



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)

(CFA-1)

PLEASE TYPE OR PRINT LEGIBLY IN BLACK INK. SEE INSTRUCTIONS ON REVERSE SIDE.

FILE NUMBER

1. IS THIS AN AMENDMENT? Yes No If Yes, please enter the file number in this box. → 46-24-19

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

2. Last Name: Hicks First Name: Anthony Middle Name: Terrell Nickname: Justice
 3. Type of Committee (Check one)
 Candidate's Principal Committee
 Exploratory Committee

4. Mailing Address (number and street, city, state, and ZIP code): 223 N. Calumet Ave
 5. FAX (Optional):
 6. E-mail Address (Optional):

7. City: Michigan City State: IN ZIP Code: 46360
 8. County: La Porte
 9. Telephone (Day): (312) 687-3986
 10. Telephone (Evening):

11. Party Affiliation: Democratic Libertarian Republican Other
 12. Office Sought (Include district number, if any. Not required for an exploratory committee.): County Council At-Large

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

13. Full Name of Committee (Do not abbreviate.) Check if this is a new name.
 Anthony For County Council

14. Mailing Address (number and street, city, state, and ZIP code) Check if this is a new address.
 223 N. Calumet Ave
 15. FAX (Optional):
 16. E-mail Address (Optional):

17. City: Michigan City State: IN ZIP Code: 46360
 18. County: La Porte
 19. Telephone: (312) 687-3986
 20. Committee Organization Date (mm/dd/yy): 02/16/24

21. Chairperson's Full Name Designate Candidate as Chairperson. Check if this is a new chairperson.
 Anthony Terrell "Justice" Hicks Sr.

22. Mailing Address (number and street, city, state, and ZIP code) Check if this is a new address.
 223 N. Calumet Ave
 23. FAX (Optional):
 24. E-mail Address (Optional):

25. City: Michigan City State: IN ZIP Code: 46360
 26. County: La Porte
 27. Telephone (Day): (312) 687-3986
 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.)
 5/3 Bank

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.) Yes 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: Trina Williams
 Signature of the Committee Chairperson: Anthony Hicks

33. Treasurer's Full Name Designate candidate as treasurer. Check if this is a new treasurer.
 Trina L. Williams

34. Mailing Address (number and street, city, state, and ZIP code) Check if this is a new address.
 223 N. Calumet Ave
 35. FAX (Optional):
 36. E-mail Address (Optional):

37. City: Michigan City State: IN ZIP Code: 46360
 38. County: La Porte
 39. Telephone (Day): (312) 687-2074
 40. Telephone (Evening):

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: Trina Williams

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.

2. Typed or Printed Name of Chairperson: Anthony Hicks
 Signature of Chairperson: Anthony Hicks
 Date (mm/dd/yy): 02/16/24

3. Typed or Printed Name of Candidate: Anthony Hicks
 Signature of Candidate: Anthony Hicks
 Date (mm/dd/yy): 02/16/24

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).

FOR OFFICE USE ONLY

FILED IN CLERKS OFFICE

FEB 16 2024

Heaven Stevens
 CLERK OF LA PORTE CIRCUIT COURT

10:51am



**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

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

FILE NUMBER
TOTAL PAGES IN ENTIRE CFA-4 REPORT
1

COMMITTEE INFORMATION	
1. Full Name of Committee (as on Statement of Organization) <u>Anthony Fox La Porte Council</u>	<input type="checkbox"/> Check if this is a new name.
2. Acronym or Abbreviated Name (if any)	3. Committee Telephone Number <u>(317) 687-3986</u>
4. Mailing Address (Address where all campaign finance correspondence is received.) <u>223 N. Calumet Ave</u>	<input type="checkbox"/> Check if this is a new address.
5. City, State, ZIP Code <u>Michigan City, IN, 46360</u>	6. Party Affiliation (if applicable) <u>Democrat</u>

CANDIDATE INFORMATION (For Candidate's Committees Only)	
7. Full Name of Candidate (Include any nicknames.) <u>Anthony T. Hicks Jr.</u>	8. Party Affiliation or if Independent Candidate <u>Democratic</u>
9. Office Sought (Include district number, if any. Not required for exploratory committee.) <u>County Council</u>	10. County of Residence <u>La Porte</u>

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

12. Reporting Period (mm/dd/yy):	COLUMN A	COLUMN B
From: <u>03/01/2024</u> Through: <u>04/12/2024</u>	This Period	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		
<i>(Note: these amounts include in-kind contributions and loans, as well as cash contributions.)</i>		
15a. Itemized (Use Schedule A.)	0	0
15b. Unitemized	0	0
15c. Add lines 15a and 15b in both columns. SUBTOTAL	0	0
16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B. TOTAL	0	0

EXPENDITURES		
<i>(Note: These amounts include in-kind expenditures and loan repayments.)</i>		
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. SUBTOTAL	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	0
20. Debts OWED TO the committee (Use Schedule E.)	0	0

CERTIFICATION		FOR OFFICE USE
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 <u>Jana Williams</u>	Title <u>Treasurer</u>	Date (mm/dd/yy) <u>04/19/2024</u>
Signature of Candidate (if applicable) <u>Anthony Hicks</u>		Date (mm/dd/yy) <u>04/19/2024</u>

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 this 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)

FNA
11:59am

APR 19 2024
Lecore Stevens
CLERK OF LA PORTE CIRCUIT COURT