



**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**

46-26-57

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

**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.  
LaPorte County Young Democrats

3. Acronym or Abbreviated Name (if any)  
LPC Young Dems

4. Mailing Address (Address where all campaign finance correspondence is received.)  Check if this is a new address.  
PO Box 8754

5. E-mail Address (Optional)  
lpyoungdems@gmail.com

6. City  
Michigan City

State  
IN

ZIP Code  
46360

7. FAX (Optional)

8. Telephone  
(219) 398-0898

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 3-5-2-27.37  Yes  No

12. State the purpose of the committee and on which issues the committee expects to focus.  
Networking for young Democrats

13. Name and address of any connected, affiliated, sponsoring organization, corporation, group, or individual.  
Indiana Young Democrats

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.  
Gregory Coulter

17. E-mail Address (Optional)  
citr.cmpgn@gmail.com

18. Mailing Address (number and street, city, state, and ZIP code)  Check if this is a new address.  
102 1/2 Georgia Ave Michigan City IN 46360

19. Telephone (Day)  
(219) 398-0898

20. Telephone (Evening)

21. Treasurer's Name  Check if this is a new treasurer.  
Ava Sinclair

22. E-mail Address (Optional)

23. Mailing Address (number and street, city, state, and ZIP code)  Check if this is a new address.  
402 Truesdell Ave, La Porte, IN 46350

24. Telephone (Day)  
(219) 851-4413

25. Telephone (Evening)

26. Custodian of Records' Name  Check if this is a new custodian.

27. E-mail Address (Optional)

28. Mailing Address (number and street, city, state, and ZIP code)  Check if this is a new address.

29. Telephone (Day)

30. Telephone (Evening)

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.)  
Horizon 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: Gregory Coulter  
Signature of the Committee Chairperson:

**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: Ava Sinclair  
Signature of Treasurer: [Signature]  
Date (mm/dd/yy): 4/16/2026

**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: Gregory Coulter  
Signature of Chairperson: Gregory Coulter  
Date (mm/dd/yy): 4/16/2026

Warning: Any information contained in this statement may not be copied for sale or used for any commercial purpose. (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  
11:04am TJS  
LaPorte County  
Received  
APR 17 2026  
Election Board



# 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

46-26-57

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. <b>LaPorte County Young Democrats</b>	
2. Acronym or Abbreviated Name (if any) <b>LLPC Young Dems</b>	3. Committee Telephone Number <b>(219) 398-0898</b>
4. Mailing Address (Address where all campaign finance correspondence is received.) <input type="checkbox"/> Check if this is a new address. <b>PO Box 88754</b>	
5. City, State, ZIP Code <b>Michigan City, IN 46361</b>	6. Party Affiliation (if applicable) <b>Democratic</b>

### CANDIDATE INFORMATION (For Candidate's Committees Only)

7. Full Name of Candidate (Include any nickname.) <b>Gregory Coulter</b>	8. Party Affiliation or If Independent Candidate <b>D</b>
9. Office Sought (Include district number, if any. Not required for exploratory committee.) <b>Michigan City Council</b>	10. County of Residence <b>LaPorte</b>

### TYPE OF REPORT

### CONVENTION CANDIDATES ONLY

11. Check one: <input 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
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12. Reporting Period (mm/dd/yy): From: <b>01/01/2026</b> Through: <b>4/10/2026</b>	COLUMN A This Period	COLUMN B Year to Date
13. Cash on hand and investments at the beginning of this reporting period.	1326.75	
14. Cash on hand and investments January 1, current year.		1326.75

### CONTRIBUTIONS AND RECEIPTS

(Note: these amounts include in-kind contributions and loans, as well as cash contributions.)		
15a. Itemized (Use Schedule A.)	0.00	0.00
15b. Unitemized	57.63	57.63
15c. Add lines 15a and 15b in both columns. SUBTOTAL	57.63	57.63
16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B. TOTAL	0.00	0.00

### EXPENDITURES

(Note: These amounts include in-kind expenditures and loan repayments.)		
17a. Itemized (Use Schedule B.) (Public Question: use Schedule C.)	0.00	0.00
17b. Unitemized	0.00	0.00
17c. Add lines 17a and 17b in both columns. SUBTOTAL	0.00	0.00
18. Cash on hand and investments at close of this reporting period (Subtract 17c from 16 in both columns.) TOTAL	1374.78	1374.78
19. Debts OWED BY the committee (Use Schedule D.)	0.00	
20. Debts OWED TO the committee (Use Schedule E.)	0.00	

### 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 	Title	Date (mm/dd/yy) <b>4/16/2026</b>
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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