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 46-26-19

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

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

2. Last Name	First Name	Middle Name	Nickname	3. Type of Committee *(Check one)*
Lake	John	F		☑ Candidate's Principal Committee ☐ Exploratory Committee

4. Mailing Address *(number and street, city, state, and ZIP code)*	5. FAX *(Optional)*	6. E-mail Address *(Optional)*
4968 N. Hunters Glen	( )	lakelaw101@hotmail.com

7. City	State	ZIP Code	8. County	9. Telephone *(Day)*	10. Telephone *(Evening)*
LaPorte	IN	46350	LaPorte	(219) 380-4481	(219) 380-4481

11. Party Affiliation ☑ Democratic ☐ Libertarian ☐ Republican ☐ Other _____

12. Office Sought *(Include district number, if any. Not required for an exploratory committee.)* Prosecuting Attorney of LaPorte County,32nd Judicial Circuit

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 John Lake Prosecutor

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)*
4968 N. Hunters Glen	( )	

17. City	State	ZIP Code	18. County	19. Telephone	20. Committee Organization Date *(mm/dd/yy)*
LaPorte	IN	46350	LaPorte	(219) 380-4481	01/30/26

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

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)*
4968 N. Hunters Glen	( )	

25. City	State	ZIP Code	26. County	27. Telephone *(Day)*	28. Telephone *(Evening)*
LaPorte	IN	46350	LaPorte	(219) 380-4481	(219) 380-4481

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.)*
1st Source 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.)* ☐ 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
	Bethany Beckman	

33. Treasurer's Full Name ☐ Designate candidate as treasurer. ☐ Check if this is a new treasurer.
Bethany Beckman

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)*
1411 S. Woodland Ave.	( )	

37. City	State	ZIP Code	38. County	39. Telephone *(Day)*	40. Telephone *(Evening)*
Michigan City	IN	46360	LaPorte	(219) 874-2529	( )

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	Signature of Chairperson	Date *(mm/dd/yy)*
John Lake		01/30/26
43. Typed or Printed Name of Candidate	**Signature of Candidate**	**Date** *(mm/dd/yy)*
John Lake		01/30/26

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

LaPorte County
Received
FEB – 3 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: 46-26-19

TOTAL PAGES IN ENTIRE CFA-4 REPORT: 2

*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.
Committee to Elect John Lake Prosecutor

2. Acronym or Abbreviated Name *(if any)*

3. Committee Telephone Number
(219) 380-4481

4. Mailing Address *(Address where all campaign finance correspondence is received.)* ☐ Check if this is a new address.
4968 N. Hunters Glen

5. City, State, ZIP Code
LaPorte, IN 46350

6. Party Affiliation *(if applicable)*
Democratic

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

7. Full Name of Candidate *(Include any nickname.)*
John F. Lake

8. Party Affiliation or If Independent Candidate
Democratic

9. Office Sought *(Include district number, if any. **Not required for exploratory committee.**)*
Prosecuting Attorney of LaPorte County, 32nd Judicial Circuit

10. County of Residence
LaPorte County

TYPE OF REPORT

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.)*

CONVENTION CANDIDATES ONLY
Check one:
☐ Pre-Convention
☐ Post-Convention

12. Reporting Period *(mm/dd/yy)*:
From: 01/01/2026 Through: 04/10/2026

	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.)*	$15,000.00	$15,000.00
15b. Unitemized	0	0
15c. Add lines 15a and 15b in both columns. **SUBTOTAL**	$15,000.00	$15,000.00
16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B. **TOTAL**	$15,000.00	$15,000.00
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	0	0
17c. Add lines 17a and 17b in both columns. **SUBTOTAL**	0	0
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

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)*
[signature]	Treasurer	04/15/26
Signature of Candidate *(if applicable)*		Date *(mm/dd/yy)*
[signature]		4/15/26

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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LaPorte County
Received
APR 15 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 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
Page 1 of 1

