

## 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	s, plea	se ente	the file	e numbe	r in this b	ох. →	410-19-19
SECTION A . CANDIDATI	E INFOR	RMATION: Fil	l in al	l applic	able b	oxes as	s fullv an	d accura	
2. Last Name		st Name		Middle N			Nickname		3. Type of Committee (Check one)
Zygas		Dalia		М					☑ Candidate's Principal Committee ☐ Exploratory Committee
4. Mailing Address (number and street, city				,	5. FAX	(Optional)		1	il Address (Optional)
106 Elmwood Drive, M	lichigan	City, IN 463	60		( )			- 1	a4citycouncil@gmail.com
7. City	State	ZIP Code	8. Co	-		į.	ephone (Day	-	10. Telephone (Evening)
Michigan City	IN	46360	La	Porte		- 11	e <sub>)</sub> 214-1		
11. Party Affiliation									Not required for an exploratory committee.
☑ Democratic ☐ Libertarian ☐ Rep							mmon Co		
SECTION B. COMMITTE  13. Full Name of Committee (Do not a	E INFO	RIVIATION: FI	ii in ai	ii appiid	cable b	oxes as	s tully an	a accura	ately as possible.
Dalia Zygas for City Co		E Check if this is	o a new i	iailic.					
14. Mailing Address (number and street, or		7/D code\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	if this is	a now ad	droce 45	EAY (Ont	tional)	16 E-m	ail Address (Optional)
106 Elmwood Drive, N				a HOW au	uicos. is	. FAX (Opt	ionan	1	a4citycouncil@gmail.com
17. City	State	ZIP Code		ounty	(	)  10 Ta	elephone	Juane	20. Committee Organization Date
•	IN	46360	l l	Porte			9, 214-1	920	(mm/dd/yy) 01/14/19
Michigan City			i				. <del> </del>	039	01/14/19
	esignate Ca	indidate as Chairpen	son. L	_ Check if	this is a r	new chairpe	erson.		
Dalia Zygas				<del></del>			., .	14. =	
22. Mailing Address (number and street, o				a new add	iress. 23	s. FAX (Opt	ional)		ail Address (Optional)
106 Elmwood Drive, M						)			4citycouncil@gmail.com
25. City	State	ZIP Code	1	County		ı.	elephone (Da		28. Telephone (Evening)
Michigan City	IN	46360		Porte			9 <sub>)</sub> 214-1		( )
29. Bank or Other Depositories (List a	all banks or	other depositories in	which th	ne committe	ee deposi	its funds, ho	olds accounts	, rents safety	y deposit boxes or maintains funds.)
Horizon Bank							- <u></u>		· · · · · · · · · · · · · · · · · · ·
30. Exploratory Committee (Give brief s	tatement expl	aining purpose of an expl	oratory co	mmittee only.					he committee pay the candidate a salary or th a copy of the contract.) 🔲 Yes 🛛 No
,					<u> </u>	.,			
SECTION C. APPOINTM	ENT OF	TREASURE	₹ (IC 3	-9-1-14	)		Ciana	und of the Ot	ornmittee Chairperson
32. I, as Chairperson of t committee, appoint the followi	ine torei ina perso						Signati	are or the st	ominate operperson
Treasurer of the Committee.	-	Depora						20	
	gnate candi	date as treasurer.	☑ Che	ck if this is	a new tre	asurer.			(
Deborah Chubb				· · ·					
34. Mailing Address (number and street, o				a new add	dress. 35	. FAX (Opt	tional)	1	ail Address (Optional)
3630 Birchwood Trail,	-	- ·			(				orahchubb@live.com
37. City	1 1	ZIP Code	1	•		1	elephone (Da		40. Telephone (Evening)
Michigan City	IN	46360	La	Porte		<sub>(</sub> 219	9 <sub>)</sub> 929-8	787	( )
		APPOINTMEN							
41. I give notice that I accept							ignature of	Person A	ccepting Appointment
Committee. I am not the chai permitted for a candidate comm			inance	commit	ee (exc	ept as			
		FSTATEMEN	1						FOR OFFICE USE ONLY
We certify as the candidate a				rson of	the Co	mmittee	and that v	ve have	FILED
examined this statement. To the					e, correc	et and cor			IN CLERKS OFFICE
42. Typed or Printed Name of Cl	nairpersoi	n Signature o	r Chair	person			Date (mm/de	***	TIV CLEAN
Dalia Zygas		<u> </u>	1 Y	14			01/14	4/19	
43. Typed or Printed Name of Ca	andidate	Signature o	t Card	gate			Date (mm/de	t/yy)	JAN 1 5 2019
Dalia Zygas		\oldsymbol{\lambda} \lambda	) A				01/14	4/19	
Warning: State law requires that any	/ change in	this information be	reported	within te	n (10) da	ys of the c			
person who knowingly files a frauduler	nt report co	mmits a Level 6 D f	elony (/0	C 3-14-1-1	<ol><li>3). A pers</li></ol>	son who fai	ils to file a co	mplete or	Kerzen gehadrek CLERK OF LA PORTE CIRCUIT COURT
accurate report as required by the Indi subject to civil penalties (IC 3-9-4-16, IC			Ammis	a ÇidSS B	misaeme	anor (/C 3	-14-1-14), an	u may be	CLERK OF LA PORTE CIRCUIT COUNT



