



# REPORT OF RECEIPTS AND EXPENDITURES OF A POLITICAL COMMITTEE

State Form 4606 (R13/11-05)  
Indiana Election Commission (IC 3-9-5-14)

(CFA-4)

## Summary Sheet

FILE NUMBER

46-18-72

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  
**CITIZENS FOR PAT BOY**

2. Acronym or Abbreviated Name (if any)

3. Committee Telephone Number  
**(219) 872-5293**

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

5. City, State, ZIP Code  
**MICHIGAN CITY IN 46360**

6. Party Affiliation (if applicable)  
**DEMOCRATIC**

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

7. Full Name of Candidate (include any nickname)  
**PATRICIA A. (PAT) BOY**

8. Party Affiliation or If Independent Candidate

9. Office Sought (Include district number, if any. Not required for exploratory committees.)  
**CITY COUNCIL, 4TH WARD, MICHIGAN CITY**

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 10 days amend Statement of Organization)

### CONVENTION CANDIDATES ONLY

Check one:  
 Pre-Convention  
 Post-Convention

12. Reporting Period:  
 From: **1/1/2016** Through: **12/31/16**

	COLUMN A This Period	COLUMN B Year to Date
13. Cash on hand and investments at the beginning of this reporting period.	342.25	
14. Cash on hand and investments January 1, current year.		342.25

### 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	0	0
16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B	342.25	342.25

### EXPENDITURES

(Note: These amounts include in-kind expenditures and loan repayments.)

17a. Itemized (use Schedule B) (Public Question: use Schedule C)	338.75	338.75
17b. Unitemized		
17c. Add lines 17a and 17b in both columns	338.75	338.75
18. Cash on hand and investments at close of this reporting period (subtract 17c from 16 in both columns)	0	0
19. Debts OWED BY the committee (use Schedule D)	661.25	
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: **DENNIS J. BOY (DECEASED)** Title: **TREASURER** Date: **4-30-16**

Signature of Candidate (if applicable): **Patricia A. Boy** Date: **4-30-16**

FOR OFFICIAL USE ONLY  
 CLERKS OFFICE  
 MAR - 2 2018

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 Class 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, IC 3-9-4-18)

CLERK OF LA PORTE CIRCUIT COURT



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**(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**

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RECIPIENT'S NAME AND MAILING ADDRESS <i>(street, number, city, state, ZIP code)</i>	RECIPIENT'S OCCUPATION	TYPE OF EXPENDITURE and PURPOSE <i>(be specific)</i>	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE OF EXPENDITURE
	OFFICE SOUGHT <i>(if applicable)</i>				
Code <u>0</u> <b>DENNIS J. BOY</b> <b>218 SOUTHWOOD DR</b> <b>MICHIGAN CITY, IN 46360</b>	<b>DISABLED</b>	<input type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input checked="" type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose:	<b>338.75</b>	<b>338.75</b>	<b>4/30/16</b>
Code _____		<input type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose:			
Code _____		<input type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose:			
Code _____		<input type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose:			
Code _____		<input type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose:			
Code _____		<input type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose:			
Code _____		<input type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose:			
<b>SUBTOTAL THIS PAGE OF SCHEDULE B</b>			<b>\$ 338.75</b>		
<b>TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY</b> <i>(Enter total on ITEM 17a of the Summary Sheet)</i>			<b>\$ 338.75</b>		



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**(CFA-4 SCHEDULE D)  
DEBTS OWED BY THIS COMMITTEE**

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. List all debts and loans, regardless of the amount, OWED BY the committee during the reporting period. Include all amounts owed for or to lend institutions, individuals, credit purchases, committee credit card accounts, etc. List each vendor paid by credit card issued in the name of the committee in the ENDORSER'S column. A lender's occupation is required if an individual makes loans of at least \$1,000 during the calendar year. Otherwise, this is optional.

