



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

State Form 4604 (R15 / 5-19)

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	s ☑ No	if Yes, piea	se enter	the fi	le nu	mbe	r in this bo	x. → /	46-72-38
SECTION A. CANDIDATE	INFO	RMATION	: Fill in al	l applic	able i	boxe	s as	fully and	accura	tely as possible.
2. Last Name	Fi	rst Name		Middle Na	ame			Nickname		3. Type of Committee (Check one)
Fagan	5	Sean		į						 ☑ Candidate's Principal Committee ☐ Exploratory Committee
4. Mailing Address (number and street, city, s				1	5 FAX	(Optio	nell	<u> </u>	6. F-mail	Address (Optional)
11232 S 1025 W	HUID, 4114 1	21 000 0)			V. 1 A.	(Opao	inany		0. 2.414011	Address (Opional)
7. City	State	ZIP Code	8. Co	untu	(}	Tole	phone (Day)		10. Telephone (Evening)
Wanatah	IN	4639		Porte				, 346-092	5	10. Telephone (Evening)
		4039	Lar		· · · · · · · · · · · · ·)		
11. Party Affiliation ☐ Democratic ☐ Libertarian ☑ Reput	dican 🗔	Other:						ney, 32nd		Not required for an exploratory committee.)
			· Fill in al							itely as possible.
13. Full Name of Committee (Do not abb	reviate.)	☐ Check i	f this is a new r	name.	4010	JOXC	<i>3</i>	rany and	abeare	nely us possible.
14. Mailing Address (number and street, city,	state, and	l ZIP code) 🕆 🔲	Check if this is	a new add	ress. 1	5. FAX	(Opti	onal)	16. E-ma	il Address (Optional)
PO Box 326					- 1	ì				
17. City	State	ZIP Code	18. C	ounty		T	9. Te	lephone	1	20. Committee Organization Date
Wanatah	IN	4639	0 Laf	orte -		- 1,	914	346-092	5	^(mm/dd/yy) 01/24/2022
21. Chairperson's Full Name 🗹 Desi	gnate Ca	andidate as Ch	airperson.	Check if t	this is a	new ch	airpe	rson.		
72. Mailing Address (number and street, city.	state, and	l ZIP code)	Check if this is	a new add	ress. 2	3. FAX	(Opti	onal)	24. E-ma	il Address (Optional)
25. City	State	ZIP Code	26. C	ounty			?7. Te	lephone (Day)		28. Telephone (Evening)
29. Bank or Other Depositories (List all	banks or	other deposito	ries in which th	e committe	e depos	sits fund	ds. ho) lds accounts, n	ents safety	deposit boxes or maintains funds.)
1st Source		•			•				•	·
30. Exploratory Committee (Give brief state	ement exp	laining purpose of	an exploratory co	mmittee only.)						e committee pay the candidate a salary or h a copy of the contract.) ☐ Yes ☑ No
ARROWEN ARROWENE	VIZ. 0.	TOEAGU	DED //0.0	0 4 4 4]				-	,
SECTION C. APPOINTME 32. I, as Chairperson of the committee, appoint the following	e fore	going Perso						Signatur	e of the Co	mmittee Chairperson
Treasurer of the Committee. 33. Treasurer's Full Name Design:	ate cand	idate as treasu		ck if this is a	a new tr	easure	r.			· · · · · · · · · · · · · · · · · · ·
	210 00110					0000.0	•			
34. Mailing Address (number and street, city,	state, and	i ZIP code) 🔲	Check if this is	a new add	ress. 3	5. FAX	(Opti	onal)	36. E-ma	II Address (Optional)
37. City	State	ZIP Code	38. C	ounty			39. Te	lephone <i>(Day)</i>		40. Telephone (Evening)
			İ			١,		١		
SECTION D. ACCEPTANC	E OF	APPOINT	MENT (IC	3-9-1-1	5)			<i>'</i>		
41. I give notice that I accept t						of th	is Si	gnature of P	erson Ac	cepting Appointment
Committee. I am not the chairp permitted for a candidate committ	ee und	er IC 3-9-1-7).	committe	e (exe	cept a	ıs	-		
SECTION E. CERTIFICATI										FOR OFFICE USE ONLY
We certify as the candidate and	the d	duly appoin	ted Chairpe	rson of	the Co	ommit	tee a	and that we	have	FILED
examined this statement. To the b 42. Typed or Printed Name of Cha			ge and belle ure of Chair		, corre	ect and	con	npiete. Date (mm/dd/y	,,	IN CLERKS OFFICE
• •	ii peiso	" Joigina	Sor-F	•				, ,	" []	7
Sean Fagan								1/30/2		1111 0 4 0000
Typed or Printed Name of Can	didate	Signat	ure of Cand					Date (mm/dd/y	" II	JAN 3 1 2022
Sean Fagan			Sort	t				1/30/2	22	
Warning: State law requires that any operson who knowingly files a fraudulent accurate report as required by the India	report co	ommits a Level	6 D felony (10	3-14-1-13). A per	rson wi	no fail	s to file a com	plete or	CLERK OF LA PORTE CIRCUIT COURT
subject to civil penalties (IC 3-9-4-16, IC 3							,,		,	