State Form 4606 (R14 / 10-17)

Indiana Election Division (IC 3-9-5-14)

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? Tyes

OF

(CFA-4) **Summary Sheet** 

FILE NUMBER TOTAL PAGES IN ENTIRE CFA-4 REPORT

COMMITTEE INFORMATION							
Full Name of Committee (as on Statement of Organization)     Check if this is a new	name.						
Palia Zygas for City Council							
2. Acronym or Abbreviated Name (if any)	3. Com	3. Committee Telephone Number (219) 214 - 1839					
	(21)	1)0	19-10	<u> </u>			
4. Mailing Address (Address where all campaign finance correspondence is received.)	106 Elmwood Dr,						
5. City, State, ZIP Code  6. Party Affiliation (if applicable)  1. Chi azy City, IN, 46360  Democrat							
or the factor of			ra+				
CANDIDATE INFORMATION (For Candidate's (							
7. Full Name of Candidate (Include any nickname.)	8. Party	Affiliation	or If Independer	nt Candidate			
Dalia Zygas		MUC					
9. Office Sought (Include district number, if any. Not required for exploratory committee.)	10. Cou	Inty of Resi A PO	dence	• •			
Michigan City Common Council At Large		a 10		N O ANDIDATEC ONLY			
TYPE OF REPORT				N CANDIDATES ONLY			
11. Check one:			Check one:	eation			
Pre-Primary Pre-Election Annual Nomination Other			Post-Con				
Final / Disbands Committee (Lines 18, 19, and 20 must be *0*.) Utgoing Treasurer (Within ten (10) days amend St.	atement of Org	anization.)	Post-Con	vention			
12. Reporting Period, (mm/dd/yy): From: 01/01/19 Through: 04/12/19			UMN A 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.)				/// 0.0			
15a. itemized (Use Schedule A.)		410	17 42	4100,00			
15b. Unitemized		<u>, 5 /</u>	12 00	572.00			
Toc. Add lines to and too in both coldina.	TOTAL	40	12.00	4672.00			
16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B.	TOTAL	70	12.00	4672.00			
EXPENDITURES	<i>.</i>						
(Note: These amounts include in-kind expenditures and loan repayments.)		-		7/2/ -0			
17a. Itemized (Use Schedule B.) (Public Question: use Schedule C.)		<u> 39</u> ,	36.73	3936.73			
17b. Unitemized		7	25, 25	735,35			
17C. Add lines 17a and 17b in both condities.	BTOTAL	<u> </u>	12108	7212,08			
18. Cash on hand and investments at close of this reporting period (Subtract 17c from 16 in both columns.)	TOTAL	2	<u>99.92</u>	299,92			
19. Debts OWED BY the committee (Use Schedule D.)		35	00,00				
20. Debts OWED TO the committee (Use Schedule E.)							

