



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

1. IS THIS AN AMENDMENT? Yes No *If Yes, please enter the file number in this box.* → **46-26-23**

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

2. Last Name **LOSCUITO** First Name **DAVID** Middle Name **ANTHONY** Nickname _____
3. Type of Committee (Check one)
 Candidate's Principal Committee
 Exploratory Committee

4. Mailing Address (number and street, city, state, and ZIP code) **501 WALKER ST** 5. FAX (Optional) _____ 6. E-mail Address (Optional) **SPECLDS@PAHO.COM**

7. City **MICHIGAN CITY** State **IN** ZIP Code **46360** 8. County **LAPORTE** 9. Telephone (Day) **(219) 424 7667** 10. Telephone (Evening) _____

11. Party Affiliation
 Democratic Libertarian Republican 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.) Check if this is a new name.
COMMITTEE TO ELECT DAVID LOSCUITO

14. Mailing Address (number and street, city, state, and ZIP code) Check if this is a new address. 15. FAX (Optional) _____ 16. E-mail Address (Optional) _____
501 WALKER ST

17. City **MICHIGAN CITY** State **IN** ZIP Code **46360** 18. County **LAPORTE** 19. Telephone **(219) 424 7667** 20. Committee Organization Date (mm/dd/yy) **02/12/2026**

21. Chairperson's Full Name Designate Candidate as Chairperson. Check if this is a new chairperson.
DAVID LOSCUITO

22. Mailing Address (number and street, city, state, and ZIP code) Check if this is a new address. 23. FAX (Optional) _____ 24. E-mail Address (Optional) _____
501 WALKER ST

25. City **MICHIGAN CITY** State **IN** ZIP Code **46360** 26. County **LAPORTE** 27. Telephone (Day) **(219) 424 7667** 28. Telephone (Evening) _____

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.) Yes 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 _____

33. Treasurer's Full Name Designate candidate as treasurer. Check if this is a new treasurer.
DAVID LOSCUITO

34. Mailing Address (number and street, city, state, and ZIP code) Check if this is a new address. 35. FAX (Optional) _____ 36. E-mail Address (Optional) _____
501 WALKER ST

37. City **MICHIGAN CITY** State **IN** ZIP Code **46360** 38. County **LAPORTE** 39. Telephone (Day) **(219) 424 7667** 40. Telephone (Evening) _____

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 _____

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 **DAVID LOSCUITO** Signature of Chairperson _____ Date (mm/dd/yy) **02/12/26**

43. Typed or Printed Name of Candidate **DAVID LOSCUITO** Signature of Candidate _____ Date (mm/dd/yy) **02/12/26**

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 3-9-4-16, 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)

(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
46-26-23
TOTAL PAGES IN ENTIRE CFA-4 REPORT
1

COMMITTEE INFORMATION

1. Full Name of Committee (as on Statement of Organization) <input type="checkbox"/> Check if this is a new name. Committee To Elect David Lascurto	
2. Acronym or Abbreviated Name (if any) N/A	3. Committee Telephone Number (219) 424-7667
4. Mailing Address (Address where all campaign finance correspondence is received.) <input type="checkbox"/> Check if this is a new address. 501 Walker Street	
5. City, State, ZIP Code MICHIGAN CITY IN 46360	6. Party Affiliation (if applicable) Republican

CANDIDATE INFORMATION (For Candidate's Committees Only)

7. Full Name of Candidate (Include any nickname.) DAVID ANTHONY LASCURTO	8. Party Affiliation or If Independent Candidate Republican
9. Office Sought (Include district number, if any. Not required for exploratory committee.) MICHIGAN TOWN SHIP TRUSTEE	10. County of Residence LAPORTE

TYPE OF REPORT

11. Check one: <input checked="" type="checkbox"/> Pre-Primary <input type="checkbox"/> Pre-Election <input type="checkbox"/> Annual <input type="checkbox"/> Nomination <input type="checkbox"/> Other _____ <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.)	CONVENTION CANDIDATES ONLY Check one: <input type="checkbox"/> Pre-Convention <input type="checkbox"/> Post-Convention
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12. Reporting Period (mm/dd/yy): From: 1-1-2026 Through: 4-10-2026	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	
15b. Unitemized	170.65	170.65
15c. Add lines 15a and 15b in both columns. SUBTOTAL	170.65	170.65
16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B. TOTAL	170.65	170.65

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	165.34	165.34
17c. Add lines 17a and 17b in both columns. SUBTOTAL	165.34	165.34
18. Cash on hand and investments at close of this reporting period (Subtract 17c from 16 in both columns.) TOTAL	170.65 5.35	5.35
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): **04/16/2026**

Signature of Candidate (if applicable): *[Signature]* Date (mm/dd/yy): **04/16/2026**

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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