



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.

13. Full Name of Committee (Do not abbreviate)					FILE NUMBER
2. Last Name Strip Name St	1. IS THIS AN AMENDMENT?	Yes No If Yes	s, please enter the file	number in this box. →	46-23-05
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Respondence committee Amaliang Address (optional) S. Faki (optiona	2. Last Name	First Name	Middle Name	Nickname	
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13. Full James of Committee (Do not abbreviate) Check if this is a new name.	SECTION B. COMMITTEE IN	IFORMATION: Fil	l in all applicable bo	xes as fully and accu	urately as possible.
17. City State 2P Code 18. Cpunty 19. Telephone 20. Committee Organization Date (mm/dd/yy) 2 Ly 20 2 3	13. Full Name of Committee (Do not abbrev	viate.) \square Check if this is	a new name. UNITINEKI		
21. Chairperson's Full Name Designate Candidate as Chairperson. Check if this is a new address. 23. FAX (Optional) 24. E-mail Address (Optional) 24. E-mail Address (Optional) 24. E-mail Address (Optional) 24. E-mail Address (Optional) 25. Gity 24. E-mail Address (Optional) 27. Telephone (Day) 28. Telephone (Day) 28. Telephone (Day) 28. Bank or Other Depositories (List all banks or other depositories in which the committee deposits funds, holds accounts, remts safety deposit boxes or maintains funds.) 28. Bank or Other Depositories (List all banks or other depositories in which the committee deposits funds, holds accounts, remts safety deposit boxes or maintains funds.) 28. Exploratory Committee (Give birel states) 29. Bank or Other Depositories (List all banks or other depositories in which the committee deposits funds, holds accounts, remts safety deposit boxes or maintains funds.) 29. Exploratory Committee (Give birel states) 29. Bank or Other Depositories (List all banks or other depositories in which the committee deposits funds, holds accounts, remts safety deposit boxes or maintains funds.) 29. Bank or Other Depositories (List all banks or other depositories in which the committee deposits funds, holds accounts, remts safety deposit boxes or maintains funds.) 29. Bank or Other Depositories (List all banks or other depositories in which the committee deposits funds, holds accounts, remts safety deposit boxes or maintains funds.) 29. Bank or Other Deposits funds, holds accounts, remts safety deposit boxes or maintains funds.) 29. Bank or Other Deposits funds, holds accounts, remts safety deposit boxes or maintains funds.) 29. Bank or Other Deposits funds, holds accounts, remts safety deposit boxes or maintains funds.) 29. Bank or Other Deposits funds, holds accounts, remts safety deposit boxes or maintains funds.) 29. Bank or Other Deposits funds, holds accounts, remts safety deposit boxes or maintains funds.) 29. Bank or Other Deposits funds, holds accoun	215 Grandino St	-			
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32. I, as Chairperson of the foregoing committee, appoint the following person as present a present the following person as present a present the following person as present the following pe	SECTION C APPOINTMENT	OF TREASURER	(IC 3-9-1-14)		·
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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

