



**POLITICAL ACTION COMMITTEE
OR LEGISLATIVE CAUCUS COMMITTEE
STATEMENT OF ORGANIZATION**
State Form 28251 (R12 / 6-25)
Indiana Election Division (IC 3-9-1-3 and IC 3-9-1-4)

(CFA-2)

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. → 40-26-21

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

2. Full Name of Committee (Do not abbreviate.) Check if this is a new name. Friends of LaPorte County Political Action Committee
3. Acronym or Abbreviated Name (if any) FLPCPAC

4. Mailing Address (Address where all campaign finance correspondence is received.) Check if this is a new address. P.O. Box 88
5. E-mail Address (Optional)

6. City LaPorte State IN ZIP Code 46350
7. FAX (Optional)
8. Telephone (219) 5752221
9. Committee Organization Date (mm/dd/yy)

10. Is this committee registered with the Federal Election Commission? Yes No
11. Is this committee a "Legislative Caucus Committee" under IC 3-5-2-27.3? Yes No

12. State the purpose of the committee and on which issues the committee expects to focus.
Committee is formed as means for members to assist in political process

13. Name and address of any connected, affiliated, sponsoring organization, corporation, group, or individual. none
14. Is this committee supporting a political party's entire ticket? Yes No
Check party affiliation if applicable: Democratic Libertarian Republican
 Other

15. If supporting or opposing a public question, state both the subject of the question AND the committee position.

16. Chairperson's Name Check if this is a new chairperson. Douglas Newland
17. E-mail Address (Optional) dnewland51@icloud.com

18. Mailing Address (number and street, city, state, and ZIP code) Check if this is a new address. 2992 N 300 E Rolling Prairie IN 46371
19. Telephone (Day) (219) 5752221
20. Telephone (Evening) (219) 5752221

21. Treasurer's Name Check if this is a new treasurer. Meredith Newland
22. E-mail Address (Optional) merinewland@gmail.com

23. Mailing Address (number and street, city, state, and ZIP code) Check if this is a new address. 2992 N 300 E
24. Telephone (Day) (219) 5752227
25. Telephone (Evening) (219) 5752227

26. Custodian of Records' Name Check if this is a new custodian. Douglas Newland
27. E-mail Address (Optional) dnewland51@icloud.com

28. Mailing Address (number and street, city, state, and ZIP code) Check if this is a new address. 2992 N 300 E Rolling Prairie IN 46371
29. Telephone (Day) (219) 5752221
30. Telephone (Evening) (219) 5752221

31. 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.) PNC Bank

32. Prohibited Source Affirmation (please check box) I, as Treasurer of the foregoing committee, certify that no preliminary activity was funded by a prohibited source before the committee submitted this form.

SECTION B. APPOINTMENT OF TREASURER (IC 3-9-1-14)

33. I, as Chairperson of the foregoing committee, appoint the following person as Treasurer of the Committee. Person Appointed Treasurer Meredith Newland
Signature of the Committee Chairperson Douglas B Newland

SECTION C. ACCEPTANCE OF APPOINTMENT (IC 3-9-1-15)

34. I give notice that I accept the duties and responsibilities of Treasurer of this Committee. I am not the chairperson of any other campaign finance committee.

35. Typed or Printed Name of Treasurer Meredith Newland
Signature of Treasurer Meredith Newland
Date (mm/dd/yy) 2/9/26

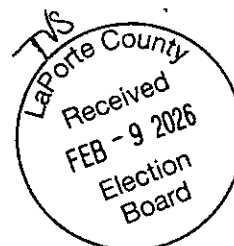
SECTION D. CERTIFICATION OF STATEMENT

I certify that I am the duly appointed Chairperson of the Committee and have examined this statement. To the best of my knowledge and belief it is true, correct and complete.

36. Typed or Printed Name of Chairperson Douglas Newland
Signature of Chairperson Douglas B Newland
Date (mm/dd/yy) 2/9/26

Warning: Any information contained in this statement may not be copied for sale or used for any commercial purposes. (IC 3-9-4-5) State law requires that any change in this information must 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 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





**POLITICAL ACTION COMMITTEE
OR LEGISLATIVE CAUCUS COMMITTEE
STATEMENT OF ORGANIZATION**
State Form 28251 (R12 / 6-25)
Indiana Election Division (IC 3-9-1-3 and IC 3-9-1-4)

(CFA-2)

