



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. → 46-19-29

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

| | | | | | | | |
|---|--------------------|----------------------------|-----------------------------|---|----------|---|--|
| 2. Last Name Fettinger | | First Name Miles | | Middle Name Joseph | 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) 1712 Maple Garden Drive | | | | 5. FAX (Optional) | | 6. E-mail Address (Optional) milesfettinger@gmail.com | |
| 7. City LaPorte | State IN | ZIP Code 46350 | 8. County LaPorte | 9. Telephone (Day) (219) 608-2475 | | 10. Telephone (Evening) (219) 608-2475 | |
| 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.) City of LaPorte Common Council Ward 5 | | | |

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. Committee to reelect Miles Fettinger | | | | | | | |
| 14. Mailing Address (number and street, city, state, and ZIP code) <input type="checkbox"/> Check if this is a new address. 1712 Maple Garden Drive | | | | 15. FAX (Optional) | | 16. E-mail Address (Optional) milesfettinger@gmail.com | |
| 17. City LaPorte | State In | ZIP Code 46350 | 18. County LaPorte | 19. Telephone (219) 608-2475 | | 20. Committee Organization Date (mm/dd/yy) 01/17/2019 | |
| 21. Chairperson's Full Name <input checked="" type="checkbox"/> Designate Candidate as Chairperson. <input type="checkbox"/> Check if this is a new chairperson. Miles Joseph Fettinger | | | | | | | |
| 22. Mailing Address (number and street, city, state, and ZIP code) <input type="checkbox"/> Check if this is a new address. 1712 Maple Garden Drive LaPorte In 46350 | | | | 23. FAX (Optional) | | 24. E-mail Address (Optional) milesfettinger@gmail.com | |
| 25. City LaPorte | State In | ZIP Code 46350 | 26. County LaPorte | 27. Telephone (Day) (219) 608-2475 | | 28. Telephone (Evening) (219) 608-2475 | |
| 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.) First Trust 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.) <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. | | Person Appointed Treasurer Miles Fettinger | | Signature of the Committee Chairperson Miles Fettinger | | | |
| 33. Treasurer's Full Name <input checked="" type="checkbox"/> Designate candidate as treasurer. <input type="checkbox"/> Check if this is a new treasurer. Miles Joseph Fettinger | | | | | | | |
| 34. Mailing Address (number and street, city, state, and ZIP code) <input type="checkbox"/> Check if this is a new address. 1712 Maple Garden Drive | | | | 35. FAX (Optional) | | 36. E-mail Address (Optional) milesfettinger@gmail.com | |
| 37. City LaPorte | State In | ZIP Code 46350 | 38. County LaPorte | 39. Telephone (Day) (219) 608-2475 | | 40. Telephone (Evening) (219) 608-2475 | |

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 Miles Fettinger | |
|--|--|---|--|

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 Miles Fettinger | Signature of Chairperson Miles Fettinger | Date (mm/dd/yy) 01/17/2019 |
| 43. Typed or Printed Name of Candidate Miles Fettinger | Signature of Candidate Miles Fettinger | Date (mm/dd/yy) 01/17/2019 |

FOR OFFICE USE ONLY

FILED IN CLERKS OFFICE

JAN 17 2019

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).

Kay Schick
CLERK OF LA PORTE CIRCUIT COURT



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

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

OF

(CFA-4)
Summary Sheet

| |
|---|
| FILE NUMBER |
| 46-19-29 |
| 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) <input type="checkbox"/> Check if this is a new name. Committee to re elect Miles Fettinger | |
| 2. Acronym or Abbreviated Name (if any) | 3. Committee Telephone Number (219) 608-2475 |
| 4. Mailing Address (Address where all campaign finance correspondence is received.) <input type="checkbox"/> Check if this is a new address. 1712 Maple Garden Drive. | |
| 5. City, State, ZIP Code LaPorte, In 46350 | 6. Party Affiliation (if applicable) Democratic. |

CANDIDATE INFORMATION (For Candidate's Committees Only)

| | |
|--|---|
| 7. Full Name of Candidate (Include any nickname.) Miles Joseph Fettinger | 8. Party Affiliation or if Independent Candidate Democratic. |
| 9. Office Sought (Include district number, if any. Not required for exploratory committee.) LaPorte City Council Ward 5 | 10. County of Residence LaPorte. |

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 |
|--|---|

| | | |
|---|--------------------------------|---------------------------------|
| 12. Reporting Period (mm/dd/yy): From: 01/17/2019 Through: 4/22/2019 | COLUMN A This Period | COLUMN B Year to Date |
| 13. Cash on hand and investments at the beginning of this reporting period. | \$100.00 | |
| 14. Cash on hand and investments January 1, current year. | | \$100.00 |

CONTRIBUTIONS AND RECEIPTS

(Note: these amounts include in-kind contributions and loans, as well as cash contributions.)

| | | |
|---|----------|--|
| 15a. Itemized (Use Schedule A.) | | |
| 15b. Unitemized | \$100.00 | |
| 15c. Add lines 15a and 15b in both columns. SUBTOTAL | \$100.00 | |
| 16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B. TOTAL | \$100.00 | |

EXPENDITURES

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

| | | |
|---|----------|--|
| 17a. Itemized (Use Schedule B.) (Public Question: use Schedule C.) | | |
| 17b. Unitemized | | |
| 17c. Add lines 17a and 17b in both columns. SUBTOTAL | 0 | |
| 18. Cash on hand and investments at close of this reporting period (Subtract 17c from 16 in both columns.) TOTAL | \$100.00 | |
| 19. Debts OWED BY the committee (Use Schedule D.) | | |
| 20. Debts OWED TO the committee (Use Schedule E.) | | |

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 Miles Fettinger | Title | Date (mm/dd/yy) 4/22/19 | FOR OFFICE USE ONLY CLERKS OFFICE JUL 10 2019 |
| Signature of Candidate (if applicable) Miles Fettinger | | Date (mm/dd/yy) 4/22/19 | |

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)

Kraig...
CLERK OF LA PORTE CIRCUIT COURT