



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 No If Yes	s, please enter the file	number in this box.	→ 410-23-13
SECTION A. CANDIDATE IN	VEORMATION: File	l in all applicable be	exes as fully and ac	curately as possible.
2. Last Name	First Name	Middle Name	Nickname	3. Type of Committee (Chack one)
T	6	ے ا		Candidate's Principal Committee
LITZD BANCE	Jean			☐ Exploratory Committee
4. Mailing Address (number and street, city, stat	te, and ZIP code)	5. FAX (0	' '	E-mail Address (Optional)
203 Village Kd		()		Fitzmc@hotmail.com
7. City () S	State ZIP Code	8. County	9. Telephone (Day)	10. Telephone (Evening)
Michigan Pite	IN UUBLOO	1 a March	1773 858-49	588 ()
11 Party Affiliation	1 100 11 1-8,52	12. Office Sou	ght (Include district number,	if any. Not required for an exploratory committee.
Democratic Libertarian Republic				
SECTION B. COMMITTEE IF	NFORMATION: Fil	ll in all applicable be	exes as fully and at	ccurately as possible.
13. Full Name of Committee (Do not abbre	oviate.)	a new name.		
Friender titz				
14. Mailing Address (number and street, city, st	tate, and ZIP code) Check	k if this is a new address. 15.	FAX (Optional) 10	i. E-mail Address (Optional)
703 Village	5 7	1.	,	
	State ZIP Code	18. County	19. Telephone	20. Committee Organization Date
221	1 kuain	ha Drole	173 858-45	88 (mm/dd/yr) 413119
Wiengan City	M Condidate of Chairman	son. Check if this is a ne		501 -112111
		MILE OF STREET OF STREET		
Dean titzpota	CK TOWN	if this is a new address. 23.	EAV (Ontlone)	, E-mail Address (Optional)
22. Mailing Address (number and street, city, st	bele, and ZIP code) ∐. Check	i il this is a new address. 23.	FAX (Upbonel)	6. Equal Publish (Openial)
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25. City \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	State ZIP Code	26. County	27. Telephone (Dsy)	28. Telephone (Evening)
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29. Bank or Other Depositories (List all ba				anish, dans eit haves ar maintains funds)
23, Bank of Other Depositories (List en De	anks or other depositories in	which the committee deposits	s funds, holds accounts, rente	seleth hebosic poyes or manicalis invitor)
23. Bank of Other Depositions (List on the	inks of other depositories in	which the committee deposit	s funds, holds accounts, rents	salety debost poves or manualis tourse.)
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219-326-6626



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

410-23-13

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? Tyes No				
COMMITTEE INFORMATION				
1. Full Name of Committee (as on Statement of Organization) Check if this is a new +riends Of Fitz	name.			
2. Acronym or Abbraviated Name (if eny)	3. Committe	e Telephone Number		
party and the same	16219	12.14-024		
203 VII/1006 RA		a new address,		
5. City, State, ZIP Code Michigan (:Hu, IN 46360)	6. Perty Affi	liation <i>(if applicable)</i>		
CANDIDATE INFORMATION (For Condidate's C	ommittees	Ontvi		
7. Full Name of Candidate (Include any nickname.)		liation or If (Independent	Candidate	
Son titzmerick	100	$\mathcal{M}U$		
9. Office Spught (Include district huppher, if eny. Not required for exploratory committee.)	10. County	of Residence		
HAN MORD COUNCILMAN		Porte		
TYPE OF REPORT		CONVENTION	CANDIDATES ONLY	
11. Chack one:		Check one:		
Pre-Primary Pre-Election Annual Normination Other		Pre-Conve	i	
Final / Disbande Committee (Lines 18, 19, and 20 must be '0'.) Utggling Treasurer (Minin ten (10) days emend Sta	tement of Organizat	(on.) Post-Conv	rention	
12. Reporting Period (mm/dd/yy):		COLUMN A	COLUMN R	
From: 1-3-2023 Through: 4-30-2023		This Period	Year to Date	
13. Cash on hand and investments at the beginning of this reporting period.		0.00	201	
14. Cash on hand and investments January 1, current year. CONTRIBUTIONS AND RECEIPTS			<i>D.0D</i>	
(Note: these amounts include in-kind contributions and loans, as well as cash contributions.)				
15a. Itamized (Use Schedula A.)	1			
15b, Unitemized				
15c. Add lines 15a and 15b in both columns.	TOTAL	0.00	<u> </u>	
16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B.	TOTAL	0.00	ΩDD	
EXPENDITURES				
(Note: These amounts include in-kind expenditures and loan repayments.)				
17a. Itemized (Use Schedule B.) (Public Question: use Schedule C.)				
17b. Uniternized				
17c. Add lines 17a and 17b in both columns.	TOTAL	<i>n.u</i> 0	0.00	
18. Cash on hand and investments at close of this reporting period (Subtract 17c from 16 in both columns.)	TOTAL	O.00	0.00	
19. Dabts OWED BY the committee (Use Schedule D.)				
20. Dabts OWED TO the committee (Use Schedule 2.)				
CERTIFICATION		F(OR OFFICE USE ONLY	
I CERTIFY THAT I HAVE EXAMINED THIS STATEMENT, TO THE BEST OF MY KNOWLEDGE AND BELIEF IT IS	TRUE, CORRECT	AND COMPLETE		
Signature of Resource Title Trop State	Date	(mm ddyy) E I 30 2023 CI	ERKS OFFICE	
Signature of Sandidate (f Applicable)	Date	(mm/pa/y/) - 310-2023	- 5 2023	
WARDENG: Any Information commenced in this record may not be copied for sale or used for any commercial purpose. (IC 3-9-4-5) A person who knowlingly if A				
files a traudulent report commits a Level of felory. (IC 3-14-1-13) A person who fails to file a complete or accur Campaign Finance Law commits a Class B misdemeanor, (IC 3-14-1-14) and may be subject to civil penalties. (IC 3-9	aic report as req 7-4-15, IC J-9-4-1	7, IC 3 9-4-18)		
		111	actru Stures	
		CLERK OF LA	PORTE CIRCUIT COURT	