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/yy)*
1. John Lake and Mary Lake 4968 N. Hunters Glen LaPorte, IN 46350 Contributor's Occupation *(if required)* Attorney	Contributions: ☐ Direct ☒ In-Kind *(describe)* Campaign signs and other campaign materials Other Receipts: ☐ Interest ☐ Loan ☐ Miscellaneous *(specify)*	$15,000.00	$15,000.00	1/30/2026 John Lake
2. Contributor's Occupation *(if required)*	Contributions: ☐ Direct ☐ In-Kind *(describe)* Other Receipts: ☐ Interest ☐ Loan ☐ Miscellaneous *(specify)*			
3. Contributor's Occupation *(if required)*	Contributions: ☐ Direct ☐ In-Kind *(describe)* Other Receipts: ☐ Interest ☐ Loan ☐ Miscellaneous *(specify)*			
4. Contributor's Occupation *(if required)*	Contributions: ☐ Direct ☐ In-Kind *(describe)* Other Receipts: ☐ Interest ☐ Loan ☐ Miscellaneous *(specify)*			
5. Contributor's Occupation *(if required)*	Contributions: ☐ Direct ☐ In-Kind *(describe)* Other Receipts: ☐ Interest ☐ Loan ☐ Miscellaneous *(specify)*			
	SUBTOTAL THIS PAGE OF SCHEDULE A	$15,000.00		
	TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY *(Enter total on ITEM 15a of the Summary Sheet.)*	$15,000.00		

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) Summary Sheet

FILE NUMBER: 46-26-19

TOTAL PAGES IN ENTIRE CFA-4 REPORT: 6

*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.
Committee to Elect John Lake Prosecutor

2. Acronym or Abbreviated Name *(if any)*

3. Committee Telephone Number
(219) 380-4481

4. Mailing Address *(Address where all campaign finance correspondence is received.)* ☐ Check if this is a new address.
4968 N. Hunters Glen

5. City, State, ZIP Code
LaPorte, IN 46350

6. Party Affiliation *(if applicable)*
Democratic

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

7. Full Name of Candidate *(Include any nickname.)*
John F. Lake

8. Party Affiliation or If Independent Candidate
Democratic

9. Office Sought *(Include district number, if any. **Not required for exploratory committee.**)*
Prosecuting Attorney of LaPorte County, 32nd Judicial Circuit

10. County of Residence
LaPorte County

TYPE OF REPORT

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.)*

CONVENTION CANDIDATES ONLY
Check one:
☐ Pre-Convention
☐ Post-Convention

12. Reporting Period *(mm/dd/yy)*:
From: 4/11/26 Through: 10/9/26

	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.)		
15a. Itemized *(Use Schedule A.)*	$9,301.00	$9,301.00
15b. Unitemized	$590.00	$590.00
15c. Add lines 15a and 15b in both columns. **SUBTOTAL**	$9,891.00	$9,891.00
16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B. **TOTAL**	$9,891.00	$9,891.00
EXPENDITURES		
(Note: These amounts include in-kind expenditures and loan repayments.)		
17a. Itemized *(Use Schedule B.) (Public Question: use Schedule C.)*	$4,042.46	$4,042.46
17b. Unitemized	$220.00	$220.00
17c. Add lines 17a and 17b in both columns. **SUBTOTAL**	$4,262.46	$4,262.46
18. Cash on hand and investments at close of this reporting period *(Subtract 17c from 16 in both columns.)* **TOTAL**	$5,628.54	$5,628.54
19. Debts OWED BY the committee *(Use Schedule D.)*	$7,500.00	
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	Title	Date *(mm/dd/yy)*
[signature]	Treasurer	10/14/26
Signature of Candidate *(if applicable)*		Date *(mm/dd/yy)*
[signature]		10/14/26

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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DS

LaPorte County Received OCT 15 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 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
46-26-19