	CERTIFICATION		FOR OFFICE USE ONLY
LOODTIEV THAT LHAVE EXAMINED THIS STATEM	MENT. TO THE BEST OF MY KNOWLEDGE AND BEI	JEF IT IS TRUE, CORRECT AND COMPLETE.	FILED
Signature of reasoner	Title	Date (mm/dd/yy)	IN CLERKS OFFICE
Skull	( reasures		
Signature of Candidala (if applicable)		Date (mm/dd///)	APR 1 5 2019
WARNING: Any information contained in this report	may not be copied for sale or used for any commerci	al purpose, (IC 3-9-4-5) A serson who knowingly	
Floor of fraudulant raport commits a Level 6 felany	(IC 3-14-1-13) A person who fails to file a complete	e or accurate report as required by the indiana	Kongustehubek
Campaign Finance Law commits a Class B misdeme	anor, (IC 3-14-1-14) and may be subject to civil penati	les. (10 3-9-4-10, 10 3-9-4-11, 10 3-9-4-10)	ERK OF LA PORTE CIRCUIT COUR



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

## (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	of	<u> </u>

CONTRIBUTOR'S FULL NAME AND OCCUPATION FULL MAILING ADDRESS	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS	COLUMN B	DATE RECEIVED (mm/dd/yy)
(street, number, city, state, ZIP code)	OR OTHER REGELL T	PERIOD	YEAR-TO-DATE	RECEIVED BY
1. Nalia Zyaas	Contributions:		> - 4 00	1/17/19
Dalia Zygas 106 Elmwood Or	In-Kind (describe)	300.00	3∞.∞	
Michigan City, IN	Other Receipts:			Jalia
40300	Miscellaneous (specify)			7981
Contributor's Occupation (if required)		4.4.14-2.00-4		
Sharon Carnes	Contributions: Direct	200.00	200.00	2/6/19
214 Kenwood Pl	In-Kind (describe)			Paliz 492
Midnigan City, IN	Other Receipts:			#2/Ostas   S
46360	Miscellaneous (specify)			
Contributor's Occupation (if required)				,
3. Daliz 7,1635	Contributions:  Direct	500.00	800.00	2/19/19
Dalia Zygas 100 Elmwood Dr	In-Kind (describe)			
1 Amazan Calver IN.	Other Receipts: Interest X Loan			12/20
Contributor's Occupation (If required) Ve Fired  4. A Lange Machine Contributor's Occupation (If required) Ve Fired	Miscellaneous (specify)	:		Durage
Contributor's Occupation (If required) VI WIV				
	Contributions: Direct	400.00	400.00	2/21/19
$\frac{1}{2}$	In-Kind (describe)			$\Lambda_{\alpha}$
MI CILIZUN SILVETTO	Other Receipts:			Min
46360	Interest Loan Miscellaneous (specify)	,		<4529
Contributor's Occupation (if required)				
5 Dalia Zy928	Contributions:  Direct	600.00	1400,00	3/4/19
Contributor's Occupation (if required)  5. Dalia Zyg2S 106 Elmwood Dr William City, 1N 46300	In-Kind (describe)			1
Michigan City, IN	Other Receipts:			Alia
	Miscellaneous (specify)			UNIX.
Contributor's Occupation (if required) YL HIVE d				C701
	HIS PAGE OF SCHEDULE A	\$2000,00		
TOTAL OF ALL PAGES OF SCHEDULE A (Enter total on ITEM	ON THE LAST PAGE ONLY 15a of the Summary Sheet.)	\$		