46-23-05

TOTAL PAGES IN ENTIRE CFA-4 REPORT

COMMITTEE INFORMATION	
1. Full Name of Committee (as on Statement of Organization) Check if this is a new	
Committee to Flect Donald PRzybyLinske 2. Acronym or Abbreviated Name (if any)	3. Committee Telephone Number
1) / A	(219)879-5 260
	Check if this is a new address.
215 GARDENA ST	
5. City, State, ZIP Code	6. Party Affiliation (if applicable)
MICHIGAN CITY, N. 46360 CANDIDATE INFORMATION (For Candidate's C	DenoCIAT
7. Full Name of Candidate (Include any nickname.)	
DONALD (Iristopher Rzybylinski) 9. Office Sought (Include district number, if any. Not required for exploratory committee.)	8. Party Affiliation or If Independent Candidate
9. Office Sought (Include district number, if any. Not required for exploratory committee.)	10. County of Residence
City Council-AT-LARGE	LaPorte
TYPE OF REPORT	CONVENTION CANDIDATES ONLY
11. Check one:	Check one:
Pre-Primary X Pre-Election Annual Nomination Other	Pre-Convention
Final / Disbands Committee (Lines 18, 19, and 20 must be "0".) Utgoing Treasurer (Within ten (10) days amend Sta	atement of Organization.) Post-Convention
12. Reporting Period (mm/dd/yy):	COLUMN A COLUMN B This Period Year to Date
From: JANUARY 15, 2023 Through: OCTO Der 13, 20	This Period Year to Date
13. Cash on hand and investments at the beginning of this reporting period.	
14. Cash on hand and investments January 1, current year.	
(Note: these amounts include in-kind contributions and loans, as well as cash contributions.)	
15a. Itemized (Use Schedule A.)	#3401.572
15b. Unitemized	73707
	TOTAL O
	TOTAL 83401.977 83401.97
EXPENDITURES	1012 73901 12 173901 22
(Note: These amounts include in-kind expenditures and loan repayments.)	
17a. Itemized (Use Schedule B.) (Public Question: use Schedule C.)	#3811.97
17b. Unitemized	0
	BTOTAL .
18. Cash on hand and investments at close of this reporting period (Subtract 17c from 16 in both columns.)	TOTAL, \$3401.97, 0
19. Debts OWED BY the committee (Use Schedule D.)	7.3707
20. Debts OWED TO the committee (Use Schedule E.)	\overline{O}
ASPITION TO A	
CERTIFICATION I CERTIFY THAT I HAVE EXAMINED THIS STATEMENT. TO THE BEST OF MY KNOWLEDGE AND BELIEF IT IS TO THE BEST OF MY MY WITH AND BELIEF IT IS TO THE BEST OF MY WITH MY MY WIT IS TO THE BEST OF MY WITH MY MY WITH MY WITH MY WITH MY WITH MY	TRUE CORRECT AND COMPLETE
Signature of Treasures Title	TRUE, CORRECT AND COMPLETE. IN CLERKS OFFICE Date (mm/dd/yy)
Virgina Tressure	10/18/2023
Signature of Candidate (If applicable)	Date (mm/dd/yy) 0CT 1 8 2023
Donall C. / mylelenski	10/18/2023
WARNING: Any information contained his febort may not be copied for sale or used for any commercial purpose files a fraudulent report commits a Level 6 felony. (IC 3-14-1-13) A person who fails to file a complete or accur-	ate 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	94-16, IC 3-9-4-17, IC 3-9-4-18) CLERK OF LA PORTE CIRCUIT COL



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

(CFA-4 SCHEDULE A-4) CONTRIBUTIONS BY POLITICAL ACTION COMMITTEES

Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY POLITICAL ACTION COMMITTEES ON THIS SCHEDULE. Please type	r
print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the	е
reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. I	ıll
cumulative contributions from political action committees OVER \$100 per contributor, within a calendar year MUST be itemized or	ก
this schedule (over \$200, if regular party committee). All transfers-in and in-kind contributions regardless of amount from politic	al
action committees MUST be itemized on this schedule. All cumulative receipts, (such as loan proceeds and repayments, refund	S,
rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year	٢,
MUST be itemized on this schedule (over \$200 if regular party committee)	

FILE NUMBER				
Page	of			

CONTRIBUTOR'S FULL NAME AND 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. Michigan Cry Municipae Democrats P.O. Box 8754 Michigan City, IN. 46360	Contributions: Direct In-Kind (describe) Other Receipts: Interest Loan Miscellaneous (specify)	#1362.00	#1362,00	Donard C. PRZy by Linix
2 DONALD C. PRZYDYLMSK 215 GARDENA ST.	Other Receipts: Interest Loan Miscellaneous (specify)	\$50000	41862.03	Danmo C Pazyby Cinsk (LOAU)
Donped C. Przybyliński 215 GARDIENA ST.	Contributions: Direct In-Kind (describe) Other Receipts: Interest Loan Miscellaneous (specify)	\$1539.97		
4.	Contributions: Direct In-Kind (describe) Other Receipts: Interest Loan Miscellaneous (specify)			
5.	Contributions: Direct In-Kind (describe) Other Receipts: Interest Loan Miscellaneous (specify)			
	THIS PAGE OF SCHEDULE A	\$ 34019	7/3	
TOTAL OF ALL PAGES OF SCHEDULE A (Enter total on ITEM)	A ON THE LAST PAGE ONLY 115a of the Summary Sheet.)	:3401.9		



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 DVER \$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	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)
WEFM RAdio	City Council Ar LARLOE	Direct In-Kind Payment of Debt Returned Contribution Other Purpose:	#126 ·99	·	4/27/23
GERARD Media, LCC 685 EAST 1675 North MICHIGANCITY, IN 46360	City Council AT LARGIE	Direct In-Kind Payment of Debt Returned Contribution Other Purpose:		967.₽	
Reprographics ARTS 2824 E. Michigan Blud Michiban Cin, In 46360		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:	535100	\$ 962150	
GO UNION Printing 2600 9th ST. North Suite 501 FLorida ST. Peters burg, 33704	City Council AT LARLIE	Direct In-Kind Payment of Debt Returned Contribution Other Purpose:		43241,97	•
Reprographic ARTS Reprographic ARTS 2824 E. M. CHI 6AD BILL MICHIGAN City, IN. 46360		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:	\$ 160°	\$3401.71	9/26/302
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		\$3401.9		
TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY (Enter total on ITEM 17a of the Summary Sheet.)			\$3401.97		