Page 2 of 6

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/yy)* / RECEIVED BY
1. Gale Neulieb 3502 Dorchester Road Michigan City, IN 46350 Contributor's Occupation *(if required)*	Contributions: ☑ Direct ☐ In-Kind *(describe)* Other Receipts: ☐ Interest ☐ Loan ☐ Miscellaneous *(specify)*	$100.00	$100.00	9/1/26 John Lake
2. James Macalka 2009 Monroe Street La Porte, IN 46350 Contributor's Occupation *(if required)*	Contributions: ☑ Direct ☐ In-Kind *(describe)* Other Receipts: ☐ Interest ☐ Loan ☐ Miscellaneous *(specify)*	$100.00	$100.00	9/1/26 John Lake
3. Gary Davis 9246 N 500 E Rolling Prairie, IN 46371 Contributor's Occupation *(if required)*	Contributions: ☑ Direct ☐ In-Kind *(describe)* Other Receipts: ☐ Interest ☐ Loan ☐ Miscellaneous *(specify)*	$100.00	$100.00	9/1/26 John Lake
4. Steve and Deborah Klosowski 121 Country Club Drive La Porte, IN 46350 Contributor's Occupation *(if required)*	Contributions: ☑ Direct ☐ In-Kind *(describe)* Other Receipts: ☐ Interest ☐ Loan ☐ Miscellaneous *(specify)*	$100.00	$100.00	9/1/26 John Lake
5. Atley Price P.O. Box 277 Michigan City, IN 46361 Contributor's Occupation *(if required)*	Contributions: ☑ Direct ☐ In-Kind *(describe)* Other Receipts: ☐ Interest ☐ Loan ☐ Miscellaneous *(specify)*	$101.00	$101.00	9/1/26 John Lake
	SUBTOTAL THIS PAGE OF SCHEDULE A	$501.00		
	TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY *(Enter total on ITEM 15a of the Summary Sheet.)*	$		

LaPorte County Received OCT 15 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 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
46-26-19

Page 3 of 6

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/yy)* / RECEIVED BY
1. Shaw Friedman 21 Greenacres La Porte, IN 46350 Contributor's Occupation *(if required)* _____	Contributions: ☑ Direct ☐ In-Kind *(describe)* _____ Other Receipts: ☐ Interest ☐ Loan ☐ Miscellaneous *(specify)* _____	$200.00	$200.00	9/1/26 John Lake
2. John Larkin 46038 Lake View Ave. Grand Beach, MI 49117 Contributor's Occupation *(if required)* _____	Contributions: ☑ Direct ☐ In-Kind *(describe)* _____ Other Receipts: ☐ Interest ☐ Loan ☐ Miscellaneous *(specify)* _____	$250.00	$250.00	9/1/26 John Lake
3. Jim and Pat Kimmell 1015 S. Westood Drive La Porte, IN 46350 Contributor's Occupation *(if required)* _____	Contributions: ☑ Direct ☐ In-Kind *(describe)* _____ Other Receipts: ☐ Interest ☐ Loan ☐ Miscellaneous *(specify)* _____	$100.00	$100.00	9/1/26 John Lake
4. Dr. Vidya Kora 105 Woodside Drive Michigan City, IN 46360 Contributor's Occupation *(if required)* _____	Contributions: ☑ Direct ☐ In-Kind *(describe)* _____ Other Receipts: ☐ Interest ☐ Loan ☐ Miscellaneous *(specify)* _____	$250.00	$250.00	9/18/26 John Lake
5. Mary Lake 4968 N. Hunters Glen La Porte, IN 46350 Contributor's Occupation *(if required)* _____	Contributions: ☑ Direct ☐ In-Kind *(describe)* _____ Other Receipts: ☐ Interest ☑ Loan ☐ Miscellaneous *(specify)* _____	$7,500.00	$7,500.00	4/11/26 to present John Lake
	SUBTOTAL THIS PAGE OF SCHEDULE A	$8,300.00		
	TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY *(Enter total on ITEM 15a of the Summary Sheet.)*	$		

La Porte County Received OCT 15 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 SCHEDULE A-5)
CONTRIBUTIONS BY OTHER ORGANIZATIONS
Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY ORGANIZATIONS OTHER THAN CORPORATIONS, LABOR ORGANIZATIONS, POLITICAL ACTION COMMITTEES AND 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 other entities **OVER $100** per contributor, within a calendar year **MUST** be itemized on this schedule *(over $200, if regular party committee)*. All transfers-in and in-kind contributions regardless of amount from candidate's, legislative caucus, and regular party committees **MUST** be itemized on this schedule. 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)*.