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

Indiana

# (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	of	

CONTRIBUTOR'S FULL NAME AND OCCUPATION FULL MAILING ADDRESS	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS	COLUMN B CUMULATIVE	DATE RECEIVED (mm/dd/yy)
(street, number, city, state, ZIP code)		PERIOD	YEAR-TO-DATE	RECEIVED BY
1. Dalia Zygas	Contributions:  Direct	100000	2400.00	4/3/19
Dalia Zygas 106 Elmwood Dr	In-Kind (describe)	1000.00	a 700.00	110111
Michigan City, IN	Other Receipts:			<u> </u>
1/2/200	Interest 🔀 Loan	<u> </u>		Malia
46360	Miscellaneous (specify)			Zyans
Contributor's Occupation (if required) YUTVed				2()-
2 Daliz Tunas	Contributions:  Direct	Tann	2900.00	4/8/19
Dana 27913	In-Kind (describe)	300,00	2 10000	1/0///
Dalia Zygas 106 Elmwood Dr Michigan City, IN				
Wichigan City, IN	Other Receipts:		!	Dalia
410360	Miscellaneous (specify)			Tugas
Contributor's Occupation (if required) 11 ived  3.	<u> </u>			015
3.	Contributions:	600.00	3500,00	4/8/19
Dalia 24925	In-Kind (describe)	000,00		1/0///
Dalia Zygas 106 Elmwood Dr Michigan City, IN				1
Wichigan City, IN	Other Receipts:			N-012
41310	Miscellaneous (specify)			21925
Contributor's Occupation (if required)				215
4.	Contributions:			
	☐ In-Kind (describe)			
	Li manu (ouseres)			
	Other Receipts:			
	☐ Interest ☐ Loan☐ Miscellaneous (specify)			
	Li massilandous populary)			٠
Contributor's Occupation (if required)  5.	Contributions:			
·	Direct		;	
	In-Kind (describe)			
	Other Receipts:			
	☐ Interest ☐ Loan			i
•	Miscellaneous (specify)			
Contributor's Occupation (if required)				
	HIS PAGE OF SCHEDULE A	\$ 2100.00		
TOTAL OF ALL PAGES OF SCHEDULE A (Enter total on ITEM	ON THE LAST PAGE ONLY 15a of the Summary Sheet.)	\$ 4100,00		

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

## (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.

	ILE NUMBER
Page _	of

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)
3630 Birchwood Tr	communications, media consulting	Direct In-Kind Payment of Debt	100.00	100.00	02/06/
Michiana Shores, IN 46360	Work consuming	Cither Purpose:			19
code A Oriental Trading 4206 S. 10844 St.	online store	Direct In-Kind Payment of Debt Returned Contribution	159,82	159.82	02/15)
Omaha, NE 68/37		OtherPurpose:			7 1
code A   Signs on the (he	p printer	Direct In-Kind Payment of Debt	651.50	651.50	2/23/19
Suite 100 Austin, TX, 78758		☐ Returned Contribution ☐ Other Purpose:			
3630 Birchwood Tr	communications media consulting	Direct In-Kind Payment of Debt Returned Contribution	100.00	200,00	3/10/19
Michiana Shoves, IN 46360		OtherPurpose:			
code Al Vista Print 275 Wyman St	printer	Drect In-Kind Payment of Debt Returned Contribution	134.05	134.05	3/17/19
Waltham, MA 02451		OtherPurpose:			
code Al Vista Print	Drinter	Direct In-Kind Payment of Debt	204,73	338.78	3/17/19
275 WYMAN St. Waltham, MA 02451		Returned Contribution Other Purpose:			•
Code Al Vista Print 275 Wy Man St. Waltuam, MA	printer	☑ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution	160.49	499,27	4/2/19
Waltham, MA		Other			:
Da451			- 1-10		
TOTAL OF ALL D	SUBTOTAL THIS PAG AGES OF SCHEDULE B ON THE		\$ 1510.59		
TOTAL OF ALL PA	(Enter total on ITEM 17a of the		\$		

