POLITICAL ACTION COMMITTEE
OR LEGISLATIVE CAUCUS COMMITTEE
STATEMENT OF ORGANIZATION
State Form 28251 (R12 / 6-25)
Indiana Election Division (IC 3-9-1-3 and IC 3-9-1-4)

(CFA-2)

PLEASE TYPE OR PRINT LEGIBLY IN BLACK INK. SEE INSTRUCTIONS ON REVERSE SIDE.

FILE NUMBER 46-26-21

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

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

2. Full Name of Committee *(Do not abbreviate.)* ☐ Check if this is a new name.
Friends of LaPorte County Political Action Committee

3. Acronym or Abbreviated Name *(If any)*
FLPCPAC

4. Mailing Address *(Address where all campaign finance correspondence is received.)* ☐ Check if this is a new address.
P.O. Box 88

5. E-mail Address *(Optional)*

6. City	State	ZIP Code	7. FAX (Optional)	8. Telephone	9. Committee Organization Date (mm/dd/yy)
LaPorte	IN	46350	( )	(219) 5752221	

10. Is this committee registered with the Federal Election Commission? ☐ Yes ■ No

11. Is this committee a "Legislative Caucus Committee" under IC 3-5-2-27.3? ☐ Yes ■ No

12. State the purpose of the committee and on which issues the committee expects to focus.
Committee is formed as means for members to assist in political process

13. Name and address of any connected, affiliated, sponsoring organization, corporation, group, or individual.
none

14. Is this committee supporting a political party's entire ticket? ☐ Yes ■ No
Check party affiliation if applicable: ☐ Democratic ☐ Libertarian ☐ Republican
☐ Other _____

15. If supporting or opposing a public question, state both the subject of the question AND the committee position.

16. Chairperson's Name ■ Check if this is a new chairperson.
Douglas Newland

17. E-mail Address *(Optional)*
dnewland51@icloud.com

18. Mailing Address *(number and street, city, state, and ZIP code)* ☐ Check if this is a new address.
2992 N 300 E Rolling Prairie IN 46371

19. Telephone *(Day)*
(219) 5752221

20. Telephone *(Evening)*
(219) 5752221

21. Treasurer's Name ☐ Check if this is a new treasurer.
Meredith Newland

22. E-mail Address *(Optional)*
merinewland@gmail.com

23. Mailing Address *(number and street, city, state, and ZIP code)* ☐ Check if this is a new address.
2992 N 300 E

24. Telephone *(Day)*
(219) 5752227

25. Telephone *(Evening)*
(219) 5752227

26. Custodian of Records' Name ☐ Check if this is a new custodian.
Douglas Newland

27. E-mail Address *(Optional)*
dnewland51@icloud.com

28. Mailing Address *(number and street, city, state, and ZIP code)* ☐ Check if this is a new address.
2992 N 300 E Rolling Prairie IN 46371

29. Telephone *(Day)*
(219) 5752221

30. Telephone *(Evening)*
(219) 5752221

31. 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.)*
PNC Bank

32. Prohibited Source Affirmation *(please check box)* ✔ **I, as Treasurer of the foregoing committee, certify that no preliminary activity was funded by a prohibited source before the committee submitted this form.**

SECTION B. APPOINTMENT OF TREASURER (IC 3-9-1-14)

33. I, as Chairperson of the foregoing committee, appoint the following person as Treasurer of the Committee.

Person Appointed Treasurer
Meredith Newland

Signature of the Committee Chairperson
Douglas B Newland

SECTION C. ACCEPTANCE OF APPOINTMENT (IC 3-9-1-15)

34. I give notice that I accept the duties and responsibilities of Treasurer of this Committee. I am not the chairperson of any other campaign finance committee.

35. Typed or Printed Name of Treasurer	Signature of Treasurer	Date (mm/dd/yy)
Meredith Newland	Meredith Newland	2/9/26

FOR OFFICE USE ONLY

LaPorte County Received FEB - 9 2026 Election Board

SECTION D. CERTIFICATION OF STATEMENT

I certify that I am the duly appointed Chairperson of the Committee and have examined this statement. To the best of my knowledge and belief it is true, correct and complete.

