



**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**  
410-23-13

1. IS THIS AN AMENDMENT?  Yes  No If Yes, please enter the file number in this box. →

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

2. Last Name Fitzpatrick		First Name Sean		Middle Name S	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) 203 Village Rd				5. FAX (Optional)		6. E-mail Address (Optional) sfitzmc@hotmail.com	
7. City Michigan City	State IN	ZIP Code 46310	8. County LaPorte	9. Telephone (Day) (773) 858-4588		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.)			

**SECTION B. COMMITTEE INFORMATION: Fill in all applicable boxes as fully and accurately as possible.**

13. Full Name of Committee (Do not abbreviate.) <input type="checkbox"/> Check if this is a new name. Friends of Fitz							
14. Mailing Address (number and street, city, state, and ZIP code) <input type="checkbox"/> Check if this is a new address. 203 Village Rd				15. FAX (Optional)		16. E-mail Address (Optional)	
17. City Michigan City	State IN	ZIP Code 46310	18. County LaPorte	19. Telephone (773) 858-4588		20. Committee Organization Date (mm/dd/yy) 4/3/19	
21. Chairperson's Full Name <input checked="" type="checkbox"/> Designate Candidate as Chairperson. <input type="checkbox"/> Check if this is a new chairperson. Sean Fitzpatrick							
22. Mailing Address (number and street, city, state, and ZIP code) <input type="checkbox"/> Check if this is a new address. 203 Village Rd				23. FAX (Optional)		24. E-mail Address (Optional)	
25. City Michigan City	State IN	ZIP Code 46310	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.) Horizon							
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 checked="" 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 Stacy Dudley		Signature of the Committee Chairperson <i>[Signature]</i>		
33. Treasurer's Full Name <input type="checkbox"/> Designate candidate as treasurer. <input checked="" type="checkbox"/> Check if this is a new treasurer. Stacy Dudley							
34. Mailing Address (number and street, city, state, and ZIP code) <input type="checkbox"/> Check if this is a new address. 1001 Manhattan Street Michigan City, IN 46310				35. FAX (Optional)		36. E-mail Address (Optional) sdudley2480@yahoo.com	
37. City Michigan City	State IN	ZIP Code 46310	38. County LaPorte	39. Telephone (Day) (219) 214-7255		40. Telephone (Evening) (219) 214-7255	

**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 <i>[Signature]</i>				
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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 Sean Fitzpatrick		Signature of Chairperson <i>[Signature]</i>		Date (mm/dd/yy) 02-01-23		<p><b>FOR OFFICE USE ONLY</b> <b>IN CLERKS OFFICE</b></p> <p>FEB 1 2023</p> <p><i>[Signature]</i> CLERK OF LA PORTE CIRCUIT COURT</p>	
43. Typed or Printed Name of Candidate Sean Fitzpatrick		Signature of Candidate <i>[Signature]</i>		Date (mm/dd/yy) 02-01-23			

**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).

219-326-6626



REPORT OF RECEIPTS AND EXPENDITURES OF A POLITICAL COMMITTEE

State Form 4806 (R15 / 5-18) Indiana Election Division (IC 3-9-5-14)

(CFA-4) Summary Sheet

FILE NUMBER

46-23-13

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? [ ] Yes [X] No

COMMITTEE INFORMATION

1. Full Name of Committee (as on Statement of Organization) Friends of Fitz
2. Acronym or Abbreviated Name (if any)
3. Committee Telephone Number (219) 1874-6547
4. Mailing Address (Address where all campaign finance correspondence is received.) 203 Village Rd
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.) Sean Fitzpatrick
8. Party Affiliation or if Independent Candidate Democrat
9. Office Sought (include district number, if any. Not required for exploratory committees.) 4th Ward Councilman
10. County of Residence LaPorte

TYPE OF REPORT

CONVENTION CANDIDATES ONLY

11. Check one: [X] Pre-Primary [ ] Pre-Election [ ] Annual [ ] Nomination [ ] Other
[ ] Final / Disbands Committee (Lines 18, 19, and 20 must be '0') [ ] Outgoing Treasurer (Within ten (10) days amend Statement of Organization)
Check one: [ ] Pre-Convention [ ] Post-Convention