FILE NUMBER
46-26-19

Page 4 of 6

CONTRIBUTOR'S FULL NAME AND 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/yy)* / RECEIVED BY
1. La Porte Democratic Civic Club P.O. Box 183 La Porte, IN 46352	Contributions: ☑ Direct ☐ In-Kind *(describe)* Other Receipts: ☐ Interest ☐ Loan ☐ Miscellaneous *(specify)*	$500.00	$500.00	9/8/26 John Lake
2.	Contributions: ☐ Direct ☐ In-Kind *(describe)* Other Receipts: ☐ Interest ☐ Loan ☐ Miscellaneous *(specify)*			
3.	Contributions: ☐ Direct ☐ In-Kind *(describe)* Other Receipts: ☐ Interest ☐ Loan ☐ Miscellaneous *(specify)*			
4.	Contributions: ☐ Direct ☐ In-Kind *(describe)* Other Receipts: ☐ Interest ☐ Loan ☐ Miscellaneous *(specify)*			
5.	Contributions: ☐ Direct ☐ In-Kind *(describe)* Other Receipts: ☐ Interest ☐ Loan ☐ Miscellaneous *(specify)*			
	SUBTOTAL THIS PAGE OF SCHEDULE A	$ $500.00		
	TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY *(Enter total on ITEM 15a of the Summary Sheet.)*	$ $9,301.00		

LaPorte County Received OCT 15 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 SCHEDULE B) ITEMIZED EXPENDITURES

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.

FILE NUMBER
46-26-19
Page 5 of 6

RECIPIENT'S NAME AND MAILING ADDRESS *(street, number, city, state, ZIP code)*	RECIPIENT'S OCCUPATION / OFFICE SOUGHT *(if applicable)*	TYPE OF EXPENDITURE and PURPOSE *(be specific)*	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE OF EXPENDITURE *(mm/dd/yy)*
Code C Democratic Central Committee 510 S. Grassfork Ct. Wanatah, IN 46390	Political Organization	☑ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other Purpose: Dinner attendance fees and Ad	$250.00	$250.00	4/11/2026
Code A Democratic Central Committee 510 S. Grassfork Ct. Wanatah, IN 46390	Political Organization	☑ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other Purpose: Event Sponsor	$500.00	$750.00	8/26/2026
Code A La Porte Democratic Civic Club P.O. Box 183 La Porte, IN 46352	Auxiliary Party Organization	☑ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other Purpose: Event Sponsor	$350.00	$350.00	6/9/2026
Code A Porter County Democratic Central Committee Porter County, IN	Political Organization	☑ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other Purpose: Event Sponsor	$500.00	$500.00	8/26/2026
Code F St. Joseph Young Men's Society 2001 Franklin Street Michigan City, IN 46360	Social Club and Event Center	☑ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other Purpose: Fundraiser Expenses	$1,870.00	$1,870.00	9/1/2026
Code A Meta Platforms, Inc. 1 Meta Way Menlo Pk, CA 94025	Social Media Company	☑ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other Purpose: Facebook Ads	$212.46	$212.46	8/25-10/9/26
Code A WEFM 95.9 1903 Springland Ave. Michigan City, IN 46360	Radio Station	☑ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other Purpose: Radio Air Time	$360.00	$360.00	7/13/26
		SUBTOTAL THIS PAGE OF SCHEDULE B	$4,042.46		
		TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY *(Enter total on ITEM 17a of the Summary Sheet.)*	$4,042.46		

La Porte County Received OCT 15 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 SCHEDULE D) DEBTS OWED BY THIS COMMITTEE

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. List all debts and loans, regardless of the amount, **OWED BY** the committee during the reporting period. Include all amounts owed for or to lend institutions, individuals, credit purchases, committee credit card accounts, etc. List each vendor paid by credit card issued in the name of the committee in the ENDORSER'S column. A lender's occupation is required if an individual makes loans of at least $1,000 during the calendar year. Otherwise, this is optional.

FILE NUMBER
46-26-19
Page 6 of 6

CREDITOR'S OR LENDER'S NAME AND MAILING ADDRESS *(street, number, city, state, ZIP code)*	ENDORSER'S OR VENDOR'S NAME AND MAILING ADDRESS *(if any)* *(street, number, city, state, ZIP code)*	AMOUNT / NATURE OF DEBT	DATE DEBT INCURRED *(mm/dd/yy)*	CUMULATIVE PAID YEAR-TO-DATE	OUTSTANDING BALANCE THIS PERIOD
Mary Lake 4968 N. Hunters Glen LaPorte, IN 46350 LENDER'S OCCUPATION: Attorney		$7,500.00 Loan	4/11/26	$0.00	$7,500.00
LENDER'S OCCUPATION:					
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SUBTOTAL THIS PAGE OF SCHEDULE D					$7,500.00
TOTAL OF ALL PAGES OF SCHEDULE D ON THE LAST PAGE ONLY *(Enter total on ITEM 19 of the Summary Sheet.)*					$7,500.00

LaPorte County
Received
OCT 15 2026
Election
Board