36. Typed or Printed Name of Chairperson	Signature of Chairperson	Date (mm/dd/yy)
Douglas Newland	Douglas B Newland	2/9/26

Warning: Any information contained in this statement may not be copied for sale or used for any commercial purpose. *(IC 3-9-4-5)* State law requires that any change in this information must 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 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)*

POLITICAL ACTION COMMITTEE
OR LEGISLATIVE CAUCUS COMMITTEE
STATEMENT OF ORGANIZATION
State Form 28251 (R12 / 6-25)
Indiana Election Division (IC 3-9-1-3 and IC 3-9-1-4)

(CFA-2)

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.* → 46-26-21

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

2. Full Name of Committee *(Do not abbreviate.)* ☐ Check if this is a new name.	3. Acronym or Abbreviated Name *(if any)*
Friends of LaPorte County Political Action Committee	FLPCPAC
4. Mailing Address *(Address where all campaign finance correspondence is received.)* ☐ Check if this is a new address.	**5. E-mail Address** *(Optional)*
P.O. box 88	

6. City	State	ZIP Code	7. FAX *(Optional)*	8. Telephone	9. Committee Organization Date *(mm/dd/yy)*
Laporte	IN	46352	( )	(219) 5752221	

10. Is this committee registered with the Federal Election Commission? ☐ Yes ■ No

11. Is this committee a "Legislative Caucus Committee" under IC 3-5-2-27.3? ☐ Yes ■ No

12. State the purpose of the committee and on which issues the committee expects to focus.
Committee is formed as means for members to assist in political process

13. Name and address of any connected, affiliated, sponsoring organization, corporation, group, or individual.
none

14. Is this committee supporting a political party's entire ticket? ☐ Yes ■ No
Check party affiliation if applicable: ☐ Democratic ☐ Libertarian ☐ Republican ☐ Other _____

15. If supporting or opposing a public question, state both the subject of the question AND the committee position.

16. Chairperson's Name ■ Check if this is a new chairperson.	17. E-mail Address *(Optional)*	
Douglas Newland	dnewland51@icloud.com	
18. Mailing Address *(number and street, city, state, and ZIP code)* ☐ Check if this is a new address.	**19. Telephone** *(Day)*	**20. Telephone** *(Evening)*
2992 N 300 E Rolling Prairie IN 46371	(219) 5752221	(219) 5752221
21. Treasurer's Name ☐ Check if this is a new treasurer.	**22. E-mail Address** *(Optional)*	
Meredith Newland	merinewland@gmail.com	
23. Mailing Address *(number and street, city, state, and ZIP code)* ☐ Check if this is a new address.	**24. Telephone** *(Day)*	**25. Telephone** *(Evening)*
2992 N 300 E	(219) 5752227	(219) 5752227
26. Custodian of Records' Name ☐ Check if this is a new custodian.	**27. E-mail Address** *(Optional)*	
Douglas Newland	dnewland51@icloud.com	
28. Mailing Address *(number and street, city, state, and ZIP code)* ☐ Check if this is a new address.	**29. Telephone** *(Day)*	**30. Telephone** *(Evening)*
2992 N 300 E Rolling Prairie IN 46371	(219) 5752221	(219) 5752221

31. 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.)*
PNC Bank

32. Prohibited Source Affirmation *(please check box)* ☑ **I, as Treasurer of the foregoing committee, certify that no preliminary activity was funded by a prohibited source before the committee submitted this form.**

SECTION B. APPOINTMENT OF TREASURER (IC 3-9-1-14)

33. I, as Chairperson of the foregoing committee, appoint the following person as Treasurer of the Committee.	Person Appointed Treasurer	Signature of the Committee Chairperson
	Meredith Newland	Douglas B Newland

SECTION C. ACCEPTANCE OF APPOINTMENT (IC 3-9-1-15)

34. I give notice that I accept the duties and responsibilities of Treasurer of this Committee. I am not the chairperson of any other campaign finance committee.

35. Typed or Printed Name of Treasurer	Signature of Treasurer	Date *(mm/dd/yy)*
Meredith Newland	Meredith Newland	2/10/2026

SECTION D. CERTIFICATION OF STATEMENT

I certify that I am the duly appointed Chairperson of the Committee and have examined this statement. To the best of my knowledge and belief it is true, correct and complete.

