

**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? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please enter the file number in this box. →					46-24-22
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**SECTION A. CANDIDATE INFORMATION: Fill in all applicable boxes as fully and accurately as possible.**

2. Last Name Feikes	First Name Mitchell	Middle Name	Nickname Mitch		3. Type of Committee (Check one) <input checked="" type="checkbox"/> Candidate's Principal Committee <input type="checkbox"/> Exploratory Committee
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4. Mailing Address (number and street, city, state, and ZIP code) 1328 Lakeside Street, La Porte Indiana 46350			5. FAX (Optional) ( )	6. E-mail Address (Optional) mfbuilder@comcast.net
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7. City La Porte	State IN	ZIP Code 46350	8. County La Porte	9. Telephone (Day) (219) 363-0829	10. Telephone (Evening) ( )
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11. Party Affiliation <input 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.) LaPorte County Council NS				
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**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.

Friend of Mitch Feikes

14. Mailing Address (number and street, city, state, and ZIP code) 1328 Lakeside Street			<input type="checkbox"/> Check if this is a new address.	15. FAX (Optional) ( )	16. E-mail Address (Optional) mfbuilder@comcast.net
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17. City La Porte	State IN	ZIP Code 46350	18. County La Porte	19. Telephone (219) 363-0829	20. Committee Organization Date (mm/dd/yy) 2/16/2024
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21. Chairperson's Full Name  Designate Candidate as Chairperson.  Check if this is a new chairperson.

Mitch Feikes

22. Mailing Address (number and street, city, state, and ZIP code) 1328 Lakeside Street			<input type="checkbox"/> Check if this is a new address.	23. FAX (Optional) ( )	24. E-mail Address (Optional) mfbuilder@comcast.net
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25. City La Porte	State IN	ZIP Code 46350	26. County La Porte	27. Telephone (Day) (219) 363-0829	28. Telephone (Evening) ( )
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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 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.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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**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 Karyl Feikes	Signature of the Committee Chairperson 
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33. Treasurer's Full Name  Designate candidate as treasurer.  Check if this is a new treasurer.

Karyl Feikes

34. Mailing Address (number and street, city, state, and ZIP code) 1328 Lakeside Street			<input type="checkbox"/> Check if this is a new address.	35. FAX (Optional) ( )	36. E-mail Address (Optional) kmbuilder@comcast.net
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37. City La Porte	State IN	ZIP Code 46350	38. County La Porte	39. Telephone (Day) (219) 608-5104	40. Telephone (Evening) ( )
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**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 
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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 Mitchell Feikes	Signature of Chairperson 	Date (mm/dd/yy) 2/16/2024
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43. Typed or Printed Name of Candidate Mitchell Feikes	Signature of Candidate 	Date (mm/dd/yy) 2/16/2024
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**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

*Leanne Stevens*  
CLERK OF LA PORTE CIRCUIT COURT



# REPORT OF RECEIPTS AND EXPENDITURES OF A POLITICAL COMMITTEE

State Form 4006 (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  No

(CFA-4)

## Summary Sheet

FILE NUMBER

410-24-72

TOTAL PAGES IN ENTIRE CFA-4 REPORT

3

### COMMITTEE INFORMATION

1. Full Name of Committee (as on Statement of Organization) Friends of Mitch Feikes	<input type="checkbox"/> Check if this is a new name.
2. Acronym or Abbreviated Name (if any)	3. Committee Telephone Number ( 219 ) 363-0829
4. Mailing Address (Address where all campaign finance correspondence is received.) 1328 Lakeside Street	<input type="checkbox"/> Check if this is a new address.
5. City, State, ZIP Code La Porte, Indiana 46350	6. Party Affiliation (if applicable) Republican
<b>CANDIDATE INFORMATION (For Candidate's Committees Only)</b>	
7. Full Name of Candidate (Include any nickname.) Mitchell Feikes	8. Party Affiliation or If Independent Candidate Republican
9. Office Sought (Include district number, if any. Not required for exploratory committee.) La Porte County Council At-Large	10. County of Residence La Porte

