# 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 |
|---|
| 46-26-45 |
| **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.
Election Committee for Kristin Watkins Union Township Trustee

2. Acronym or Abbreviated Name *(if any)*
N/A

3. Committee Telephone Number
( )

4. Mailing Address *(Address where all campaign finance correspondence is received.)* ☐ Check if this is a new address.
P.O. Box 25

5. City, State, ZIP Code
Kingsford Heights, IN. 46346

6. Party Affiliation *(if applicable)*
Republican

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

7. Full Name of Candidate *(Include any nickname.)*
Kristin Rashanne Watkins

8. Party Affiliation or If Independent Candidate
Republican

9. Office Sought *(Include district number, if any.* ***Not required for exploratory committee.****)*
Trustee - Union 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: 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. | Ø | |
| 14. Cash on hand and investments January 1, current year. | | Ø |
| **CONTRIBUTIONS AND RECEIPTS** | | |
| *(Note: these amounts include in-kind contributions and loans, as well as cash contributions.)* | | |
| 15a. Itemized *(Use Schedule A.)* | Ø | Ø |
| 15b. Unitemized | Ø | Ø |
| 15c. Add lines 15a and 15b in both columns. **SUBTOTAL** | Ø | Ø |
| 16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B. **TOTAL** | Ø | Ø |
| **EXPENDITURES** | | |
| *(Note: These amounts include in-kind expenditures and loan repayments.)* | | |
| 17a. Itemized *(Use Schedule B.) (Public Question: use Schedule C.)* | Ø | Ø |
| 17b. Unitemized | Ø | Ø |
| 17c. Add lines 17a and 17b in both columns. **SUBTOTAL** | Ø | Ø |
| 18. Cash on hand and investments at close of this reporting period *(Subtract 17c from 16 in both columns.)* **TOTAL** | Ø | Ø |
| 19. Debts OWED BY the committee *(Use Schedule D.)* | Ø | |
| 20. Debts OWED TO the committee *(Use Schedule E.)* | Ø | |

## 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)* |
|---|---|---|
| Kristin Watkins | Treasurer | 04/11/2026 |
| Signature of Candidate *(if applicable)* | | Date *(mm/dd/yy)* |
| Kristin Watkins | | 04/11/2026 |

**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)*

**FOR OFFICE USE ONLY**

LaPorte County
Received
APR 15 2026
Election Board

TVS

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## COMMITTEE INFORMATION

1. Full Name of Committee (as on *Statement of Organization*) ☐ Check if this is a new name.
Election Committee for Kristin Watkins Union Township Trustee

2. Acronym or Abbreviated Name *(if any)*: N/A

3. Committee Telephone Number: ( )

4. Mailing Address *(Address where all campaign finance correspondence is received.)* ☐ Check if this is a new address.
P.O. BOX 25

5. City, State, ZIP Code: Kingsford Heights, IN. 46346

6. Party Affiliation *(if applicable)*: Republican

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

7. Full Name of Candidate *(Include any nickname.)*: Kristin Rashanne Watkins

8. Party Affiliation or If Independent Candidate: Rupublican

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

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: 04/11/2026 Through: 10/09/2026

| | COLUMN A This Period | COLUMN B Year to Date |
|---|---|---|
| 13. Cash on hand and investments at the beginning of this reporting period. | Ø | |
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| Signature of Treasurer | Title | Date *(mm/dd/yy)* |
|---|---|---|
| Kristi Watkins | Treasurer | 10-16-2026 |
| Signature of Candidate *(if applicable)* | | Date *(mm/dd/yy)* |
| Kristi Watkins | | 10-16-2026 |

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LaPorte County
Received
OCT 16 2026
Election Board
10:08am