36. Typed or Printed Name of Chairperson	Signature of Chairperson	Date *(mm/dd/yy)*
Douglas Newland	Douglas B Newland	2/10/2026

FOR OFFICE USE ONLY

LaPorte County Received FEB 10 2026 Election Board

Warning: Any information contained in this statement may not be copied for sale or used for any commercial purpose. *(IC 3-9-4-5)* State law requires that any change in this information must 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 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)*

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: 46-26-21

TOTAL PAGES IN ENTIRE CFA-4 REPORT: 3

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.
Friends of Laporte County Political Action Committee

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

3. Committee Telephone Number
(219) 575-2221

4. Mailing Address *(Address where all campaign finance correspondence is received.)* ☐ Check if this is a new address.
P.O. Box 88

5. City, State, ZIP Code
Laporte, IN 46352

6. Party Affiliation *(if applicable)*

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

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

8. Party Affiliation or If Independent Candidate

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

10. County of Residence

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: 02/10/26 Through: 04/16/26

	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.)*		6850.00
15b. Unitemized		100.00
15c. Add lines 15a and 15b in both columns. **SUBTOTAL**		
16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B. **TOTAL**		6950.00
EXPENDITURES		
(Note: These amounts include in-kind expenditures and loan repayments.)		
17a. Itemized *(Use Schedule B.) (Public Question: use Schedule C.)*		3494.36
17b. Unitemized		
17c. Add lines 17a and 17b in both columns. **SUBTOTAL**		3494.36
18. Cash on hand and investments at close of this reporting period *(Subtract 17c from 16 in both columns.)* **TOTAL**		3455.64
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. ☐ *(please check box)*

Signature of Treasurer: Meredith Newland — Title: Treasurer — Date *(mm/dd/yy)*: 4-16-26

Signature of Candidate *(if applicable)* — Date *(mm/dd/yy)*:

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

JVS

LaPorte County Received APR 16 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 462616

Page 2 of 3

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. Douglas Newland 2992 N 300 E Rolling Prairie IN 46371 Contributor's Occupation *(if required)* Building Maint.	Contributions: ☑ Direct ☐ In-Kind *(describe)* ____ Other Receipts: ☐ Interest ☐ Loan ☐ Miscellaneous *(specify)* ____	1,000.00	1,000.00	2-11-26 Treasurer
2. Donnie Newland 4484 N 700 E Rolling Prairie IN 46371 Contributor's Occupation *(if required)* Retired	Contributions: ☑ Direct ☐ In-Kind *(describe)* ____ Other Receipts: ☐ Interest ☐ Loan ☐ Miscellaneous *(specify)* ____	500.00	500.00	3-2-26 Treasurer
3. Suzanne Schafer 1566 E Glacier Bend Laporte IN 46350 Contributor's Occupation *(if required)* Retired	Contributions: ☑ Direct ☐ In-Kind *(describe)* ____ Other Receipts: ☐ Interest ☐ Loan ☐ Miscellaneous *(specify)* ____	250.00	250.00	3-16-26 treasurer
4. Tim Stabosz 1501 Michigan ave Laporte IN 46350 Contributor's Occupation *(if required)* Retired	Contributions: ☑ Direct ☐ In-Kind *(describe)* ____ Other Receipts: ☐ Interest ☐ Loan ☐ Miscellaneous *(specify)* ____	5000.00	5,000.00	3-16-26 treasurer
5. Jenifer Demlein 1083 e st r 2 lot 602 Laporte IN 46350 Contributor's Occupation *(if required)* Bartender	Contributions: ☑ Direct ☐ In-Kind *(describe)* ____ Other Receipts: ☐ Interest ☐ Loan ☐ Miscellaneous *(specify)* ____	100.00	100.00	4-7-26 treasurer
	SUBTOTAL THIS PAGE OF SCHEDULE A	6850.00		
	TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY *(Enter total on ITEM 15a of the Summary Sheet.)*	6850.00		

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 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 462616

