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.* → 46-26-26

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)*
Ott	Vivian	E		☑ 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)*
105 Felton Street	( )	

7. City	State	ZIP Code	8. County	9. Telephone *(Day)*	10. Telephone *(Evening)*
Michigan City	IN	46360	LaPorte	(312) 2577484	(312) 2577484

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

12. Office Sought *(Include district number, if any. Not required for an exploratory committee.)* Precinct Committeeman MC01

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.
VoteOTT

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)*
105 Felton Street	( )	

17. City	State	ZIP Code	18. County	19. Telephone	20. Committee Organization Date *(mm/dd/yy)*
Michigan City	IN	46360	LaPorte	(312) 2577484	01/30/2026

21. Chairperson's Full Name ☑ Designate Candidate as Chairperson. ☐ Check if this is a new chairperson.
Vivian E Ott

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)*
105 Felton Street	( )	

25. City	State	ZIP Code	26. County	27. Telephone *(Day)*	28. Telephone *(Evening)*
Michigan City	IN	46360	LaPorte	(312) 2577484	(312) 2577484

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.)*
Purdue 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
	Vivian E Ott	Vivian E Ott

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

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)*
105 Felton Street	( )	

37. City	State	ZIP Code	38. County	39. Telephone *(Day)*	40. Telephone *(Evening)*
Michigan City	IN	46360	LaPorte	(312) 2577484	(312) 2577484

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)*
Vivian E Ott		02/27/2026
43. Typed or Printed Name of Candidate	**Signature of Candidate**	**Date** *(mm/dd/yy)*
Vivian E Ott	Vivian E Ott	02/27/2026

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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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: 46-26-26

TOTAL PAGES IN ENTIRE CFA-4 REPORT: 5

*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*): voteOTT ☐ Check if this is a new name.

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

3. Committee Telephone Number: 312.257.7484

4. Mailing Address *(Address where all campaign finance correspondence is received.)*: 105 Felton Street ☐ Check if this is a new address.

5. City, State, ZIP Code: Michigan City, IN 46360

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

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

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

8. Party Affiliation or If Independent Candidate: Democrat

9. Office Sought *(Include district number, if any. **Not required for exploratory committee.**)*: Precinct Committeeman MC01

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: 04/10/2026

	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.)*	2087.50	2087.50
15b. Unitemized		
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**	2087.50	2087.50
EXPENDITURES		
(Note: These amounts include in-kind expenditures and loan repayments.)		
17a. Itemized *(Use Schedule B.) (Public Question: use Schedule C.)*	1949.52	1949.52
17b. Unitemized		
17c. Add lines 17a and 17b in both columns. **SUBTOTAL**		
18. Cash on hand and investments at close of this reporting period *(Subtract 17c from 16 in both columns.)* **TOTAL**	137.98	
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)*
[signature]	Treasurer	04/10/2026
Signature of Candidate *(if applicable)*		Date *(mm/dd/yy)*
[signature]		04/10/2026

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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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

Page 2 of 5

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. Vivian Ott 105 Felton Street Michigan City, IN 46360 Contributor's Occupation *(if required)*	Contributions: ☑ Direct ☐ In-Kind *(describe)* Other Receipts: ☐ Interest ☐ Loan ☐ Miscellaneous *(specify)*	2000.00	2000.00	2.27.2026 VOT
2. Cory Soller 2816 Brentwood Way Long Beach, IN 46360 Contributor's Occupation *(if required)*	Contributions: ☐ Direct ☑ In-Kind *(describe)* hand held American flags N=100 Other Receipts: ☐ Interest ☐ Loan ☐ Miscellaneous *(specify)*	47.50	47.50	03.14.2026 VOT
3. Julie Sepiol 100 Lake Shore Drive #402 Michigan City, IN 46360 Contributor's Occupation *(if required)*	Contributions: ☐ Direct ☑ In-Kind *(describe)* event food, meet candidate 4.12 Other Receipts: ☐ Interest ☐ Loan ☐ Miscellaneous *(specify)* cookies	40.00	40.00	04.10.2026 VOT
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	$ 2087.50		
	TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY *(Enter total on ITEM 15a of the Summary Sheet.)*	$ 2087.50		

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 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

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 Capital Promotions PO Box 231 Glenside, PA 19038	vendor N/A	☒ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other Purpose: banner, car magnets, parade candy	$545.00	$545.00	3.9.2026
Code O Vivian Ott 105 Felton St MC 46360	candidate Precinct Committeeman MC01	☒ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other Purpose: campaign travel	$200.00	$200.00	3.13.2026
Code O Fiddlehead Rest 422 Franklin St MC 46360	vendor N/A	☒ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other Purpose: food at event, meet the candidate 3.14	$93.46	$93.46	3.14.2026
Code O Dollar General 2821 US-12 MC 46360	vendor N/A	☒ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other Purpose: thankyou cards	$1.07	$1.07	3.13.2026
Code A Office Depot 118 Dunes Plaza MC 46360	vendor N/A	☒ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other Purpose: banner, fliers, postcards	$10.02 11.77 17.75 21.50 6.59 69.54	$137.17	3.12.2026 3.17 3.21 3.24 3.25 3.26.2026
Code O https://order.mypostcardmailings.com	vendor N/A	☒ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other Purpose: mailed postcards	$211.93	$211.93	3.9.2026
Code O Goodwill 3822 Franklin St MC 46360	vendor N/A	☒ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other Purpose: candy dish, parade baskets	$7.0 $22.00	$29.00	3.3.2026 3.21.2026
		SUBTOTAL THIS PAGE OF SCHEDULE B	$1207.53		
		TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY *(Enter total on ITEM 17a of the Summary Sheet.)*	$		

