

REPORT OF RECEIPTS AND EXPENDITURES OF A POLITICAL COMMITTEE

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 ✓ No

(CFA-4) Summary Sheet

FILE NUMBER

44-23-34

TOTAL PAGES IN ENTIRE CFA-4 REPORT

- -	L						
COMMITTEE INFORMATION							
1. Full Name of Committee (as on Statement of Organization) Committee to Re Elect Karyl Machek-Feikes	name.		*				
2.7 to only in or 7 to or or other or			9) 608-5104				
4. Mailing Address (Address where all campaign finance correspondence is received.) 1328 Lakeside Street Check if this is a new address.							
		rty Affiliation (if applicable) publican					
CANDIDATE INFORMATION (For Candidate's C	ommitt	ees Only)					
· · · · · · · · · · · · · · · · · · ·			erty Affiliation or If Independent Candidate				
Office Sought (Include district number, if any. Not required for exploratory committee.) City of La Porte Common Council-2nd Ward	ploratory committee.) 10. County of Residence La Porte						
TYPE OF REPORT			CONVENTION	CANDIDATES ONLY			
11. Check one: Pre-Primary Pre-Election Annual Nomination Other			Check one:				
Final / Disbands Committee (Lines 18, 19, and 20 must be "0".) Utgoing Treasurer (Within ten (10) days amend State	ement of Org	ganization.)	Post-Conv	/ention			
12. Reporting Period (mm/dd/yy): From: 01/01/2023 Through: 04/07/2023			LUMN A s 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.) 15b. Unitemized		,	0	. 0			
	OTAL		0	- 0			
	TOTAL		0	0			
EXPENDITURES	TOTAL		· ·	U			
(Note: These amounts include in-kind expenditures and loan repayments.)							
17a. Itemized (Use Schedule B.) (Public Question: use Schedule C.)	*		0	0			
17b. Unitemized			0	0			
17c. Add lines 17a and 17b in both columns.	TOTAL		. 0	0			
18. Cash on hand and investments at close of this reporting period (Subtract 17c from 16 in both columns.)	TOTAL		0	0			
19. Debts OWED BY the committee (Use Schedule D.)			0				
20. Debts OWED TO the committee (Use Schedule E.)			0				
OF DITIES AT LON				OR OFFICE USE ONLY			
CERTIFICATION I CERTIFY THAT I HAVE EXAMINED THIS STATEMENT. TO THE BEST OF MY KNOWLEDGE AND BELIEF IT IS T	RUE COR	RECT AND C	OMPLETE. 4	ILED			
Signature of Treasurer Title Treasurer		Date (mm/d 04/12/	d/yly) IN	CLERKS OFFICE			
Signature of Sandidate (if applicable) WARNING Any information contained in this report may not be copied for sale or used for any commercial purpose.		Date (mm/d 04/12/	2023 A	PR 1 2 2023			
files a fraudulent report commits a Level 6 felony. (IC 3-14-1-13) A person who fails to file a complete or accura Campaign Finance Law commits a Class B misdemeanor, (IC 3-14-1-14) and may be subject to civil penalties. (IC 3-9-	te report a	s required by	the Indiana	LACON STEVENS			



REPORT OF RECEIPTS AND EXPENDITURES OF A POLITICAL COMMITTEE

State Form 4606 (R17 / 8-23) 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 🔀 No