Page 3 of 3

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 ____ Reprographic Arts 2824 E Mich Blvd Michigan City IN 46360		☑ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other ____ Purpose: Signs	765.05	765.05	~~4-2-26~~ 3-30-26
Code ____ 9c Color Copies 5951 E 18th St Vancouver WA 98663		☑ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other ____ Purpose: mailers	457.37	457.37	3-30-26
Code ____ US Post office 1201 Lincolnway Laporte IN 46350		☑ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other ____ Purpose: Postage	2268.94	2268.94	4-2-26
Code ____ PNC Bank 800 Lincolnway Laport IN 46350		☑ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other ____ Purpose: fee/cks	3.00	3.00	3-2-26
Code ____		☐ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other ____ Purpose:			
Code ____		☐ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other ____ Purpose:			
Code ____		☐ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other ____ Purpose:			
		SUBTOTAL THIS PAGE OF SCHEDULE B	$3494.34		
		TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY *(Enter total on ITEM 17a of the Summary Sheet.)*	$3494.36		

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
462616
TOTAL PAGES IN ENTIRE CFA-4 REPORT
3

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.
Friends of Laporte County Political Action Committee

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

3. Committee Telephone Number
(219) 575-2221

4. Mailing Address *(Address where all campaign finance correspondence is received.)* ☐ Check if this is a new address.
P.O. Box 88

5. City, State, ZIP Code
Laporte IN 46352

6. Party Affiliation *(if applicable)*

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

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

8. Party Affiliation or If Independent Candidate

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

10. County of Residence

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: 02/10/26 Through: 04/10/26

	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.)*	6850.00	6850.00
15b. Unitemized	100.00	100.00
15c. Add lines 15a and 15b in both columns. **SUBTOTAL**	6950.00	6950.00
16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B. **TOTAL**	6950.00	6950.00
EXPENDITURES		
(Note: These amounts include in-kind expenditures and loan repayments.)		
17a. Itemized *(Use Schedule B.) (Public Question: use Schedule C.)*	3494.36	3494.36
17b. Unitemized	0	0
17c. Add lines 17a and 17b in both columns. **SUBTOTAL**	3494.36	3494.36
18. Cash on hand and investments at close of this reporting period *(Subtract 17c from 16 in both columns.)* **TOTAL**	3455.64	3455.64
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: Meredith Newland | Title: Treasurer | Date *(mm/dd/yy)*: 5/13/26

Signature of Candidate *(if applicable)* | Date *(mm/dd/yy)*:

FOR OFFICE USE ONLY

Received
Election Board

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)*

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
462616
Page 2 of 3

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. Douglas Newland 2992 N 300 E Rolling Prairie IN 46371 Contributor's Occupation (if required) Building Maint.	Contributions: ☑ Direct ☐ In-Kind (describe) _____ Other Receipts: ☐ Interest ☐ Loan ☐ Miscellaneous (specify) _____	1,000.00	1,000.00	2-11-26 Treasurer
2. Donnie Newland 4484 N 700 E Rolling Prairie IN 46371 Contributor's Occupation (if required) Retired	Contributions: ☑ Direct ☐ In-Kind (describe) _____ Other Receipts: ☐ Interest ☐ Loan ☐ Miscellaneous (specify) _____	500.00	500.00	3-2-26 Treasurer
3. Suzanne Schafer 1566 E Glacier Bend Laporte IN 46350 Contributor's Occupation (if required) Retired	Contributions: ☑ Direct ☐ In-Kind (describe) _____ Other Receipts: ☐ Interest ☐ Loan ☐ Miscellaneous (specify) _____	250.00	250.00	3-16-26 treasurer
4. Tim Stabosz 1501 Michigan ave Laporte IN 46350 Contributor's Occupation (if required) Retired	Contributions: ☑ Direct ☐ In-Kind (describe) _____ Other Receipts: ☐ Interest ☐ Loan ☐ Miscellaneous (specify) _____	5,000.00	5,000.00	3-16-26 treasurer
5. Jenifer Demlein 1083 e st r 2 lot 602 Laporte IN 46350 Contributor's Occupation (if required) Bar tender	Contributions: ☑ Direct ☐ In-Kind (describe) _____ Other Receipts: ☐ Interest ☐ Loan ☐ Miscellaneous (specify) _____	100.00	100.00	4-7-26 treasurer
	SUBTOTAL THIS PAGE OF SCHEDULE A	6850.00		
	TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY *(Enter total on ITEM 15a of the Summary Sheet.)*	6850.00		

Received MAY 14 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
462616
Page 3 of 3