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

# (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.

F	ILE NUMBER	
Page	of	<del></del>

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 Gerard Media WIN 1085 E. 1675 N. Michigan City, IN 46360	s radio station	Direct In-Kind Payment of Debt Returned Contribution Other Purpose:		594.06	4/3/19
COOL A NEWS Dispated 422 Franklin St. Suite B Michigan City, IN 463	newspaper	Direct In-Kind Payment of Debt Returned Contribution Other Purpose:	900.00	900.00	4/5/19
1903 Spring land Ave William Gity, IN 46360	radio station	Direct In-Kind Payment of Debt Returned Contribution Other Purpose:	231.00	231.00	4/8/19
COOLD USPS 303 Washington St. Michigan City, IN 46360	post office	Direct In-Kind Payment of Debt Returned Contribution Other Purpose:	374.85	374,85	4/9/19
Code A Dalla Zygas 106 Elmwood Dr. William Gif, IN 46360	Candidate (Self)  MC Common  Council at lage	☐ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other Reim burs	ŧ	292,29	410/19
Code Dalia Zygas 106 Elmwood Dr Midwigan Gty, IN 46360	andidate (Self)  MC Common  Council At Large	Direct In-Kind Payment of Debt Returned Contribution States Leimburs Purpose: Went	34.00	326.29	4/10/19
Code		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:			
	SUBTOTAL THIS PAG		\$2426,14		
TOTAL OF ALL PA	AGES OF SCHEDULE B ON THI Enter total on ITEM 17a of t		\$3936.73		



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

# (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, <u>regardless of the amount</u>, 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 NUMBE	R	;
Page _	of		<del></del> -

CREDITOR'S OR LENDER'S NAME AND MAILING ADDRESS (street, number, city, state, ZIP code)	ENDORSER'S OR VENDOR'S NAME AND MAILING ADDRESS (if any) (street, number, city, state, ZIP code)	AMOUNT NATURE OF DEBT	DATE DEBT INCURRED (mm/dd/yy)	CUMULATIVE PAID YEAR-TO-DATE	OUTSTANDING BALANCE THIS PERIOD
Dalia Zygas  106 Elmwood Dr.  Michigan City, IN  retirenses occupation 46360		300.00 102n to Campaign	1/17/19	3	300.00
retirencers occupation: 46360  Dalia Zysas  106 Elmwood Dr  Michigan City, 1N  vet Michigan City, 46360	-	500.00 Loan to Campaign	2/19/19		800.00
Dalla Eygas 106 Elmwood Dr Midismaty IN		600.00 loan to campaign	3/11/19		1400.00
Dalia Cysls DV 106 Elmwood DV Nichigan City, IN Valuation 46360		1000.00 10an to Campaign	4/3/19	e sa	2.400,00
Dalia Zygas Dr 106 Elmwood Dr Michigan City, IN Wichigan City, IN 10th 1880		500.00 loan to ampaign	4/8/19		2900.00
Daliz Zygas  Job Elmwood Dy  Michigan City, IN  Ver Keyns OCCUPATION: 416360	,	600.00 102n to Canpaisn	4/8/19		3500,00
LENDER'S OCCUPATION		SUBTOTA	. THIS PAGE OF	SCHEDULE D	\$3500.00
	TOTAL OF ALL P	AGES OF SCHEDULE (Enter total on I)		T PAGE ONLY	\$3500.00 \$3500.00



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

OF

(CFA-4)

Summary Sheet	
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FILE NUMBER

44-19-19

TOTAL PAGES IN ENTIRE CFA-4 REPORT

INSTRUCTIONS: Please type or print legibly assistance in completing this form, see instru			on this form. For
IS THIS AN AMENDMENT?	☐ Yes	x No	