12. Reporting Period (mm/dd/yyyy): From: 1-3-2023 Through: 4-30-2023
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

15a. Itemized (Use Schedule A.)
15b. Unitemized
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

17a. Itemized (Use Schedule B.) (Public Question: use Schedule C.)
17b. Unitemized
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.)
20. Debts 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 TRUE, CORRECT AND COMPLETE.
Signature of Treasurer: [Signature] Title: Treasurer Date (mm/dd/yyyy): 4-30-2023
Signature of Candidate (if applicable): [Signature] Date (mm/dd/yyyy): 4-30-2023
FILED CLERKS OFFICE MAY - 5 2023

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)

Heather Stevens CLERK OF LA PORTE CIRCUIT COURT



**REPORT OF RECEIPTS AND EXPENDITURES  
OF A POLITICAL COMMITTEE**  
State Form 4806 (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 listed 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 NUMBER**

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Page 1 of 1

CONTRIBUTOR'S FULL NAME AND OCCUPATION FULL MAILING ADDRESS <i>(street, number, city, state, ZIP code)</i>	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED <i>(month/day)</i>
				RECEIVED BY
1.	Contributions: <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) <hr/> Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify) <hr/> Contributor's Occupation (if required) _____			
2.	Contributions: <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) <hr/> Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify) <hr/> Contributor's Occupation (if required) _____			
3.	Contributions: <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) <hr/> Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify) <hr/> Contributor's Occupation (if required) _____			
4.	Contributions: <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) <hr/> Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify) <hr/> Contributor's Occupation (if required) _____			
5.	Contributions: <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) <hr/> Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Miscellaneous (specify) <hr/> Contributor's Occupation (if required) _____			
<b>SUBTOTAL THIS PAGE OF SCHEDULE A</b>		\$	0.00	
<b>TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY</b> <i>(Enter total on ITEM 15a of the Summary Sheet)</i>		\$	0.00	



**REPORT OF RECEIPTS AND EXPENDITURES  
OF A POLITICAL COMMITTEE**

Gov. Form 4865 (R15 / 6-23)  
Indiana Election Division (IC 3-9-5-14)

(CFA-4)  
**Summary Sheet**

<b>FILE NUMBER</b>
46-23-13
<b>TOTAL PAGES IN ENTIRE CFA-4 REPORT</b>

**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) Friends of Fitz		<input type="checkbox"/> Check if this is a new name.
2. Acronym or Abbreviated Name (if any)	3. Committee Telephone Number ( 773 ) 858-4588	
4. Mailing Address (Address where all campaign finance correspondence is received) 403 Village Road		<input type="checkbox"/> Check if this is a new address.
5. City, State, ZIP Code Michigan City, IN 46360	6. Party Affiliation (if applicable) Democrat	
CANDIDATE INFORMATION (For Candidate's Committees Only)		
7. Full Name of Candidate (include any nickname.) Sean Fitzpatrick		8. Party Affiliation or if Independent Candidate Democrat
9. Office Sought (include district number, if any. Not required for exploratory committee.) 4th Ward City of Michigan City Council		10. County of Residence LaPorte
TYPE OF REPORT		CONVENTION CANDIDATES ONLY
11. Check one: <input type="checkbox"/> Pre-Primary <input checked="" type="checkbox"/> Pre-Election <input type="checkbox"/> Annual <input type="checkbox"/> Nomination <input type="checkbox"/> Other <input type="checkbox"/> Final/Disbands Committee (lines 13, 14, and 20 must be "0") <input type="checkbox"/> Outgoing Treasurer (within ten (10) days of end of Statement of Organization)		Check one: <input type="checkbox"/> Pre-Convention <input type="checkbox"/> Post-Convention
12. Reporting Period (mm/dd/yyyy): From: June 1, 2023 Through: October 20, 2023		COLUMN A This Period
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.		
<b>CONTRIBUTIONS AND RECEIPTS</b>		
<i>(Note: these amounts include in-kind contributions and loans, as well as cash contributions.)</i>		
15a. Itemized (Use Schedule A.)		
15b. Unitemized		
15c. Add lines 15a and 15b in both columns. SUBTOTAL		
16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B. TOTAL		\$0.00
<b>EXPENDITURES</b>		
<i>(Note: These amounts include in-kind expenditures and loan repayments.)</i>		
17a. Itemized (Use Schedule B.) (Public Question: use Schedule C.)		
17b. Unitemized		
17c. Add lines 17a and 17b in both columns. SUBTOTAL		\$0.00
18. Cash on hand and investments at close of this reporting period (Subtract 17c from 16 in both columns.) TOTAL		\$0.00
19. Debts OWED BY the committee (Use Schedule D.)		
20. Debts OWED TO the committee (Use Schedule E.)		