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 A Reprographic Arts 2824 E Mich Blvd Michigan City 46360		☑ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other Purpose: Signs	765.05	765.05	03/30/26
Code A qc Color Copies 5951 E 18th St Vancouver WA. 98663		☑ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other Purpose: Mailers	457.37	457.37	03/30/26
Code O US Post office 1201 Lincolnway Laporte IN 46350		☑ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other Purpose: Postage	2268.94	2268.94	04/02/26
Code O PNC Bank 800 Lincolnway Laporte IN 46350		☑ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other Purpose: Fee/cks	3.00	3.00	03/02/26
Code		☐ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other Purpose:			
Code		☐ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other Purpose:			
Code		☐ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other Purpose:			
		SUBTOTAL THIS PAGE OF SCHEDULE B	$3494.36		
		TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY *(Enter total on ITEM 17a of the Summary Sheet.)*	$3494.36		

LaPorte County Received MAY 14 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
46e-26-21
TOTAL PAGES IN ENTIRE CFA-4 REPORT
3

*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.
Friends of Laporte County Political Action Committee

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

3. Committee Telephone Number
219-575-2221

4. Mailing Address *(Address where all campaign finance correspondence is received.)* ☐ Check if this is a new address.
PO Box 88

5. City, State, ZIP Code
Laporte IN 46352

6. Party Affiliation *(if applicable)*

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

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

8. Party Affiliation or If Independent Candidate

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

10. County of Residence

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: 04/10/26 Through: 10/21/26

	COLUMN A This Period	COLUMN B Year to Date
13. Cash on hand and investments at the beginning of this reporting period.	3355 64	
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.)*	500	8350
15b. Unitemized	100	200
15c. Add lines 15a and 15b in both columns. **SUBTOTAL**	1600	8550
16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B. **TOTAL**	4955. 64	8550
EXPENDITURES		
(Note: These amounts include in-kind expenditures and loan repayments.)		
17a. Itemized *(Use Schedule B.) (Public Question: use Schedule C.)*	2922.74	6417.10
17b. Unitemized	0	0
17c. Add lines 17a and 17b in both columns. **SUBTOTAL**	2922 74	6417.10
18. Cash on hand and investments at close of this reporting period *(Subtract 17c from 16 in both columns.)* **TOTAL**	2032. 90	4417 10
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)*
Meredith Newland	Treasurer	10/21/2026
Signature of Candidate *(if applicable)*		Date *(mm/dd/yy)*

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 21 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
462616
Page 2 of 3

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. Tim Stabosz 1501 michigan Ave LaporteIN 46350 Contributor's Occupation *(if required)* retired	Contributions: ☑ Direct ☐ In-Kind *(describe)* Other Receipts: ☐ Interest ☐ Loan ☐ Miscellaneous *(specify)*	1500.00	6500.00	7-6-26 treasurer
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	$ 1500		
	TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY *(Enter total on ITEM 15a of the Summary Sheet.)*	$ 1500		

LaPorte County Received OCT 21 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

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FILE NUMBER 4626616

Page 3 of 3

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 A Reprographic Arts 2824 E Mich Blvd Mich City 46360		☑ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other Purpose: Signs	428.00	1193.05	04-21-26
Code O Tractor Supply 71 Pine Lake Ave Ste B LaPorte IN 46350		☑ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other Purpose: Posts/Signs	102.51	102.51	4-23-26
Code O Enterprise Rent a Car 1101 E Lincolnway LaPorte IN 46350		☑ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other Purpose: Truck Rental	1097.61	1097.61	4-29-26
Code O PNC Bank 800 Lincolnway LaPorte IN 46350		☑ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other Purpose: Service Charge	15.00	18.00	5-1-26
Code A Wave-Right Strategies PO Box 772 Ankeny Iowa 50021		☑ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other Purpose: Text Messages	473.22	473.22	5-5-26
Code A Wave-Right Strategies PO Box 772 Ankeny Iowa 50021		☑ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other Purpose: Text Messages	403.20	403.20	5-6-26
Code A Wave-Right Strategies PO Box 772 Ankeny Iowa 50021		☑ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other Purpose: Text Messages	403.20	403.20	5-6-26
		SUBTOTAL THIS PAGE OF SCHEDULE B	$2922.74		
		TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY *(Enter total on ITEM 17a of the Summary Sheet.)*	$2922.74		

LaPorte County Received OCT 21 2026 Election Board