name of Candidate (Include any nickname.)
Courtnei Meyers

8 Party Affiliation or If Independent Candidate
republican

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

10 County of Residence
Laporte

TYPE OF REPORT

CONVENTION CANDIDATES ONLY

11. Check one:
 Pro-Primary Pre-Election Annual Nomination Other _____
 Final / Disbands Committee (Lines 16, 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):	COLUMN A This Period	COLUMN B Year to Date
From: <u>01/01/2026</u> Through: <u>04/10/2026</u>		
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 [Signature] Title treasurer Date (mm/dd/yy) 04/12/26

Signature of Candidate (if applicable) [Signature] Date (mm/dd/yy) 04/12/26

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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