

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 <i>if</i> Yes,	please	enter the	file nun	nber in this bo	κ. →	46-23-0CP.	
SECTION A. CANDIDATE I					boxes		accura		
2. Last Name	First		1	iddle Name		Nickname		3. Type of Committee (Check one)	
WALKER 4. Mailing Address (number and street, city, ste		lichael		Cury				Candidate's Principal Committee Exploratory Committee	
4. Mailing Address (number and street, city, sta 3208 Salem 7. City Mi Chigan City 11. Party Affiliation	ate, and ZIP o	ode)		5.44	X (Option	al)	6. E-mail	Address (Optional)	
3200 Salem	CO -	710 Codo	le Cause	()	Telephone (Davi)		40 Telephone (Eugenine)	
7. City	IN	1/10/7/00	a. Count	y Om Cla	3.	s. relephone (Day)		id. Teteprione (2.veriirig)	
11 Barby Affiliation		96560	La	12 Office	Sought (PM) 210 - 7	983	()	
☐ Democratic ☐ Libertarian ☐ Republi	can 🔲 Ot	her		12. Office	ovagnit (ii	iciboe diatrict ribinib	er, n any. r	torrequired for all exploratory committee.)	
			in all a	pplicable	e boxes	as fully and	accura	tely as possible.	
SECTION B. COMMITTEE I 13. Full Name of Committee (Do not abbre									
Mill For 14. Mailing Address (number and street, city, s	MAY	101							
14. Mailing Address (number and street, city, s	tate, and ZIP	code) Check i	f this is a r	ew address.	15. FAX	(Optional)	16. E-ma	l Address (Optional)	
3208 Salem 17. City Muhlgan City 21. Chairperson's Full Name Posig	Court	Michigan	city	,TW	()				
17. City	State	ZIP Code	18. Cour	ity	19	. Telephone		20. Committee Organization Date	
Michigan City	IN (16360	La	porle	l c	219,210-9	483	01/27/2023	
21. Chairperson's Full Name Desig	nate Candi	date as Chairperso	n. 🗆 C	heck if this is	a new cha	irperson.			
22. Mailing Address (number and street, city, s	An	uzeta							
22. Mailing Address (number and street, city, s	tate, and ZIP	code)	this is a n	ew address.	23. FAX ((Optional)	24, E-ma	l Address (Optional)	
3208 Salom (Burt	Mich	ia an	CHI	Ų _r			•	
25. City :	State	ZIP Code	26. Coun	ity	27	. Telephone (Day)		28. Telephone (Evening)	
Milaican O C+4	IN 4	6340	14	Po/4e		41,710-94	83		
25. City Which is 1997 12 +4 29. Bank or Other Depositories (List all be	anks or oth	er depositories in w	hich the c	ommittee dep	osits funds	s, holds accounts, re	nts safety	deposit boxes or maintains funds.)	
Capita (ONE 30. Exploratory Committee (Give brief statem	/ 4	RYCH TO	hid						
30. Exploratory Committee (Give brief statem	nent explainin	g purpose of an explora	tory commit	tee only.) 31.				committee pay the candidate a salary or	
-				reii	npursemei	nt for lost wages? If	Yes, attacr	a copy of the contract.) Yes No	
SECTION C. APPOINTMEN	T OF T	REASURER (IC 3-9-	1-14)					
32. I, as Chairperson of the	foregoi	ng Person Appoi	nted Trea	surer				mmittee Chairperson	
Treasurer of the Committee	person	as Mara	~ 6	Sednas	-Chuk	2 mo	ve-	bedwich	
committee, appoint the following Treasurer of the Committee. 33. Treasurer's Full Name Designat	e candidate	e as treasurer.	Check if	this is a new	treasurer.	1	·····	/	
Maria Bedna 34. Mailing Address (number and street, city, s									
34. Mailing Address (number and street, city, s	tate, and ZIP	code)	this is a n	ew address.	35. FAX ((Optional)		Address (Optional)	
7208 Salem Com 37. City	+ V	WChizar	de	fa.	()				
37. City	State	ZIP Code	38. Coun	ity	39	. Telephone (Day)		40. Telephone (Evening)	
Michigan City 1=	ZN 4	£6360	Lul	ypart	e c	219 210 - 9	3483	()	
SECTION D. ACCEPTANCE			(IC 3-	9-1-15)					
41. I give notice that I accept th	e duties	and responsib	ilities o	Treasure	r of this	Signature of Po	erson Ac	cepting Appointment	
Committee. I am not the chairpe permitted for a candidate committee	rson of a	a campaign fina C 3_0_1_7)	ance coi	mmittee (e	xcept as	Vham	a 1	Sedmirchik	
SECTION E. CERTIFICATION							, , , , , , , , , , , , , , , , , , ,	FOR OFFICE USE ONLY	
We certify as the candidate and			airperso	n of the	Committe	e and that we	have	FILED	
examined this statement. To the be-	st of our	knowledge and	belief it i	s true, cor	rect and	complete.		IN CLERKS OFFICE	
42. Typed or Printed Name of Chair		Signature of 0	Chairpen	son ⁄⁄		Date (mm/dd/yy	7, II	11.1	
Madene Anuzuta 43. Typed or Printed Name of Cand	-	Vinale	me C	mine	tr	01/27	20 dt		
43. Typed or Printed Name of Cand	idate	Signature of	Candidat	e n		Date (mm/dd/yy	7	JAN 27 2023	
Michael WallLe		1 Wich	1 1	ul		- 01/27/6	7023		
Warning: State law requires that any chi	ange in thi	s information be re	ported wit	hin ten (10)	days of th	te change (IC 3-9-1	-10). A	Lleaone Stevers	
person who knowingly files a fraudulent re accurate report as required by the Indiana	a Campaig	п Finance Law cor	nmits a C	14-1-13). A l lass B misde	eneanor (f	лана ю не а comp С <i>3-14-1-14),</i> and r	nay be	CLERK OF LA PORTE CIRCUIT COUR	
subject to civil penalties (IC 3-9-4-16, IC 3-	9-4-17, and	IIC 3-9-4-18).						CILAN OF BATTER	





