

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	, pleas	e enter	the file n	umbe	r in this bo)	κ. →	410-24-79
SECTION A. CANDIDATE	INFO	RMATION: Fill	in all	applica	able box	es as	; fully and	accur	ately as possible.
2. Last Name		rst Name		Middle Na			Nickname		3. Type of Committee (Check one)
SIKORSHI		MA77HEW		7How	14S				Candidate's Principal Committee
4. Mailing Address (number and street, city,	state, and a	ZIP code)			5. FAX (Opt	ional)		6. E-ma	il Address (Optional)
2012 W SSO N)							mt	skrsk7/@ ging; 1. cum
7. City	State	ZIP Code	8. Cot	Intv		9. Tele	phone (Day)	1.1.1	10. Telephone (Evening)
MICHIGN GTY	IN	46360		PORTE			874-17	75	219, 874-1715
11. Party Affiliation		19390		•	See Cauch	(01))0/1-1/		(217) 011-1113
Democratic 🔲 Libertarian 🔲 Repul	lican 🗂	Other		12.0	mce sough ぐついい	1 V		er, ir any. CA	Not required for an exploratory committee.)
			l in all						ately as possible.
13. Full Name of Committee (Do not abl	previate.)	Check if this is	a new na	appilot ame.		es as	s runy and	accui	atery as possible.
committee to ELECT			~	tolix					
14. Mailing Address (number and street, city						× (0-4		40 5	all Address (Deffered)
	, state, and		n mis is i	a new abor	ress. 15. PA		onalj	10. E-m	all Address (Optional)
2012 W 850 N					()		Y rq	Hskrsil71@gmail.cum
17. City	State	ZIP Code	18. Co	•		19. Te	lephone	~/	20. Committee Organization Date
MICHIGON CLIY	N	46360	LA	roote		(2F1	, 874-17	15	(mm/dd/yy) 9/13/24
	ignate Ca	andidate as Chairpers	on. 🗖	Check if t	his is a new	chairpe	rson.		
MATTHEW THOMAS	Sik	15511							
22. Mailing Address (number and street, city)			if this is a	a new addr	ess 23.FA	X (Onti	ionall	24. E-m	ail Address (Optional)
	, 2.2.2, 2					011000	onay		tskrsk 71 @ gmailicon
2012 W 850 N 25. City	State	ZIP Code	26. Co		()	Inchang (David	1.11	
	N State					27. Te	lephone (Day) רוע שרים		28, Telephone (Evening) (29) 874 - 1775
MICHIGAN CITY	•	46360		PC27E		1-	1		
29. Bank or Other Depositories (List all SI らびしに氏 氏みり	banks or •	other depositories in	which the	e committee	e deposits fu	nds, ho	lds accounts, re	nts safet	y deposit boxes or maintains funds.)
30. Exploratory Committee (Give brief state		aining numose of an explo	ratory com	mittee only l	31 Salarie	s and I	Reimhursemen	te (Will t	he committee pay the candidate a salary or
					reimbursei	nent for	lost wages? If	Yes, atta	ch a copy of the contract.)
		TREACURER	(10.2	0 4 4 4	1				
SECTION C. APPOINTME 32. I, as Chairperson of the							Signature	of the C	ommittee Chairgers m
committee, appoint the following	a perso			Lolsyy			orginature	K	
Treasurer of the Committee.		Front						10	
33. Treasurer's Full Name Design		date as treasurer. [Checl	k if this is a	new treasur	er.			
MOTTHEW THOMAS	(IL)	LCRSKI						ź	
34. Mailing Address (number and street, city,	state, and	ZIP code) 🔲 Check	if this is a	a new addr	ess. 35. FA	X (Opti	ional)	36. E-m	all Address (Optional)
2012 W 850 N								MH	Iskrsk71 e gmail.com
37. City	State	ZIP Code	38. Co	untv) 39. Te	lephone (Day)		40. Telephone (Evening)
MICHIGON CITY	N	46360		CRIE		04	814-17	75	219, 874-1775
						(🖊)010 (7	//	
		APPOINTMEN							
41. I give notice that I accept t Committee. I am not the chairp							gnatur	reon A	ccepting appointment
permitted for a candidate committ				Johnmute	e (except	as	11/0		6-Le
SECTION E. CERTIFICAT							/ -		FOR OFFICE USE ONLY
We certify as the candidate and				son of t	he Comm	ittee a	and that we	have	
examined this statement. To the b	est of o	ur knowledge and	belief	it is true,	confrect an	nd con	nplete.		
42. Typed or Printed Name of Chai	irperso	n Signature of	Phoirp	erson /	/		Date (mm/dd/yy)	· · ·	County
MATTIHEW SIKOLSKI		11110	Ļ.	\boldsymbol{X}_{-}			9/13/2	$\varphi \mid$	
43. Typed or Printed Name of Can	didata	Signature pt	4	late /	$\neg \rho$		Date (mm/dd/yy)	,	Proceived 2204
		Signature			K	.	GI. 1-	50 L	H 980 2 200
///ATTHEW SIKORSKI	ľ	114		-			マパン	27	SPRCelved SEP 13 2014 SEP 13 2010
Warning: State law requires that any c									SEP 13
person who knowingly files a fraudulent i									Electric
accurate report as required by the Indian subject to civil penalties (IC 3-9-4-16, IC 3			arrints a		insuemeano	10 3-	, and n	nay be	TVS

