



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

(CFA-1)

State Form 4604 (R14 / 10-17)

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. → **46-18-34**

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

2. Last Name ALEVIZOS		First Name THOMAS		Middle Name J.	Nickname	3. Type of Committee (Check one) <input checked="" type="checkbox"/> Candidate's Principal Committee <input type="checkbox"/> Exploratory Committee	
4. Mailing Address (number and street, city, state, and ZIP code) 5206 W. CONCORD DR					5. FAX (Optional)		6. E-mail Address (Optional)
7. City LAFORTE	State IN	ZIP Code 46350	8. County LAFORTE	9. Telephone (Day) 219 326-6805		10. Telephone (Evening) 219 390-5124	
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.) JUDGE LAFORTE CIRCUIT COURT			

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

13. Full Name of Committee (Do not abbreviate.) <input type="checkbox"/> Check if this is a new name. PEOPLE FOR JUDGE ALEVIZOS							
14. Mailing Address (number and street, city, state, and ZIP code) <input type="checkbox"/> Check if this is a new address. 5206 W. CONCORD DR					15. FAX (Optional)		16. E-mail Address (Optional)
17. City LAFORTE	State IN	ZIP Code 46350	18. County LAFORTE	19. Telephone 219 360-5124		20. Committee Organization Date (mm/dd/yy) 2/5/18	
21. Chairperson's Full Name <input type="checkbox"/> Designate Candidate as Chairperson. <input checked="" type="checkbox"/> Check if this is a new chairperson. LARRY FEGARAS LARRY FEGARAS							
22. Mailing Address (number and street, city, state, and ZIP code) <input type="checkbox"/> Check if this is a new address. 107 PONTIAC DR					23. FAX (Optional)		24. E-mail Address (Optional)
25. City Michigan City Michigan City (PTE.)	State IN	ZIP Code 46360	26. County LAFORTE	27. Telephone (Day) 219 688-7513		28. Telephone (Evening) SAME	
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.) FARM BUREAU BANK FARM BUREAU BANK							
30. Exploratory Committee (Give brief statement explaining purpose of an exploratory committee only.) N/A				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 type="checkbox"/> Yes <input checked="" type="checkbox"/> 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. LOIS WARD			Person Appointed Treasurer		Signature of the Committee Chairperson <i>Larry Fegaras</i>		
33. Treasurer's Full Name <input type="checkbox"/> Designate candidate as treasurer. <input checked="" type="checkbox"/> Check if this is a new treasurer. LOIS WARD							
34. Mailing Address (number and street, city, state, and ZIP code) <input type="checkbox"/> Check if this is a new address. 3396 S WOZNAK					35. FAX (Optional)		36. E-mail Address (Optional)
37. City MICHIGAN CITY	State IN	ZIP Code 46360	38. County LAFORTE	39. Telephone (Day) 219 877-9886		40. Telephone (Evening) SAME	

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>Lois Ward</i>				
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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 LARRY FEGARAS	Signature of Chairperson <i>Larry Fegaras</i>	Date (mm/dd/yy) 2/1/18
Typed or Printed Name of Candidate THOMAS ALEVIZOS	Signature of Candidate <i>Thomas Alevizos</i>	Date (mm/dd/yy) 2/5/18

FOR OFFICE USE ONLY

**FILED
IN CLERKS OFFICE**

FEB - 7 2018

Kenneth Hubbs
CLERK OF LA PORTE CIRCUIT COURT

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).