(CFA-4) Summary Sheet

FILE NUMBER

40-23-34

TOTAL PAGES IN ENTIRE CFA-4 REPORT

·	L			
COMMITTEE INFORMATION				
1. Full Name of Committee (as on <i>Statement of Organization</i>)				
2. Acronym or Abbreviated Name (if any)	3. Com	mittee Teler	hone Numb	per
	(21	9) 6	08-5104	
4. Mailing Address (Address where all campaign finance correspondence is received.)	Check if th	is is a new a	address.	
1328 Lakeside Street				
5. City, State, ZIP Code	6. Party	Affiliation (if applicable)
La Porte, Indiana 46350	Republi			•
CANDIDATE INFORMATION (For Candidate's C	Committe	es Only)		
7. Full Name of Candidate (Include any nickname.)		• • • • • • • • • • • • • • • • • • • •	r If Indepen	dent Candidate
Karyl Machek-Feikes	Republi			
9. Office Sought (Include district number, if any. Not required for exploratory committee.)	10 Cor	Inty of Resid	dence	
City of La Porte Common Council-2nd Ward		_		
	La Porte	e 		
TYPE OF REPORT			CONVENT	ION CANDIDATES ONLY
11. Check one:			Check one	
Pre-Primary Pre-Election Annual Nomination Other			=	onvention
Final / Disbands Committee (Lines 18, 19, and 20 must be "0".) Utgoing Treasurer (Within ten (10) days amend Sta	atement of Org	anization.)	☐ Post-C	Convention
12. Reporting Period (mm/dd/yy):			UMN A	COLUMN B
From: 04/08/2023 Through: 10/13/2023		This	Period	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				
(Note: these amounts include in-kind contributions and loans, as well as cash contributions.)		0.00		0.00
15a. Itemized (Use Schedule A.)		0.00		0.00
15b. Uniternized	TOTAL	0.00		0.00
	TOTAL	0.00		0.00
	TOTAL	0.00		0.00
EXPENDITURES (Alote: These amounts include in hind amount the second to be a sec				
(Note: These amounts include in-kind expenditures and loan repayments.)		0.00		0.00
17a. Itemized (Use Schedule B.) (Public Question: use Schedule C.)		0.00		0.00
17b. Uniternized		0.00	•	0.00
	STOTAL	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				EOR OFFICE USE ONLY
I CERTIFY THAT I HAVE EXAMINED THIS STATEMENT. TO THE BEST OF MY KNOWLEDGE AND BELIEF IT IS T	TRUE, CORF	RECT AND CO	MPLETE.	I L E D
Signature of Treasurer Title Treasurer Treasurer		ate (mm/dd 0/13/2023	(עע)	V CLERIO ST.
Signature of Candidate (if applicable)	1	ate (mm/dd 0/13/2023		OCT 2 3 2023
WARNING: Any information contained in this report 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	t as required	by the Indiana	Campaign	LLaone Stevers
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	- y-4- 18)	CLERK C	OF LA PORTE CIRCUIT COU
			理》	7:33am (9)



REPORT OF RECEIPTS AND EXPENDITURES OF A POLITICAL COMMITTEE

State Form 4606 (R17 / 8-23) 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 ade.

☑ No IS THIS AN AMENDMENT? Yes

(CFA-4) **Summary Sheet**

FILE NUMBER TOTAL PAGES IN ENTIRE CFA-4 REPORT

	COMMITTEE INFORMATION					
Full Name of Committee (as on Statement of Organization Committee to Re Elect Karyl Machek-Feikes	On) Check if this is a new n	name.				
2. Acronym or Abbreviated Name (if any)		3. Committee Telephone Number			er .	
N/A	æ	(219) 60	08-5104		
4. Mailing Address (Address where all campaign finance co	orrespondence is received.)	heck if the	his is a new	address.		
1328 Lakeside Street						
5. City, State, ZIP Code		6. Party Affiliation (if applicable)				
La Porte, Indiana 46350	*	Republican				
CANDIDATE IN	FORMATION (For Candidate's Co	ommitte	ees Only)			
7. Full Name of Candidate (Include any nickname.)		Party Affiliation or If Independent Candidate Republican			ent Candidate	
Karyl Machek-Feikes	•					
9. Office Sought (Include district number, if any. Not requir	red for exploratory committee.)	10. County of Residence La Porte			1 -	
City of La Porte Common Council-2 nd Ward						
TVDF 05						
TYPE OF	REPORT				ON CANDIDATES ONLY	
11. Check one: Pre-Primary Pre-Election Annual Nomination	Other			Check one:	wention	
				Pre-Convention Post-Convention		
Final / Disbands Committee (Lines 18, 19, and 20 must be "0".) Ou	Igoing Treasurer (Within ten (10) days amend State	ement of Org			mvendon	
12. Reporting Period (mm/dd/yy):				UMN A Period	COLUMN B Year to Date	
	Through: 12/31/2023			renou	Teal 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 loan						
15a. Itemized (Use Schedule A.)			0.00		0.00	
15b. Unitemized			0.00	•	0.00	
15c. Add lines 15a and 15b in both columns.	SUBT	OTAL	0.00		0.00	
16. Add lines 13 and 15c in Column A and lines 14 and 15c	in Column B. T	OTAL	0.00		0.00	
EXPENDITUR	ES (0.00			
(Note: These amounts include in-kind expenditures and load	•					
17a. Itemized (Use Schedule B.) (Public Question: use Sch	edule C.)		0.00		0.00	
17b. Unitemized			0.00		0.00	
17c. Add lines 17a, and 17b in both columns.	SUBT	TOTAL	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	<u>.</u>		
20. Debts OWED TO the committee (Use Schedule E.)			0.00			
-				سياد	FOR OFFILE D	
	TIFICATION		DECT AND CO	MADIETE 1	FOR OFFICE USE ONLY	
I CERTIFY THAT THAVE EXAMINED THIS STATEMENT. TO THE BES	Title		Date (mm/do		N. C.	
	Brett Binversie-Treasurer			JAN 1 1 2024		
Signature of Candidate (if applicable)		Date (minutaryy)				
WARNING: Any information contained in this report may not be copied				knowingly	LLEADUE STEVENS K OF LA PORTE CIRCUIT CO	
files a fraudulent report commits a Level 6 felony. (IC 3-14-1-13) A persor				CLER	K OF LA PORTE CIRCUIT CC	