REPORT OF RECEIPTS AND EXPENDITURES OF A POLITICAL COMMITTEE

State Form 4808 (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 INDIVIDUALE ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this echedule. For assistance in completing this schedule, see instructions on the reverse side. This achedule is used to document contributions and receipts logisted on ITEM 15a of the Summary Sheet. All cumulative contributions from individuals OVER \$100 per contribution, within a catendar year MUST be itemized on this achedule (over \$200, if regular party committee). A cumulative contribution, within a catendar, returns of deposit, proceeds from seles, interest or other income) OVER \$100 per contributor, within a catendar year, MUST be itemized on this schedule (over \$200 if regular party committee). A contributor's accupation 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 PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED (mm/dd/yy) RECEIVED BY
1.	Contributions: Direct In-Kind (describe)	:		
Commission's Occupation (6 required)	Other Receipts: Interest Loan Misceffaneous (apacify)			
2.	Contributions: Otrect tri-Kind (describe)			
·	Cither Receipts: Interest Loen Mispellaneous (specify)	- -		-
Contributor's Occupation (6 required) 2.	Contributions: Direct In-Kind (doscribe)	* ***********		
. ·	Other Receipts: Interest Loan Miscellaneous (specify)	,		
Contributor's Occupation (if required)	Contributions:			
	Direct In-Kind (describe)			
	Other Receipts: Interest Leen Miscollaneous (specify)			
Contributor's Occupation (Programmy)	Contributions:			
	Direct In-Kind (describe)			
	Other Receipts: Interest Losn Misoelianzous (specify)			
Contributor's Occupation (if required)				
1	THIS PAGE OF SCHEDULE A	5 0.00		
TOTAL OF ALL PAGES OF SCHEDULE (Enter total on ITE)	A ON THE LAST PAGE ONLY # 15s of the Summary Sheet)	0.00		



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REPORT OF RECEIPTS AND EXPENDITURES OF A POLITICAL COMMITTEE Statisform 4605 (R15 / 6-25) Instance Election Distance (IC 3-9-5-14)

INSTRUCTIONS: Please type or rainf logisty IN BLACK INK all information on this form. For assertance in completing this form, see instructions on the reverse eight.