FILE NUMBER	
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CREDITOR'S OR LENDER'S NAME & MAILING ADDRESS <i>(street, number, city, state, ZIP code)</i>	ENDORSER'S OR VENDOR'S NAME & MAILING ADDRESS <i>(if any)</i> <i>(street, number, city, state, ZIP code)</i>	AMOUNT	DATE DEBT INCURRED	CUMULATIVE PAID YEAR-TO-DATE	OUTSTANDING BALANCE THIS PERIOD
		NATURE OF DEBT			
DENNIS J. BOY 218 SOUTHWOOD DR MICHIGAN CITY, IN 46360  LENDER'S OCCUPATION:		LOAN FOR ADVERTISING + PRINTING	4/7/15	338.75	661.25
		BALANCE WRITTEN OFF			
LENDER'S OCCUPATION:					
LENDER'S OCCUPATION:					
LENDER'S OCCUPATION:					
LENDER'S OCCUPATION:					
LENDER'S OCCUPATION:					
LENDER'S OCCUPATION:					
SUBTOTAL THIS PAGE OF SCHEDULE D					\$ 661.25
TOTAL OF ALL PAGES OF SCHEDULE D ON THE LAST PAGE ONLY <i>(Enter total on ITEM 19 of the Summary Sheet)</i>					\$ 661.25



