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 46-26-31

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)*
Chambers	Kristy	Lee		☑ 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)*
3566 N 700 E	( )	kristychambers@hotmail.com

7. City	State	ZIP Code	8. County	9. Telephone *(Day)*	10. Telephone *(Evening)*
Rolling Prairie	IN	46371	LaPorte	(574) 8764316	(574) 8764316

11. Party Affiliation	12. Office Sought *(Include district number, if any. Not required for an exploratory committee.)*
☐ Democratic ☐ Libertarian ☑ Republican ☐ Other _____	Wills Township Trustee

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 Kristy Chambers

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)*
3566 N 700 E	( )	kristychambers@hotmail.com

17. City	State	ZIP Code	18. County	19. Telephone	20. Committee Organization Date *(mm/dd/yy)*
Rolling Prairie	IN	46371	LaPorte	(574) 8764316	04/27/2026

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)*
	( )	

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.)*
LaPorte Community Federal Credit Union

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
	Kristy Chambers	Kristy L Chambers

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

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)*
	( )	

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	Signature of Chairperson	Date *(mm/dd/yy)*
Kristy Chambers	Kristy L Chambers	04/27/2026
43. Typed or Printed Name of Candidate	**Signature of Candidate**	**Date** *(mm/dd/yy)*
Kristy Chambers	Kristy L Chambers	04/27/2026

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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LaPorte County
Received
APR 27 2026
Election
Board

REPORT OF RECEIPTS AND EXPENDITURES OF A POLITICAL COMMITTEE

State Form 4606 (R15 / 5-19)
Indiana Election Division (IC 3-9-5-14)

(CFA-4) Summary Sheet

FILE NUMBER: 46-26-31

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.
Not applicable

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

3. Committee Telephone Number
( )

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

5. City, State, ZIP Code

6. Party Affiliation *(if applicable)*

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

7. Full Name of Candidate *(Include any nickname.)*
Kristy Chambers

8. Party Affiliation or If Independent Candidate
Republican

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

10. County of Residence
LaPorte

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: 04/13/2026

	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.		
CONTRIBUTIONS AND RECEIPTS		
(Note: these amounts include in-kind contributions and loans, as well as cash contributions.)		
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		
(Note: These amounts include in-kind expenditures and loan repayments.)		
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.)*	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.

Signature of Treasurer	Title	Date *(mm/dd/yy)*
Signature of Candidate *(if applicable)* Kristy Chambers		Date *(mm/dd/yy)* 4/13/2026

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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LaPorte County
Received
APR 13 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: 46-26-31

TOTAL PAGES IN ENTIRE CFA-4 REPORT: 1

*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 Kristy Chambers

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

3. Committee Telephone Number
574-876-4316

4. Mailing Address *(Address where all campaign finance correspondence is received.)* ☐ Check if this is a new address.
3566 N 700 E

5. City, State, ZIP Code
Rolling Prairie IN 46371

6. Party Affiliation *(if applicable)*
Republican

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

7. Full Name of Candidate *(Include any nickname.)*
Kristy Lee Chambers

8. Party Affiliation or If Independent Candidate
Republican

9. Office Sought *(Include district number, if any. **Not required for exploratory committee.**)*
Wills Twp Board Members

10. County of Residence
LaPorte

TYPE OF REPORT

11. *Check one:*
☐ Pre-Primary ■ Pre-Election ☐ Annual ☐ Nomination ☐ Other Finance Report
☐ 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: 4/11/2026 Through: 10/9/2026

	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)*
KristyChambers	Candidate	10/15/2026
Signature of Candidate *(if applicable)*		Date *(mm/dd/yy)*
KristyChambers		10/15/2026

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NS 11:10am

LaPorte County Election Board Received OCT 16 2026