IS THIS AN AMENDMENT? THE YES TO NO

(CFA-4) **Summary Sheet**

FILE NUMBER

40-23-13 Total pages in entire cfa-4 report

10 130 MI MUCINDIAGIAL DI 162 MI 140	Ĺ.	
GOMMITTEE INFORMATION		
Full Name of Committee (as on Statement of Organization) Check if this is a new Friends of Fitz.	name.	
2. Acronym or Abbrevioled Name (if any)	3, Com	mmitter Telaphone Number 73) 858-4588
4. Majling Address (Address where all campaign finance correspondence is received.) 403 Village Road		this to a new address.
5. City, State, ZIP Code	6. Part	ty Affiliation (Il applicable)
Michigan City, IN 46360		Democrat
CANDIDATE INFORMATION (For Candidate's C		
7. Full Name of Candidate (Include any nickname.) Sean Fitzpatrick		ly Affiliation or If Independent Candidate Democrat
Office Sought (Include district number, if any. Not required for exploratory committee.) 4th Ward City of Michigan City Council	10. Co	ounty of Residence LaPorte
TYPE OF REPORT		CONVENTION CANDIDATES ONLY
11 Check are:		Check one:
Pre-Primary Pre-Election Annual Nomination Other		Pre-Convention
Final / Disbands Committee (Lines 18, 19, and 20 ment be 17.) Outgoing Treasures pattern ten (19) super served Sta	(amen) of Gry	genission Post-Convention
12. Reporting Period (mm/ed/yy):		COLUMN A COLUMN B
From June 1, 2023 Through: October 20,2023		This Period Year to Date
13. Cash on hand and invostments at the beginning of this reporting period,		\$0.00
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 cosh contributions.)		
15e. Itemized (Uso Schedule A.)		
15b, Unlamized		
130, 190 8195 136 616 100 117 0411 05001110.	TOTAL	60.00
10. 200 mes . 2 pro 100 m 00. drill	TOTAL	\$0.00
EXPENDITURES		
thute: These amounts include in kind expenditures and loan repayments.)		
17a, Itemized (Use Schodule B.) (Public Question: use Schedule C.)		
176, Uniterized	TOTAL	50.00
110. Mid lates are the set 110 At the constitute.		\$0.00
18. Cash on hand and investments of close of this reporting period (Subtract 376 from 16 in both columns.)	TOTAL	\$0.00
19. Dobte OV/ED BY the committee (Use Schedule D.)	,	
20. Dobts OWED TO the committee (Use Schedule E.)		
CERTIFICATION		FOR OFFICE USE ONLY
I CERTIFY THAT I HAVE EXAMINED THIS STATEMENT, TO THE BEST OF MY KNOWLEDGE AND BELIEF IT IS:	rue cor	RRECT AND COMPLETE.
Signature of Treasure		Dotober 20, 2023 IN CLERKS OFF
Signature of Candido (Ilfannica)()		Date (mm/ds/yy)
SUARHERG. Any discretion contains in this report may not be copied for sale or used for any commercial purpose Ses a fraudulent raport corrects a Level 6 teleny. (IC 3-14-1-15) A person who falls to file a complete or accurate report Finance Lew commits a Class 8 infortencemon, (IC 3-14-1-14) and may be subject to circi penaltics. (IC 3-04-16, IC 3	. HC 3444 d ns require	ed by the Indiana Usanita qui
LIESTER DAN INSTITUTE OF CHESSER BERNANCHING TO A 1-1-1-1-1-A DIR HART DA ARREST OF CHESSER BERNANCHING TO A 1-1-1-1-1-A DIR HART DAY AND A CHESSER BERNANCHING TO A 1-1-1-1-1-A DIR HART DAY AND A CHESSER BERNANCHING TO A 1-1-1-1-1-A DIR HART DAY AND A 1-1-1-1-A DIR HART DAY AND A 1-1-1-A DIR HART DAY AND A 1-1-1-A DIR HART DAY AND A 1-1-1-A DIR HART DAY AND A 1-1-A DIR HART DAY		
		10:13 Or CLERK OF LA PORTE CIRC
		↑ **



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

s 🛈 I

(CFA-4) Summary Sheet

FILE NUMBER
40-73-13
TOTAL PAGES IN ENTIRE CFA-4 REPORT

CLERK OF LA PORTE CIRCUIT COURT

COMMITTEE INFORMATION			
1. Full Name of Committee (as on Statement of Organization)	name.		
triends of fitz			
2. Acronym or Abbreviated Name (if any)	3. Con	nmittee Telephone Numbe	
	()	
4. Mailing Address (Address where all campaign finance correspondence is received.)	heck if t	his is a new address.	
5. City, State, ZIP Code	6. Part	y Affiliation (if applicable)	
Missigan City In 46360		torson	
CANDIDATE INFORMATION (For Candidate's Co	ommitt	ees Only)	
7. Full Name of Candidate (Include any nickname.)	8. Part	y Affiliation or If Independe	ent Candidate
Dean Fitzparice Democra			
	fice Sought (Include district number, if any. Not required for exploratory committee.) 10. County of Residence		
Michigan City Common Council Ward 4	-1c	Abrte	
TYPE OF REPORT		CONVENTIO	ON CANDIDATES ONLY
11. Check one:		Check one:	
Pre-Primary Pre-Election Annual Nomination Other		Pre-Con	
Final / Disbands Committee (Lines 18, 19, and 20 must be "0".) Outgoing Treasurer (Within ten (10) days amend State	ement of Org	ganization.)	nvention
12. Reporting Period (mm/dd/yy):		COLUMN A	COLUMN B
From: 10/28/23 Through: 12/31/23		This Period	Year to Date
13. Cash on hand and investments at the beginning of this reporting period.		8	
14. Cash on hand and investments January 1, current year.			8-
CONTRIBUTIONS AND RECEIPTS (Note: these amounts include in-kind contributions and loans, as well as cash contributions.)			
15a. Itemized (Use Schedule A.)		45	
15b. Unitemized		6	
	OTAL	9	
		9-	9-
	OTAL	-	9
EXPENDITURES			
(Note: These amounts include in-kind expenditures and loan repayments.)			
17a. Itemized (Use Schedule B.) (Public Question: use Schedule C.)		9	0
17b. Unitemized		9	0
	OTAL	Q	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.)		8	
20. Debts OWED TO the committee (Use Schedule E.)		9-	
CERTIFICATION			FOR OFFICE USE ONLY
I CERTIFY THAT I HAVE EXAMINED THIS STATEMENT. TO THE BEST OF MY KNOWLEDGE AND BELIEF IT IS TR	UE. CORI		L E D
Signature of Treasurer Title			LERKS OFFICE
Signature of Candidate (if applicable)		Date (mm/gd/yy)	B -2 20 24
WARNING: Any information contained in this report may not be copied for sale or used for any commercial purpose. (If the sale of the sale	IC 3-9-4-5 e report a	A person who knowingly s required by the Indiana	Lacru Sturns