	REPORT OF RECEI OF A POLITICAL CO State Form 4606 (R15 / 5-19) Indiana Election Division (IC 3-9-5-14)		6	(CF/ Summar File Nu	y Sheet
	IONS: Please type or print legibly IN in completing this form, see instructio	BLACK INK all information on this form. For ns on the reverse side.		46-24 TOTAL PAGES IN EN	-79
IS THIS	AN AMENDMENT?]Yes 🕅 No			
		COMMITTEE INFOR	MATION		
	ne of Committee (as on Statement		s is a new name.		
	MITTEE 76 ELECT	MATT SIKERSKI FER	<u>RE CORI)ER</u>	mittee Telephone Numbe	Γ
2. Acidityn	TO Abbieviated Name (n any)		(21	9, 874-177	5
	Address (Address where all campa	ign finance correspondence is received.)		nis is a new address.	
5. City, Sta	ite, ZIP Code	11/2/0		y Affiliation <i>(if applicable)</i>	
V n Ci	HIGAN GAN IN		F	CMOCRAT	
		IDIDATE INFORMATION (For Cano			ant O an di data
7. Full Nam MA71	ne of Candidate (Include any nickr HGW 7HOMAS SIK			y Affiliation or If Independe	ent Candidate
	ought (Include district number, if a	ny. Not required for exploratory comm		unty of Residence	
LAP	bate county RECO	RDER	1	APORTE	
				CONVENTIO	ON CANDIDATES ONLY
11. Check		_		Check one:	
_	ary 🕅 Pre-Election 🗌 Annual 🗌			Pre-Cor	
		st be "0".) Utgoing Treasurer (Within ten (10) d	ays amend Statement of Org	ganization.)	onvention
From: 4	ng Period (<i>mm/dd/</i> yy): /13 /24	Through: 10/11/2024	ŧ	COLUMN A This Period	COLUMN B Year to Date
	n hand and investments at the beg			R	
14. Cash o	n hand and investments January *	i, current year.			
(Note: thes		itions and loans, as well as cash contribu	tions.)		
	ed (Use Schedule A.)			\$7000,00	\$ 7000,00
15b. Uniter			••	\$ 75,00	\$ 75.00
15c. Add lir	nes 15a and 15b in both columns.		SUBTOTAL	\$7075.00	\$ 7075.00
16. Add line	es 13 and 15c in Column A and lin	es 14 and 15c in Column B.	TOTAL	\$ 7075.00	\$ 7075,06
	E	(PENDITURES		_	
(Note: The	se amounts include in-kind expend	litures and loan repayments.)			
17a. Itemiz	ed (Use Schedule B.) (Public Que	stion: use Schedule C.)		\$7496.01	\$ 7496.01
17b. Uniter				0	0
	nes 17a and 17b in both columns.		SUBTOTAL	\$ 7496.01	\$ 7496.01
		eporting period (Subtract 17c from 16 in both c	olumns.) TOTAL	- 421.01	5-421.01
	DWED BY the committee (Use Sci			7496,01	
20. Debts (DWED TO the committee (Use Sc	hedule E.)	· · //æ •		
		CERTIFICATION			FOR OFFICE USE ONLY
		NT. TO THE BEST OF MY KNOWLEDGE AND B		RECT AND COMPLETE.	County
Signature	treasurer	Title		Date (mm/dd/yy)	Peceived DRECEIVED
4	Candidate (if applicable)	· · · · · · · · · · · · · · · · · · ·		Date (mm/dd/yy)	9 Recei 2024
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AVARNING: Any information contained in this report may not be copied for sale or used for any commercia	al 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 penaltie	es /IC 3-9-4-16 IC 3-9-4-17 IC 3-9-4-18)

Peceived Peceived OCT 17 2024 OCT 17 2024 Election Board

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 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 totaled 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					
Page	of				