COMMITTEE INFORMATION				
1. Full Name of Committee (as on Statement of Organization) Check if this is a new r	name.			
Dalia Zygas for City Council				
2. Acronym or Abbreviated Name (if any)	3. Com	mittee Tele	phone Numbe	er
	( 219	) 214-1839		
4. Mailing Address (Address where all campaign finance correspondence is received.)	Check if the	his is a new	address.	
106 Eimwood Dr				
5. City, State, ZIP Code	6. Part	y Affiliation (	(if applicable)	
Michigan City, IN , 46360	Demo	crat		
CANDIDATE INFORMATION (For Candidate's C	ommitt	ees Only)		
7. Full Name of Candidate (Include any nickname.)	8. Part	y Affiliation o	or If Independ	ent Candidate
Dalia Zygas	Demo	crat		
9. Office Sought (Include district number, if any. Not required for exploratory committee.)	10. Co	unty of Resi	dence LaF	orte
Michigan City Common Council At Large	<u> </u>			
TYPE OF REPORT			CONVENTI	ON CANDIDATES ONLY
11. Check one:			Check one:	
Pre-Primary Pre-Election Annual Nomination Other	···			nvention
Final / Disbands Committee (Lines 18, 19, and 20 must be "0".) Utgoing Treasurer (Within ten (10) days amend State	tement of On	ganization.)	L Post-Co	onvention
12. Reporting Period (mm/dd/yy):			LUMN A	COLUMN B
From: 04/13/19 Through: 10/11/19			Period	Year to Date
13. Cash on hand and investments at the beginning of this reporting period.		299.92		
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.)		500.00	<b>\</b>	
15b. Unitemized	•	500.00 200.00		
	TOTAL	700.00	· · · · · · · · · · · · · · · · · · ·	
	TOTAL			
	IOIAL	999.92		
EXPENDITURES (Note: These amounts include in-kind expenditures and loan repayments.)				
17a. Itemized (Use Schedule B.) (Public Question: use Schedule C.)		965.37	•	
17b. Unitemized	•	34.55		
17c. Add lines 17a and 17b in both columns.				
18. Cash on hand and investments at close of this reporting period (Subtract 17c from 16 in both columns.)	TOTAL	999.92	————————————————————————————————————	
	TOTAL	0	<u> </u>	
19. Debts OWED BY the committee (Use Schedule D.) 20. Debts OWED TO the committee (Use Schedule E.)				
20. Debts OVVED 10 the committee (Use Schedule E.)		0	- म <sup>-</sup> I	
CERTIFICATION		, ,	<u> </u>	HOROEFICE USE ONLY
ERTIPY THAT I HAVE EXAMINED THIS STATEMENT. TO THE BEST OF MY KNOWLEDGE AND BELIEF IT IS T				
Junature of Treasurer  Title  Treasurer		Date (mm/do	7/19 OCT	1 5 2019
Signature of Candidate (if applicable)		/	/	
Tolghathe of Candidate (in applicable)			19	
WARNING: Any information contained in this report may not be copied for sale or used for any commercial purpose.			O KIOWINGIA /	porte CIRCUIT COURT
files a fraudulent report commits a Level 6 felony. (IC 3-14-1-13) A person who fails to file a complete or accural Campaign Finance Law commits a Class B misdemeanor, (IC 3-14-1-14) and may be subject to civil penalties. (IC 3-9-			Tric-11101911-13	



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

# (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	NUMB	ER	
Page _	$\boldsymbol{\mathcal{Z}}$	of	4	

CONTRIBUTOR'S FULL NAME AND OCCUPATION FULL MAILING ADDRESS	TYPE OF CONTRIBUTION	COLUMN A	COLUMN B	DATE RECEIVED (mm/dd/yy)
(street, number, city, state, ZIP code)	OR OTHER RECEIPT	AMOUNT THIS PERIOD	CUMULATIVE	RECEIVED BY
1. Dalia Zygas 106 Elmwood Dr	Contributions: Direct In-Kind (describe)	\$500.00	YEAR-TO-DATE 4000.00	4/17/19
Michigan City, IN 46360	Other Receipts: Interest    Loan Miscellaneous (specify)			Dalia Zygas
Contributor's Occupation (# required)retired				
2	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest Loan Miscellaneous (specify)			
Contributor's Occupation (il required)				
3.	Contributions: Direct In-Kind (describe)			
Contributor's Occupation (# required)	Other Receipts: Interest Loan Miscellaneous (specify)			
4.	Contributions:		<del></del>	
	Direct In-Kind (describe)			
	Other Receipts:  Interest Loan  Miscellaneous (specify)			
Contributor's Occupation (If required)	Contributions:		ļ	
	Direct tn-Kind (describe)			
	Other Receipts: Interest Loan Miscellaneous (specify)			
Contributor's Occupation (if required)				
SUBTOTAL	THIS PAGE OF SCHEDULE A	\$500.00		
TOTAL OF ALL PAGES OF SCHEDULE (Enter total on ITEM	A ON THE LAST PAGE ONLY 1 15a of the Summary Sheet.)	\$500.00		