State Form 4606 (R15 / 5-19) 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? Yes

₩ N

(CFA-4) Summary Sheet

FILE NUMBER

40-22-38

TOTAL PAGES IN ENTIRE CFA-4 REPORT

_	_	L		-	
	COMMITTEE INFORMATION				
Full Name of Committee (as on Statement of Organization Fagan For Prosecutor	(n) Check if this is a new	name.			
2. Acronym or Abbreviated Name (if any)	The second section of the sect		mmittee Teleph		•
4. Mailing Address (Address where all campaign finance co	prespondence is received.)	<u> </u>	this is a new ac		
PO Box 326	, , <u> </u>				
5. City, State, ZIP Code Wanatah, IN 46390			ty Affiliation <i>(if</i> ublican	applicable)	
	FORMATION (For Candidate's C				i
7. Full Name of Candidate (Include any nickname.)	,		ty Affiliation or	If Independe	ent Candidate
Sean Fagan		Rep	ublican		
Office Sought (Include district number, if any. Not require Prosecutor	red for exploratory committee.)	10. Co	ounty of Reside orte	ence	
TYPE OF	REPORT	1		CONVENTIO	ON CANDIDATES ONLY
11. Check one:	■ 0			Check one:	
Pre-Primary Pre-Election Annual Nomination	Other]	Pre-Cor	vention
Final / Disbands Committee (Lines 18, 19, and 20 must be "0".)	tgoing Treasurer (Within ten (10) days amend Sta	tement of O	rganization.)	Post-Co	nvention
12. Reporting Period (mm/dd/yy):	A		COLU		COLUMN B
· · · · · · · · · · · · · · · · · · ·	_{gh:} April 8, 2022		This F		Year to Date
13. Cash on hand and investments at the beginning of this				0.00	0.00
14. Cash on hand and investments January 1, current year CONTRIBUTIONS AND					0.00
(Note: these amounts include in-kind contributions and loar	•				
15a. Itemized (Use Schedule A.)				2,945.00	2,945.00
15b. Unitemized				0.00	0.00
15c. Add lines 15a and 15b in both columns.	SUB	TOTAL		2,945.00	2,945.00
16. Add lines 13 and 15c in Column A and lines 14 and 15c	in Column B.	TOTAL		2,945.00	2,945.00
EXPENDITUR					
(Note: These amounts include in-kind expenditures and loa				<u> </u>	
17a. Itemized (Use Schedule B.) (Public Question: use Sch	edule C.)		<u> </u>	2,945.00	2,945.00
17b. Unitemized				0.00	0.00
17c. Add lines 17a and 17b in both columns.		TOTAL		2,945.00	·
18. Cash on hand and investments at close of this reporting period	Subtract 1/c from 16 in both columns.)	TOTAL		0.00	0.00
19. Debts OWED BY the committee (Use Schedule D.)				0.00	
20. Debts OWED TO the committee (Use Schedule E.)			1		
	RTIFICATION				FOR OFFICE USE ONLY
1 CERTIFY THAT I HAVE EXAMINED THIS STATEMENT. TO THE BES	ST OF MY KNOWLEDGE AND BELIEF IT IS T Title	TRUE, COI	RRECT AND COM Date (mm/dd/)		' I L E D IN CLERKS OFFICE
Signature of Treasurer Soc-Fermi	TIUC		4/17/202		II CLEINS OF ICE
Signature of Candidate (if applicable)			Date (mm/dd/)	y)	4 D D 4 O 0000
	for sale as used for any second -	40.00.1	4/17/20		APR 1 8 2022
WARNING: Any information contained in this report may not be copied files a fraudulent report commits a Level 6 felony. (IC 3-14-1-13) A	person who fails to file a complete or accura	ate report	as required by th	e Indiana 🔔	
Campaign Finance Law commits a Class B misdemeanor, (IC 3-14-1-14				18)	Lleann Sturns
				I CLERI	K OF LA PORTE CIRCUIT COU



(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 _		of		

CONTRIBUTOR'S FULL NAME AND OCCUPATION FULL MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS	COLUMN B CUMULATIVE	DATE RECEIVED (mm/dd/yy) RECEIVED BY
1. Sean Fagan	Contributions:	PERIOD	YEAR-TO-DATE	RECEIVED BY
11232 S 1025 W	☐ Direct ☑ In-Kind (describe)			Self
Wanatah, IN 46390	Self (for Radio Ads)			3611
	Other Receipts:	\$2,945.00	\$2,945.00	
	☐ Interest ☐ Loan ☐ Miscellaneous (specify)			4/8/2022
Contributor's Occupation (if required) Attorney			•	,,0,2022
2.	Contributions:			
	Direct			
	In-Kind (describe)			
	Other Receipts:			
	Interest Loan			
	Miscellaneous (specify)			
Contributor's Occupation (if required)				
3.	Contributions:			
	In-Kind (describe)			
				
