# 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**

**1. IS THIS AN AMENDMENT?** ☐ Yes ☑ No *If Yes, please enter the file number in this box.* → 46-26-60

## 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)* |
|---|---|---|---|---|
| Cuson | Margaret | Victoria | Maggie | ☑ 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)* |
|---|---|---|
| 7701 E 250 N | ( ) | reyncloud@gmail.com |

| 7. City | State | ZIP Code | 8. County | 9. Telephone *(Day)* | 10. Telephone *(Evening)* |
|---|---|---|---|---|---|
| Rolling Prairie | IN | 46371 | LaPorte | (847) 366-9524 | (847) 366-9524 |

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

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

## 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.
Maggie Cuson for Wills Township Trustee

| 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)* |
|---|---|---|
| 7701 E 250 N | ( ) | reyncloud@gmail.com |

| 17. City | State | ZIP Code | 18. County | 19. Telephone | 20. Committee Organization Date *(mm/dd/yy)* |
|---|---|---|---|---|---|
| Rolling Prairie | IN | 46371 | LaPorte | (847) 366-9524 | 04/17/2026 |

**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.)*
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 |
|---|---|---|
| | | |

**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: Margaret Cuson |
|---|---|

## 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)* |
|---|---|---|
| | | |

| 43. Typed or Printed Name of Candidate | Signature of Candidate | Date *(mm/dd/yy)* |
|---|---|---|
| Margaret Cuson | Margaret Cuson | 04/17/2026 |

**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)*.

**FOR OFFICE USE ONLY**

LaPorte County
Received
APR 17 2026
Election Board
10:20am TVS

# 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 |
|---|
| 46-26-60 |
| **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.
Maggie Cuson for Wills Township Trustee

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

3. Committee Telephone Number
(847) 366-9524

4. Mailing Address *(Address where all campaign finance correspondence is received.)* ☐ Check if this is a new address.
7701 E. 250 N.

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

6. Party Affiliation *(if applicable)*
Democratic

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

7. Full Name of Candidate *(Include any nickname.)*
Margaret "Maggie" Cuson

8. Party Affiliation or If Independent Candidate
Democratic

9. Office Sought *(Include district number, if any. Not required for exploratory committee.)*
Township Trustee - Wills 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: 01/01/26 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.)* | 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.

Signature of Treasurer: Margaret Cuson | Title: Candidate | Date *(mm/dd/yy)*: 04/17/26

Signature of Candidate *(if applicable)*: Margaret Cuson | Date *(mm/dd/yy)*: 04/17/26

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**

LaPorte County
Received
APR 17 2026
Election
Board

10:25am TS

# 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**: 46-26-60

**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.
Maggie Cuson for Wills Township Trustee

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

3. Committee Telephone Number
(847) 366-9524

4. Mailing Address *(Address where all campaign finance correspondence is received.)* ☐ Check if this is a new address.
7701 E. 250 N.

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

6. Party Affiliation *(if applicable)*
Democrat

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

7. Full Name of Candidate *(Include any nickname.)*
Margaret "Maggie" Cuson

8. Party Affiliation or If Independent Candidate
Democrat

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

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: 4/11/26 Through: 10/09/26

| | 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.)* | 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)* |
|---|---|---|
| Margaret Cuson | Candidate | 10/16/26 |
| Signature of Candidate *(if applicable)* | | Date *(mm/dd/yy)* |
| Margaret Cuson | | 10/16/26 |

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**FOR OFFICE USE ONLY**

JS 11:50 am

LaPorte County Received OCT 16 2026 Election Board