# INDIANA STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

TRUE COPY OF RECORD OF  
REGISTRATION ON FILE AT  
LA PORTE COUNTY HEALTH  
DEPARTMENT

Local No 000280

EDR No 000000502698

State No

1. Decedent's Legal Name (First, Middle, Last) <b>NIS JOHN BOY</b>				1a. Maiden Name (If Female)		2. Sex <b>MALE</b>		3. Time Of Death <b>08:30 AM</b>		4. Date Of Death (Month/Day/Year) <b>03/23/2016</b>			
5. Social Security Number <b>343-42-1139</b>		6a. Age - Yrs <b>69</b>		6b. Under 1 Year Months		6c. Under 1 Month Days		6d. Under 1 Day Hours		6e. Under 1 Hour Minutes			
7. Date of Birth (Month/Day/Year) <b>10/26/1946</b>		8. Birthplace (City and State or Foreign Country) <b>CHICAGO, IL</b>											
9. Ever in U.S. Armed Forces? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		10. If Death Occurred In A Hospital: <input type="checkbox"/> Inpatient <input type="checkbox"/> Emergency Department Outpatient <input type="checkbox"/> Dead on Arrival				10a. If Death Occurred Somewhere Other Than A Hospital: <input type="checkbox"/> Hospice Facility <input checked="" type="checkbox"/> Decedent's Home <input type="checkbox"/> Nursing Home/Long-term Care Facility <input type="checkbox"/> Other (Specify)							
11. Facility Name (If Not Institution, Give Street and Number) <b>218 SOUTHWOOD DRIVE</b>										12. City Or Town, State, And Zip Code <b>MICHIGAN CITY, IN, 46360</b>			
13. County Of Death <b>LAPORTE</b>				14. Marital Status At Time Of Death <input checked="" type="checkbox"/> Married <input type="checkbox"/> Married, But Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Never Married <input type="checkbox"/> Unknown				15. (If Wife) Give Maiden Last Name <b>LUTZE</b>					
16. Decedent's Usual Occupation <b>DISABLED</b>				17. Kind Of Business/Industry				18. Residence - State <b>INDIANA</b>					
18a. County <b>LAPORTE</b>				18b. City Or Town <b>MICHIGAN CITY</b>				18c. Street And Number <b>218 SOUTHWOOD DRIVE</b>		18d. Apt. No.		18e. Zip Code <b>46360</b>	
18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				19. Decedent's Education <b>MASTER'S DEGREE (MA, MS, MENG, MED, MSW, MBA)</b>				20. Decedent Of Hispanic Origin <b>NOT HISPANIC</b>		21. Decedent's Race <b>White</b>			
22. Father's Name (First, Middle, Last) <b>WILLIAM BOY</b>				23. Mother's Name (First, Middle, Last) <b>MARY BOY</b>				23a. Mother's Maiden Last Name <b>ROSDEBA</b>					
24. Informant's Name <b>PATRICIA BOY</b>				24a. Relationship To Decedent <b>WIFE</b>		24b. Mailing Address (Street And Number, City, State, Zip Code) <b>218 SOUTHWOOD DRIVE, MICHIGAN CITY, IN 46360</b>							
25a. Method Of Disposition <input type="checkbox"/> Burial <input checked="" type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Entombment <input type="checkbox"/> Removal From State <input type="checkbox"/> Other (Specify):				25b. Place Of Disposition (Name Of Cemetery, Crematory, Other Place) <b>GEISEN CREMATION CENTRE</b>				25c. Location - City, Town, And State <b>CROWN POINT, IN</b>					
26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility <b>GEISEN - CARLSLE FUNERAL &amp; CREMATION SERVICES, 613 WASHINGTON ST, MICHIGAN CITY, IN 46360</b>						27a. Funeral Home License Number: <b>FH11200023</b>					
27c. License Number (Of Licensee): <b>FD21200033</b>						28. Part I. Enter The Chain Of Events - Diseases, Injuries, Or Complications - That Directly Caused The Death. Do Not Enter Terminal Events Such As Cardiac Arrest, Respiratory Arrest, Or Ventricular Fibrillation Without Showing The Etiology. Do Not Abbreviate. Enter Only One Cause On A Line. Add Additional Lines If Necessary.							
Immediate Cause (Final Disease Or Condition Resulting In Death) A. <b>FATAL CARDIAC ARRHYTHMIA</b> Due to (Or As A Consequence Of): <b>MINUTES</b>													
Sequentially List Conditions, If Any, Leading To The Cause Listed On Line A. Enter The Underlying Cause (Disease Or Injury That Initiated The Events Resulting In Death) Last B. <b>SYRINGOMYELIA</b> Due to (Or As A Consequence Of): <b>MONTHS</b>													
C. <b>PARALYSIS BEGINNING WITH C6 VERTEBRAE</b> Due to (Or As A Consequence Of): <b>YEARS</b>													
D.													
Part II. Enter Other Significant Conditions Contributing To Death But Not Resulting In The Underlying Cause Given In Part I <b>BREATHING HAS ALSO BEEN AFFECTED BY PARALYSIS</b>						29. Was An Autopsy Performed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
30. Were Autopsy Finding Available To Complete The Cause Of Death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No													
31. Did Tobacco Use Contribute To Death? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown				32. If Female: <input type="checkbox"/> Not Pregnant Within Past Year <input type="checkbox"/> Pregnant At Time Of Death <input type="checkbox"/> Not Pregnant, But Pregnant Within 42 Days Of Death <input type="checkbox"/> Not Pregnant, But Pregnant 43 Days To 1 Year Before Death <input type="checkbox"/> Unknown If Pregnant Within The Past Year				33. Manner Of Death: <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Suicide <input type="checkbox"/> Could Not Be Determined					
34. Date Of Injury (Month/Day/Year)		35. Time Of Injury		36. Place Of Injury (E.G., Decedent's Home, Construction Site, Restaurant, Wooded Area)				37. Injury At Work? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
38. Location Of Injury - State		38a. City Or Town		38b. Street & Number				38c. Apt. No.		38d. Zip Code			
39. Describe How Injury Occurred						40. If Transportation Injury, Specify: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify)							
41. Signature, Of Person Certifying Cause Of Death: <b>JENNIFER BANKS, BY ELECTRONIC SIGNATURE</b>						42. Certifier (Check Only One) <input type="checkbox"/> Certifying Physician <input checked="" type="checkbox"/> Coroner <input type="checkbox"/> Health Officer							
43. Name, Address And Zip Code Of Person Certifying Cause Of Death: <b>JENNIFER BANKS, 7955 W. US HWY 30, WANATAH, IN 46390</b>						44. License Number		45. Date Certified <b>03/25/2016</b>					
46. Additional Funeral Service Provider:						47. *Aka:							
48. Signature of Local Health Officer: <b>JRA DEAUSY, VIA ELECTRONIC SIGNATURE</b>						49. For Registrar Only - Date Filed (Month/Day/Year): <b>MAR 28 2016</b>							
<b>AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)</b>													