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. → 46-26-21

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

2. Full Name of Committee (Do not abbreviate.) <input type="checkbox"/> Check if this is a new name. Friends of LaPorte County Political Action Committee			3. Acronym or Abbreviated Name (if any) FLPCPAC		
4. Mailing Address (Address where all campaign finance correspondence is received.) <input type="checkbox"/> Check if this is a new address. P.O. box 88			5. E-mail Address (Optional)		
6. City Laporte	State IN	ZIP Code 46352	7. FAX (Optional) ()	8. Telephone (219) 5752221	9. Committee Organization Date (mm/dd/yy)
10. Is this committee registered with the Federal Election Commission? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			11. Is this committee a "Legislative Caucus Committee" under IC 3-5-2-27.3? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
12. State the purpose of the committee and on which issues the committee expects to focus. Committee is formed as means for members to assist in political process					
13. Name and address of any connected, affiliated, sponsoring organization, corporation, group, or individual. none			14. Is this committee supporting a political party's entire ticket? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Check party affiliation if applicable: <input type="checkbox"/> Democratic <input type="checkbox"/> Libertarian <input type="checkbox"/> Republican <input type="checkbox"/> Other		
15. If supporting or opposing a public question, state both the subject of the question AND the committee position.					

16. Chairperson's Name <input checked="" type="checkbox"/> Check if this is a new chairperson. Douglas Newland			17. E-mail Address (Optional) dnewland51@icloud.com		
18. Mailing Address (number and street, city, state, and ZIP code) <input type="checkbox"/> Check if this is a new address. 2992 N 300 E Rolling Prairie IN 46371			19. Telephone (Day) (219) 5752221		20. Telephone (Evening) (219) 5752221
21. Treasurer's Name <input type="checkbox"/> Check if this is a new treasurer. Meredith Newland			22. E-mail Address (Optional) merinewland@gmail.com		
23. Mailing Address (number and street, city, state, and ZIP code) <input type="checkbox"/> Check if this is a new address. 2992 N 300 E			24. Telephone (Day) (219) 5752227		25. Telephone (Evening) (219) 5752227
26. Custodian of Records' Name <input type="checkbox"/> Check if this is a new custodian. Douglas Newland			27. E-mail Address (Optional) dnewland51@icloud.com		
28. Mailing Address (number and street, city, state, and ZIP code) <input type="checkbox"/> Check if this is a new address. 2992 N 300 E Rolling Prairie IN 46371			29. Telephone (Day) (219) 5752221		30. Telephone (Evening) (219) 5752221

31. 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.)
PNC Bank

32. Prohibited Source Affirmation (please check box) I, as Treasurer of the foregoing committee, certify that no preliminary activity was funded by a prohibited source before the committee submitted this form.

SECTION B. APPOINTMENT OF TREASURER (IC 3-9-1-14)

33. I, as Chairperson of the foregoing committee, appoint the following person as Treasurer of the Committee. Meredith Newland	Person Appointed Treasurer	Signature of the Committee Chairperson <i>Douglas B Newland</i>
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SECTION C. ACCEPTANCE OF APPOINTMENT (IC 3-9-1-15)

34. I give notice that I accept the duties and responsibilities of Treasurer of this Committee. I am not the chairperson of any other campaign finance committee.

35. Typed or Printed Name of Treasurer Meredith Newland	Signature of Treasurer <i>Meredith Newland</i>	Date (mm/dd/yy) 2/10/2026
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FOR OFFICE USE ONLY

Laporte County
Received
FEB 10 2026
Election
Board

SECTION D. CERTIFICATION OF STATEMENT

I certify that I am the duly appointed Chairperson of the Committee and have examined this statement. To the best of my knowledge and belief it is true, correct and complete.

36. Typed or Printed Name of Chairperson Douglas Newland	Signature of Chairperson <i>Douglas B Newland</i>	Date (mm/dd/yy) 2/10/2026
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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

FILE NUMBER

46-26-21

TOTAL PAGES IN ENTIRE CFA-4 REPORT

3

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.
Friends of Laporte County Political Action Committee

2. Acronym or Abbreviated Name (if any)
FLPCPAC

3. Committee Telephone Number
(219) 575-2221

4. Mailing Address (Address where all campaign finance correspondence is received.) Check if this is a new address.
P.O. Box 88

5. City, State, ZIP Code
Laporte IN 46352

6. Party Affiliation (if applicable)

CANDIDATE INFORMATION (For Candidate's Committees Only)

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

8. Party Affiliation or If Independent Candidate

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

10. County of Residence

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: **02/10/26** Through: **04/16/26**

	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.)

	COLUMN A This Period	COLUMN B Year to Date
15a. Itemized (Use Schedule A.)		6850. ⁰⁰
15b. Unitemized		100. ⁰⁰
15c. Add lines 15a and 15b in both columns. SUBTOTAL		6950. ⁰⁰
16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B. TOTAL		6950. ⁰⁰

EXPENDITURES

(Note: These amounts include in-kind expenditures and loan repayments.)

	COLUMN A This Period	COLUMN B Year to Date
17a. Itemized (Use Schedule B.) (Public Question: use Schedule C.)		3494.36
17b. Unitemized		
17c. Add lines 17a and 17b in both columns. SUBTOTAL		3494.36
18. Cash on hand and investments at close of this reporting period (Subtract 17c from 16 in both columns.) TOTAL		3455.64
19. Debts OWED BY the committee (Use Schedule D.)		
20. Debts OWED TO the committee (Use Schedule E.)		