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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

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 The Beacher 911 Franklin St Michigan City 46360	vendor N/a	☒ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other Purpose: ADs for 2 weeks	$126	$126	3.30.2026
Code O BP 1302 E. Michigan Blvd MC 46360	Vendor N/a	☒ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other Purpose: gas	32.01 43.01 25.00 42.00 40.00	182.02	2.27.2026 3.5.2026 3.25.2026 3.30.2026 4.4.2026
Code O League of Women Voters lwv.org	vendor N/A	☒ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other Purpose: membership	75.00	75.00	2.20.26
Code O Aran Sweater Market aran.com	Vendor N/A	☒ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other Purpose: wool hats for parade	92.08	92.000	2.27.2026
Code A LaPorte County Democrats shoplpcodems.com	Vendor N/a	☒ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other Purpose: yard sign	49.15	49.15	2.2026
Code A MoveOn Political Action moveon.org	Vendor N/A	☒ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other Purpose: yard sign	96.13	96.13	2.2024
Code O GFS 4421 Franklin St. MC 46360	Vendor N/A	☒ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other Purpose: meet candidate food stuff 4.12	66.91	66.91	4.06.2026
		SUBTOTAL THIS PAGE OF SCHEDULE B	$687.29		
		TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY *(Enter total on ITEM 17a of the Summary Sheet.)*	$		

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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

Page 5 of 5

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 0 Aldi 5102 Franklin St. Michigan City 46360	Vendor N/A	☑ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other Purpose: meet 4.12 immediate needs staff	19.96 34.74	54.70	4.7.2026 4.09.2026
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:			
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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			$ 54.70		
TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY *(Enter total on ITEM 17a of the Summary Sheet.)*			$ 1949.52		

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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: 46-26-26

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.
voteOtt

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

3. Committee Telephone Number
312.257.7484

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

5. City, State, ZIP Code
Michigan City, IN 46360

6. Party Affiliation *(if applicable)*
Democrat

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

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

8. Party Affiliation or If Independent Candidate
Democrat

9. Office Sought *(Include district number, if any. **Not required for exploratory committee.**)*
Precinct Committeeman MC01

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.	137.98	
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.)*	42.00	
15b. Unitemized		
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**	179.98	
EXPENDITURES		
(Note: These amounts include in-kind expenditures and loan repayments.)		
17a. Itemized *(Use Schedule B.) (Public Question: use Schedule C.)*	179.98	
17b. Unitemized		
17c. Add lines 17a and 17b in both columns. **SUBTOTAL**	179.98	
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)*
	Treasurer	10/14/2026
Signature of Candidate *(if applicable)*		Date *(mm/dd/yy)*
		10/14/2026

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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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
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. Vivian Ott 105 Felton Street Michigan City, IN 46360 Contributor's Occupation *(if required)*	Contributions: ☐ Direct ☐ In-Kind *(describe)* Other Receipts: ☐ Interest ☐ Loan ☐ Miscellaneous *(specify)*	$0	$2000.00	
2. Jane McDonald 213 Felton Street Michigan City, IN 46360 Contributor's Occupation *(if required)*	Contributions: ☐ Direct ☒ In-Kind *(describe)* balloons Other Receipts: ☐ Interest ☐ Loan ☐ Miscellaneous *(specify)*	$25.00	$25.00	04.26.2026 DD
3. Angie Longoria 210 Fogarty Street Michigan City, IN 46360 Contributor's Occupation *(if required)*	Contributions: ☐ Direct ☒ In-Kind *(describe)* trash bags Other Receipts: ☐ Interest ☐ Loan ☐ Miscellaneous *(specify)*	$5.00	$5.00	04.26.2026 N DD
4. Sandy Prusko 201 Felton Street Michigan City, IN 46360 Contributor's Occupation *(if required)*	Contributions: ☐ Direct ☒ In-Kind *(describe)* 24 H2O bottles Other Receipts: ☐ Interest ☐ Loan ☐ Miscellaneous *(specify)*	$12.00	$12.00	04.26.2026 DD
5. Contributor's Occupation *(if required)*	Contributions: ☐ Direct ☐ In-Kind *(describe)* Other Receipts: ☐ Interest ☐ Loan ☐ Miscellaneous *(specify)*			
SUBTOTAL THIS PAGE OF SCHEDULE A		$42.00		
TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY *(Enter total on ITEM 15a of the Summary Sheet.)*		$42.00		

LaPorte County Received OCT 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 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

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 Office Depot 118 Dunes Plaza MC 46360	vendor N/A	☒ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other Purpose: copies flyers/postcards	$14.87	$152.04	4.21.2026
Code O BP to Go 1302 Michigan Blvd MC 46360	Vendor N/A	☒ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other Purpose: campaign travel	$45.11 $20.00	$247.13	4.15.2026 5.4.2026
Code C ActBlue *LaPorte County 366 Summer Street Somerville, MA 02144	"Vendor" online contribution platform N/A	☒ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other Purpose: contribution	$100	$100	5.12.2026
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:			
Code		☐ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other Purpose:			
		SUBTOTAL THIS PAGE OF SCHEDULE B	$179.98		
		TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY *(Enter total on ITEM 17a of the Summary Sheet.)*	$179.98		

LaPorte County Received OCT 13 2026 Election Board