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

## (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 <u>4</u>				

	;				
RECIPIENT'S NAME AND MAILING ADDRESS (street, number, city, state, ZIP code)	RECIPIENT'S OCCUPATION	TYPE OF EXPENDITURE and	COLUMN A AMOUNT THIS	COLUMN B CUMULATIVE	DATE OF EXPENDITURE
	OFFICE SOUGHT (if applicable)	PURPOSE (be specific)	PERIOD	YEAR-TO-DATE	(mm/dd/yy)
Code Mucho Mas 727 Franklin St Michigan City, IN 46360	Restaurant	Direct In-Kind Payment of Debt Returned Contribution Other Purpose:	82.23	82.23	04/19/19
Code F Patrick's Grille 4125 Franklin St Michigan City, IN 46360		☐ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other ☐ Purpose:	38.40	38.40	05/04/19
Code  rick's Grille 5 Franklin St  Michigan City, IN 46360		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:	213.06	269.46	05/07/19
Code_O Deb Chubb 3630 Birchwood Tr Michiana Shores, (N 46360	Communications, media consulting	Direct In-Kind Payment of Debt Returned Contribution Other Purpose:	200.00	400.00	05/13/19
CodeA The Beacher Newspaper 911 Franklin St Michigan City, In 46360	newspaper	Direct In-Kind Payment of Debt Returned Contribution Other Purpose:	27.00	27.00	05/15/19
Code Dalia Zygas 106 Elmwood Dr Michigan City, IN 46360	Candidate (self)	Direct In-Kind Payment of Debt Returned Contribution Other Purpose:	404.68	404.68	10/08/19
Code		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:			
	SUBTOTAL THIS PAG	SE OF SCHEDULE B	\$965.37		
TOTAL OF ALL PA			\$965.37		
restant (s	TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY (Enter total on ITEM 17a of the Summary Sheet.)				



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

...sTRUCTIONS: 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	NUMBE	iR	
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CREDITOR'S OR LENDER'S NAME AND MAILING ADDRESS (street, number, city, state, ZIP code)	ENDORSER'S OR VENDOR'S NAME AND MAILING ADDRESS (if any) (street, number, city, state, ZIP code)	AMOUNT NATURE OF DEBT	DATE DEBT INCURRED (mm/dd/yy)	CUMULATIVE PAID YEAR-TO-DATE	OUTSTANDING BALANCE THIS PERIOD
		500.00	04/17/19	404.68	95.32
		300.00	04/1//13	404.00	33.32
Dalia Zygas				:	
106 Elmwood Dr		Loan to campaign			
Michigan City, IN 46360					
LENDER'S OCCUPATION: retired					
					:
LENDER'S OCCUPATION:					
					1
Ţ					
•					
LENDER'S OCCUPATION:					
;					
					•
LENDER'S OCCUPATION:					
I ENDETIC COOLIDATION					
LENDER'S OCCUPATION:					
		1			
LENDER'S OCCUPATION:	1			1	
ļ					
"NDER'S OCCUPATION:					
	- · · · · · · · · · · · · · · · · · · ·	SUBTOTA	L THIS PAGE C	F SCHEDULE D	\$95.32
	TOTAL OF ALL	L PAGES OF SCHEDUL Enter total on I	E D ON THE LA TEM 19 of the S	ST PAGE ONLY	\$95.32
(Enter total on ITEM 19 of the Summary Sheet.)					