CERTIFICATION

I CERTIFY THAT I HAVE EXAMINED THIS STATEMENT. TO THE BEST OF MY KNOWLEDGE AND BELIEF IT IS TRUE, CORRECT AND COMPLETE.

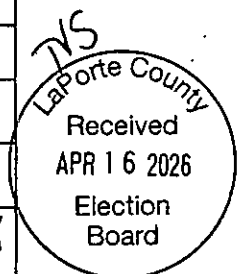
If a Treasurer of a PAC: I have not knowingly or willfully received, solicited, or accepted, either directly or indirectly, contributions or expenditures from a foreign national that exceeds \$50,000 within the four (4) years immediately preceding the date of the contribution. (please check box)

Signature of Treasurer: **Meredith Newland** Title: **Treasurer** Date (mm/dd/yy): **4-16-26**

Signature of Candidate (if applicable): _____ Date (mm/dd/yy): _____

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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**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 SCHEDULE A-1)
CONTRIBUTIONS BY INDIVIDUALS
Itemized Contributions and Other Receipts**

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY INDIVIDUALS ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from individuals OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee). A contributor's occupation is required if an individual makes at least \$1,000 in contributions during the calendar year. Otherwise, this is optional.

FILE NUMBER
462616
Page 2 of 3

CONTRIBUTOR'S FULL NAME AND OCCUPATION FULL MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED (mm/dd/yyyy)
				RECEIVED BY
1. Douglas Newland 2992 N 300 E Rolling Prairie IN 46371 Contributor's Occupation (if required) <u>Building Maint</u>	Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify)	1,000. ⁰⁰	1,000. ⁰⁰	2-11-26 Treasurer
2. Donnie Newland 4484 N 700 E Rolling Prairie IN 46371 Contributor's Occupation (if required) <u>Retired</u>	Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify)	500. ⁰⁰	500. ⁰⁰	3-2-26 Treasurer
3. Suzanne Schaefer 1566 E Glacier Bend Laporte IN 46350 Contributor's Occupation (if required) <u>Retired</u>	Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify)	250. ⁰⁰	250. ⁰⁰	3-16-26 Treasurer
4. Tim Stabosz 1501 Michigan ave Laporte IN 46350 Contributor's Occupation (if required) <u>Retired</u>	Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify)	5,000. ⁰⁰	5,000. ⁰⁰	3-16-26 Treasurer
5. Jenifer Demlein 1083 e str 2 lot 602 Laporte IN 46350 Contributor's Occupation (if required) <u>Bar tender</u>	Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify)	100. ⁰⁰	100. ⁰⁰	4-7-26 Treasurer
SUBTOTAL THIS PAGE OF SCHEDULE A		6,850. ⁰⁰		
TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY (Enter total on ITEM 15a of the Summary Sheet.)		6,850. ⁰⁰		



**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 SCHEDULE B)
ITEMIZED EXPENDITURES**

FILE NUMBER

462616

Page 3 of 3

INSTRUCTIONS: Please type or print legibly in **BLACK INK** all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document expenditures totaled on ITEM 17a of the Summary Sheet. All cumulative expenses paid to individuals, businesses, labor organizations and other entities **OVER \$100** per recipient, within a calendar year **MUST** be itemized on this schedule (over \$200, if regular party committee). All cumulative expenses, including in-kind, regardless of amount paid to political committees, (such as transfers-out from candidate, legislative caucus, political action, or regular party committees) **MUST** be itemized on this schedule.

RECIPIENT'S NAME AND MAILING ADDRESS (street, number, city, state, ZIP code)	RECIPIENT'S OCCUPATION	TYPE OF EXPENDITURE and PURPOSE (be specific)	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE OF EXPENDITURE (mm/dd/yy)
	OFFICE SOUGHT (if applicable)				
Code _____ Reprographic Arts 2824 E Mich Blvd Michigan city IN 46360		<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: Signs	765.05	765.05	4-2-26 3-30-26
Code _____ 96 Color Copies 5951 E 18th St Vancouver WA 98663		<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: Mailers	457. ³⁷	457. ³⁷	3-30-26
Code _____ US Post office 1201 Lincolnway Laporte IN 46350		<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: Postage	2268. ⁹⁴	2268. ⁹⁴	4-2-26
Code _____ PNC Bank 800 Lincolnway Laporte IN 46350		<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: Fee/cks	3. ⁰⁰	3. ⁰⁰	3-2-26
Code _____		<input type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose:			
Code _____		<input type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose:			
Code _____		<input type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose:			
SUBTOTAL THIS PAGE OF SCHEDULE B			\$3494. ³⁶		
TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY (Enter total on ITEM 17a of the Summary Sheet.)			\$3494. ³⁶		