



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.* →

46-26-18

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

| | | | | | | | | | |
|---|--|--------------------|-------------------|--|--|--------------------------------------|--|---|--|
| 2. Last Name Pavolka | | First Name John | | Middle Name Michael | | 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) 1607 N Wozniak Rd Michigan City, In 46360 | | | | | | 5. FAX (Optional) () | | 6. E-mail Address (Optional) | |
| 7. City Michigan City | | State IN | ZIP Code 46360 | 8. County Laporte | | 9. Telephone (Day) (219) 879-5876 | | 10. Telephone (Evening) (219) 879-5876 | |
| 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.) County Council District 2 | | | | | |

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

| | | | | | | | | | |
|---|--|-------------|-------------------|-----------------------|--|---|--|--|--|
| 13. Full Name of Committee (Do not abbreviate.) <input checked="" type="checkbox"/> Check if this is a new name. Committee to Elect John Pavolka | | | | | | | | | |
| 14. Mailing Address (number and street, city, state, and ZIP code) <input type="checkbox"/> Check if this is a new address. 1607 N Wozniak Rd Michigan City, In 46360 | | | | | | 15. FAX (Optional) () | | 16. E-mail Address (Optional) | |
| 17. City Michigan City | | State IN | ZIP Code 46360 | 18. County LaPorte | | 19. Telephone (219) 879-5876 | | 20. Committee Organization Date (mm/dd/yy) 02-05-2026 | |
| 21. Chairperson's Full Name <input checked="" type="checkbox"/> Designate Candidate as Chairperson. <input type="checkbox"/> Check if this is a new chairperson. | | | | | | | | | |
| 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 | | State | ZIP Code | 26. County | | 27. Telephone (Day) () | | 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.) Horizon Bank | | | | | | | | | |
| 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 Dennis Lanie | | Signature of the Committee Chairperson | |
| 33. Treasurer's Full Name <input type="checkbox"/> Designate candidate as treasurer. <input type="checkbox"/> Check if this is a new treasurer. Dennis Lanie | | | | | | | | | |
| 34. Mailing Address (number and street, city, state, and ZIP code) <input type="checkbox"/> Check if this is a new address. 321 W. Powell DR Laporte IN 46360 | | | | | | 35. FAX (Optional) () | | 36. E-mail Address (Optional) | |
| 37. City Laporte | | State IN | ZIP Code 46350 | 38. County Laporte | | 39. Telephone (Day) (219) 575 3522 | | 40. Telephone (Evening) | |

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

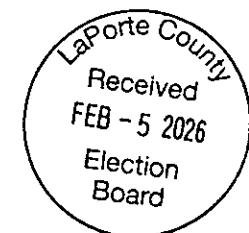
| | | | | | | | | | |
|--|--|--|--|--|--|---|--|--|--|
| 41. I give notice that I accept the duties and responsibilities of Treasurer of this Committee. I am not the chairperson of a campaign finance committee (except as permitted for a candidate committee under IC 3-9-1-7). | | | | | | Signature of Person Accepting Appointment Dennis Lanie | | | |
|--|--|--|--|--|--|---|--|--|--|

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 | | Signature of Chairperson | | Date (mm/dd/yy) | |
| 43. Typed or Printed Name of Candidate | | Signature of Candidate | | Date (mm/dd/yy) | |
| John Pavolka | | John Pavolka | | 2/5/26 | |

FOR OFFICE USE ONLY



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).



**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

46-26-18

TOTAL PAGES IN ENTIRE CFA-4 REPORT

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) <input type="checkbox"/> Check if this is a new name. John Pavolka Committee | |
| 2. Acronym or Abbreviated Name (if any) | 3. Committee Telephone Number |
| 4. Mailing Address (Address where all campaign finance correspondence is received.) <input type="checkbox"/> Check if this is a new address. 1807 N Wozniak Rd | |
| 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.) John Pavolka | 8. Party Affiliation or if Independent Candidate Republican |
| 9. Office Sought (Include district number, if any. Not required for exploratory committee.) County Council District 2 | 10. County of Residence Laporte |

TYPE OF REPORT

CONVENTION CANDIDATES ONLY

| | |
|--|---|
| 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.) | Check one: <input type="checkbox"/> Pre-Convention <input type="checkbox"/> Post-Convention |
|--|---|

| | | |
|--|-------------------------|--------------------------|
| 12. Reporting Period (mm/dd/yy): From: Jan 1st, 2026 Through: April 16th 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.) | | |
| 15b. Unitemized | | |
| 15c. Add lines 15a and 15b in both columns. SUBTOTAL | | |
| 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.) | | |
| 17b. Unitemized | | |
| 17c. Add lines 17a and 17b in both columns. SUBTOTAL | | |
| 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

FOR OFFICE USE ONLY

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 <i>[Signature]</i> | Title TREASURER | Date (mm/dd/yy) 04/17/2026 |
| Signature of Candidate (if applicable) <i>[Signature]</i> | | Date (mm/dd/yy) 04-17-26 |

2:16pm
Laporte County
Received
APR 17 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)