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 🕡 N

(CFA-4) Summary Sheet

FILE NUMBER

46-23-06

TOTAL PAGES IN ENTIRE CFA-4 REPORT

15 THIS AN AMENDMENT? LYS L	u No				
	COMMITTEE INFORMATION				
Full Name of Committee (as on Statement of Organization Mike Walker for Mayor	n) Check if this is a new na	me.			
2. Acronym or Abbreviated Name (if any)		mmittee Telephone Number			
4. Mailing Address (Address where all campaign finance cor 3208 Salem Court	respondence is received.)	eck if this is a new	address.		
5. City, State, ZIP Code Michigan City, IN 46360	6. Party Affiliation Libertarian	ty Affiliation (if applicable) rtarian			
CANDIDATE INF	ORMATION <i>(For Candidate's Co</i>	nmittees Only)			
7. Full Name of Candidate (Include any nickname.) Mike Walker	8. Party Affiliation Libertarian	ty Affiliation or If Independent Candidate			
9. Office Sought (Include district number, if any. Not require mayor of Michigan City	10. County of Res LaPorte	ounty of Residence			
TYPE OF R	REPORT		CONVENTION	CANDIDATES ONLY	
11. Check one: ☐ Pre-Primary ☑ Pre-Election ☐ Annual ☐ Nomination ☐ C	Other		Check one:	ntion	
Final / Disbands Committee (Lines 18, 19, and 20 must be "0".) Out	going Treasurer (Within ten (10) days amend Statem	ent of Organization.)	Post-Conve	ention	
12. Reporting Period (mm/dd/yy): From: 04/15/2023 Through	_{h:} 10/19/2023		LUMN A s Period	COLUMN B Year to Date	
13. Cash on hand and investments at the beginning of this re	eporting period.		0		
14. Cash on hand and investments January 1, current year.					
CONTRIBUTIONS AND					
(Note: these amounts include in-kind contributions and loans	s, 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.	SUBTO	-	0	0	
16. Add lines 13 and 15c in Column A and lines 14 and 15c		OTAL	0	0	
EXPENDITURE					
(Note: These amounts include in-kind expenditures and loar			0	0	
17a. ttemized (Use Schedule B.) (Public Question: use Sche 17b. Unitemized	sune C.)		0	0	
17c. Add lines 17a and 17b in both columns.	SUBTO	OTAL	0	0	
18. Cash on hand and investments at close of this reporting period (\$		OTAL	0	0	
19. Debts OWED BY the committee (Use Schedule D.)	Subtract Tre Holls To III Suar Conditions.	O.A.L	0	· ·	
20. Debts OWED TO the committee (Use Schedule E.)		0			
Ed. Book Over 10 the committee (ode obligation E.)					
	TIFICATION			R OFFICE USE ONLY	
I CERTIFY THAT I HAVE EXAMINED THIS STATEMENT. TO THE BES' Signature of Transurer	TOF MY KNOWLEDGE AND BELIEF IT IS TRU	Date (mm/o		ILED	
Sesli a Samelson	Treasurer	10/19/	/2023	IN CLERKS OFFICE	
Signature of Candidate (if applicable) WARNING: Any information contained in this report may not be copied to files a fraudulent report commits a Level 6 felony. (IC 3-14-1-13) A point of the contained in this report may not be copied to files a fraudulent report commits a Level 6 felony.	arson who fails to file a complete or accurate	report as required by	/2023 tho knowingly y the Indiaha	OCT > 0 2023	
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	J-4-18)	1 Searne Stevens	