### TYPE OF REPORT

### CONVENTION CANDIDATES ONLY

11. Check one: <input checked="" type="checkbox"/> Pre-Primary <input type="checkbox"/> Pre-Election <input type="checkbox"/> Annual <input type="checkbox"/> Nomination <input type="checkbox"/> Other _____  <input 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: 1/1/2024	Through: 4/12/2024	COLUMN A This Period	COLUMN B Year to Date
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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

(Note: these amounts include in-kind contributions and loans, as well as cash contributions.)			
15a. Itemized (Use Schedule A.)	6,800.02	6,800.02	
15b. Unitemized	0.00	0.00	
15c. Add lines 15a and 15b in both columns.	SUBTOTAL	6,800.02	6,800.02
16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B.	TOTAL	6,800.02	6,800.03

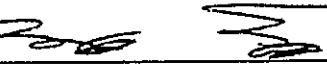
### EXPENDITURES

(Note: These amounts include in-kind expenditures and loan repayments.)			
17a. Itemized (Use Schedule B.) (Public Question: use Schedule C.)	5,475.63	5,475.63	
17b. Unitemized	0.00	0.00	
17c. Add lines 17a and 17b in both columns.	SUBTOTAL	5,475.63	5,475.63
18. Cash on hand and investments at close of this reporting period (Subtract 17c from 16 in both columns.)	TOTAL	1,324.39	1,324.39
19. Debts OWED BY the committee (Use Schedule D.)	6,000.00		
20. Debts OWED TO the committee (Use Schedule E.)	0.00		

### 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 Randy Feikes	Title Treasurer	Date (mm/dd/yy) 4/15/2024
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Signature of Candidate (if applicable)		Date (mm/dd/yy) 4/15/2024
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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)

F I E D  
IN CLERKS OFFICE

APR 15 2024

Leanne Stevens  
CLERK OF LA PORTE CIRCUIT COURT



**REPORT OF RECEIPTS AND EXPENDITURES  
OF A POLITICAL COMMITTEE**  
State Form 4606 (R17 / 8-23)  
Indiana Election Division (IC 3-8-5-14)

**(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 2 of 3

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. Mitchell Feikes 1328 Lakeside Street La Porte, Indiana 46350-2031	<p>Contributions:  <input checked="" type="checkbox"/> Direct  <input type="checkbox"/> In-Kind (describe)</p> <p>Other Receipts:  <input type="checkbox"/> Interest <input type="checkbox"/> Loan  <input type="checkbox"/> Miscellaneous (specify)</p>	\$100.00	\$100.00	2/20/2024
Contributor's Occupation (if required) <u>Builder/Developer</u>				Mitch Feikes
2. Dan & Barb Halle 1292 South Redbud Drive La Porte, Indiana 46350	<p>Contributions:  <input checked="" type="checkbox"/> Direct  <input type="checkbox"/> In-Kind (describe)</p> <p>Other Receipts:  <input type="checkbox"/> Interest <input type="checkbox"/> Loan  <input type="checkbox"/> Miscellaneous (specify)</p>	\$700.00	\$700.00	3/28/2024
Contributor's Occupation (if required) <u>Retired</u>				Karyl Feikes
3. Mitchell Feikes 1328 Lakeside Street La Porte, Indiana 46350-2031	<p>Contributions:  <input type="checkbox"/> Direct  <input type="checkbox"/> In-Kind (describe)</p> <p>Other Receipts:  <input type="checkbox"/> Interest <input checked="" type="checkbox"/> Loan  <input type="checkbox"/> Miscellaneous (specify)</p>	\$6,000.00	\$6,000.00	3/24/2024
Contributor's Occupation (if required) <u>Builder Developer</u>				Mitch Feikes
4. Horizon Bank, NA 515 Michigan Avenue Michigan City, Indiana 46360	<p>Contributions:  <input type="checkbox"/> Direct  <input type="checkbox"/> In-Kind (describe)</p> <p>Other Receipts:  <input checked="" type="checkbox"/> Interest <input type="checkbox"/> Loan  <input type="checkbox"/> Miscellaneous (specify)</p>	\$0.02	\$0.02	3/29/2024
Contributor's Occupation (if required)				Mitch Feikes
5.	<p>Contributions:  <input type="checkbox"/> Direct  <input type="checkbox"/> In-Kind (describe)</p> <p>Other Receipts:  <input type="checkbox"/> Interest <input type="checkbox"/> Loan  <input type="checkbox"/> Miscellaneous (specify)</p>			<div style="border: 1px solid black; padding: 5px; text-align: center;"> <b>F I I E D</b>          IN CLERKS OFFICE  <div style="border: 1px solid black; padding: 5px; margin-top: 5px;">           APR 15 2024         </div> </div>
Contributor's Occupation (if required)				<div style="border: 1px solid black; padding: 5px; text-align: center;"> <i>Leahy Stevens</i>          INDIANA STATE CIRCUIT COURT       </div>
<b>SUBTOTAL THIS PAGE OF SCHEDULE A</b>		\$ 6,800.02		
<b>TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY (Enter total on ITEM 15a of the Summary Sheet)</b>		\$ 6,800.02		