	Other Receipts:			
	Miscellaneous (specify)			
Contributor's Occupation (if required)				
4.	Contributions:			
	Direct			
	☐ In-Kind (describe)			
	Other Receipts:			
	Interest Loan			
	Miscellaneous (specify)			
Contributor's Occupation (if required)				
5.	Contributions: Direct			
	In-Kind (describe)			
	Other Receipts: Interest Loan			
	Miscellaneous (specify)			
Contributor's Occupation (if required)				
	THIS PAGE OF SCHEDULE A	\$ 2,945.00		
TOTAL OF ALL PAGES OF SCHEDULE	A ON THE LAST PAGE ONLY			
(Enter total on ITEN	1 15a of the Summary Sheet.)	\$ 2,945.00		



State Form 4606 (R15 / 5-19) Indiana Election Division (IC 3-9-5-14)

(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	R
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)
Code A Gerard Media LLC 685 East 1675 North Michigan City, Indiana 46360	Radio Station	☐ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other ☐ Purpose: Radio Ads (1/28/22-48/22)	\$1,575.00	\$1,575.00	4/8/22
Code A Spoon River Media (d/b/a WCOE/WLOI) 1700 Lincolnway Place, Ste 5 La Porte 46350	Radio Station	Direct In-Kind Payment of Debt Returned Contribution Other Purpose: Radio Ads (1/28/22-4/8/22)	\$1,370.00	\$1,370.00	4/8/22
Code		☐ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other Purpose:			
Code		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:			
Code		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:			
Code		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:			
Code		☐ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other Purpose:			
	SUBTOTAL THIS PAG		\$ 2,945.00		
TOTAL OF ALL PA	AGES OF SCHEDULE B ON THI Enter total on ITEM 17a of t		\$ 2,945.00		



State Form 4606 (R1575-19) 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.

