



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

(CFA-1)

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 No *If Yes, please enter the file number in this box.* → **40-23-17**

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

2. Last Name MCCORMICK		First Name RODNEY		Middle Name JOSEPH		Nickname		3. Type of Committee (Check one) <input type="checkbox"/> Candidate's Principal Committee <input type="checkbox"/> Exploratory Committee	
4. Mailing Address (number and street, city, state, and ZIP code) 617 UNION ST				5. FAX (Optional)		6. E-mail Address (Optional)			
7. City MICHIGAN CITY		State IN	ZIP Code 46360	8. County LAPORTE		9. Telephone (Day) (219)		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.) MICHIGAN CITY COMMON COUNCIL					

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 FOR RODNEY									
14. Mailing Address (number and street, city, state, and ZIP code) <input type="checkbox"/> Check if this is a new address.				15. FAX (Optional)		16. E-mail Address (Optional)			
17. City MICHIGAN CITY		State IN	ZIP Code 46360	18. County LAPORTE		19. Telephone		20. Committee Organization Date (mm/dd/yy) 02/02/2023	
21. Chairperson's Full Name <input type="checkbox"/> Designate Candidate as Chairperson. <input type="checkbox"/> Check if this is a new chairperson. RODNEY MCCORMICK									
22. Mailing Address (number and street, city, state, and ZIP code) <input type="checkbox"/> Check if this is a new address.				23. FAX (Optional)		24. E-mail Address (Optional)			
25. City MICHIGAN CITY		State IN	ZIP Code 46360	26. County LAPORTE		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.) 53rd									
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 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 RODNEY MCCORMICK			Signature of the Committee Chairperson		
33. Treasurer's Full Name <input type="checkbox"/> Designate candidate as treasurer. <input checked="" type="checkbox"/> Check if this is a new treasurer. ROBERT MCCORMICK								
34. Mailing Address (number and street, city, state, and ZIP code) <input type="checkbox"/> Check if this is a new address.				35. FAX (Optional)		36. E-mail Address (Optional)		
37. City MICHIGAN CITY		State IN	ZIP Code 46360	38. County LAPORTE		39. Telephone (Day) (770) 666-1991		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		
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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 RODNEY MCCORMICK	Signature of Chairperson <i>Rodney McCormick</i>	Date (mm/dd/yy) 02/03/2023
43. Typed or Printed Name of Candidate	Signature of Candidate <i>Rodney McCormick</i>	Date (mm/dd/yy)

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).

FOR OFFICE USE ONLY
IN CLERKS OFFICE
FEB - 3 2023
11:55 AM
L. Leach
CLERK OF LA PORTE CIRCUIT COURT



REPORT OF RECEIPTS AND EXPENDITURES OF A POLITICAL COMMITTEE

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

(CFA-4) Summary Sheet

FILE NUMBER

46-28-17

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) Committee for Rodney	<input type="checkbox"/> Check if this is a new name.
2. Acronym or Abbreviated Name (if any)	3. Committee Telephone Number (219) 561-3903
4. Mailing Address (Address where all campaign finance correspondence is received.) 617 Union St.	<input type="checkbox"/> Check if this is a new address.
5. City, State, ZIP Code Michigan City, IN 46360	6. Party Affiliation (if applicable)

CANDIDATE INFORMATION (For Candidate's Committees Only)	
7. Full Name of Candidate (Include any nickname.) Rodney McCormick	8. Party Affiliation or If Independent Candidate Democrat
9. Office Sought (Include district number, if any. Not required for exploratory committee.) MC 1st Ward City Council	10. County of Residence LaPorte

TYPE OF REPORT	CONVENTION CANDIDATES ONLY
11. Check one: <input type="checkbox"/> Pre-Primary <input type="checkbox"/> Pre-Election <input type="checkbox"/> Annual <input type="checkbox"/> Nomination <input type="checkbox"/> Other <input checked="" 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 checked="" type="checkbox"/> Post-Convention

12. Reporting Period (mm/dd/yy): From: 2/2023 Through: 5/10/2023	<input type="checkbox"/> COLUMN A This Period	<input type="checkbox"/> COLUMN B Year to Date
13. Cash on hand and investments at the beginning of this reporting period.	0.00	
14. Cash on hand and investments January 1, current year.		0.00

CONTRIBUTIONS AND RECEIPTS		
<i>(Note: these amounts include in-kind contributions and loans, as well as cash contributions.)</i>		
15a. Itemized (Use Schedule A.)	0.00	0.00
15b. Unitemized	0.00	0.00
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		
<i>(Note: These amounts include in-kind expenditures and loan repayments.)</i>		
17a. Itemized (Use Schedule B.) (Public Question: use Schedule C.)	0.00	0.00
17b. Unitemized	0.00	0.00
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.)	0.00	
20. Debts OWED TO the committee (Use Schedule E.)	0.00	

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 <i>Robert McCormick</i>	Title Treasurer	Date (mm/dd/yy) 5/10/2023
Signature of Candidate (if applicable)		Date (mm/dd/yy)
<p>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)</p>		

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MAY 11 2023

Heaven Stevens
CLERK OF LA PORTE CIRCUIT COURT