CONTRIBUTOR'S FULL NAME AND OCCUPATION FULL MAILING ADDRESS	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS	COLUMN B CUMULATIVE	DATE RECEIVED (mm/dd/yy)
(street, number, city, state, ZIP code)		PERIÓD	YEAR-TO-DATE	RECEIVED BY
1 MATTHEW SIKURSKI	Contributions:			10/1/2024
2012 W 850 N	In-Kind (describe)	\$7000.00	\$7000.00	
MIGHIGAN CITY, IN. 46360	Other Receipts: Interest Loan Miscellaneous (<i>specify</i>)			MATTHEW SILLORSIL
Contributor's Occupation (if required) PROPERTY MANAGE				
2.	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest I Loan Miscellaneous (specify)			
Contributor's Occupation (if required)				
3.	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest Loan Miscellaneous <i>(specify)</i>			
Contributor's Occupation (if required)				
4.	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest Loan Miscellaneous (specify)			
Contributor's Occupation (if required)				
5.	Contributions: Direct In-Kind (describe)		Peceli Precei	unty ed 2024
	Other Receipts: Interest Loan Miscellaneous (specify)		1 00, 1	oard F
Contributor's Occupation (if required)		7.04 0.11	·	
SUBTOTAL 1 TOTAL OF ALL PAGES OF SCHEDULE A	HIS PAGE OF SCHEDULE A	\$ 7000.00		
	15a of the Summary Sheet.)	\$ 7000.00		



REPORT OF RECEIPTS AND EXPENDITURES OF A POLITICAL COMMITTEE State Form 4606 (R15 / 5-19)

State Form 4606 (R15 / 5-19) Indiana Election Division (IC 3-9-5-14)

(CFA-4 SCHEDULE B) ITEMIZED EXPENDITURES

FILE NUMBER

INSTRUCTIONS: 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 expenditures totaled on ITEM 17a of the Summary Sheet. All cumulative expenses paid to individuals, businesses, labor organizations and other entities OVER \$100 per recipient, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative expenses, including in-kind, regardless of amount paid to political committees, (such as transfers-out from candidate, legislative caucus, political action, or regular party committees) MUST be itemized on this schedule.

$\begin{array}{c c c c c c c c c c c c c c c c c c c $	RECIPIENT'S NAME AND MAILING ADDRESS	RECIPIENT'S OCCUPATION	TYPE OF EXPENDITURE			
Heard (AMB) FRANT SKA 315 LINCOLN WAYTRUTICLImplementation ComeImplementat	(street, number. city, state, ZIP code)	OFFICE SOUGHT (if applicable)	and PURPOSE (be specific)	AMOUNT THIS PERIOD	CUMULATIVE YEAR-TO-DATE	EXPENDITURE (mm/dd/yy)
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Code Image: Code <	•		Purpose: PGNS		,	
Inicialication Context (A), (A), (B)		RADIU STATION	Payment of Debt Returned Contribution	1345.50	5593.68	10/1/24
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LAPORTE IN. 46350 Code A 4 IMPRINT 101 COMMERCE STREET OSH KUSH W1. 54901 SUBTOTAL THIS PAGE OF SCHEDULE B \$6668.01 TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY SUBTOTAL THIS PAGE ONLY	Silch	PRW762	Payment of Debt	820.16	6413.84	10/3/24
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OSH KUSH WI. 5490 SUBTOTAL THIS PAGE OF SCHEDULE B \$6668.0] TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY S	f	maekfigh and	Payment of Debt		\$668.01	1017/24
TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY	_	r cwiGil	Other		Board	<i>к</i>
TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY						
	TOTAL OF ALL PA	GES OF SCHEDULE B ON THE	E LAST PAGE ONLY			



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 SCHEDULE B) ITEMIZED EXPENDITURES

INSTRUCTIONS: 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 expenditures totaled on ITEM 17a of the Summary Sheet. All cumulative expenses paid to individuals, businesses, labor organizations and other entities OVER \$100 per recipient, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative expenses, including in-kind, regardless of amount paid to political committees, (such as transfers-out from candidate, legislative caucus, political action, or regular party committees) MUST be itemized on this schedule.