(CFA-4) **Summary Sheet**

FILE NUMBER

TOTAL PAGES IN ENTIRE CFA-4 REPORT

Full Name of Committee (as on Statement of Organization) Check if this is a new name.	N CANDIDATES ONLY
1 Full Name of Committee (as on Statement of Organization)	N CANDIDATES ONLY
2 Acronym or Abhreviated Name (If any) 4 Molling Address (Address where all campaign finance correspondence is received.) Po Box 326 5. City. State, ZIP Code Wanatah, IN 46390 CANDIDATE INFORMATION (For Candidate's Committees Only) 7. Full Name of Candidate (Include any nickname.) Sean Fagan 9. Office Sought (Include district number, If any. Not required for exploratory committee.) Prosecuting Attorney TYPE OF REPORT CONVENTION 11. Check one: Pro-Primary (A) Pre-Election Annual Nomination Other Final / Disbands Committee (Lines 18, 19, and 20 must be 17.) 12. Reporting Period (Imm/dd/yy): From: 04/09/2022 Through: 10/14/2022 Through: 10/14/2022 Through: 10/14/2022 Through: 10/14/2022 Through: 10/14/2022	N CANDIDATES ONLY
4 Molling Address (Address where all campaign finance correspondence is received.) 5 City. State, ZIP Code Wanatah, IN 46390 CANDIDATE INFORMATION (For Candidate's Committees Only) 7 Full Name of Candidate (Include any nickname) Sean Fagan 9 Office Sought (Include district number, if any. Not required for exploratory committee.) Prosecuting Attorney TYPE OF REPORT 11 Check one: Pro-Primary A Pre-Election Annual Nomination Other Final / Disbands Committee (Lines 18, 19, and 20 must be '0') Outgoing Troasure: (Mitim lan (10) days amond Statement of Organization) COLUMN A This Period	N CANDIDATES ONLY
Po Box 326 5. City. State, ZIP Code Wanatah, IN 46390 CANDIDATE INFORMATION (For Candidate's Committees Only) 7. Full Name of Candidate (Include any nickname) Sean Fagan 9. Office Sought (Include district number, If any. Not required for exploratory committee.) Prosecuting Attorney TYPE OF REPORT CONVENTION 11. Check one: Pre-Primary 4 Pre-Bection Annual Nomination Other Final / Disbands Committee (Lines 18, 19, and 70 must be '0') Outgoing Troasure: (Within ien (10) days amend Statement of Organization) 12. Reporting Period (mm/dd/yy): From: 04/09/2022 Through: 10/14/2022 Through: 10/14/2022 Through: 10/14/2022	N CANDIDATES ONLY
Wanatah, IN 46390 CANDIDATE INFORMATION (For Candidate's Committees Only) 7 Full Name of Candidate (Include any nickname) Sean Fagan 9 Office Sought (Include district number, if any. Not required for exploratory committee.) Prosecuting Attorney TYPE OF REPORT 11 Check one: Pro-Primary 4 Pre-Election Annual Nomination Other Final / Disbands Committee (Lines 18, 19, and 20 must be '0') Outgoing Treasure: (Within lan (10) days amond Statement of Organization) Post-Committee Collumn Annual Through: 10/14/2022 Through: 10/14/2022 Through: 10/14/2022	N CANDIDATES ONLY
CANDIDATE INFORMATION (For Candidate's Committees Only) 7. Full Name of Candidate (Include any nickname) Sean Fagan 9. Office Sought (Include district number, If any. Not required for exploratory committee.) Prosecuting Attorney TYPE OF REPORT 10. County of Residence Laporte TYPE OF REPORT CONVENTION 11. Check one: Pro-Primary 4 Pre-Election Annual Nomination Other Final / Disbands Committee (Lines 18, 19, and 20 must be 10.) 12. Reporting Period (Imm/dd/yy): From: 04/09/2022 Through: 10/14/2022 Through: 10/14/2022	N CANDIDATES ONLY
7 Full Name of Candidate (Include any nickname) Sean Fagan 9 Office Sought (Include district number, If any, Not required for exploratory committee.) Prosecuting Attorney TYPE OF REPORT 11 Check one: Pre-Primary 4 Pre-Election Annual Nomination Other Final / Disbands Committee (Lines 18, 19, and 20 must be '0'.) Quigoing Treasure: (Mittin len (10) days amond Statement of Organization) Post-Committee (Lines 18, 19, and 20 must be '0'.) Through: 10/14/2022 Through: 10/14/2022	N CANDIDATES ONLY
Sean Fagan 9 Office Sought (Include district number, If any, Not required for exploratory committee.) Prosecuting Attorney TYPE OF REPORT CONVENTION 11 Check one: Pro-Primary 4 Pre-Election Annual Nomination Other Final / Disbands Convention (Lines 18, 19, and 20 must be 10.) Outgoing Treasure: (Mittin len (10) days amend Statement of Organization) 12 Reporting Period (mm/dd/yy): From: 04/09/2022 Through: 10/14/2022 Through: 10/14/2022	N CANDIDATES ONLY
9 Office Sought (Include district number, If any, Not required for exploratory committee.) Prosecuting Attorney TYPE OF REPORT CONVENTION 11 Check one: Pre-Primary Pre-Election Annual Nomination Other Final / Disbands Committee (Lines 18, 19, and 70 must be '0') Outgoing Treasure: (Million len (10) days amond Statement of Organization) Post-Committee (Innex 18, 19, and 70 must be '0') Through: 10/14/2022 Through: 10/14/2022 Through: 10/14/2022	ention
Prosecuting Attorney TYPE OF REPORT CONVENTION 11 Check one: Pre-Primary 4 Pre-Election Annual Nomination Other Final / Disbands Committee (Lines 18, 19, and 20 must be '0'.) Outgoing Treasure: (Miltim len (10) days amend Statement of Organization) Post-Committee (Imm/dd/yy): From: 04/09/2022 Through: 10/14/2022 Through: 10/14/2022	ention
Check one: Pre-Primary 4 Pre-Election Annual Nomination Other Final / Disbands Committee (Lines 18, 19, and 20 must be 10.) Outgoing Treasure: (Within len (10) days amond Statement of Organization) Post-Committee (Inmit dd/yy): From: 04/09/2022 Through: 10/14/2022 Check one: Pre-Converting Period (min/dd/yy): COLUMN A This Period	ention
Pre-Primary 4 Pre-Election Annual Nomination Other Pre-Converse (Million len (10) days amend Statement of Organization) Post-Converse (Reporting Period (mm/dd/yy): From: 04/09/2022 Through: 10/14/2022 This Period	
Final / Disbands Committee (Lines 18, 19, and 70 must be "0") Outgoing Treasure: (Within Ien (10) days amond Statement of Organization) COLUMN A This Period	
12 Reporting Period (mm/dd/yy): From: 04/09/2022 Through: 10/14/2022 This Period	vention
From: 04/09/2022 Through: 10/14/2022 This Period	
	COLUMN B
13. Cash on hand and investments at the beginning of this reporting period.	Year to Date
14, Cash on hand and investments January 1, current year CONTRIBUTIONS AND RECEIPTS	
(Note: these amounts include in-kind contributions and loans, as well as cash contributions)	
15a. Itemized (Use Schedule A.) 8511.04	11,456.0-
15b. Uniternized 100.00	101
15c. Add fines 15a and 15b in both columns. SUBTOTAL 8611 04	11556.0
16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B TOTAL 8611 04	11556.0
EXPENDITURES	
(Note: These amounts include in-kind expenditures and loan repayments.)	
17a Itemized (Use Schedule B.) (Public Question: use Schedule C.) 7441.04	10386 0
17b, Uniternized 0	1
17c Add lines 17s and 17b in both columns SUBTOTAL 7441.04	10386 0
18 Cash on hand and investments at close of this reporting period (Subtrect 17c from 16 in both columns.) TOTAL (170	1170
19. Debts OWED BY the committee (Use Schedule D.)	
20. Debts OWED TO the committee (Use Schedule E.)	
CERTIFICATION	OBOLLICE ARE ONLAD
,	CLERKS OFFICE
Signature of Treasurer (and idate) Tale Date (min/day)	
7 10 10 10 10	OCT 21 2022
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 lifes a haudulent 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 indianal Compargn Finance Law commits a Class B misdomeanor. (IC 3-14-1-14) and may be subject to oxilipenatives. (IC 3-9-4-16, IC 3-9-4-16, IC 3-9-4-16)	LLADOU TRUES OF LA PORTE CIRCUIT CO
Comparing the case continues a Class or miscontrates, to present a may be subject to case personal to present to present to present the present the present the present to present the present to present the present to present the present to present the present the present to present the present to present the present to present the present the present the present to present the present to present the present to present the present the present the present to present the pre	



