



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.* → 46-26-15

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

2. Last Name <u>Cox</u>	First Name <u>Walter</u>	Middle Name <u>Bishop</u>	Nickname <u>TONY</u>	3. Type of Committee (Check one) <input type="checkbox"/> Candidate's Principal Committee <input type="checkbox"/> Exploratory Committee
4. Mailing Address (number and street, city, state, and ZIP code) <u>2903 Oriole Trail</u>		5. FAX (Optional)		6. E-mail Address (Optional) <u>cwalter014@gmail</u>
7. City <u>Long Beach</u>	State <u>IN</u>	ZIP Code <u>46360</u>	8. County <u>Laporte</u>	9. Telephone (Day) <u>(202) 716-1071</u>
11. Party Affiliation <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Libertarian <input type="checkbox"/> Republican <input type="checkbox"/> Other			10. Telephone (Evening) <u>() Same</u>	
12. Office Sought (Include district number, if any. Not required for an exploratory committee.) <u>Midway Township Council</u>				

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. <u>Committee to elect W. Tony Cox</u>				
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) <u>gmc Cox @ AOL</u>
17. City <u>Long Beach</u>	State <u>IN</u>	ZIP Code <u>46360</u>	8. County <u>Laporte</u>	19. Telephone <u>(202) 7161071</u>
21. Chairperson's Full Name <input type="checkbox"/> Designate Candidate as Chairperson. <input checked="" type="checkbox"/> Check if this is a new chairperson. <u>Georgetta M. Cox</u>			20. Committee Organization Date (mm/dd/yy) <u>01/30/2026</u>	
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 <u>Long Beach</u>	State <u>IN</u>	ZIP Code <u>46360</u>	26. County <u>Laporte</u>	27. Telephone (Day) <u>(202) 3686863</u>
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 <input checked="" type="checkbox"/> Designate candidate as treasurer. <input type="checkbox"/> Check if this is a new treasurer.		
34. Mailing Address (number and street, city, state, and ZIP code) <input type="checkbox"/> Check if this is a new address.		35. FAX (Optional)
37. City	State	ZIP Code
38. County	39. Telephone (Day)	
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 <u>Georgetta M. Cox</u>	Signature of Chairperson <u>Georgetta M. Cox</u>	Date (mm/dd/yy) <u>01/30/26</u>
43. Typed or Printed Name of Candidate <u>Walter "TONY" Cox</u>	Signature of Candidate <u>Walter "TONY" Cox</u>	Date (mm/dd/yy) <u>1/30/26</u>

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JAN 30 2025
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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).



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? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>If Yes, please enter the file number in this box. →</i> 46-26-15									
SECTION A. CANDIDATE INFORMATION: Fill in all applicable boxes as fully and accurately as possible.									
2. Last Name <i>Cox</i>		First Name <i>Walter</i>		Middle Name <i>Bishop</i>		Nickname <i>TONY</i>		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) <i>2903 Oriole Trail</i>					5. FAX (Optional) <i>()</i>		6. E-mail Address (Optional) <i>cwalter01@gmail.com</i>		
7. City <i>Long Beach</i>		State <i>IN</i>	ZIP Code <i>46360</i>	8. County <i>Laporte</i>		9. Telephone (Day) <i>202 716 1071</i>		10. Telephone (Evening) <i>()</i>	
11. Party Affiliation <input type="checkbox"/> Democratic <input type="checkbox"/> Libertarian <input type="checkbox"/> Republican <input type="checkbox"/> 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.) <input type="checkbox"/> Check if this is a new name. <i>Cox For Trustee</i>									
14. Mailing Address (number and street, city, state, and ZIP code) <input type="checkbox"/> Check if this is a new address.					15. FAX (Optional) <i>()</i>		16. E-mail Address (Optional)		
17. City <i>Long Beach</i>		State <i>IN</i>	ZIP Code <i>46360</i>	18. County <i>Laporte</i>		19. Telephone <i>(202) 716 1071</i>		20. Committee Organization Date (mm/dd/yy) <i>01/30/2026</i>	
21. Chairperson's Full Name <input type="checkbox"/> Designate Candidate as Chairperson. <input type="checkbox"/> Check if this is a new chairperson. <i>Georgetta M. Cox</i>									
22. Mailing Address (number and street, city, state, and ZIP code) <input type="checkbox"/> Check if this is a new address.					23. FAX (Optional) <i>()</i>		24. E-mail Address (Optional) <i>gmcox@aol.com</i>		
25. City <i>Long Beach</i>		State <i>IN</i>	ZIP Code <i>46360</i>	26. County <i>Laporte</i>		27. Telephone (Day) <i>202 368 6863</i>		28. Telephone (Evening) <i>()</i>	
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.) <input type="checkbox"/> Yes <input 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			
33. Treasurer's Full Name <input checked="" type="checkbox"/> Designate candidate as treasurer. <input type="checkbox"/> Check if this is a new treasurer.									
34. Mailing Address (number and street, city, state, and ZIP code) <input type="checkbox"/> Check if this is a new address.					35. FAX (Optional) <i>()</i>		36. E-mail Address (Optional)		
37. City		State	ZIP Code	38. County		39. Telephone (Day)		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 <i>Georgetta M. Cox</i>			Signature of Chairperson <i>[Signature]</i>			Date (mm/dd/yy) <i>2-16-2026</i>			
43. Typed or Printed Name of Candidate <i>Walter Cox</i>			Signature of Candidate <i>[Signature]</i>			Date (mm/dd/yy) <i>2-16-2026</i>			
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).									

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FEB 17 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
416-210-15
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 checked="" type="checkbox"/> Check if this is a new name. Walter Tony Cox for Trustee	
2. Acronym or Abbreviated Name (if any)	3. Committee Telephone Number (202) 716-1071
4. Mailing Address (Address where all campaign finance correspondence is received.) <input type="checkbox"/> Check if this is a new address. 2903 Oriole Trail	
5. City, State, ZIP Code Long Beach, Indiana 46360	6. Party Affiliation (if applicable) Dem

CANDIDATE INFORMATION (For Candidate's Committees Only)	
7. Full Name of Candidate (Include any nickname.) Walter Bishop Cox Sr - "Tony"	8. Party Affiliation or If Independent Candidate Dem
9. Office Sought (Include district number, if any. Not required for exploratory committee.) Trustee	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):	COLUMN A This Period	COLUMN B Year to Date
From: _____ Through: _____		
13. Cash on hand and investments at the beginning of this reporting period.	0	
14. Cash on hand and investments January 1, current year.		

CONTRIBUTIONS AND RECEIPTS		
<i>(Note: these amounts include in-kind contributions and loans, as well as cash contributions.)</i>		
15a. Itemized (Use Schedule A.)	0	
15b. Unitemized	0	
15c. Add lines 15a and 15b in both columns. SUBTOTAL	0	
16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B. TOTAL	0	

EXPENDITURES		
<i>(Note: These amounts include in-kind expenditures and loan repayments.)</i>		
17a. Itemized (Use Schedule B.) (Public Question: use Schedule C.)	0	
17b. Unitemized	0	
17c. Add lines 17a and 17b in both columns. SUBTOTAL	0	
18. Cash on hand and investments at close of this reporting period (Subtract 17c from 16 in both columns.) TOTAL	0	
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. <input type="checkbox"/> (please check box)		
Signature of Treasurer Georgetta M. Cox	Title Cov-Mgr	Date (mm/dd/yy) 4-17-2026
Signature of Candidate (if applicable) Walter Bishop Cox Sr		Date (mm/dd/yy) 4-17-2026
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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10:14am
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