State Form 4606 (R16 / 6-23) 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 X No

(CFA-4) Summary Sheet

FILE NUMBER

10 - 23-05

TOTAL PAGES IN ENTIRE CFA-4 REPORT

COMMITTEE INFORMATION	
1. Full Name of Committee (as on Statement of Organization) Check if this is a new	name.
Committee to Elect Donald PRzyby Lin	
2. Acronym or Abbreviated Name (if any)	3. Committee Telephone Number
NA	(219) 879-5260
4. Mailing Address (Address where all campaign finance correspondence is received.)	Check if this is a new address.
5. City, State, ZIP Code	6. Party Affiliation (if applicable)
MICHIGAN CITY. IN 46360	DemocrAT
CANDIDATE INFORMATION (For Candidate's C	Committees Only)
7. Full Name of Candidate (Include any nickname.) Don Aun Christonher Przybylinski	8. Party Affiliation or If Independent Candidate
9. Office Sought (Include district number, it any. Not required for exploratory committee.)	10. County of Residence
CITY COUNCIL -AT-LARGE	LAPorte
TYPE OF REPORT	CONVENTION CANDIDATES ONLY
11. Check one:	Check one:
Pre-Primary Pre-Election Annual Nomination Other	Pre-Convention
Final / Disbands Committee (Lines 18, 19, and 20 must be "0".) Utgoing Treasurer (Within ten (10) days amend Sta	stement of Organization.) Dost-Convention
12. Reporting Period (mm/dd/yy):	COLUMN A COLUMN B
From: OCTO Del 14,2023 Through: December 31,20	This Period Year to Date
13. Cash on hand and investments at the beginning of this reporting period.	
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.)	#4,361 95
15b. Unitemized	7,36/ 1
	TOTAL
	TOTAL \$43(1.95 \$436/.95
EXPENDITURES	101AL 1973C/
(Note: These amounts include in-kind expenditures and loan repayments.)	
17a. Itemized (Use Schedule B.) (Public Question: use Schedule C.)	\$ 4,361.45
17b. Unitemized	7,00/2
17c. Add lines 17a and 17b in both columns.	TOTAL
18. Cash on hand and investments at close of this reporting period (Subtract 17c from 16 in both columns.)	TOTAL \$4,361.45 0
19. Debts OWED BY the committee (Use Schedule D.)	0
20. Debts OWED TO the committee (Use Schedule E.)	
CERTIFICATION I CERTIFY THAT I HAVE EXAMINED 7 HIS STATEMENT. TO THE BEST OF MY KNOWLEDGE AND BELIEF IT IS T	FOR OFFICE USE ONLY TRUE, CORRECT AND COMPLETE.
Signature of Treasurer Title Treasurer	
Signature of Candidate (if application)	Date (mm/ed/yy)
Dorold Chyplister	(/C 3-94-5) A person who knowingly JAN 1 2 2024
WARNING: Any information contained in this perfort may not be copied for sale or used for any commercial purpose. 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 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 3-14-1-14)	t as required by the Indiana Campaign
, , , , , , , , , , , , , , , , , , ,	1 / sachus Stures
-	CLERK OF LA PORTE CIRCUIT COUR



State Form 4606 (R16 / 6-23) 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 perty 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	_ 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)
WEFM RADIO	City Aconcia AT LARGE	Direct In-Kind Payment of Debt Returned Contribution Other Purpose:	#190-	\$190-	11/4/23
WEFM RADIO	CITY COUNTIL	Direct In-Kind Payment of Debt Returned Contribution Other Purpose:	#262-	#392-	12/1/23
WIMS RADIO	City Louncie AT LARGE	Ofrect In-Kind Payment of Oebt Returned Contribution Other Purpose:	# 2039	#595·≥	16/31/23
Go Union Printing	City Councie AT LARGE	Direct In-Kind Payment of Debt Returned Contribution Other Purpose:	\$3,765.9 B	4,361.45	10/17/23
Code		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:			
Code		Direct In-Kind Payment of Debt Returned Contribution OtherPurpose:			
Code		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:			
I	SUBTOTAL THIS PAG	E OF SCHEDULE B	\$4.361.45		
TOTAL OF ALL PA	GES OF SCHEDULE B ON THE		\$11 361,45		