**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 3 of 3

RECIPIENT'S NAME AND MAILING ADDRESS (street, number, city, state, ZIP code)	RECIPIENT'S OCCUPATION OFFICE SOUGHT (if applicable)	TYPE OF EXPENDITURE and PURPOSE (be specific)	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE OF EXPENDITURE (mm/dd/yy)
Code A Reproductive Arts 2824 East Michigan Blvd Michigan City, Indiana 46360	Printer	<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: Signs	\$4,027.15	\$4,027.15	3/29/2024
Code A Any Promo 1511 East Holt Avenue Ontario, California 91761	Printer	<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: Sticky Notes	\$322.99	\$322.09	3/22/2024
Code A 4Imprint 101 Commerce Street Oshkosh, Wisconsin, 54901	Printer	<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: Pens	\$268.93	\$268.93	3/26/2094
Code A CK Designs 3382 East ST RD 4 La Porte, Indiana 46350	Printer	<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: T-Shirts	\$856.56	\$856.56	4/8/2024
Code _____		<input type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose:			
Code _____		<input type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose:			
Code _____		<input type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose:			
Code _____		<input type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose:			
<b>FILED IN CLERKS OFFICE</b> <b>APR 15 2024</b> <i>Leanne Stevens</i> <i>CLERK OF LA PORTE CIRCUIT COURT</i>					
<b>SUBTOTAL THIS PAGE OF SCHEDULE B</b>			<b>\$ 5,475.63</b>		
<b>TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY (Enter total on ITEM 17a of the Summary Sheet.)</b>			<b>\$ 5,475.63</b>		



# 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  No

(CFA-4)

## Summary Sheet

FILE NUMBER

46-24-72

TOTAL PAGES IN ENTIRE CFA-4 REPORT

3

### COMMITTEE INFORMATION

1. Full Name of Committee (as on Statement of Organization) Friends of Mitch Feikes	<input type="checkbox"/> Check if this is a new name.
2. Acronym or Abbreviated Name (if any)	3. Committee Telephone Number ( 219 ) 3630829
4. Mailing Address (Address where all campaign finance correspondence is received.) 1328 Lakeside Street	<input type="checkbox"/> Check if this is a new address.
5. City, State, ZIP Code La Porte, Indiana 46350	6. Party Affiliation (if applicable) Republican

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

7. Full Name of Candidate (Include any nickname.) Mitchell Feikes	8. Party Affiliation or If Independent Candidate Republican
9. Office Sought (Include district number, if any. Not required for exploratory committee.) La Porte County Council At-Large	10. County of Residence La Porte

### TYPE OF REPORT

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.)	CONVENTION CANDIDATES ONLY <input type="checkbox"/> Check one: <input type="checkbox"/> Pre-Convention <input type="checkbox"/> Post-Convention
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12. Reporting Period (mm/dd/yy): From: 4/13/2024	Through: 5/22/2024	COLUMN A This Period	COLUMN B Year to Date
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13. Cash on hand and investments at the beginning of this reporting period.	1,324.39
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14. Cash on hand and investments January 1, current year.	0.00
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### CONTRIBUTIONS AND RECEIPTS