FILE NUMBER					
Page	2	of_	2		

RECIPIENT'S NAME AND MAILING ADDRESS	RECIPIENT'S OCCUPATION		COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE OF EXPENDITURE (mm/dd/yy)
(street, number, city, state, ZIP code)	OFFICE SOUGHT (if applicable)	and PURPOSE (be specific)			
<u>code A</u> GERO RD MEDIG UC 685 E, 1675 N MICHIGAN CITY IN. 46360 <u>code</u>	Rota U 5707160		828.OC	7496.01	10/8124
		Payment of Dept Payment of Dept Payment of Dept Other Purpose:			
Code		Direct in-Kind Payment of Debt Returned Contribution Other Purpose:			
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		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:	(-	Peceived Received OCT 17 2024 Election Election	
	SUBTOTAL THIS PAG		\$ 828,00		
TOTAL OF ALL PA	GES OF SCHEDULE B ON THI (Enter total on ITEM 17a of t		\$74.96.01		

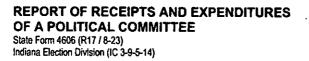


(CFA-4 SCHEDULE D) DEBTS OWED BY THIS COMMITTEE

INSTRUCTIONS: 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. List all debts and loans, regardless of the amount. OWED BY the committee during the reporting period. Include all amounts owed for or to lend institutions, individuals, credit purchases, committee credit card accounts, etc. List each vendor paid by credit card issued in the name of the committee in the ENDORSER'S column. A lender's occupation is required if an individual makes loans of at least \$1,000 during the calendar year. Otherwise, this is optional.

	FILE	NUMB	ER	
Page		of	2	

CREDITOR'S OR LENDER'S NAME	ENDORSER'S OR VENDOR'S NAME	AMOUNT	DATE DEBT	CUMULATIVE		
AND MAILING ADDRESS (street, number, city. state, ZIP code)	AND MAILING ADDRESS (if any) (street, number, city, state, ZIP code)	NATURE OF DEBT	INCURRED (mm/dd/yy)	PAID YEAR-TO-DATE	BALANCE THIS PERIOD	
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101 communice STREET			"/ "/~			
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HOWKINS PRINT SHEP 315 LINCOLNUM		592.25	9/19/24	0	3450,54	
LAPORTE IN. 46350				U	7750,39	
LENDER'S OCCUPATION: PRW16		furenase				
4 IMPRINT		797.64	01.11		11246-16	
101 COMMERCE STREET		717.67	9/21/24	0	4248,18	
OSH12051 W. 54901		Pulchase				
LENDER'S OCCUPATION: PRINTER						
GERARD MEDIA LLC 685 E. 1675 N.		1345.50	10/1/24	0	5593.68	
MICHLON CITY IN. 46366						
LENDER'S OCCUPATION RADIU STATION		prechose				
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OSHILUSH WI. 5490) LENDER'S OCCUPATION: PRIMICE		preathst		ICT 1 Prion Election Board		
SUBTOTAL THIS PAGE OF SCHEDULE D						
	TOTAL OF ALL	PAGES OF SCHEDUL (Enter total on I			\$	
(Enter total on ITEM 19 of the Summary Sheet.)						



(CFA-4 SCHEDULE D) DEBTS OWED BY THIS COMMITTEE

INSTRUCTIONS: 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. List all debts and loans, regardless of the amount, OWED BY the committee during the reporting period. Include all amounts owed for or to lend institutions, individuals, credit purchases, committee credit card accounts, etc. List each vendor paid by credit card issued in the name of the committee in the ENDORSER'S column. A lender's occupation is required if an individual makes loans of at least \$1,000 during the calendar year. Otherwise, this is optional.

	FILE	NUMBER	
Page _	2	of_2	
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CREDITOR'S OR LENDER'S NAME	ENDORSER'S OR VENDOR'S NAME	AMOUNT	DATE DEBT	CUMULATIVE	OUTSTANDING
AND MAILING ADDRESS (street, number, city, state, ZIP code)	AND MAILING ADDRESS (if any) (street, number, city, state, ZIP code)	NATURE OF DEBT	INCURRED (mm/dd/yy)	PAID YEAR-TO-DATE	BALANCE THIS PERIOD
GERRED MEDIA LLC 685 E. 1675 N		828,00	10/8/24	0	7496.01
MICHIGON CITY IN. 46360 LENDERS OCCUPATION: RADIO STATICN		Areculast			
•			-		
LENDER'S OCCUPATION:					
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LENDER'S OCCUPATION;	· · · · · · · · · · · · · · · · · · ·		······································		<u>.</u>
		-			
LENDER'S OCCUPATION:		· · · · · · · · · · · · · · · · · · ·			
LENDER'S OCCUPATION:			LaP Ore	county	
			ap	Record 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
LENDERS OCCUPATION: SUBTOTAL THIS PAGE OF SCHEDULE D					\$ \$78
TOTAL OF ALL PAGES OF SCHEDULE D ON THE LAST PAGE ONLY (Enter total on ITEM 19 of the Summary Sheet.)					s .528,0C s 749C.01