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(CFA-4 SCHEDULE A-1) CONTRIBUTIONS BY INDIVIDUALS

Itemized Contributions and Other Receipts

MSTRUCTIONS LIST ONLY CONTRIBUTIONS BY MODIFICAL ON THIS SCHEOUT Frames type or print legicly little black them is an all the contributions of the contribution of the

	FILE NUMBER	
Page	of	- - -

CONTRIBUTOR'S FULL NAME AND OCCUPATION FULL MAILING ADDRESS (Street number, City, state, ZiP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A : AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED (mm/ad/yy)
i Dewn Fagan 11232 B 1025 W Wanateh (N 46390	Contribute e. There t In heart (streamfre) Self (Radio Ads) Other Hareigte Interest Loan Westerman (specify)	4092.83	7383 16	4/9 U:ru 10/14/22
Contributor o Occupation plans, and AllOTHBY			! !	Or ogan
ว Sean Fagan 11232 S 1025 W Wanatah, IN 46390	C visitations Deers this send (describe) Self (corrupaign signs)			4/16 B 23 / 4 7027
	Other Recoupts	578 44	878 44	SFagan
Sesur Fugan, 11232 S 1025 W Warrateh, IN 46390	Continue ins Deart In Kind (Hearthe) Self (T-Shirts)			B-1 6/20 / 4 //
	Cilher Re # (45) Interest Li an Million famerous (8)Per #y)	369 77	389 77	SFagan
Contrade a Computer Sinc. 907 4.Roseanne M.Jer. 3333 Lake Shore Dr. Michigan City. IN 46360	C-estibut ins Deen t In Kend (doe zahe)			7-21-22
	Citine Rei aupts	250.00	250 00	SFøgan
Contributer & Occupation Mins. Jun. 7 & Todd and Kirri Robertson, 4975 E 500 S. Columbus, IN 47201	Conditions 1 Disc is In Kind (character)	. <u> </u>	-	7-11-22
	Other Revalues Interior Linair	250 00	250 00	SFegan '
Contributor's Optiograms (1779)	HIS PAGE OF SCHEDULE A	1 54410}		
TOTAL OF ALL PAGES OF SCHEDULE A	_i_	1 8511.04		



Elate Permi 4000 (R15 / 5-19) Indiana Flaction Division (IC 3-0-5-14)

(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 legicly IM BLACK INK at known on this schedule. For assistance in completing this schedule, soo instructions on the reverse and this schedule is smed to document contributions and receipts legicle on ITEM 15p of the Birmmany Sheet. At cumulative contributions from individuals OVER \$100 per contributer, which a calendar year MUST be itemized on this schedule (over \$200 if require party committee). At cumulative receipts, returns of deposit, proceeds from sales interest or other Income) OVER \$100 per contributer, which a calendar year, MUST be Remixed on this schedule fover \$200 if regular party committee). A contributor's occupation is regimed if an included in the selection of the schedule fover \$200 if regular party committee). A contributor's occupation is regimed if an included in the selection of the schedule fover \$200 if regular party committee). A contributor's occupation is regimed if an included in the selection of the schedule of the selection
PILE NUMBER				
		4		
Page		01		

CONTRIBUTOR'S FULL NAME AND OCCUPATION FULL MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	AMOUNT THIS	COLUMN B CUMULATIVE	DATE RECEIVED (mm/dd/yy) RECEIVED BY
t.William Espat, 116 Woodside Or, Michigan City, IN 46360	Contributions Direct in-Kerd (describe)	PERIOD	YEAR-TO-DATE	7/27/22
Contributor's Occupation (1/1001)*ed)	Other Receipts Interest Loan Wiscollaneous (specify)	500.00	500,00	SFagan
2 Jeff Loniewski, 3355 W US Hwy 20, Laporte, IN 46350	Contributions Direct In-Kind (describe)			8-8-2022
	Other Receipts Interest Loan Necetaneous (specify)	120.00	120.00	SFagan
2. Cynthia Hedge, 2912 N. Regal Dr. Laporte, IN 46350	Contributions Direct In-Kund (describe)			8-5-22
a and date Occurrence Management	Other Receipts: Interest Loan Magellaneous (specify)	100.00	100.00	SFagan
Contributor's Occupation (frequent) 4 Jim Pressel, 1772 N. Lolgren Rd, Rolling Prairie, 1N 46371	Contributions Direct In-Kend (describe)			9-20-22
Centributor's Occupation (# required)	Other Receipts. Interest Loan Macellancous (specify)	150.00	150.00	SFagan
David Ambers, 601 State St. Suite B, Laporte, IN 46350	Copfféutions. [// Direct S. In-Kand (describe)			9/19, 10-11-22
Contributor's Occupation if required	Other Receipts I trierest Loan Miscattaneous (specify)	600.00	600.00	SFagan
	HIS PAGE OF SCHEDULE A	: 1470		
TOTAL OF ALL PAGES OF SCHEDULE A		\$ 4517.04		