(Note: these amounts include in-kind contributions and loans, as well as cash contributions.)			
15a. Itemized (Use Schedule A.)	100.00	6,900.00	
15b. Unitemized		0.02	
15c. Add lines 15a and 15b in both columns.	SUBTOTAL	100.00	6,900.02
16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B.	TOTAL		

### EXPENDITURES

(Note: These amounts include in-kind expenditures and loan repayments.)			
17a. Itemized (Use Schedule B.) (Public Question: use Schedule C.)	1,424.39	6,900.02	
17b. Unitemized			
17c. Add lines 17a and 17b in both columns.	SUBTOTAL	1,429.39	6,900.02
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

I CERTIFY THAT I HAVE EXAMINED THIS STATEMENT, TO THE BEST OF MY KNOWLEDGE AND BELIEF IT IS TRUE, CORRECT AND COMPLETE.			FOR OFFICE USE ONLY
Signature of Treasurer <i>Mitchell F. Feikes</i>	Title Treasurer	Date (mm/dd/yy) 5/22/2024	I L E D IN CLERKS OFFICE
Signature of Candidate (if applicable) <i>Heather Stevens</i>		Date (mm/dd/yy) 5/22/2024	JUL - 2 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 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)			<i>Heather Stevens</i> CLERK OF LA PORTE CIRCUIT COURT



**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 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 (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. Sean Fagan La Porte Prosecuter	<p>Contributions:  <input checked="" type="checkbox"/> Direct  <input type="checkbox"/> In-Kind (describe)              Other Receipts:  <input type="checkbox"/> Interest <input type="checkbox"/> Loan  <input type="checkbox"/> Miscellaneous (specify)  </p>	\$100.00	\$100.00	5/5/2024
Contributor's Occupation (if required) _____				
2.	<p>Contributions:  <input type="checkbox"/> Direct  <input type="checkbox"/> In-Kind (describe)              Other Receipts:  <input type="checkbox"/> Interest <input type="checkbox"/> Loan  <input type="checkbox"/> Miscellaneous (specify)  </p>			
Contributor's Occupation (if required) _____				
3.	<p>Contributions:  <input type="checkbox"/> Direct  <input type="checkbox"/> In-Kind (describe)              Other Receipts:  <input type="checkbox"/> Interest <input type="checkbox"/> Loan  <input type="checkbox"/> Miscellaneous (specify)  </p>			
Contributor's Occupation (if required) _____				
4.	<p>Contributions:  <input type="checkbox"/> Direct  <input type="checkbox"/> In-Kind (describe)              Other Receipts:  <input type="checkbox"/> Interest <input type="checkbox"/> Loan  <input type="checkbox"/> Miscellaneous (specify)  </p>			<div style="border: 1px solid black; padding: 5px; text-align: center;">           FILED            IN CLERKS OFFICE              JUL - 2 2024            ✓            Lauren Stevens            CLERK OF LA PORTE CIRCUIT COURT         </div>
Contributor's Occupation (if required) _____				
5.	<p>Contributions:  <input type="checkbox"/> Direct  <input type="checkbox"/> In-Kind (describe)              Other Receipts:  <input type="checkbox"/> Interest <input type="checkbox"/> Loan  <input type="checkbox"/> Miscellaneous (specify)  </p>			
Contributor's Occupation (if required) _____				
SUBTOTAL THIS PAGE OF SCHEDULE A		\$ 100.00		
TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY (Enter total on ITEM 15a of the Summary Sheet.)		\$ 100.00		



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

State Form 4606 (R17 / 8-23).

