



CANDIDATE'S STATEMENT OF ORGANIZATION AND DESIGNATION OF PRINCIPAL COMMITTEE OR EXPLORATORY COMMITTEE

(CFA-1)

State Form 4604 (R12/9-09)
Indiana Election Commission (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? No Yes If Yes, please enter the file number in this box →

46-18-01

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

| | | | | | | | |
|---|--|---|-------------------|-------------------------------------|----------|---|--|
| 2. Last Name Fitzpatrick | | First Name Sean | | Middle Name S | Nickname | 3. Type of Committee (Check one) <input type="checkbox"/> Candidate's Principal Committee <input checked="" type="checkbox"/> Exploratory Committee | |
| 4. Mailing Address 230 Walnut St | | | | 5. FAX (Optional) (219) 874-6547 | | 6. E-mail Address (Optional) | |
| 7. City Michigan City | | State IN | ZIP Code 46360 | 8. County LaPorte | | 9. Telephone (Day) (219) 874-6547 | |
| 10. Telephone (Evening) | | 11. Party Affiliation <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Libertarian <input type="checkbox"/> Republican <input type="checkbox"/> Other | | | | | |
| 12. Office Sought (Include district number, if any. Not required for an exploratory committee.) | | | | | | | |

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

| | | | | | | | |
|---|--|---|-------------------|---|--|---------------------------------|--|
| 13. Full Name of Committee (Do not abbreviate) <input checked="" type="checkbox"/> Check if this is a new name Friends of Fitzpatrick | | | | | | | |
| 14. Mailing Address <input type="checkbox"/> Check if this is a new address 230 Walnut St | | | | 15. FAX (Optional) (219) 874-6547 | | 16. E-mail Address (Optional) | |
| 17. City Michigan City | | State IN | ZIP Code 46360 | 18. County LaPorte | | 19. Telephone (219) 874-6547 | |
| 20. Committee Organization Date (MM-DD-YY) 01-04-18 | | 21. Chairperson's Full Name <input checked="" type="checkbox"/> Designate Candidate as Chairperson <input type="checkbox"/> Check if this is a new chairperson | | | | | |
| 22. Mailing Address <input type="checkbox"/> 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.) Horizon Bank | | | | | |
| 30. Exploratory Committee (Give brief statement explaining purpose of an exploratory committee only.) To receive and expend funds to explore the opportunity for office. | | | | 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.) <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | | |

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 Terri Fitzpatrick | | Signature of the Committee Chairperson <i>Sean Fitzpatrick</i> | | | |
| 33. Treasurer's Full Name <input type="checkbox"/> Designate candidate as treasurer <input type="checkbox"/> Check if this is a new treasurer Terri Fitzpatrick | | | | | | | |
| 34. Mailing Address <input type="checkbox"/> Check if this is a new address 230 Walnut St | | | | 35. FAX (Optional) (219) 874-6547 | | 36. E-mail Address (Optional) | |
| 37. City Michigan City | | State IN | ZIP Code 46360 | 38. County LaPorte | | 39. Telephone (Day) (219) 874-6547 | |
| 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 <i>Terri Fitzpatrick</i> | | | | | |
|--|--|---|--|--|--|--|--|

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 Sean Fitzpatrick | Signature of Chairperson <i>Sean Fitzpatrick</i> | Date (MM-DD-YY) 01-04-18 |
| 43. Typed or Printed Name of Candidate Sean Fitzpatrick | Signature of Candidate <i>Sean Fitzpatrick</i> | Date (MM-DD-YY) 01-04-18 |

FOR OFFICE USE ONLY

FILED IN CLERKS OFFICE

JAN - 8 2018

CLERK OF LA PORTE CIRCUIT COURT

Warning: State law requires that any change in this information be reported within 10 days of the change (IC 3-9-1-10). 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, and IC 3-9-4-18).



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

| | | | | | | | |
|---|--|---------------------------|--------------------------|---|----------|---|--|
| 2. Last Name Fitzpatrick | | First Name Sean | | Middle Name S | Nickname | 3. Type of Committee (Check one) <input checked="" type="checkbox"/> Candidate's Principal Committee <input type="checkbox"/> Exploratory Committee | |
| 4. Mailing Address 230 Walnut St | | | | 5. FAX (Optional) (219) 874-6547 | | 6. E-mail Address (Optional) | |
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| | | | | | | 10. Telephone (Evening) (219) 874-6547 | |
| 11. Party Affiliation <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Libertarian <input type="checkbox"/> Republican <input type="checkbox"/> Other | | | | 12. Office Sought (Include district number, if any. Not required for an exploratory committee.) County Council District 3 | | | |

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

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| 13. Full Name of Committee (Do not abbreviate) <input type="checkbox"/> Check if this is a new name Friends of Fitzpatrick | | | | | | | |
| 14. Mailing Address <input type="checkbox"/> Check if this is a new address 230 Walnut St | | | | 15. FAX (Optional) (219) 874-6547 | | 16. E-mail Address (Optional) | |
| 17. City Michigan City | | State IN | ZIP Code 46360 | 18. County LaPorte | | 19. Telephone (219) 874-6547 | |
| | | | | | | 20. Committee Organization Date (MM-DD-YY) 01-04-18 | |
| 21. Chairperson's Full Name <input checked="" type="checkbox"/> Designate Candidate as Chairperson <input type="checkbox"/> Check if this is a new chairperson Sean Fitzpatrick | | | | | | | |
| 22. Mailing Address <input type="checkbox"/> Check if this is a new address 230 Walnut St | | | | 23. FAX (Optional) (219) 874-6547 | | 24. E-mail Address (Optional) | |
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| 32. I, as Chairperson of the foregoing committee, appoint the following person as Treasurer of the Committee. | | Person Appointed Treasurer Terri Fitzpatrick | | Signature of the Committee Chairperson <i>Sean Fitzpatrick</i> | | | |
| 33. Treasurer's Full Name <input type="checkbox"/> Designate candidate as treasurer <input type="checkbox"/> Check if this is a new treasurer Terri Fitzpatrick | | | | | | | |
| 34. Mailing Address <input type="checkbox"/> Check if this is a new address 230 Walnut St | | | | 35. FAX (Optional) (219) 874-6547 | | 36. E-mail Address (Optional) | |
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| | | | | |
|---|--|---|--|-----------------|
| 42. Typed or Printed Name of Chairperson Sean Fitzpatrick | | Signature of Chairperson <i>Sean Fitzpatrick</i> | | Date (MM-DD-YY) |
| 43. Typed or Printed Name of Candidate Sean Fitzpatrick | | Signature of Candidate <i>Sean Fitzpatrick</i> | | Date (MM-DD-YY) |

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JAN 17 2018

Kristen Schubert
CLERK OF LA PORTE CIRCUIT COURT

73-858-477

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