State Form 4606 (R15 / 5-19) Indiana Election Division (IC 3-9-5-14)

(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 totated on ITEM 15a of the Summary Sheet. All cumulative contributions from individuals OVER \$100 per contribution, within a calendar year MUST be itemized on this schedule (over \$200 if regular party committee). All cumulative receipts, (such as lose 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 (street, number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED (mm/dd/yy) RECEIVED BY
1. Tim Stabosz, 1501 Michigan Ave, Laporte, IN 46350	Contributions. Direct In-Kind (describe)	PERIOD		7-11- 2 2
	Other Receipts. Interest Loan Miscellaneous (specify)	1000.00	1000.00	SFagan
Contributor's Occupation of required) Investor				
Connie Grammarosa, 910 Franklin, Michigan City, IN 46360	Contributions: 4 Direct In-Kind (describe)			6-23-22
	Other Receipts Interest Loan Miscellaneous (specify)	100.00	100.00	SFagan
Contributor's Occupation (il required)				
3.Ruth Ambers, 2006 I St, Laporte, IN 46350	Contributions: ① Direct ① In-Kind (describe)			9-17-2022
-	Other Recelpts Interest Loan Miscellaneous (specify)	100.00	100.00	SFagan
Contributor's Occupation (frequent)				
4.	Contributions. Direct In-Kind (describe)			
	Other Receipts. Interest Loan Miscellaneous (specify)			
Contributor's Occupation (I required)			···	
5.	Contributions. Direct In-Kind (describe)			
	Other Receipts interest Lasn Miscellaneous (specify)			
Contributor's Occupation of required				
	HIS PAGE OF SCHEDULE A	: 1200		
TOTAL OF ALL PAGES OF SCHEDULE	ON THE LAST PAGE ONLY	\$6411.04		
(Enter total on ITEM	15a of the Summary Sheet.)	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		



State Form 4606 (R15 / 5-19) Indiana Floction Division (IC 3-9-5-14)

(CFA-4 SCHEDULE B) ITEMIZED EXPENDITURES

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this schedulo. For assistance in completing this schedule see instructions on the reverse side. This schedule is used to decument expenditures <u>loteled on ITEM 17a</u> of the Summary Shoct. All ournulative 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, it regular party committee). All ournulative expenses, including in land, 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 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 (bo specific)	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE OF EXPENDITURE (mm/dd/yy)
Code Gerard Media, LLC, 685 E. 1675 N, Michigan City, IN 46360	Radio	Direct In-Kend Payment of Dots Restained Contribution Other	4347.50	5922.00	10-14-22
WEFM, 1903 Springland Ave, Michigan City, IN 46360	Radio	Direct In-Kind Payment of Ookl Returned Contribution Other Purpose	751.00	751.00	8-12-22
Spoon River Media, 1700 Lincolnway Place, Sie 5, Laporte, IN 46350	Radio	Direct his-kind Payment of Debt Recurred Contribution Other his-	1062.33	2432,66	10-14-22
CK Designs, 3382 E. State Rd., Laporte, IN 46350	T-Shirts	Direct In-Kind Payment of Debt Returned Contribution Other Purpose	256.80	256.80	7-14-22
Amazon, 410 Terry Ave N, Seattle, WA 98109	Campaign Signs/T-shirts	Direct in-Kind Payment of Dubt. Returned Contribution Other Purpose	991.41	991.41	10-14-22
1st Source Bank, South Bend, IN	Bank	Direct In-Kind	32.00	32.00	10-14-22
Code		Direct in Kind Payment of Debt Reserved Contribution Other			•
TOTAL OF ALL PA	SUBTOTAL THIS PAG GES OF SCHEDULE B ON THE	LAST PAGE ONLY	5 7441.04 5 7441.4		



SUPPLEMENTAL "LARGE CONTRIBUTION" REPORT BY A CANDIDATE'S COMMITTEE

(\$1,000 CONTRIBUTIONS OR MORE)
State Form 48492 (R6 / 5-19)
Industria Election Division (IC 3-9-5-20 1, 3-9-5-22)

INSTRUCTIONS: Only candidates receiving a "large contribution" are required to file this report. 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

(CFA-11)