Indiana Election Division (IC 3-9-5-14)

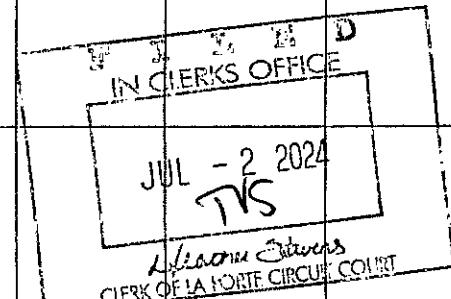
**(CFA-4 SCHEDULE B)  
ITEMIZED EXPENDITURES**

**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 3 of 3

RECIPIENT'S NAME AND MAILING ADDRESS (street, number, city, state, ZIP code)	RECIPIENT'S OCCUPATION	TYPE OF EXPENDITURE and PURPOSE (be specific)	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE OF EXPENDITURE (mm/dd/yy)
OFFICE SOUGHT (if applicable)					
Code _____ Jim Pressel	State Representative	<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: _____	\$150.00	\$150.00	4/16/2024
Code _____ Mitch Feikes		<input type="checkbox"/> Direct <input checked="" type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input checked="" type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: _____	\$1,247.39	\$1,274.39	5/16/2024
Code _____		<input type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: _____			
Code _____		<input type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: _____			
Code _____		<input type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: _____			
Code _____		<input type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: _____			
Code _____		<input type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: _____			
Code _____		<input type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: _____			
Code _____		<input type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: _____			
Code _____		<input type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: _____			
SUBTOTAL THIS PAGE OF SCHEDULE B			\$1,424.39		
TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY (Enter total on ITEM 17a of the Summary Sheet.)			\$1,424.39		





## 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  No

(CFA-4)

### Summary Sheet

FILE NUMBER

410-74-22

TOTAL PAGES IN ENTIRE CFA-4 REPORT

4

#### COMMITTEE INFORMATION

1. Full Name of Committee (as on Statement of Organization)  Check if this is a new name.  
**Friends of Mitch Feikes**

2. Acronym or Abbreviated Name (if any)  3. Committee Telephone Number  
( 219 ) 363-0829

4. Mailing Address (Address where all campaign finance correspondence is received.)  Check if this is a new address.  
**1328 Lakeside Street**

5. City, State, ZIP Code  6. Party Affiliation (if applicable)  
**La Porte, Indiana 46350** **Republican**

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

7. Full Name of Candidate (Include any nickname.)  8. Party Affiliation or If Independent Candidate  
**Mitchell Feikes** **Republican**

9. Office Sought (Include district number, if any. Not required for exploratory committee.)  10. County of Residence  
**La Porte County Council At-Large** **La Porte**

#### TYPE OF REPORT

#### CONVENTION CANDIDATES ONLY

11. Check one:

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/yy):

From: 4/13/2024

Through: 5/22/2024

COLUMN A  
This PeriodCOLUMN B  
Year to Date

13. Cash on hand and investments at the beginning of this reporting period.

1,324.39

14. Cash on hand and investments January 1, current year.

0.00

#### CONTRIBUTIONS AND RECEIPTS

(Note: these amounts include in-kind contributions and loans, as well as cash contributions.)

15a. Itemized (Use Schedule A.)	100.00	6,900.00
15b. Unitemized		0.02
15c. Add lines 15a and 15b in both columns.	SUBTOTAL	100.00
16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B.	TOTAL	1,424.39

#### EXPENDITURES

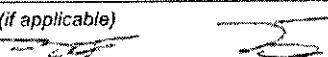
(Note: These amounts include in-kind expenditures and loan repayments.)

17a. Itemized (Use Schedule B.) (Public Question: use Schedule C.)	1,424.39	6,900.02
17b. Unitemized		
17c. Add lines 17a and 17b in both columns.	SUBTOTAL	1,424.39
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.)		0.00
20. Debts OWED TO the committee (Use Schedule E.)		0.00

#### 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 	Title Treasurer	Date (mm/dd/yy) 02/10/2025
--	--------------------	-------------------------------

Signature of Candidate (if applicable) 	Date (mm/dd/yy) 02/10/2025
--	-------------------------------

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)

FOR OFFICE USE ONLY





**REPORT OF RECEIPTS AND EXPENDITURES  
OF A POLITICAL COMMITTEE**  
State Form 4606 (R17 / 8-23)  
Indiana Election Division (IC 3-9-5-14)