3:30 AM



REPORT OF RECEIPTS AND EXPENDITURES OF A POLITICAL COMMITTEE

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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

40-23-00

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	nomo				
Mike Walker for Mayor	name.				
2. Acronym or Abbreviated Name (if any)	3. Con	nmittee Telephone Number			
	(219) 210-9483				
4. Mailing Address (Address where all campaign finance correspondence is received.) 3208 Salem Court	Check if t	his is a new address.			
5. City, State, ZIP Code	ty Affiliation (if applicable)				
Michigan City, IN 46360	rtarian				
CANDIDATE INFORMATION (For Candidate's C	Committ	ees Only)			
7. Full Name of Candidate (Include any nickname.)	ty Affiliation or If Independen	it Candidate			
Mike Walker	Libertarian				
9. Office Sought (Include district number, if any. Not required for exploratory committee.)	10. Co	ounty of Residence			
mayor of Michigan City	orte				
TYPE OF REPORT		CONVENTION	N CANDIDATES ONLY		
11. Check one:		Сһеск оле:	'		
Pre-Primary Pre-Election Annual Nomination Other		Pre-Conv	ention		
Final / Disbands Committee (Lines 18, 19, and 20 must be "0".) Utgoing Treasurer (Within ten (10) days amend Sta	atement of Or	rganization.) Dost-Con-	vention		
12. Reporting Period (mm/dd/yy):		COLUMN A	ÇOLUMN B		
From: 10/19/2023 Through: 12/31/2023		This Period	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.)					
15a. Itemized (Use Schedule A.)		0	0		
15b. Unitemized		0	0		
15c. Add lines 15a and 15b in both columns.	TOTAL	0	0		
16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B.	TOTAL	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		
	. ,	0	0		
17b. Unitemized					
	BTOTAL	0	0		
18. Cash on hand and investments at close of this reporting period (Subtract 17c from 16 in both columns.)	TOTAL	0	U		
19. Debts OWED BY the committee (Use Schedule D.)		0			
20. Debts OWED TO the committee (Use Schedule E.)		0			
OFFITION TION			OR OFFICE USE ONLY		
CERTIFICATION I CERTIFY THAT I HAVE EXAMINED THIS STATEMENT. TO THE BEST OF MY KNOWLEDGE AND BELIEF IT IS	TOUE CO		UK OFFICE USE ONET		
Signature of Treasurer (/) Title		- · · · · · · · · · · · · · · · · · · ·	ILED		
Treasurer		01/16/2024	CLERKS OFFICE		
Signature of Candidate (flapplicable)		Date (mm/dd/yy)			
The house of the same of the s		01/16/2024			
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 JAN 1 6 2024					
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					
Our ipage i mance can committe a creas o missometrici, (10 0-17-1-17) and may be subject to the penalities. [10 0-		1	LA PORTE CIRCUIT COURT		
		CLERK OF	LA PORTE CIRCUIT COURT		
		·	COURT		