FILE NUMBER

46-22-38

TOTAL PAGES IN ENTIRE CFA-11
REPORT

IS THIS AN AMENE	DMENT? ☐ Yes 4	No						
				INFORMATIO		15.5		
	te (Include eny nickname)	☐ Check if the	is is a new name,	2. Committee To	elephone Nu	umber	·	
Sean Fagan				<u> </u>				
Mailing Address (Addr	ress where all campaign fin	nance correspo.	indence is received	1.) Check if I	this is a new a	address.		 -
Po Box 326	·							
City	·	State	ZIP Code	5	· ·		dependent Candidate	•
Wanatah	<u> </u>	IN	46390		Republi			
	district number, if any. No	ot required for e	exploratory commit	ttee.) 7.	7. County of I			
Prosecuting Attor					Laporte			
Reporting Penod (mm/							<u> </u>	<u></u>
reporting Period (<i>Infilit</i> From: 10/15/2022		Through, 11	1/6/2022					
	for individual; PAC for positical a			LAB (or labor or a == 1-	tation: OTHER	for all entries wh	rich are not one of the at	bove categories.
								DATE RECEIVED
	ITOR'S FULL NAME AND O FULL MAILING ADDRESS	S		TYPE OF CONTRIBU		AN	OLUMN A MOUNT OF	(mm/dd/yy)
	et, number, city, state, ZIP	P code)		OR OTHER RECE			NTRIBUTION	RECEIVED BY
	nolhy Stabosz, 1517 M	Aichigan Ave,				1		
Lap	oorte, IN 45350		() Dir			1		
				-Kınd <i>(describe)</i> İstal		1		11/3/22
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ributor's Occupation (if any	nicable)		l			1		
sification 3.			Contribu					
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tributor's Occupation (if app	skcable;							
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RTIFY THAT I HAV	E EXAMINED THIS STA	ATEMENT, TO	THE BEST OF I	MY KNOWLEDC	GE AND BE	ELIEF IT IS	FI	L E D
JE, CORRECT AND nature of Treasurer	COMPLETE	Title			Date (mmWd/yy		- IN CLES	RKS OFFICE
	indidate			1		1	11	
nature of Candidate	 				Date (mm/dd/y)		NUN	- 7 2022
JEDIONES IO SIGNA		Jing _		-		5-2-2	-	1
mina: Any edinmeter	n contained in this report may	y not be consent to	or sale or used for a	ny commercial pur	roose, (IC 3-9	-9-4-5) A	7	
	a (mudulent report commits additional Campaign Finance La						Lyla	CONTECTIONS
n as required by the line	idiana Campaign Finance La 3.0.4.17 and (C.3.9.4-18)	serrama a GL	mipusintesnoi	Caractaries (A) RUF	441		CIERK OF LA	مد والمستنتسينين



State Form 4605 (R15 / 5-19) 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.

(CFA-4) **Summary Sheet**

FILE NUMBER TOTAL PAGES IN ENTIRE CFA-4 REPORT

IS THIS AN AMENDMENT? Yes No	L			
COMMITTEE INFORMATION				
Full Name of Committee (as on Statement of Organization) Check if this is a new Fagan for Prosecutor				
2. Acronym or Abbreviated Name (if any)	3, Committee, Telephone Number			
] (
4. Mailing Address (Address where all campaign finance correspondence is received.) Po Box 326	Check if thi	is is a new	address.	
5. City, State, ZIP Code	6. Party Affiliation (if applicable) Republican			
Wanatah, IN 45390				
CANDIDATE INFORMATION (For Candidate's C			u If Indoorades	t Candidate
7. Full Name of Candidate (Include any nickname.) Sean Fagan	Reput		or If Independen	Cardinate
9. Office Sought (Include district number, if any, Not required for exploratory committee.)		nly of Resid	dence	
Prosecuting Attorney	Lapon	-		
TYPE OF REPORT			CONVENTION	CANDIDATES ONLY
11, Check one:			Check one:	
Pre-Primary Pre-Election 4 Annual Nomination Other			Pre-Convi	ention
Final / Disbands Committee (Lines 16: 19, and 20 must be '0'.) Outgoing Treasurer (Within ten (10) days amend State	ament of Orga	nzation)	Post-Conv	vention
12. Reporting Period (mm/dd/yy):		COL	.umn a	COLUMN B
From: 10/15/22 Through: 12/31/22		This	Period	Year to Date
13. Cash on hand and investments at the beginning of this reporting period.			1170	
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.)			10776.10	22232.14
15b. Uniternized			0	100
	OTAL		10776.10	22332.14
	TOTAL.		11946.10	, 22332.14
EXPENDITURES				
(Note: These amounts include in-kind expenditures and loan repayments.)				
17a Itemized (Use Schedule B.) (Public Question: use Schedule C.)			2918.10	10386.04
17b. Uniternized			0	0
	TOTAL		2918.10	13304,14
18 Cash on hand and investments at close of this reporting period (Subtract 17c from 16 in both columns)	TOTAL		9028	9028
19. Debts OWED BY the committee (Use Schodule D.)			0	
20. Debts OWED TO the committee (Use Schedule E.)			0	
CERTIFICATION	_			ND ACCIDENT BUILDING
CERTIFY THAT I HAVE EXAMINED THIS STATEMENT, TO THE BEST OF MY KNOWLEDGE AND BELIEF IT IS THE	RUE, CORRI	ECT AND CO	MP FTF F	HEPPINE OFFICE
Signature of Treasurer (Cool of all) Title		nte (mm/dd		I CLERKS OFFICE
ignature of Candidate (il applicable)	Da	alo (mm/dd.	773	JAN 1 7 2023
VARNING: Any information contained in this report may not be copied for field or used for any commercial purpose. (les a fraudulent report commits a Leval 6 felony. (IC 3-14-1-13) A person who tails to file a complete or accurate ampaign Finance Law commits a Class B misdemeanor, (IC 3-14-1-14) and may be subject to civil penalties. (IC 3-9-4)	e report as	required by I	he Indiana	L/LOONU STURMS OF LA PORTE CIRCUIT COU