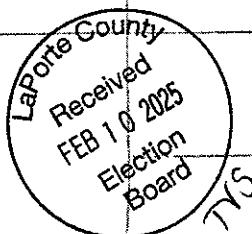
**(CFA-4 SCHEDULE A-1)  
CONTRIBUTIONS BY INDIVIDUALS**  
**Itemized Contributions and Other Receipts**

**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**

Page 3 of 4

<b>CONTRIBUTOR'S FULL NAME AND OCCUPATION FULL MAILING ADDRESS (Street, number, city, state, ZIP code)</b>	<b>TYPE OF CONTRIBUTION OR OTHER RECEIPT</b>	<b>COLUMN A AMOUNT THIS PERIOD</b>	<b>COLUMN B CUMULATIVE YEAR-TO-DATE</b>	<b>DATE RECEIVED (mm/dd/yy)</b>	<b>RECEIVED BY</b>
1. Sean Fagan La Porte Prosecuter	<p>Contributions:  <input checked="" type="checkbox"/> Direct  <input type="checkbox"/> In-Kind (describe)</p> <p>Other Receipts:  <input type="checkbox"/> Interest <input type="checkbox"/> Loan  <input type="checkbox"/> Miscellaneous (specify)</p>	\$100.00	\$100.00	5/5/2024	
Contributor's Occupation (if required)					
2.	<p>Contributions:  <input type="checkbox"/> Direct  <input type="checkbox"/> In-Kind (describe)</p> <p>Other Receipts:  <input type="checkbox"/> Interest <input type="checkbox"/> Loan  <input type="checkbox"/> Miscellaneous (specify)</p>				
Contributor's Occupation (if required)					
3.	<p>Contributions:  <input type="checkbox"/> Direct  <input type="checkbox"/> In-Kind (describe)</p> <p>Other Receipts:  <input type="checkbox"/> Interest <input type="checkbox"/> Loan  <input type="checkbox"/> Miscellaneous (specify)</p>				
Contributor's Occupation (if required)					
4.	<p>Contributions:  <input type="checkbox"/> Direct  <input type="checkbox"/> In-Kind (describe)</p> <p>Other Receipts:  <input type="checkbox"/> Interest <input type="checkbox"/> Loan  <input type="checkbox"/> Miscellaneous (specify)</p>				
Contributor's Occupation (if required)					
5.	<p>Contributions:  <input type="checkbox"/> Direct  <input type="checkbox"/> In-Kind (describe)</p> <p>Other Receipts:  <input type="checkbox"/> Interest <input type="checkbox"/> Loan  <input type="checkbox"/> Miscellaneous (specify)</p>				
Contributor's Occupation (if required)					
<b>SUBTOTAL THIS PAGE OF SCHEDULE A</b>		\$ 100.00			
<b>TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY</b> (Enter total on ITEM 15a of the Summary Sheet.)		\$ 100.00			





## REPORT OF RECEIPTS AND EXPENDITURES

## OF A POLITICAL COMMITTEE

State Form 4506 (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 3 of 4

RECIPIENT'S NAME AND MAILING ADDRESS (street, number, city, state, ZIP code)	RECIPIENT'S OCCUPATION	TYPE OF EXPENDITURE and PURPOSE (be specific)	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE OF EXPENDITURE (mm/dd/yy)
OFFICE SOUGHT (if applicable)					
Code Jim Pressel	State Representative	<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose _____	\$150.00	\$150.00	4/16/2024
Code Mitch Feikes		<input type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input checked="" type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose _____	\$1,247.39	\$1,274.39	5/16/2024
Code		<input type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose _____			
Code		<input type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose _____			
Code		<input type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose _____			
Code		<input type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose _____			
Code		<input type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose _____			
Code		<input type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose _____			
SUBTOTAL THIS PAGE OF SCHEDULE B			\$1,424.39		
TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY (Enter total on ITEM 17a of the Summary Sheet.)			\$1,424.39		





**REPORT OF RECEIPTS AND EXPENDITURES  
OF A POLITICAL COMMITTEE**  
State Form 4606 (R17 / B-23)  
Indiana Election Division (IC 3-9-5-14)

**(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 ENDORSEER'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