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>[Signature]</i>	Title Treasurer	Date (mm/dd/yyyy) October 20, 2023
Signature of Candidate (if applicable) <i>[Signature]</i>		Date (mm/dd/yyyy) 10-20-23

**WARNING:** Any information contained in this report may not be copied for sale or used for any commercial purpose. (IC 3-9-4-3) 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 Campaigns Finance Law commits a Class B infraction and may be subject to civil penalties. (IC 3-9-4-16, IC 3-9-4-17, IC 3-9-4-18)

FOR OFFICE USE ONLY

**FILED**  
IN CLERKS OFFICE

OCT 20 2023

*[Signature]*  
CLERK OF LA PORTE CIRCUIT COURT

10:13 am  
TVS



# REPORT OF RECEIPTS AND EXPENDITURES OF A POLITICAL COMMITTEE

State Form 4606 (R17 / 8-23)  
Indiana Election Division (IC 3-9-5-14)

(CFA-4)  
Summary Sheet

<b>FILE NUMBER</b>
46-73-13
<b>TOTAL PAGES IN ENTIRE CFA-4 REPORT</b>

**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) <input type="checkbox"/> Check if this is a new name. Friends of Fitz	
2. Acronym or Abbreviated Name (if any)	3. Committee Telephone Number ( )
4. Mailing Address (Address where all campaign finance correspondence is received.) <input type="checkbox"/> Check if this is a new address. 203 Village Rd	
5. City, State, ZIP Code Michigan City IN 46360	6. Party Affiliation (if applicable) Democrat

### CANDIDATE INFORMATION (For Candidate's Committees Only)

7. Full Name of Candidate (Include any nickname.) Sean Fitzpatrick	8. Party Affiliation or If Independent Candidate Democrat
9. Office Sought (Include district number, if any. Not required for exploratory committee.) Michigan City Common Council Ward 4	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 type="checkbox"/> Post-Convention
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12. Reporting Period (mm/dd/yy): From: 10/20/23 Through: 12/31/23	<b>COLUMN A</b> This Period	<b>COLUMN B</b> Year to Date
13. Cash on hand and investments at the beginning of this reporting period.	0	0
14. Cash on hand and investments January 1, current year.	0	0

### CONTRIBUTIONS AND RECEIPTS

(Note: these amounts include in-kind contributions and loans, as well as cash contributions.)		
15a. Itemized (Use Schedule A.)	0	0
15b. Unitemized	0	0
15c. Add lines 15a and 15b in both columns. <b>SUBTOTAL</b>	0	0
16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B. <b>TOTAL</b>	0	0

### EXPENDITURES

(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. <b>SUBTOTAL</b>	0	0
18. Cash on hand and investments at close of this reporting period (Subtract 17c from 16 in both columns.) <b>TOTAL</b>	0	0
19. Debts OWED BY the committee (Use Schedule D.)	0	0
20. Debts OWED TO the committee (Use Schedule E.)	0	0

### CERTIFICATION

### FOR 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			FILED IN CLERKS OFFICE
Signature of Treasurer	Title	Date (mm/dd/yy)	
Signature of Candidate (if applicable)			FEB - 2 2024
Date (mm/dd/yy)			
<p><b>WARNING:</b> 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>			<p>Maaron Stevens CLERK OF LA PORTE CIRCUIT COURT</p>