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: 46-26-55

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*) ☐ Check if this is a new name.
Committee to Elect Joy Zigler

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

3. Committee Telephone Number
219.608.5719

4. Mailing Address *(Address where all campaign finance correspondence is received.)* ☐ Check if this is a new address.
3782 S St Rd 104

5. City, State, ZIP Code
La Porte IN 46350

6. Party Affiliation *(if applicable)*
Republican

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

7. Full Name of Candidate *(Include any nickname.)*
Joy L Zigler

8. Party Affiliation or If Independent Candidate
Republican

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

10. County of Residence
La Porte

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: January 1, 2026 Through: April 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.)*	0	0
15b. Unitemized	0	0
15c. Add lines 15a and 15b in both columns. **SUBTOTAL**	0	0
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.)*	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)*
	Trustee	4/17/26
Signature of Candidate *(if applicable)*		Date *(mm/dd/yy)* 4/17/26

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)*

FOR OFFICE USE ONLY

11:45am
LaPorte County
Received
APR 17 2026
Election Board
TVS

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
46-26-55
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*) ☐ Check if this is a new name.
Committee to Elect Joy Zigler

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

3. Committee Telephone Number
(219.608.5719

4. Mailing Address *(Address where all campaign finance correspondence is received.)* ☐ Check if this is a new address.
3782 S St Rd 104

5. City, State, ZIP Code
La Porte IN 46350

6. Party Affiliation *(if applicable)*
Republican

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

7. Full Name of Candidate *(Include any nickname.)*
Joy L Zigler

8. Party Affiliation or If Independent Candidate
Republican

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

10. County of Residence
La Porte

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: April 11th, 2026 Through: October 9th, 2026

	COLUMN A This Period	COLUMN B Year to Date
13. Cash on hand and investments at the beginning of this reporting period.	00.00	
14. Cash on hand and investments January 1, current year.		00.00
CONTRIBUTIONS AND RECEIPTS		
(Note: these amounts include in-kind contributions and loans, as well as cash contributions.)		
15a. Itemized *(Use Schedule A.)*	0	0
15b. Unitemized	0	0
15c. Add lines 15a and 15b in both columns. **SUBTOTAL**	0	0
16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B. **TOTAL**	0	
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)*
	Trustee	10/15/26
Signature of Candidate *(if applicable)*		Date *(mm/dd/yy)*
		10/15/26

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)*

FOR OFFICE USE ONLY

LaPorte County Received OCT 16 2026 Election Board

9:25am TVS