State Form 4606 (R1575-19) Indiana Election Division (IC 3-9-5-14)

(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 lift BLACK INK at antermation on this schedule. For assistance in completing this achedule, 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 calandar year MUST be itemized on this schedule (over \$700, if regular party committee). All cumulative receipts, (such as loan proceeds and repayments retunds, receipts, inturns of deposit, proceeds from seles, interest or other income). OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$700 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 (street, number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS	COLUMN 8 CUMULATIVE YEAR-TO-DATE	DATE RECEIVED (mm/dd/yy) RECEIVED BY
i. Jody Slabaugh, 2402 N. State Road 39, Laporte, IN 46350	Contributions. Daed In-Kind (describe) Sign Other Receipts	PERIOD 100	100	11/8/2022
Contributor's Occupation & required;	interest Loan Miscellaneous (specify)			SFagan
2 Sean Fagan, 11232 S 1025 W, Wanatah, IN 46390	Contributions Direct In-Kind (describe) Radio Ads			11/8/22
Contributor's Occupation #1 required)	Other Receipts. Interest Loan Miscellaneous (specify)	1,839	8448.16	SFagan
1 Sean Fagan, 11232 S 1025 W, Wanatah, IN 46390	Contributions Direct In-Kind (describe) Newspaper Ads	700	798	12/16/22
Contributor's Occupation #1 required;	Other Receipts Interest Loan Niscellaneous (specify)	798	790	SFagan
4. Sean Fagan, 11232 S 1025 W, Wanatah, IN 46390	Contributions Direct In-Kind (describe) FB Ads			11/8/22
Contributor's Occupation of required)	Other Receipts. Interest Loan Miscetaneous (specify)	281,10	281.10	SFagan
s Timothy Stabosz, 1517 Michigan Ave, Laporte, IN 46350	Contributions Defect In-Kind (describe) Postal		2752	11/3/22
Contributor's Occupation of required	Other Receipts Interest Loan Miscellaneous (specify)	7758	8758	SFagan
SUBTOTAL	THIS PAGE OF SCHEDULE A	\$ 10776.10		
TOTAL OF ALL PAGES OF SCHEDULE A	A ON THE LAST PAGE ONLY I 16a of the Summary Sheet.	\$ 10776.10		



Clain Form 4606 (R16 / 5-15) Indiana Fiscilon Davidon (IC 3-9-5-14)

(CFA-4 SCHEDULE B) ITEMIZED EXPENDITURES

INSTRUCTIONS Please type or proving by IN BLACK INK at information on this sphodule. For assistance in completing this exhectife, see instructions on the towerse side. This adhertite is upor to document expenditures jointed on ITEM 17a of the Summary Charit. All cumulative expenses paid to imply rules, businesses, labor organizations and other entities OVER \$100 per recipient, which a calendar year MUST be itemized on this achedule (over \$200. If regular party committee). All cumulative expenses, including miking, regarded on an amount paid to positional committees, (auch as transfers out from candidate, legislative califorties) action, or regular party committees) MUST be itemized on the schedule.

	FILE NUMBER
Page	of

RECIPIENT'S NAME AND MAILING ADDRESS (street, number, cry. state, 2/P code)	RECIPIENT'S OCCUPATION OFFICE SOUGHT (If applicable)	TYPE OF EXPENDITURE and PURPOSE (be specific)	COLUMN A AMOUNT THIS PERIOD	COLUIAN B CUIAULATIVE YEAR-TO-DATE	DATE OF EXPENDITURE (mm/dd/yy)
Gerard Media, LLC, 685 E. 1675 N, Michigan City, IN 46360	Radio	Direct	510.00	6432	11/8/22
Code WEFM, 1903 Springland Ave, Michigan City, IN 46360	Radio	Direct In Kind Flagment of Dicks Hasternert Constitution Other Purposes	264	1015	11/8/22
Spoon River Media, 1700 Lincolnway Place, Ste 5, Laporte, IN 46350	Radio	Died In first Payment of buts Recurred Constitution Other Authorse	1065	3497,66	11/8/22
Code Kiel Media,16 E Maln St, La Crosse, IN 46348	Newspaper	EDirect In First	798	798	12/16/22
Facebook, Menio Park, CA	FB Ads	Direct : re-hard Payment of Date: Anturned Countries: Other	281.10	281.10	11/8/22
Code		Direct Norand Payment of Debt Accuracy Contribution Other Purpose			
Code		Direct In-hind Payment of Data Refurred Constitution Other			
TAPAL AP ALL DA	SUBTOTAL THIS PAG GES OF SCHEDULE B ON THE	·	5 2918 10		
TOTAL OF ALL PA	(Enter total on ITEM 17a of th	e Summary Sheet.	\$ 2918 10		