REPORT OF RECEIPTS AND EXPENDITURES OF A POLITICAL COMMITTEE

State Form 4606 (R14 / 10-17)
Indiana Election Division (IC 3-9-5-14)

(CFA-4)
Summary Sheet

FILE NUMBER	46-18-34
TOTAL PAGES IN ENTIRE CFA-4 REPORT	1071

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) <input type="checkbox"/> Check if this is a new name. PROPE FOR LUKE ANZON	
2. Acronym or Abbreviated Name (if any)	3. Committee Telephone Number (219) 380-924
4. Mailing Address (Address where all campaign finance correspondence is received.) <input type="checkbox"/> Check if this is a new address. 576 W. COZARD DR	
5. City, State, ZIP Code LAPORTE, IN 46350	6. Party Affiliation (if applicable) Democrat

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

CONVENTION CANDIDATES ONLY

11. Check one: <input type="checkbox"/> Pre-Primary <input checked="" type="checkbox"/> Pre-Election <input type="checkbox"/> Annual <input type="checkbox"/> Nomination <input type="checkbox"/> Other _____ <input type="checkbox"/> Final / Disbands Committee (Lines 18, 19, and 20 must be "0"). <input type="checkbox"/> Outgoing Treasurer (Within ten (10) days amend Statement of Organization.)	Check one: <input type="checkbox"/> Pre-Convention <input type="checkbox"/> Post-Convention
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12. Reporting Period (mm/dd/yy): From: _____ Through: _____	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	0.00	0.00
16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B. TOTAL	0.00	0.00

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	0.00	0.00
18. Cash on hand and investments at close of this reporting period (Subtract 17c from 16 in both columns.) TOTAL	0.00	0.00
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 Paul Ward	Title TREASURER	Date (mm/dd/yy) 10/18/18
Signature of Candidate (if applicable)		Date (mm/dd/yy)

FOR OFFICE USE ONLY
IN CLERKS OFFICE

OCT 19 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 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)

CLERK OF LA PORTE CIRCUIT COURT



**REPORT OF RECEIPTS AND EXPENDITURES
OF
A POLITICAL COMMITTEE**

State Form 4606 (R14 / 10-17)
Indiana Election Division (IC 3-9-5-14)

OF

(CFA-4)

FILED		Summary Sheet	
IN CLERKS OFFICE		FILE NUMBER	
APR 20 2018		46-18-34	
LA PORTE SUPERIOR COURT		TOTAL PAGES IN ENTIRE CFA-4 REPORT	

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IS THIS AN AMENDMENT? Yes No

COMMITTEE INFORMATION

1. Full Name of Committee (as on Statement of Organization) <input type="checkbox"/> Check if this is a new name. PEOPLE FOR JUDGE ALEZZOS	
2. Acronym or Abbreviated Name (if any)	3. Committee Telephone Number ()
4. Mailing Address (Address where all campaign finance correspondence is received.) <input type="checkbox"/> Check if this is a new address. 5206 W. CONCORD DR	
5. City, State, ZIP Code LAPORTE, IN 46350	6. Party Affiliation (if applicable) DEM.

CANDIDATE INFORMATION (For Candidate's Committees Only)

7. Full Name of Candidate (Include any nickname.) THOMAS J. ALEZZOS	8. Party Affiliation or If Independent Candidate DEM.
9. Office Sought (Include district number, if any. Not required for exploratory committee.) CIRCUIT COURT JUDGE	10. County of Residence LAPORTE

TYPE OF REPORT

CONVENTION CANDIDATES ONLY

11. Check one: <input checked="" type="checkbox"/> Pre-Primary <input type="checkbox"/> Pre-Election <input type="checkbox"/> Annual <input type="checkbox"/> Nomination <input type="checkbox"/> Other Final / Disbands Committee (Lines 18, 19, and 20 must be "0") <input type="checkbox"/> Outgoing Treasurer (Within ten (10) days amend Statement of Organization.)	Check one: <input checked="" type="checkbox"/> Pre-Convention <input type="checkbox"/> Post-Convention
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12. Reporting Period (mm/dd/yy): From: 1/1/18 Through: 4/13/18	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

FOR OFFICE USE ONLY

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 <i>Chris Alvarado</i>	Title Treasurer	Date (mm/dd/yy) 4/17/18
Signature of Candidate (if applicable)		Date (mm/dd/yy) 4/17/18

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